



GOLD KIDNEY HEALTH PLAN

Gold Kidney Health Plan

2025 Formulary

List of Covered Drugs or “Drug List”

PLEASE READ

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

Formulary ID: 25318, Version number: 7

H4869-002 Gold Kidney of Arizona Gold Heart & Diabetes Complete (HMO-POS C-SNP)

H4869-004 Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP)

H4869-010 Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP)

H4869-012 Gold Kidney of Arizona Gold Circle Dialysis (HMO-POS C-SNP)

This formulary was updated on 10/23/2024. 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 (except holidays), and 8 a.m. to 8 p.m., local time, Monday through Friday, April 1 – September 30 (except holidays), or visit www.goldkidney.com.

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 Drug List (formulary) for our plan which is current as of 10/23/2024. 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, 2025, and from time to time during the year.

What is the Gold Kidney Health Plan Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by 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 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:

- ✓ Immediate substitutions of certain new versions of brand name drugs and biological products. 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. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

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

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Gold Kidney Health Plan’s Formulary?”
- Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

✓ Drugs removed from the market. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

✓ Other changes. We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

- If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/23/2024. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- ✓ **Prior Authorization.** Gold Kidney Health Plan requires you or your prescriber 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 vi 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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 for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you 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. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care (LTC) 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.
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.
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 (844) 294-6535 (TTY: 711), 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31 (except holidays), and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30 (except holidays), 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.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried.

2025 Dosage Form Abbreviations

Dosage Form Abbreviation	Definition
8 hr	8 hour
12 hr	12 hour
24 hr	24 hour
72 hr	72 hour
act	activated
aero	aerosol
admin	administration
ampul	ampule
app	applicator
appl	applicator
auto	automatic
cap	capsule
chew	chewable
CT	count
comb	combo
del	delayed
delayed	delayed
disinteg	disintegrating
disintegrat	disintegrating
dose	dosage
DR	delayed release
EC	Enteric-Coated
emolnt	emollient
ENFit	enteral feeding connector
er	extended release
ER	extended release
ext	extended
extnd	extended
extend	extended
gast	gastric

Dosage Form Abbreviation	Definition
HFA	hydrofluoroalkane
hi	high
IR	immediate release
liqd	liquid
loz	lozenge
lo	low
lozeng	lozenge
mini lozenge	miniature lozenge
misc	miscellaneous
MP	Metered Pump
muco	mucous
pak	packet
Pack	packet
PCA	Patient Controlled Administration
pell	pellet
pk	package
Powdr	powder
pt	patient
recon	reconstituted
rel	release
releas	release
soln	solution
sprinkl	sprinkle
susp	suspension
suspen	suspension
syring	syringe
tab	tablet
TD	transdermal
var	variable
w/	with

Drug Cost Shares

H4869-002 Gold Kidney of Arizona Gold Heart & Diabetes Complete (HMO-POS C-SNP)

H4869-004 Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP)

H4869-010 Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP)

H4869-012 Gold Kidney of Arizona Gold Circle Dialysis (HMO-POS C-SNP)

Initial Coverage

You stay in the Initial Coverage Stage until you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Deductible	Pharmacy Type/Days Supply	Single Tier
\$590*	Standard Retail 30-day supply	25% coinsurance
	Long-term Care 31-day supply	25% coinsurance
	Out-of-network 30-day supply	25% coinsurance
	Insulins	the lesser of 25% coinsurance or \$35 copay
\$590*	Retail 100-day supply	25% coinsurance
	Insulins	the lesser of 25% coinsurance or \$105 copay
\$590*	Mail order 100-day supply	25% coinsurance
	Insulins	the lesser of 25% coinsurance or \$105 copay

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

Catastrophic Coverage Stage

You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$2,000 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year. During this stage, you pay nothing for Part D drugs.

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 285, Portsmouth, NH, 03802
1 (844) 294-6535 (TTY 711)

Fax: 1 (866) 515-7869
Attention: Gold Kidney Appeals & Grievances Department

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 <https://www.hhs.gov/ocr/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 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 panggagamot. 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、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。

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Drug Name		Drug Tier	Requirements/Limits
Analgesics			
Analgesics, Miscellaneous			
<i>acetaminophen-codeine oral solution</i> <i>120-12 mg/5 ml</i>		1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet</i> <i>300-15 mg, 300-30 mg</i>		1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> <i>300-60 mg</i>		1	QL (180 per 30 days)
<i>ascomp with codeine oral capsule</i> <i>30-50-325-40 mg</i>	(codeine-bitalbital-asa-caff)	1	QL (180 per 30 days)
<i>buprenorphine transdermal patch</i> <i>weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	(Butrans)	1	QL (4 per 28 days)
<i>bitalbital-acetaminop-caff-cod oral capsule</i> <i>50-300-40-30 mg</i>	(Fioricet with Codeine)	1	QL (180 per 30 days)
<i>bitalbital-acetaminop-caff-cod oral capsule</i> <i>50-325-40-30 mg</i>		1	QL (180 per 30 days)
<i>bitalbital-acetaminophen oral tablet</i> <i>50-325 mg</i>	(Tencon)	1	QL (180 per 30 days)
<i>bitalbital-acetaminophen-caff oral capsule</i> <i>50-300-40 mg</i>	(Fioricet)	1	QL (180 per 30 days)
<i>bitalbital-acetaminophen-caff oral capsule</i> <i>50-325-40 mg</i>	(Esgic)	1	QL (180 per 30 days)
<i>bitalbital-acetaminophen-caff oral tablet</i> <i>50-325-40 mg</i>	(Esgic)	1	QL (180 per 30 days)
<i>bitalbital-aspirin-caffeine oral capsule</i> <i>50-325-40 mg</i>		1	QL (180 per 30 days)
<i>butorphanol nasal spray, non-aerosol</i> <i>10 mg/ml</i>		1	QL (5 per 28 days)
<i>codeine sulfate oral tablet</i> <i>15 mg, 30 mg, 60 mg</i>		1	QL (180 per 30 days)
<i>codeine-bitalbital-asa-caff oral capsule</i> <i>30-50-325-40 mg</i>	(Ascomp with Codeine)	1	QL (180 per 30 days)
<i>endocet oral tablet</i> <i>10-325 mg</i>	(oxycodone-acetaminophen)	1	QL (180 per 30 days)
<i>endocet oral tablet</i> <i>2.5-325 mg, 5-325 mg</i>	(oxycodone-acetaminophen)	1	QL (360 per 30 days)
<i>endocet oral tablet</i> <i>7.5-325 mg</i>	(oxycodone-acetaminophen)	1	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>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; NM; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; 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>	1	QL (10 per 30 days)
<i>fioricet oral capsule 50-300-40 mg</i> (butalbital-acetaminophen-caff)	1	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	1	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>	1	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	1	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	QL (180 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	1	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	1	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	1	QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	1	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA; QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	1	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	1	QL (240 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	QL (60 per 30 days)
<i>tencon oral tablet 50-325 mg</i> (butalbital-acetaminophen)	1	QL (180 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (300 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i> (butalbital-acetaminophen-caff)	1	QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	1	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	1	QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL (100 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	1	PA; NM; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	1	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ec-naproxen dr 500 mg tablet</i> (naproxen)	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	1	
<i>etodolac oral tablet 500 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	1	
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis)	1	PA; QL (90 per 30 days)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	1	
<i>naproxen oral tablet,delayed release (dr/ec) 500 mg</i> (EC-Naproxen)	1	
<i>piroxicam oral capsule 10 mg</i>	1	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
Anesthetics		
Local Anesthetics		
<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	1	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	1	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	1	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	PA
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	1	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	PA; QL (240 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	PA; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i> (lidocaine)	1	PA; 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 %	1	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>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	1	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	1	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	1	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i> (Narcan)	1	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	1	
NICOTROL INHALATION CARTRIDGE 10 MG	1	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	1	QL (240 per 180 days)
<i>varenicline oral tablet 0.5 mg, 1 mg (56 pack)</i>	1	QL (336 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix)	1	QL (336 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box)	1	
Antianxiety Agents		
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg (Xanax)	1	QL (120 per 30 days)
alprazolam oral tablet 2 mg (Xanax)	1	QL (150 per 30 days)
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg (Xanax XR)	1	QL (120 per 30 days)
alprazolam oral tablet extended release 24 hr 3 mg (Xanax XR)	1	QL (90 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg (Klonopin)	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg (Klonopin)	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	QL (180 per 30 days)
diazepam injection solution 5 mg/ml	1	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml	1	
diazepam intensol oral concentrate 5 mg/ml (diazepam)	1	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium)	1	QL (120 per 30 days)
estazolam oral tablet 1 mg	1	QL (60 per 30 days)
estazolam oral tablet 2 mg	1	QL (30 per 30 days)
flurazepam oral capsule 15 mg	1	QL (60 per 30 days)
flurazepam oral capsule 30 mg	1	QL (30 per 30 days)
lorazepam 2 mg/ml oral concent (Lorazepam Intensol)	1	QL (150 per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml (Ativan)	1	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml	1	QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam intensol oral concentrate</i> (lorazepam) 2 mg/ml	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	1	QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	1	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	1	QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	1	PA; NM; QL (235.2 per 28 days)
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	1	NM
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	NM; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	1	PA BvD; NM
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	1	PA BvD; NM
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
Antibacterials, Miscellaneous		

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>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	1	NM
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	1	NM
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	1	NM
<i>linezolid oral tablet 600 mg</i> (Zyvox)	1	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	1	QL (120 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	1	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	1	NM
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	1	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	1	QL (112 per 14 days)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	1	

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Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; NM; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	1	

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>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (ceftazidime)	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	NM
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	NM; QL (136 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
DIFICID ORAL TABLET 200 MG	1	NM; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; NM; LA
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	1	

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>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	1	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	1	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>moxifloxacin-sod.chloride(iso) (Avelox in NaCl (iso- intravenous piggyback 400 mg/250 osmotic)) ml</i>	1	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral (Sulfatrim) suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral (Bactrim) tablet 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral (Bactrim DS) tablet 800-160 mg</i>	1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 (doxycycline hyclate) mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	1	
<i>doxycycline hyclate oral capsule 100 mg</i> (Vibramycin)	1	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i> (Acticlate)	1	
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i> (Doryx)	1	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	1	NM

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Drug Name	Drug Tier	Requirements/Limits
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	1	PA NSO; NM; QL (120 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	1	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA NSO; NM; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA NSO; NM; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA NSO; NM; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA NSO; NM; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	1	PA NSO; NM
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	1	PA NSO; NM; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA NSO; NM; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA NSO; NM; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	1	NM
BALVERSA ORAL TABLET 3 MG	1	PA NSO; NM; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA NSO; NM; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA NSO; NM; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	1	PA NSO; NM
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	1	PA NSO; NM

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Drug Name	Drug Tier	Requirements/Limits
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	1	PA NSO; NM
<i>bexarotene oral capsule 75 mg</i> (Targretin)	1	PA NSO; NM
<i>bexarotene topical gel 1 %</i> (Targretin)	1	PA NSO; NM
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	1	PA NSO
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	1	PA NSO
BOSULIF ORAL CAPSULE 100 MG	1	PA NSO; NM; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA NSO; NM; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA NSO; NM; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA NSO; NM; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA NSO; NM; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA NSO; NM; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; NM; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; NM; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	1	PA NSO; NM; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	1	PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	1	PA NSO; NM; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	1	
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	1	PA NSO; NM
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA NSO; NM; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA NSO; NM; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA NSO; NM; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	PA BvD; NM
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i>	1	PA BvD; NM
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	1	PA NSO; NM; QL (120 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	1	PA NSO; NM
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM; LA
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	1	PA NSO; NM; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	1	PA NSO; NM; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	1	PA NSO; NM; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA NSO; NM; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	1	NM
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	1	PA BvD; NM

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

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	1	PA NSO; NM; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	1	PA NSO; NM; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	1	PA NSO; NM; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	
EXKIVITY ORAL CAPSULE 40 MG	1	PA NSO; NM; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA BvD; NM
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	1	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA NSO; NM; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA NSO; NM; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA NSO; NM; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	1	NM
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	PA NSO; NM
GAVRETO ORAL CAPSULE 100 MG	1	PA NSO; NM; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	1	PA NSO; NM; QL (60 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	PA BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; NM; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG (lomustine)	1	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine)	1	NM
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	1	PA NSO; NM; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NM
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; NM; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; NM; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA NSO; NM; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; NM; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	1	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	1	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; NM; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; NM; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA NSO; NM; QL (216 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA NSO; NM; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	1	PA NSO; NM
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM
INLYTA ORAL TABLET 1 MG	1	PA NSO; NM; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; NM; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA NSO; NM; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; NM; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	1	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	
IWILFIN ORAL TABLET 192 MG	1	PA NSO; NM; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA NSO; NM; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA NSO; NM; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NM
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA BvD; ST
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NM
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	1	PA NSO; NM; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA NSO; NM; QL (49 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA NSO; NM; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA NSO; NM; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NM; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA NSO; NM; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA NSO; NM; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; NM; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; NM; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA NSO; NM; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	1	PA NSO; NM
LAZCLUZE ORAL TABLET 240 MG	1	PA NSO; NM; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA NSO; NM; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	1	PA NSO; NM; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA NSO; NM
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	NM
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	1	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; NM; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; NM; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	1	PA NSO; NM
LORBRENA ORAL TABLET 100 MG	1	PA NSO; NM; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA NSO; NM; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA NSO; NM; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA NSO; NM; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	1	PA NSO; NM
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	1	PA NSO; NM
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA NSO; NM
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA NSO; NM
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	1	PA NSO; NM
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	NM
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	1	PA NSO; NM; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM

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Drug Name	Drug Tier	Requirements/Limits
MATULANE ORAL CAPSULE 50 MG	1	NM
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	1	PA NSO; NM; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; NM; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; NM; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; NM; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM
NERLYNX ORAL TABLET 40 MG	1	PA NSO; NM; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	1	NM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; NM; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; NM; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; NM; LA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NM
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	1	PA NSO; NM; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	1	PA NSO; NM; 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)	1	PA NSO; NM; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA NSO; NM; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NM
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA NSO; NM; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	1	PA NSO; NM
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	1	PA NSO; NM
ORSERDU ORAL TABLET 345 MG	1	PA NSO; NM; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA NSO; NM; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	1	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	PA BvD
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	1	PA BvD; NM
<i>pazopanib oral tablet 200 mg</i> (Votrient)	1	PA NSO; NM; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; NM; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	1	NM
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	1	NM

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>pemetrexed intravenous recon soln</i> <i>100 mg, 500 mg</i>	1	NM
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	1	NM
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NM; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA NSO; NM; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NM; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	1	NM
QINLOCK ORAL TABLET 50 MG	1	PA NSO; NM; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA NSO; NM; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA NSO; NM; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	1	PA NSO; NM; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA NSO; NM; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	1	PA NSO; NM; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA NSO; NM; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NM
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	1	PA NSO; NM
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; NM; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; NM; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	1	PA NSO; NM; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; NM; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NM
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NM
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NM; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	1	PA NSO; NM
SCSEMBLIX ORAL TABLET 100 MG	1	PA NSO; NM; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	1	PA NSO; NM; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	1	PA NSO; NM; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	NM
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	1	PA NSO; NM; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	1	PA NSO; NM; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG (dasatinib)	1	PA NSO; NM; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; NM; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	1	PA NSO; NM; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	PA NSO; NM
TABLOID ORAL TABLET 40 MG (thioguanine)	1	
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; NM; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NM; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA NSO; NM; QL (900 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TAGRISSE ORAL TABLET 40 MG, 80 MG	1	PA NSO; NM; LA; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	1	PA NSO; NM
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA NSO; NM; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA NSO; NM; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA NSO; NM; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA NSO; NM; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	1	PA NSO; NM
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	1	PA NSO; NM
TEPMETKO ORAL TABLET 225 MG	1	PA NSO; NM; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NM
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; NM; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	1	PA NSO; NM; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	1	
<i>toremifene oral tablet 60 mg</i> (Fareston)	1	NM
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	1	PA NSO; NM; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	1	PA NSO; NM; 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
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NM
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	1	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	NM
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA NSO; NM; QL (64 per 28 days)
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	1	PA NSO; NM
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NM
TUKYSA ORAL TABLET 150 MG	1	PA NSO; NM; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA NSO; NM; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	1	PA NSO; NM; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA NSO; NM
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; NM; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; NM; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA NSO; NM; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NM; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i> (vincristine)	1	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	1	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; NM; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; NM; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; NM; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; NM; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA NSO; NM; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA NSO; NM
WELIREG ORAL TABLET 40 MG	1	PA NSO; NM; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; NM; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	1	PA NSO; NM; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	1	PA NSO; NM; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	1	PA NSO; NM; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	1	PA NSO; NM; 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)	1	PA NSO; NM; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	1	PA NSO; NM; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA NSO; NM; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA NSO; NM; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA NSO; NM; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA NSO; NM; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	1	PA NSO; NM
YONSA ORAL TABLET 125 MG	1	PA NSO; NM; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; NM; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA NSO; NM; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; NM; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	1	NM
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA NSO; NM; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	1	PA NSO; NM
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	1	PA NSO; NM; QL (20 per 28 days)
Anticonvulsants		
Anticonvulsants		
APTOM ORAL TABLET 200 MG, 400 MG	1	ST; NM; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
APTIOM ORAL TABLET 600 MG, 800 MG	1	ST; NM; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	1	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	1	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	1	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	1	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA NSO; NM; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA NSO; NM; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	1	PA NSO; NM; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	1	PA NSO; NM; 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>	1	
DILANTIN ORAL CAPSULE 30 MG	1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA NSO; NM
<i>epitol oral tablet 200 mg</i> (carbamazepine)	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	1	ST
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA NSO; NM
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST; NM; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	ST; NM; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	1	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	ST; NM; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	1	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	1	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	1	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	1	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	

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>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i> (Lamictal ODT Starter (Blue))	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	1	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i> (Lamictal ODT Starter (Green))	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	1	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<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>	1	

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>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	1	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	1	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	1	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	1	ST; NM
<i>rufinamide oral tablet 200 mg</i> (Banzel)	1	ST
<i>rufinamide oral tablet 400 mg</i> (Banzel)	1	ST; NM
SEZABY INTRAVENOUS RECON SOLN 100 MG	1	PA BvD; NM
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	1	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	PA NSO; NM; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	1	NM; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	1	PA NSO; NM; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	1	PA NSO; NM; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	1	PA NSO; NM; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	1	PA NSO; NM; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	1	PA NSO; NM; 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)	1	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	ST; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA NSO; NM; QL (1080 per 30 days)

Antidementia Agents

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
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	1	
<i>donepezil oral tablet, disintegrating 5 mg</i>	1	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	1	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL (60 per 30 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	1	ST
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	1	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	1	ST; NM

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>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	1	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	1	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	1	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	ST; NM; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, (Prozac) 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	1	
<i>mirtazapine oral tablet 15 mg, 30 mg (Remeron)</i>	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating (Remeron SolTab) 15 mg, 30 mg, 45 mg</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 (Pamelor) mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral suspension 10 (Paxil) mg/5 ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 (Paxil) mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended (Paxil CR) release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4- 25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg (Nardil)</i>	1	

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

Antidiabetic Agents

Antidiabetic Agents, Miscellaneous

<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	1	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	1	PA; NM; QL (112 per 28 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	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	1	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	1	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	1	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	1	PA; NM; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	1	PA; NM; 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	1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	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	1	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	1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - (dapaglifloz propaned- ER, BIPHASIC 24HR 10-1,000 MG metformin)	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	1	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - (dapaglifloz propaned- ER, BIPHASIC 24HR 5-1,000 MG metformin)	1	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	1	max \$35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart</i> (Novolog Mix 70- <i>subcutaneous insulin pen 100 unit/ml</i> 30FlexPen U-100) (70-30)	1	max \$35 copay per month supply; QL (30 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insuln)	1	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)	1	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)	1	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)	1	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	1	max \$35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	1	max \$35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		1	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)		1	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		1	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		1	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		1	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		1	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	1	max \$35 copay per month supply

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Drug Name	Drug Tier	Requirements/Limits
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	max \$35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	max \$35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	max \$35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	max \$35 copay per month supply
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	1	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	1	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	1	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	1	PA BvD; NM
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	QL (180 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	1	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (90 per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	1	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	1	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	1	NM
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	1	PA; NM
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	QL (180 per 30 days)
<i>ketoconazole topical foam 2 %</i> (Extina)	1	ST; QL (100 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (360 per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	1	PA; NM
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	1	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	QL (60 per 30 days)
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	1	PA; NM
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	1	PA; NM
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	1	PA BvD; NM
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	1	PA; NM
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	1	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	1	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	1	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	1	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
Antihistamines		
Antihistamines		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	1	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
Antimigraine Agents		
Antimigraine Agents		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	1	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	1	PA; QL (1.5 per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	1	ST; NM; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (9 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	1	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating</i> (Maxalt-MLT) <i>10 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating</i> <i>5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan nasal spray,non-aerosol</i> <i>20 mg/actuation, 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100</i> (Imitrex) <i>mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25</i> (Imitrex) <i>mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose <i>cartridge 6 mg/0.5 ml</i> Refill)	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose Pen) <i>pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex) <i>solution 6 mg/0.5 ml</i>	1	QL (5 per 28 days)
<i>sumatriptan-naproxen oral tablet 85-</i> (Treximet) <i>500 mg</i>	1	QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (16 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	1	QL (12 per 30 days)
<i>zolmitriptan oral</i> <i>tablet,disintegrating 2.5 mg, 5 mg</i>	1	QL (12 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg, 400</i> <i>mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	1	

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>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	1	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; NM
TRECATOR ORAL TABLET 250 MG	1	
Antinausea Agents		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	1	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	1	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	1	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	1	PA; QL (60 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	1	PA BvD; QL (6 per 28 days)
<i>granisetron hcl oral tablet 1 mg</i>	1	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate oral tablet</i> (Compazine) 10 mg, 5 mg	1	
<i>prochlorperazine rectal suppository</i> (Compro) 25 mg	1	
<i>promethazine oral tablet</i> 12.5 mg, 25 mg, 50 mg	1	
<i>promethazine rectal suppository</i> 12.5 mg, 25 mg, 50 mg (Promethegan)	1	
<i>promethegan rectal suppository</i> 12.5 mg, 25 mg, 50 mg (promethazine)	1	
<i>scopolamine base transdermal patch</i> (Transderm-Scop) 3 day 1 mg over 3 days	1	QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet</i> 200 mg	1	NM
<i>atovaquone oral suspension</i> 750 mg/5 ml (Mepron)	1	
<i>atovaquone-proguanil oral tablet</i> 250-100 mg (Malarone)	1	
<i>atovaquone-proguanil oral tablet</i> 62.5-25 mg (Malarone Pediatric)	1	
<i>chloroquine phosphate oral tablet</i> 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG	1	
<i>hydroxychloroquine oral tablet</i> 100 mg	1	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet</i> 200 mg (Plaquenil)	1	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet</i> 300 mg (Sovuna)	1	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet</i> 400 mg	1	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; NM; QL (84 per 28 days)
<i>ivermectin oral tablet</i> 3 mg (Stromectol)	1	
<i>mefloquine oral tablet</i> 250 mg	1	
<i>nitazoxanide oral tablet</i> 500 mg (Alinia)	1	NM; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin oral capsule 250 mg</i> (Humatin)	1	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	1	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	1	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	1	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	1	PA; NM
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	1	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	1	PA; NM; QL (60 per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	1	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	1	PA; NM; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NM; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	1	PA; NM
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	1	ST; QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	1	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	1	ST
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	NM; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	NM; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	NM; QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	NM; QL (1 per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	1	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	1	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	NM; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	NM; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	NM; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	NM; QL (2.4 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	NM; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet</i> (Saphris) 10 mg, 2.5 mg, 5 mg	1	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	ST; NM; QL (30 per 30 days)
<i>chlorpromazine injection solution</i> 25 mg/ml	1	
<i>chlorpromazine oral concentrate</i> 100 mg/ml, 30 mg/ml	1	
<i>chlorpromazine oral tablet</i> 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
<i>clozapine oral tablet</i> 100 mg, 200 (Clozaril) mg, 25 mg, 50 mg	1	
<i>clozapine oral tablet,disintegrating</i> 100 mg, 12.5 mg, 25 mg	1	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating</i> 150 mg	1	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating</i> 200 mg	1	ST; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; NM; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	1	ST
<i>fluphenazine decanoate injection</i> <i>solution</i> 25 mg/ml	1	
<i>fluphenazine hcl injection solution</i> 2.5 mg/ml	1	
<i>fluphenazine hcl oral concentrate</i> 5 mg/ml	1	
<i>fluphenazine hcl oral elixir</i> 2.5 mg/5 ml	1	
<i>fluphenazine hcl oral tablet</i> 1 mg, 10 mg, 2.5 mg, 5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	NM; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	NM; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	NM; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	NM; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	NM; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	NM; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	NM; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	NM; QL (1.32 per 70 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	NM; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	NM; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	1	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	1	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA NSO; NM; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	1	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	1	NM; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; NM; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; NM; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	1	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)	1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	1	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	1	NM; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	
<i>quetiapine oral tablet 150 mg</i>	1	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)	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	ST; NM; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> (Risperdal Consta)	1	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta)	1	NM; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	
<i>risperidone oral tablet 0.25 mg</i>	1	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	ST; NM; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	1	NM; QL (0.28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	1	NM; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	1	NM; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	1	NM; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	1	NM; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	1	NM; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	1	NM; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; NM; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	1	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	1	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	NM; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	NM; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	1	NM; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	1	NM
<i>atazanavir oral capsule 150 mg</i>	1	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	1	
BIKTARVY ORAL TABLET 30- 120-15 MG, 50-200-25 MG	1	NM; 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	1	NM
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	1	NM; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	1	NM; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	1	NM
COMPLERA ORAL TABLET 200- 25-300 MG	1	NM
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	1	NM
DELSTRIGO ORAL TABLET 100- 300-300 MG	1	NM
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	NM
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	1	NM

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Drug Name	Drug Tier	Requirements/Limits
EDURANT ORAL TABLET 25 MG	1	NM
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	1	NM
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	1	NM
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	1	NM
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	1	NM
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	1	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intence)	1	NM
EVOTAZ ORAL TABLET 300-150 MG	1	NM
<i>fosamprenavir oral tablet 700 mg</i>	1	NM
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	NM
GENVOYA ORAL TABLET 150-150-200-10 MG	1	NM
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	NM
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	NM
ISENTRESS ORAL TABLET 400 MG	1	NM
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	1	NM

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	NM
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	1	
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	1	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	1	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	1	NM
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	1	
NORVIR ORAL SOLUTION 80 MG/ML	1	
ODEFSEY ORAL TABLET 200-25- 25 MG	1	NM
PIFELTRO ORAL TABLET 100 MG	1	NM
PREZCOBIX ORAL TABLET 800- 150 MG-MG	1	NM
PREZISTA ORAL SUSPENSION 100 MG/ML	1	NM

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 150 MG, 75 MG	1	NM
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL POWDER IN PACKET 50 MG	1	NM
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	1	NM
<i>ritonavir oral tablet 100 mg</i> (Norvir)	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	NM
SELZENTRY ORAL SOLUTION 20 MG/ML	1	NM
SELZENTRY ORAL TABLET 25 MG	1	
SELZENTRY ORAL TABLET 75 MG	1	NM
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	NM
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	1	NM
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	1	PA BvD; NM
SYMITUZA ORAL TABLET 800-150-200-10 MG	1	NM
TEMIXYS ORAL TABLET 300-300 MG	1	NM
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NM
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	NM

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Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ ORAL TABLET 600-50-300 MG	1	NM; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	
TRIZIVIR ORAL TABLET 300-150-300 MG	1	NM
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	1	NM
VEMLIDY ORAL TABLET 25 MG	1	ST; NM; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	NM
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	NM
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	NM
VOCABRIA ORAL TABLET 30 MG	1	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	1	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	1	
<i>zidovudine oral tablet 300 mg</i>	1	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	1	PA; NM
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	1	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	1	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; NM; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	1	
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; NM; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	1	PA; NM; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	1	PA; NM; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	1	PA; NM; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; NM; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; NM; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	1	PA; NM; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	1	PA; NM; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; NM; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100- 100 MG	1	PA; NM; QL (28 per 28 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	1	NM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; NM
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	PA; NM
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>lagevrio (eua) oral capsule 200 mg</i>	1	QL (40 per 5 days)
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	1	NM
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	1	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	1	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	1	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	1	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	1	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	1	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	1	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	1	NM; QL (24 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml	1	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 5 (Arixtra) mg/0.4 ml	1	NM; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 7.5 mg/0.6 ml	1	NM; QL (18 per 30 days)
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 (warfarin) mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
<i>warfarin oral tablet</i> 1 mg, 10 mg, 2 (Jantoven) mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	1	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 per 30 days)
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	1	PA; NM; QL (60 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; NM
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	1	PA; NM; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	1	PA; NM; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	1	PA; NM; QL (60 per 30 days)
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NM

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Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	1	PA; NM; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	1	PA; NM; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	1	PA; NM
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	1	PA; NM
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NM
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NM
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NM
PROMACTA ORAL POWDER IN PACKET 12.5 MG	1	PA; NM; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	1	PA; NM; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	1	PA; NM; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	1	PA; NM; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; NM; QL (60 per 30 days)
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	1	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; QL (4 per 28 days)
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	1	PA; NM
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NM

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Drug Name	Drug Tier	Requirements/Limits
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NM
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	1	
<i>anagrelide oral capsule 1 mg</i>	1	
CABLIVI INJECTION KIT 11 MG	1	PA; NM; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; NM; QL (60 per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	1	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	1	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	1	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	1	PA BvD
CLINIMIX E 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	1	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	1	PA; NM; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	1	QL (240 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	
<i>olmesartan-amlodipin-hctiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<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)	1	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i> (Lotensin HCT)	1	
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	1	ST; QL (1200 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	1	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	1	
<i>sotalol oral tablet 240 mg</i> (Betapace)	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	

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>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	1	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	1	QL (600 per 30 days)
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KATERZIA ORAL SUSPENSION 1 MG/ML	1	ST; QL (300 per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
JYNARQUE ORAL TABLET 15 MG, 30 MG	1	PA; NM; 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)	1	PA; NM; QL (56 per 28 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	1	
<i>toremide oral tablet 20 mg</i> (Soaanz)	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet)	1	
<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)	1	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	1	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	1	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	1	
<i>colestipol oral packet 5 gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	1	ST; QL (30 per 30 days)
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	1	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	1	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	1	QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	1	PA; NM; QL (28 per 28 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	1	PA; NM; QL (56 per 28 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	1	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NEXLIZET ORAL TABLET 180-10 MG	1	ST; QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>niacor oral tablet 500 mg</i> (niacin)	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	1	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	1	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	1	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 per 30 days)
<i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)	1	ST; QL (600 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin)	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	
<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)	1	

Central Nervous System Agents

Central Nervous System Agents

<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	1	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; NM; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; NM; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	1	PA; NM; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	1	PA; NM; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	1	PA; NM; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; NM; 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)	1	PA; NM
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; NM; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; NM; QL (1 per 28 days)
AVONEX PEN 30 MCG/0.5 ML	1	PA; NM; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; NM; QL (15 per 30 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	1	PA; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	1	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	1	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	1	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Zenzedi)	1	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenzedi)	1	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	1	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine-amphetamine</i> (Adderall) <i>oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	1	PA; NM; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	1	PA; NM
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	1	PA; NM; QL (60 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; NM
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	1	PA; NM; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	1	PA; NM; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	1	PA; NM; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	1	PA; NM; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	1	PA; NM; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	1	PA; NM
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; NM; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	1	PA; NM; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; NM; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	1	PA; NM
MAYZENT ORAL TABLET 0.25 MG	1	PA; NM; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; NM; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	1	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	1	PA; NM
<i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl)	1	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)	1	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	1	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)	1	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	1	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	1	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	1	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>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	1	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	1	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	1	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	1	QL (30 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	1	PA; NM; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; NM; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; NM
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; NM; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; NM

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Drug Name	Drug Tier	Requirements/Limits
<i>riluzole oral tablet 50 mg</i> (Rilutek)	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	1	PA; NM; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	1	PA; NM; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA; NM; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>amethyst (28) oral tablet 90-20 mcg (28)</i> (levonorgestrel-ethinyl estrad)	1	
<i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	1	

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>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		1	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	

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>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estradiol)	1	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	1	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estradiol)	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Syeda)	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estradiol triphasic)	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	1	QL (1 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	

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

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

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

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Drug Name		Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	1	
<i>norlyda oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>		1	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>		1	
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	

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Drug Name		Drug Tier	Requirements/Limits
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		1	
SLYND ORAL TABLET 4 MG (28)		1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	

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Drug Name		Drug Tier	Requirements/Limits
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		1	
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>		1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	1	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	1	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	

Dental And Oral Agents

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Drug Name	Drug Tier	Requirements/Limits
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq)	1	
Dermatological Agents		
Dermatological Agents, Other		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>acyclovir topical cream 5 %</i> (Zovirax)	1	QL (5 per 4 days)
<i>acyclovir topical ointment 5 %</i> (Zovirax)	1	QL (30 per 30 days)
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	1	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	QL (120 per 30 days)
<i>fluorouracil topical cream 0.5 %</i> (Carac)	1	NM
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i>	1	QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	1	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
PANRETIN TOPICAL GEL 0.1 %	1	NM; QL (60 per 28 days)
<i>penciclovir topical cream 1 %</i> (Denavir)	1	
<i>podofilox topical solution 0.5 %</i>	1	
REGRANEX TOPICAL GEL 0.01 %	1	PA; NM; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	1	PA NSO; NM
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	1	
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	1	QL (100 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Neuac)	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	
<i>ery pads topical swab 2 %</i> (erythromycin with ethanol)	1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	1	
<i>gentamicin topical cream 0.1 %</i>	1	QL (90 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	1	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	QL (220 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>neuac topical gel 1.2 % (1 % base) -5 %</i> (clindamycin-benzoyl peroxide)	1	
<i>rosadan topical cream 0.75 %</i> (metronidazole)	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	1	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	1	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	1	
<i>ala-scalp topical lotion 2 %</i> (hydrocortisone)	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	1	
<i>clobetasol scalp solution 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	1	
<i>clobetasol topical ointment 0.05 %</i>	1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	1	
<i>desonide topical cream 0.05 %</i> (DesOwen)	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	1	QL (120 per 30 days)
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	1	QL (120 per 30 days)
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	1	
<i>diflorasone topical ointment 0.05 %</i>	1	QL (180 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	1	
<i>fluocinolone topical cream 0.01 %</i>	1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone 2.5% cream</i>	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	1	QL (236 per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	QL (120 per 30 days)
HYDROCORTISONE LOTION CMPLT KT 2 %	1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	1	
HYDROCORTISONE TOPICAL LOTION 2 % (Ala-Scalp)	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	1	QL (100 per 30 days)
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	1	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	1	
ALTRENO TOPICAL LOTION 0.05 %	1	PA
<i>tazarotene topical cream 0.05 %, 0.1 %</i> (Tazorac)	1	
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	1	
<i>tretinoin topical cream 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	1	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	1	
<i>permethrin topical cream 5 %</i> (Elimite)	1	QL (60 per 30 days)
Devices		
Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNIFINE PNTIP 8MM (pen needle, diabetic) 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	1	PA; ST
1ST TIER UNIFINE PNTIP (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
1ST TIER UNIFINE PNTIP (pen needle, diabetic) 31GX3/16 31 GAUGE X 3/16"	1	PA; ST
1ST TIER UNIFINE PNTIP (pen needle, diabetic) 32GX5/32 32 GAUGE X 5/32"	1	PA; ST
ABOUTTIME PEN NEEDLE 30G X (pen needle, diabetic) 8MM 30 GAUGE X 5/16"	1	PA; ST
ABOUTTIME PEN NEEDLE 31G X (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
ABOUTTIME PEN NEEDLE 31G X (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
ABOUTTIME PEN NEEDLE 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
ADVOCATE INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	1	PA; ST
ADVOCATE INS 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	1	PA; ST
ADVOCATE INS 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	1	PA; ST
ADVOCATE INS 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	1	PA; ST
ADVOCATE INS 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	1	PA; ST
ADVOCATE INS SYR 0.3 ML (insulin syringe-needle 29GX1/2 0.3 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
ADVOCATE INS SYR 0.5 ML (insulin syringe-needle 29GX1/2 0.5 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
ADVOCATE INS SYR 1 ML (insulin syringe-needle 29GX1/2" 1 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
ADVOCATE INS SYR 1 ML (insulin syringe-needle 30GX5/16 1 ML 30 GAUGE X 5/16 u-100)	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
ADVOCATE PEN NDL 12.7MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	1	PA; ST
ADVOCATE PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
ADVOCATE PEN NEEDLE 4MM (pen needle, diabetic) 33G 33 GAUGE X 5/32"	1	PA; ST
ADVOCATE PEN NEEDLES 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	1	PA; ST
ADVOCATE PEN NEEDLES 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	1	PA; ST
ALCOHOL 70% SWABS (Alcohol Pads)	1	PA; ST
ALCOHOL PADS TOPICAL PADS, (alcohol swabs) MEDICATED	1	PA; ST
ALCOHOL PREP SWABS (alcohol swabs) TOPICAL PADS, MEDICATED	1	PA; ST
ALCOHOL WIPES TOPICAL (alcohol swabs) PADS, MEDICATED	1	PA; ST
AQINJECT PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
AQINJECT PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
ASSURE ID DUO PRO NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	1	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST
ASSURE ID PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	1	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	1	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	1	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	1	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
BD INS SYRN UF 1 ML (insulin syringe-needle 12.7MMX30G NOT FOR RETAIL u-100) SALE 1 ML 30 GAUGE X 1/2"	1	PA; ST
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	1	PA; ST
BD INSULIN SYR 1 ML 25GX5/8" (insulin syringe-needle 1 ML 25 GAUGE X 5/8" u-100)	1	PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	1	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	1	PA; ST
BD INSULIN SYR 1 ML 28GX1/2" (Comfort EZ Insulin (OTC) 1 ML 28 GAUGE X 1/2" Syringe)	1	PA; ST
BD INSULIN SYRINGE 1 ML W/O (insulin syringe NEEDLE needleless)	1	PA; ST
BD LUER-LOK SYRINGE 1 ML (Easy Touch Luer Lock Insulin)	1	PA; ST
BD NANO 2 GEN PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFETGLD INS 0.5 ML (insulin syringe-needle 13MMX29G 0.5 ML 29 GAUGE X u-100) 1/2"	1	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	1	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
BD SINGLE USE SWAB (alcohol swabs)	1	PA; ST
BD UF MICRO PEN NEEDLE (pen needle, diabetic) 6MMX32G 32 GAUGE X 1/4"	1	PA; ST
BD UF MINI PEN NEEDLE (pen needle, diabetic) 5MMX31G 31 GAUGE X 3/16"	1	PA; ST
BD UF NANO PEN NEEDLE (pen needle, diabetic) 4MMX32G 32 GAUGE X 5/32"	1	PA; ST
BD UF ORIG PEN NDL (pen needle, diabetic) 12.7MMX29G 29 GAUGE X 1/2"	1	PA; ST
BD UF SHORT PEN NEEDLE (pen needle, diabetic) 8MMX31G 31 GAUGE X 5/16"	1	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		1	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"		1	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		1	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	PA; ST
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	1	PA; ST
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	PA; ST

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

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

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

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	1	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	1	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	1	PA; ST
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"	1	PA; ST
CURAD GAUZE PADS 2" X 2" 2 X (gauze bandage) 2 "	1	PA; ST
CURITY ALCOHOL PREPS 2 (alcohol swabs) PLY,MEDIUM	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST
CURITY GUAZE PADS 1'S(12 (gauze bandage) PLY) 2 X 2 "	1	PA; ST
DERMACEA 2"X2" GAUZE 12 (gauze bandage) PLY, USP TYPE VII 2 X 2 "	1	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.3 ML (insulin syringe-needle 29GX12.5MM 0.3 ML 29 GAUGE u-100) X 1/2"	1	PA; ST
DROPLET INS 0.3 ML (insulin syringe-needle 30GX12.5MM 0.3 ML 30 GAUGE u-100) X 1/2"	1	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	1	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1 PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1 PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1 PA; ST
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1 PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1 PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		1 PA; ST
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1 PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1 PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1 PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		1 PA; ST
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1 PA; ST

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Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	1	PA; ST
DROPLET PEN NEEDLE (pen needle, diabetic) 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST
DROPLET PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
DROPLET PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
DROPLET PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
DROPLET PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4"	1	PA; ST
DROPLET PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16"	1	PA; ST
DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16"	1	PA; ST
DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
DROPSAFE ALCOHOL 70% PREP (alcohol swabs) PADS	1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	1	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	1	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	1	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
DROPSAFE PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	1	PA; ST

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

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Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		1	PA; ST
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		1	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		1	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	1	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		1	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		1	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		1	PA; ST
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		1	PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		1	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		1	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH LUER LOK INSUL (insulin syringe 1 ML needleless)	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 30GX5/16 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX3/16 31 GAUGE X 3/16"	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 31GX5/16 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4"	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX3/16 32 GAUGE X 3/16"	1	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32 32 GAUGE X 5/32"	1	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH SYR 0.5 ML 28G (insulin syringe-needle 12.7MM 1/2 ML 28 GAUGE X 1/2" u-100)	1	PA; ST
EASY TOUCH SYR 0.5 ML 29G (insulin syringe-needle 12.7MM 0.5 ML 29 GAUGE X 1/2" u-100)	1	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	1	PA; ST
EASY TOUCH SYR 1 ML 28G (insulin syringe-needle 12.7MM 1 ML 28 GAUGE X 1/2" u-100)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	1	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		1	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	1	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	1	PA; ST
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	1	PA; ST
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	PA; ST
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	1	PA; ST
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE (Ultra Comfort Insulin Syringe)	1	PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 " (gauze bandage)	1	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100)	1	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100)	1	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE	1	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 (insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE INS 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X 5/16 u-100)	1	PA; ST
HEALTHWISE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
HEALTHWISE PEN NEEDLE 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
HEALTHWISE PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 4MM 32G 32 GAUGE X 5/32"	1	PA; ST
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 5MM 31G 31 GAUGE X 3/16"	1	PA; ST
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 6MM 31G 31 GAUGE X 1/4"	1	PA; ST
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 8MM 31G 31 GAUGE X 5/16"	1	PA; ST
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"	1	PA; ST
HEB INCONTROL ALCOHOL 70% (alcohol swabs) PADS	1	PA; ST
INCONTROL PEN NEEDLE 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	1	PA; ST
INCONTROL PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	1	PA; ST
INCONTROL PEN NEEDLE 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	1	PA; ST
INCONTROL PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	1	PA; ST
INCONTROL PEN NEEDLE 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	1	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	1	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	1	
INSULIN SYR 0.3 ML (UltiCare Insuln Syr(half 31GX1/4(1/2) 0.3 ML 31 GAUGE X unit)) 1/4"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRIN 0.3 ML 30GX1/2" (Comfort EZ Insulin Syringe) SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (Comfort EZ Insulin Syringe) (OTC) 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (Comfort EZ Insulin Syringe) (OTC) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (Comfort EZ Insulin Syringe) SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" (Advocate Syringes) SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" (Easy Touch Insulin Syringe) INNER (OTC) 1/2 ML 27 GAUGE X 1/2"	1	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE (insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	1	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29 (insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	1	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	1	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" (BD Eclipse Luer-Lok) (RX) 1 ML 30 GAUGE X 1/2"	1	PA; ST
INSULIN SYRINGE 1 ML 30GX5/16" (Advocate Syringes) SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16"	1	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	1	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	1	PA; ST
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	1	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "		1	PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	1	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	1	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		1	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST

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

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Drug Name		Drug Tier	Requirements/Limits
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		1	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		1	PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"		1	PA; ST
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	1	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	1	PA; ST
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)	1	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	1	PA; ST
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	1	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	1	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	1	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		1	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	PA; ST
NOVOFINE 30 NEEDLE	1	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	1	PA; ST
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	1	PA; ST
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	1	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	1	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	1	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	1	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" (Embrace Pen Needle)	1	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" (CareFine Pen Needle)	1	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips Plus)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	1	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		1	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		1	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT 1 ML 30GX5/16" 1 (insulin syringe-needle ML 30 GAUGE X 5/16 u-100)	1	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 (insulin syringe-needle ML 31 GAUGE X 5/16 u-100)	1	PA; ST
PRO COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	PA; ST
PRO COMFORT PEN NDL (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
PRO COMFORT PEN NDL 32G X (pen needle, diabetic) 1/4" 32 GAUGE X 1/4"	1	PA; ST
PRO COMFORT PEN NDL 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	1	PA; ST
PRO COMFORT PEN NDL 5MM (pen needle, diabetic) 32G 32 GAUGE X 3/16"	1	PA; ST
PRODIGY INS SYR 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X 1/2" u-100)	1	PA; ST
PRODIGY SYRNG 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	1	PA; ST
PRODIGY SYRNGE 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	1	PA; ST
PURE CMFT SFTY PEN NDL 31G (pen needle, diabetic, 5MM 31 GAUGE X 3/16" safety)	1	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
PURE COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	1	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	1	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		1	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	1	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		1	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		1	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	1	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	1	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	1	PA; ST
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Ultilet Insulin Syringe)	1	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		1	PA; ST
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		1	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"		1	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"		1	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"		1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	1	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort EZ PRO Safety Pen Ndl)	1	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	1	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	1	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST

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

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Drug Name		Drug Tier	Requirements/Limits
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	1	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		1	PA; ST
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"		1	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		1	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		1	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		1	PA; ST
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"		1	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		1	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		1	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		1	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		1	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		1	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	1	PA; ST
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8" (insulin syringe-needle u-100)	1	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"	1	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	1	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"	1	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8" (insulin syringe-needle u-100)	1	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	1	PA; ST
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
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)	1	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	PA; ST
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		1	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	1	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"		1	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"		1	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"		1	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		1	PA; ST
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	1	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLES 4MM (pen needle, diabetic) 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	1	PA; ST
ULTICARE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	1	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	1	PA; ST
ULTICARE SYR 0.3 ML 29G (Comfort EZ Insulin 12.7MM 0.3 ML 29 GAUGE X 1/2" Syringe)	1	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" (insulin syringe-needle 0.3 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
ULTICARE SYR 0.3 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.3 ML 31 u-100) GAUGE X 5/16"	1	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	1	PA; ST
ULTICARE SYR 0.5 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.5 ML 31 u-100) GAUGE X 5/16"	1	PA; ST
ULTICARE SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	1	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	1	PA; ST
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	1	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	1	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	1	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	1	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPAK 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
ULTIGUARD SAFEPAK 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
ULTIGUARD SAFEPAK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	1	PA; ST
ULTIGUARD SAFEPAK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	1	PA; ST
ULTILET ALCOHOL STERL (alcohol swabs) SWAB	1	PA; ST
ULTILET INSULIN SYRINGE 0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTILET INSULIN SYRINGE 0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 0.5 u-100) ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ULTILET INSULIN SYRINGE 1 (insulin syringe-needle ML 1 ML 29 GAUGE X 1/2", 1 ML u-100) 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	PA; ST
ULTILET PEN NEEDLE 29 GAUGE	1	PA; ST
ULTILET PEN NEEDLE 4MM 32G (pen needle, diabetic) 32 GAUGE X 5/32"	1	PA; ST
ULTRA COMFORT 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X u-100) 5/16"	1	PA; ST
ULTRA COMFORT 0.5 ML (insulin syringe-needle 28GX1/2" CONVERTS TO 29G 1/2 u-100) ML 28 GAUGE X 1/2"	1	PA; ST
ULTRA COMFORT 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"	1	PA; ST
ULTRA COMFORT 0.5 ML (insulin syringe-needle SYRINGE 1/2 ML 28 GAUGE u-100)	1	PA; ST
ULTRA COMFORT 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X 5/16 u-100)	1	PA; ST

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

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

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Drug Name		Drug Tier	Requirements/Limits
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE		1	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX5/16" SHORT 31 GAUGE X 5/16"	1	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32"	1	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST
UNIFINE SAFECONTROL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
UNIFINE SAFECONTROL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	1	PA; ST
UNIFINE SAFECONTROL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	1	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
UNIFINE ULTRA PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" (insulin syringe-needle SY OUTER 0.5 ML 30 GAUGE X u-100) 1/2"	1	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT U-100 29X1/2 SYR (insulin syringe-needle u-100) 1 ML 29 GAUGE X 1/2"	1	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" (insulin syringe-needle u-100) 1 ML 29 GAUGE X 1/2"	1	PA; ST
VERIFINE PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	1	PA; ST
VERIFINE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	1	PA; ST
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
VERIFINE PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	1	PA; ST
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	1	PA; ST
VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	1	PA; ST
VERIFINE PLUS PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	1	PA; ST
VERIFINE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	1	PA; ST
VERIFINE SYRING 0.5 ML 29G (insulin syringe-needle u-100) 1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
VERIFINE SYRING 1 ML 31G (insulin syringe-needle u-100) 5/16" 1 ML 31 GAUGE X 5/16"	1	PA; ST
VERIFINE SYRNG 0.3 ML 31G (insulin syringe-needle u-100) 5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
VERIFINE SYRNG 0.5 ML 31G (insulin syringe-needle u-100) 5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	PA; ST
V-GO 20 DEVICE	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
V-GO 30 DEVICE	1	QL (30 per 30 days)
V-GO 40 DEVICE	1	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS (alcohol swabs) 20'S,LARGE	1	PA; ST
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CERDELGA ORAL CAPSULE 84 MG	1	PA; NM
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	1	
GALAFOLD ORAL CAPSULE 123 MG	1	PA; NM; QL (14 per 28 days)
<i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)	1	PA; NM
<i>miglustat oral capsule 100 mg</i> (Yargesa)	1	PA; NM; QL (90 per 30 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	1	PA; NM
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA; NM
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	1	PA; NM
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA BvD; NM
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; NM
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	1	PA; NM
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	1	PA; NM; LA

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Drug Name	Drug Tier	Requirements/Limits
<i>yargesa oral capsule 100 mg</i> (miglustat)	1	PA; NM; 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	1	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i> (Astepro Allergy) <i>205.5 mcg (0.15 %)</i>	1	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	1	ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	1	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (15 per 10 days)
<i>olopatadine nasal spray,non-aerosol</i> (Patanase) <i>0.6 %</i>	1	QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch- Redness Rlf)	1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	1	

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

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

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Drug Name	Drug Tier	Requirements/Limits
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	1	PA; NM; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX OPHTHALMIC (EYE) (loteprednol etabonate) DROPS,SUSPENSION 0.2 %	1	ST
<i>bromfenac ophthalmic (eye) drops</i> (Prolensa) 0.07 %	1	
<i>bromfenac ophthalmic (eye) drops</i> (BromSite) 0.075 %	1	
<i>bromfenac ophthalmic (eye) drops</i> 0.09 %	1	
<i>cyclosporine ophthalmic (eye)</i> (Restasis) <i>dropperette</i> 0.05 %	1	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i> 0.1 %	1	
<i>diclofenac sodium ophthalmic (eye) drops</i> 0.1 %	1	
<i>difluprednate ophthalmic (eye) drops</i> (Durezol) 0.05 %	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	1	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %)	1	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops</i> 0.01 %	1	
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) <i>drops,suspension</i> 0.1 %	1	
<i>flurbiprofen sodium ophthalmic (eye)</i> <i>drops</i> 0.03 %	1	
<i>fluticasone propionate nasal</i> (24 Hour Allergy Relief) <i>spray,suspension</i> 50 mcg/actuation	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	1	

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Drug Name	Drug Tier	Requirements/Limits
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	1	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	1	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	1	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	1	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	1	QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	1	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	1	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	1	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	1	ST; QL (60 per 30 days)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	1	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	1	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>nizatidine oral solution 150 mg/10 ml</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i> (Zegerid)	1	ST; NM; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i> (Zegerid)	1	ST; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	1	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	1	PA; NM
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	1	
<i>dicyclomine oral capsule 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; NM
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	
IQIRVO ORAL TABLET 80 MG	1	PA; NM; QL (30 per 30 days)
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 per 30 days)
LIVDELZI ORAL CAPSULE 10 MG	1	PA; NM; QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	1	QL (60 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	1	PA; NM; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA; NM
RELISTOR ORAL TABLET 150 MG	1	PA; NM; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	1	PA; NM; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	PA; NM; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	PA; NM; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	1	PA; NM
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>ursodiol oral capsule 200 mg, 400 mg</i> (Reltone)	1	NM
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg</i>	1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	1	
XERMELO ORAL TABLET 250 MG	1	PA; NM; 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	1	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>peg-electrolyte soln oral recon soln</i> (GaviLyte-N) 420 gram	1	
<i>sodium,potassium,mag sulfates oral recon soln</i> (Suprep Bowel Prep Kit) 17.5-3.13-1.6 gram	1	
<i>sodium,potassium,mag sulfates oral recon soln</i> 17.5-3.13-1.6 gram 2 pack (480ml)	1	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	1	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet</i> 10 mg, 25 mg, 5 mg, 50 mg	1	
<i>fesoterodine oral tablet extended release</i> 24 hr 4 mg, 8 mg (Toviaz)	1	
<i>flavoxate oral tablet</i> 100 mg	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	1	
<i>oxybutynin chloride oral syrup</i> 5 mg/5 ml	1	
<i>oxybutynin chloride oral tablet</i> 2.5 mg, 5 mg	1	
<i>oxybutynin chloride oral tablet extended release</i> 24hr 10 mg, 15 mg, 5 mg	1	
<i>solifenacin oral tablet</i> 10 mg, 5 mg (Vesicare)	1	
<i>tolterodine oral capsule,extended release</i> 24hr 2 mg, 4 mg (Detrol LA)	1	
<i>tolterodine oral tablet</i> 1 mg, 2 mg (Detrol)	1	
<i>trospium oral capsule,extended release</i> 24hr 60 mg	1	
<i>trospium oral tablet</i> 20 mg	1	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release</i> 24 hr 10 mg (Uroxatral)	1	QL (30 per 30 days)
<i>dutasteride oral capsule</i> 0.5 mg (Avodart)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin oral capsule, (Jalyn) er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg (Proscar)</i>	1	
<i>tamsulosin oral capsule 0.4 mg (Flomax)</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin oral capsule 10 mg</i>	1	
<i>tiopronin oral tablet 100 mg (Thiola)</i>	1	NM
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet (Jadenu Sprinkle) 180 mg, 360 mg, 90 mg</i>	1	PA; NM
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg (Jadenu)</i>	1	PA
<i>deferasirox oral tablet, dispersible (Exjade) 125 mg, 250 mg, 500 mg</i>	1	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg (Ferriprox)</i>	1	PA; NM
FERRIPROX ORAL SOLUTION 100 MG/ML	1	PA; NM
<i>penicillamine oral tablet 250 mg (Depen Titratabs)</i>	1	PA; NM
<i>trientine oral capsule 250 mg (Syprine)</i>	1	PA; NM; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>oxandrolone oral tablet 10 mg, 2.5 mg (Oxandrin)</i>	1	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml (Depo-Testosterone)</i>	1	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA; QL (5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	1	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	1	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	1	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)	1	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	1	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	1	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	1	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	1	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	1	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Mimvey)	1	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	1	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	1	
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	1	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	1	QL (8 per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	1	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
<i>raloxifene oral tablet 60 mg</i> (Evista)	1	
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
HEMADY ORAL TABLET 20 MG	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	1	
<i>methylprednisolone oral tablet 32 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	1	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	1	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	1	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	1	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	1	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	1	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	1	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	1	PA; NM; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	1	PA; NM; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	1	PA; NM; QL (30 per 30 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	1	PA; NM; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	1	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	1	PA; NM; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; NM
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	1	PA NSO; NM; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	PA NSO; NM
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	1	PA NSO; NM
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	1	PA; NM
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	1	PA; NM
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; NM
NORDITROPIN FLEXPLO 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)	1	PA; NM
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	1	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	1	
ORGOVYX ORAL TABLET 120 MG	1	PA NSO; NM
ORILISSA ORAL TABLET 150 MG	1	PA; NM; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORILISSA ORAL TABLET 200 MG	1	PA; NM; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; NM
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NM; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	1	PA NSO; NM; QL (0.2 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	1	PA NSO; NM; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NM
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	1	PA; NM
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg</i> (Provera)	1	
<i>medroxyprogesterone oral tablet 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	
Thyroid And Antithyroid Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; NM
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	1	PA; NM
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; NM
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; NM
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	1	PA BvD
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 5 MG	1	PA BvD; NM
AVSOLA INTRAVENOUS RECON SOLN 100 MG	1	PA; NM
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	1	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; NM; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; NM; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA NSO; NM; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; NM
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; NM
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; NM
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NM
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; NM
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	1	PA; NM
<i>cyclosporine intravenous solution</i> (Sandimmune) <i>250 mg/5 ml</i>	1	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) <i>100 mg, 25 mg</i>	1	PA BvD
<i>cyclosporine modified oral capsule</i> <i>50 mg</i>	1	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) <i>100 mg/ml</i>	1	PA BvD
<i>cyclosporine oral capsule 100 mg, 25</i> (Sandimmune) <i>mg</i>	1	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NM
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NM
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; NM
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	1	PA; NM
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; NM

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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)	1	PA; NM
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; NM
<i>everolimus (immunosuppressive) oral</i> (Zortress) <i>tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	PA BvD; NM
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA BvD; NM
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	1	PA BvD; NM
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	1	PA BvD; NM
<i>engraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	1	PA BvD
<i>engraf oral solution 100 mg/ml</i> (cyclosporine modified)	1	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; Only NDCs starting with 00074
HUMIRA PEN PSOR-UEVITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; NM; 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	1	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NM; Only NDCs starting with 00074

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NM; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	1	PA; NM; 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	1	PA; NM; Only NDCs starting with 00074
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA; NM
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NM
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	1	PA; NM
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	1	PA; NM
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; NM
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	1	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	1	PA BvD; NM
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	1	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	PA BvD; NM
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	1	PA; NM

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	1	PA; NM
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	1	PA; NM
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA; NM
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)	1	PA; NM
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	1	ST
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	1	PA; NM
REZUROCK ORAL TABLET 200 MG	1	PA NSO; NM
RIDAURA ORAL CAPSULE 3 MG	1	NM
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; NM; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	1	PA; NM
<i>sirolimus oral solution 1 mg/ml</i>	1	PA BvD; NM
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	1	PA; NM
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NM

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	1	PA; NM
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	1	PA; NM
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	1	PA; NM
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; NM
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; NM
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	1	PA; NM
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	1	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	1	PA; NM; QL (180 per 30 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; NM
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NM
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; NM
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; NM
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; NM
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	1	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	1	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	1	
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	1	QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	PA BvD; \$0 copay
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD; \$0 copay

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	1	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	\$0 copay

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Drug Name	Drug Tier	Requirements/Limits
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	1	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	1	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF- 48MCG-62DU -10 MCG/0.5ML	1	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	\$0 copay

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Drug Name	Drug Tier	Requirements/Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
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)	1	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 ML toxoids-td)	1	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	\$0 copay

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Drug Name	Drug Tier	Requirements/Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	\$0 copay
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	\$0 copay
TYPHIM VI INTRAMUSCULAR (typhoid vi polysacch SYRINGE 25 MCG/0.5 ML vaccine)	1	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	\$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	1	\$0 copay

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Drug Name	Drug Tier	Requirements/Limits
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)	1	\$0 copay
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	1	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	1	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	1	ST
DIPENTUM ORAL CAPSULE 250 MG	1	ST; NM
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	1	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	1	QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	1	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	1	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	1	NM; QL (120 per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	1	PA; NM; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemlar)	1	
<i>paricalcitol oral capsule 4 mcg</i>	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	1	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	1	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	1	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	1	QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	1	PA; NM; QL (2.48 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	1	PA; NM; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	PA; NM
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; NM
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	1	PA; NM
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	1	PA; NM
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	1	
ELMIRON ORAL CAPSULE 100 MG	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	1	PA; NM
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	1	PA; NM; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	1	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	1	
<i>levocarnitine sf 1 g/10 ml sol 100 mg/ml</i> (Carnitor (sugar-free))	1	
MESNEX ORAL TABLET 400 MG	1	NM
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	1	QL (30 per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	1	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	1	PA; NM
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	1	PA; NM
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	1	PA; NM; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; NM; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	1	PA; NM; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NM; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	1	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	1	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	1	PA; NM; 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	1	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	1	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	1	PA; NM
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	1	PA; NM
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops (Alphagan P) 0.1 %, 0.15 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) (Combigan) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) (Azopt) drops,suspension 1 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %</i>	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	
<i>tafluprost (pf) ophthalmic (eye)</i> (Zioptan (PF)) <i>dropperette 0.0015 %</i>	1	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) <i>0.004 %</i>	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	1	QL (5 per 30 days)
Replacement Preparations		
Replacement Preparations		
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	1	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
<i>klor-con m10 oral tablet,er</i> (potassium chloride) <i>particles/crystals 10 meq</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride)	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride)	1	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	1	
PLASMA-LYTE A (electrolyte-a) INTRAVENOUS PARENTERAL SOLUTION	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	1	
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	1	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	1	
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)	1	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	1	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	1	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	1	QL (60 per 30 days)
<i>breyina inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (budesonide-formoterol)	1	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	1	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	1	PA BvD; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	1	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	1	QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	1	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	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)	1	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)	1	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	1	
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	1	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	1	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	1	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	1	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	PA BvD; QL (540 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	1	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	1	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	1	NM; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	1	PA; NM
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; NM; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	1	PA; NM; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; NM; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; NM; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; NM; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; NM; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NM; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; NM; LA; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; NM; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; NM; 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
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; NM; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	1	PA; NM; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	1	PA; NM; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	1	PA; NM; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	1	PA; NM; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	1	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	1	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	1	PA; NM; 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)	1	PA; NM; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; NM; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	1	PA; NM; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	1	PA; NM
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; NM
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	1	PA; NM
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 50 mg</i>	1	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	1	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	1	PA; NM; QL (150 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	1	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	1	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	1	PA; NM; LA; QL (540 per 30 days)
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	1	PA; NM; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	1	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; NM; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	1	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	1	PA; NM; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	1	PA; NM; LA; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; NM; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	1	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	1	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	1	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	1	PA; NM
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	1	PA; NM
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	1	PA; NM; 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	1	PA; NM; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	1	PA; NM; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; NM
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	1	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	1	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	1	
<i>completenate tablet chew 29 mg iron-1 mg</i>	1	
<i>folivane-ob capsule 85-1 mg</i>	1	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	1	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	1	

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>m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)</i>	1	
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	1	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
<i>newgen tablet 32-1,000 mg-mcg</i>	1	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	1	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	1	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	1	
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	1	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)</i>	1	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	
<i>pnv-omega softgel 28-1-300 mg</i>	1	
<i>pr natal 400 combo pack 29-1-400 mg</i>	1	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 combo pack 29 mg iron- 1 mg -430 mg</i>	1	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	1	
<i>preнал true combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa tablet 29-1 mg</i>	1	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	1	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>prenatal-u capsule 106.5-1 mg</i>	1	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	1	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	1	
<i>taron-c dha capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	1	
<i>vinate care oral tablet,chewable 40 mg iron- 1 mg</i>	1	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	1	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	1	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	1	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	1	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	1	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	1	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	1	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus softgel 28-1-300 mg</i>	1	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

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GOLD KIDNEY HEALTH PLAN

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www.goldkidney.com

This formulary was updated on 10/23/ 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 (except holidays), and 8 a.m. to 8 p.m., local time, Monday through Friday, April 1 – September 30 (except holidays), or visit **www.goldkidney.com**.

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