GOLD KIDNEY HEALTH PLAN

Gold Kidney Health Plan

2026 Formulary

List of Covered Drugs or "Drug List"

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

Formulary ID: 26346

Y0171_Formulary_1T_12_0925_C

This formulary was updated on 11/01/2026. 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.

H1526-004 Gold Kidney of Florida Gold Dialysis & Kidney Complete (HMO-POS C-SNP)
H4869-014 Gold Kidney of Arizona Gold Dialysis & Kidney Complete (HMO-POS C-SNP)

Last Updated: 11/01/2026

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 11/01/2026. 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, 2026, 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 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 11/01/2026. 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 CONDITIONS

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 JAKAFI 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 a 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.

Gold Kidney Health Plan

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., JAKAFI) 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.

2026 Dosage Form Abbreviations

Dosage Form Abbreviation	Definition
8 hr	8 hour
12 hr or 12hr	12 hour
24 hr or 24hr	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

H1526-004 Gold Kidney of Florida Gold Dialysis & Kidney Complete (HMO-POS C-SNP)
H4869-014 Gold Kidney of Arizona Gold Dialysis & Kidney Complete (HMO-POS C-SNP)

Initial Coverage
You stay in the Initial Coverage Stage until you have paid $2,100 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
$615*	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
$615*	Retail 100-day supply	25% coinsurance
	Insulins	the lesser of 25% coinsurance or $105 copay
$615*	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 $2,100 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 Availability

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-294-6535 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-294-6535 (TTY: 711) o hable con su proveedor.

Navajo: SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-844-294-6535 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.

Haitian: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-844-294-6535 (TTY: 711) oswa pale avèk founisè w la.

French: ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-294-6535 (TTY : 711) ou parlez à votre fournisseur.

Portuguese: ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-844-294-6535 (TTY: 711) ou fale com seu provedor.

Simplified Chinese: 注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-844-294-6535（文本电话：711）或咨询您的服务提供商。

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-294-6535 (TTY: 711) o makipag-usap sa iyong provider.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-294-6535 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-844-294-6535 (711) أو تحدث إلى مقدم الخدمة.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-294-6535 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-844-294-6535 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-294-6535 (TTY: 711) или обратитесь к своему поставщику услуг.

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-844-294-6535 (tty: 711) o parla con il tuo fornitore.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-844-294-6535 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Korean: 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-844-294-6535(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

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Drug Name		Drug Tier	Requirements/Limits
Analgesics			
Analgesics, Miscellaneous			
acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml		1	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		1	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		1	QL (180 per 30 days)
ascomp with codeine oral capsule 30-50-325-40 mg	(codeine-butalbital-asa-caff)	1	QL (180 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	1	QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg		1	QL (180 per 30 days)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	1	QL (180 per 30 days)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		1	QL (180 per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		1	QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		1	QL (180 per 30 days)
butorphanol nasal spray,non-aerosol 10 mg/ml		1	QL (5 per 28 days)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg		1	QL (180 per 30 days)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	1	QL (180 per 30 days)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	1	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	1	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	1	QL (240 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg		1	PA; NM; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg		1	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		1	QL (10 per 30 days)
fioricet oral capsule 50-300-40 mg	(butalbital-acetaminophen-caff)	1	QL (180 per 30 days)
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml		1	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg		1	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg		1	QL (240 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		1	QL (150 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml		1	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	1	QL (1200 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	1	QL (180 per 30 days)
methadone oral solution 10 mg/5 ml		1	QL (600 per 30 days)
methadone oral solution 5 mg/5 ml		1	QL (1200 per 30 days)
methadone oral tablet 10 mg		1	QL (120 per 30 days)
methadone oral tablet 5 mg		1	QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		1	PA; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml (2 mg/ml)		1	QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)		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)

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
morphine oral tablet extended release 100 mg, 200 mg		1	QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	1	QL (90 per 30 days)
morphine oral tablet extended release 60 mg	(MS Contin)	1	QL (60 per 30 days)
oxycodone oral capsule 5 mg		1	QL (180 per 30 days)
oxycodone oral concentrate 20 mg/ml		1	PA; QL (120 per 30 days)
oxycodone oral solution 5 mg/5 ml		1	QL (1300 per 30 days)
oxycodone oral tablet 10 mg, 5 mg		1	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	1	QL (120 per 30 days)
oxycodone oral tablet 20 mg		1	QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	1	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	1	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	1	QL (240 per 30 days)
oxymorphone oral tablet 10 mg		1	QL (120 per 30 days)
oxymorphone oral tablet 5 mg		1	QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg		1	QL (60 per 30 days)
tencon oral tablet 50-325 mg	(butalbital-acetaminophen)	1	QL (180 per 30 days)
tramadol oral tablet 50 mg		1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		1	QL (300 per 30 days)
zebutal oral capsule 50-325-40 mg	(butalbital-acetaminophen-caff)	1	QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	1	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	1	PA; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
diclofenac potassium oral tablet 50 mg		1	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		1	
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		1	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		1	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		1	QL (300 per 30 days)
diclofenac sodium topical gel 3 %		1	
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)		1	PA; NM; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	1	
diflunisal oral tablet 500 mg		1	
etodolac oral capsule 200 mg, 300 mg		1	
etodolac oral tablet 400 mg	(Lodine)	1	
etodolac oral tablet 500 mg		1	
fenoprofen oral tablet 600 mg	(Nalfon)	1	
flurbiprofen oral tablet 100 mg	(Lurbiro)	1	
ibu oral tablet 400 mg	(ibuprofen)	1	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	1	
ibuprofen oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	1	
ibuprofen-famotidine oral tablet 800-26.6 mg		1	PA; QL (90 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
indomethacin oral capsule 25 mg, 50 mg		1	
indomethacin oral capsule, extended release 75 mg		1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		1	
ketorolac oral tablet 10 mg		1	QL (20 per 30 days)
mefenamic acid oral capsule 250 mg		1	
meloxicam oral tablet 15 mg, 7.5 mg		1	
nabumetone oral tablet 500 mg, 750 mg		1	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	1	
piroxicam oral capsule 10 mg, 20 mg		1	
sulindac oral tablet 150 mg, 200 mg		1	
Anesthetics			
Local Anesthetics			
dermacinrx lidocan 5% patch outer	(lidocaine)	1	PA; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	1	QL (30 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	1	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 2 %		1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		1	PA
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	1	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		1	PA; QL (240 per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		1	PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	(lidocaine)	1	PA; QL (90 per 30 days)
tridacaine iii topical adhesive patch,medicated 5 %	(lidocaine)	1	PA; QL (90 per 30 days)

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		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	
disulfiram oral tablet 250 mg, 500 mg	1	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	1	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	1	
naloxone nasal spray,non-aerosol 4 mg/actuation (Narcan)	1	QL (4 per 30 days)
naltrexone oral tablet 50 mg	1	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	1	QL (240 per 180 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg (Chantix)	1	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)	1	QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box)	1	
Antianxiety Agents		

Drug Name		Drug Tier	Requirements/Limits
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		1	QL (120 per 30 days)
alprazolam oral tablet extended release 24 hr 3 mg		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)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	1	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	QL (150 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
oxazepam oral capsule 10 mg, 15 mg, 30 mg		1	QL (120 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	(Restoril)	1	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	1	QL (120 per 30 days)
triazolam oral tablet 0.125 mg		1	QL (120 per 30 days)
triazolam oral tablet 0.25 mg		1	QL (60 per 30 days)
Antibacterials			
Aminoglycosides			
amikacin injection solution 500 mg/2 ml		1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		1	PA; NM; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml		1	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		1	
neomycin oral tablet 500 mg		1	
streptomycin intramuscular recon soln 1 gram		1	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		1	NM; NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	1	PA BvD; NM; NDS
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	1	PA BvD; NM; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		1	
Antibacterials, Miscellaneous			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	(clindamycin palmitate hcl)	1	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)		1	

Drug Name		Drug Tier	Requirements/Limits
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	1	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	1	NM; NDS
daptomycin intravenous recon soln 350 mg, 500 mg		1	NM; NDS
fosfomycin tromethamine oral packet 3 gram		1	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	1	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	1	NM; NDS
linezolid oral tablet 600 mg		1	
methenamine hippurate oral tablet 1 gram		1	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	1	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		1	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	1	QL (60 per 30 days)
polymyxin b sulfate injection recon soln 500,000 unit		1	
trimethoprim oral tablet 100 mg		1	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg		1	
vancomycin oral capsule 125 mg	(Vancocin)	1	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	1	QL (112 per 14 days)
vancomycin oral recon soln 25 mg/ml	(Firvanq)	1	
XIFAXAN ORAL TABLET 200 MG		1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		1	PA; NM; NDS; QL (90 per 30 days)
Cephalosporins			
cefaclor oral capsule 250 mg, 500 mg		1	

Drug Name	Drug Tier	Requirements/Limits
cefaclor oral tablet extended release 12 hr 500 mg	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	1	
cefazolin injection recon soln 1 gram, 500 mg	1	
cefazolin intravenous recon soln 10 gram	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefepime injection recon soln 1 gram, 2 gram	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
cefixime oral tablet 400 mg	1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg (Teflaro)	1	NM; NDS
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	1	

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

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

Drug Name		Drug Tier	Requirements/Limits
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		1	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg		1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		1	
ampicillin oral capsule 500 mg		1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg		1	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		1	
dicloxacillin oral capsule 250 mg, 500 mg		1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT		1	
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %		1	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram		1	

Drug Name	Drug Tier	Requirements/Limits
penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)	1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1	
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	1	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner	1	
moxifloxacin oral tablet 400 mg	1	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	1	
Sulfonamides		
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg (Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg (Bactrim DS)	1	
Tetracyclines		

Drug Name		Drug Tier	Requirements/Limits
demeclocycline oral tablet 150 mg, 300 mg		1	
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	1	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	1	
doxycycline hyclate oral capsule 100 mg		1	
doxycycline hyclate oral capsule 50 mg	(Morgidox)	1	
doxycycline hyclate oral tablet 100 mg, 20 mg		1	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg		1	
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg	(Doryx)	1	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	
doxycycline monohydrate oral capsule 50 mg		1	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		1	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	1	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg		1	
minocycline oral capsule 100 mg, 50 mg, 75 mg		1	
minocycline oral tablet 100 mg, 50 mg, 75 mg		1	
tetracycline oral capsule 250 mg, 500 mg		1	
tigecycline intravenous recon soln 50 mg	(Tygacil)	1	
Anticancer Agents			
Anticancer Agents			

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

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

Drug Name		Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 100 MG	(bosutinib)	1	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 500 MG	(bosutinib)	1	PA NSO; NM; NDS; QL (30 per 30 days)
bosutinib oral tablet 100 mg	(Bosulif)	1	PA NSO; NM; NDS; QL (180 per 30 days)
bosutinib oral tablet 400 mg, 500 mg	(Bosulif)	1	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		1	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG		1	PA NSO; NM; NDS; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG		1	PA NSO
CAPRELSA ORAL TABLET 100 MG	(vandetanib)	1	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	(vandetanib)	1	PA NSO; NM; NDS; QL (30 per 30 days)
carboplatin intravenous solution 10 mg/ml	(Kyxata)	1	
cladribine intravenous solution 10 mg/10 ml		1	PA BvD
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)		1	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)		1	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		1	PA NSO; NM; NDS; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
COTELLIC ORAL TABLET 20 MG	1	PA NSO; NM; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	1	PA BvD; NM; NDS
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	1	PA BvD; NM; NDS
cyclophosphamide intravenous solution 500 mg/ml (Frindovyx)	1	PA BvD; NM; NDS
cyclophosphamide oral capsule 25 mg, 50 mg	1	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	1	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	1	PA NSO; NM; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA NSO; NM; NDS; QL (112 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	1	PA NSO; NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM; LA; NDS
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Sprycel)	1	PA NSO; NM; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg (Sprycel)	1	PA NSO; NM; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	1	PA NSO; NM; NDS
DAURISMO ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg	1	NM; NDS
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Caelyx)	1	PA BvD; NM; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	1	PA NSO; NM; NDS

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; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	1	PA NSO; NM; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	1	NM; NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	1	PA NSO; NM; NDS
ENSACOVE ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (270 per 30 days)
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	1	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	1	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 25 mg	1	PA NSO; NM; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg	1	PA NSO; NM; NDS; QL (90 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		1	
etoposide intravenous solution 20 mg/ml	(Avopef)	1	
EULEXIN ORAL CAPSULE 125 MG	(flutamide)	1	NM; NDS
everolimus (antineoplastic) oral tablet 10 mg	(Torpenz)	1	PA NSO; NM; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg	(Torpenz)	1	PA NSO; NM; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet 5 mg	(Torpenz)	1	PA NSO; NM; NDS; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet 7.5 mg	(Torpenz)	1	PA NSO; NM; NDS; QL (60 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	1	PA NSO; NM; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	1	
FAKZYNJA ORAL TABLET 200 MG		1	PA NSO; NM; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		1	PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		1	PA BvD
floxuridine injection recon soln 0.5 gram		1	PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		1	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		1	PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		1	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG		1	PA NSO; NM; NDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	(Cligavyx)	1	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	PA NSO; NM; NDS
GAVRETO ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg (Iressa)	1	PA NSO; NM; NDS; QL (60 per 30 days)
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	1	PA BvD
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml) (Avgemsi)	1	PA BvD
gemcitabine intravenous solution 200 mg/5.26 ml (38 mg/ml)	1	PA BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib)	1	PA NSO; NM; NDS; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	1	PA NSO; NM; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA NSO; NM; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	1	PA NSO; NM; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	1	PA NSO; NM; NDS; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg (Hydrea)	1	
HYRNUO ORAL TABLET 10 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; NM; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram (Ifex)	1	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	1	
imatinib oral tablet 100 mg (Gleevec)	1	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA NSO; NM; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	1	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA NSO; NM; NDS; QL (280 per 28 days)
INLEXZO INTRAVESICAL IMPLANT 225 MG	1	PA BvD; NM; NDS
INLURIYO ORAL TABLET 200 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml (Camptosar)	1	

Drug Name	Drug Tier	Requirements/Limits
irinotecan intravenous solution 500 mg/25 ml	1	
ITOVEBI ORAL TABLET 3 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NM; NDS
JIDEYTRO ORAL TABLET 100 MG, 25 MG	1	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM; NDS
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	1	PA NSO; NM; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	1	PA NSO; NM; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA NSO; NM; NDS; QL (91 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA NSO; NM; NDS; QL (63 per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	1	PA NSO; NM; NDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	1	PA NSO; NM; NDS; QL (390 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg (Tykerb)	1	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	1	PA NSO; NM; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA NSO; NM; NDS
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	NM; NDS
leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg (Lutrate Depot (3 month))	1	PA NSO

Drug Name	Drug Tier	Requirements/Limits
leuprolide subcutaneous kit 1 mg/0.2 ml	1	PA NSO
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	1	PA NSO; NM; NDS
lomustine oral capsule 10 mg (Gleostine)	1	
lomustine oral capsule 100 mg, 40 mg (Gleostine)	1	NM; NDS
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; NM; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	1	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	1	PA NSO; NM; NDS
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	1	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	1	PA NSO; NM; NDS

Drug Name		Drug Tier	Requirements/Limits
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		1	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG		1	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG		1	PA NSO; NM; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	(leuprolide acetate (3 month))	1	PA NSO
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML		1	PA NSO; NM; NDS; QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML		1	PA NSO; NM; NDS; QL (40 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG		1	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG		1	NM; NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)		1	PA NSO; NM; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML		1	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG		1	NM; NDS
megestrol oral tablet 20 mg, 40 mg		1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML		1	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG		1	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG		1	PA NSO; NM; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml	(Purixan)	1	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium (pf) injection recon soln 1 gram	1	
methotrexate sodium (pf) injection solution 25 mg/ml	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	1	
MODEYSO ORAL CAPSULE 125 MG	1	PA NSO; NM; NDS; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg (Tasigna)	1	PA NSO; NM; NDS; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg (Tasigna)	1	PA NSO; NM; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg	1	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	1	PA NSO; NM; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	1	PA NSO; NM; NDS; QL (24 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	1	PA NSO; NM; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	1	PA NSO; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	1	PA NSO; NM; NDS
ORSERDU ORAL TABLET 345 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
oxaliplatin intravenous recon soln 100 mg, 50 mg	1	
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	1	
paclitaxel intravenous concentrate 6 mg/ml	1	PA BvD
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg (Abraxane)	1	PA BvD; NM; NDS
pazopanib oral tablet 200 mg (Votrient)	1	PA NSO; NM; NDS; QL (120 per 30 days)
pazopanib oral tablet 400 mg	1	PA NSO; NM; NDS; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	1	NM; NDS
pemetrexed disodium intravenous solution 25 mg/ml	1	NM; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	1	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA NSO; NM; NDS; QL (56 per 28 days)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg (Pomalyst)	1	PA NSO; NM; NDS; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	1	PA NSO; NM; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
RASONQUE ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; NDS
RETEVMO ORAL CAPSULE 40 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	1	PA NSO; NM; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA NSO; NM; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	1	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	1	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	1	PA NSO; NM; NDS
SCEMBLIX ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	NM; NDS
sorafenib oral tablet 200 mg (Nexavar)	1	PA NSO; NM; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	1	PA NSO; NM; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	1	NM; NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA NSO; NM; NDS; QL (900 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
TAGRISSO ORAL TABLET 40 MG, 80 MG		1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML		1	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		1	PA NSO; NM; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg		1	
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML		1	PA NSO; NM; NDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)		1	PA NSO; NM; NDS
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML		1	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML		1	PA NSO; NM; NDS
TIBSOVO ORAL TABLET 250 MG		1	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG		1	
TIVDAK INTRAVENOUS RECON SOLN 40 MG		1	PA NSO; NM; NDS; QL (5 per 21 days)
toremifene oral tablet 60 mg	(Fareston)	1	NM; NDS
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	1	PA NSO; NM; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(everolimus (antineoplastic))	1	PA NSO; NM; NDS; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG		1	PA NSO
tretinoin (antineoplastic) oral capsule 10 mg		1	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA NSO; NM; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA NSO; NM; LA; NDS
VEPPANU ORAL TABLET 100 MG, 200 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NM; NDS; QL (56 per 28 days)
vinblastine intravenous solution 1 mg/ml	1	PA BvD
vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml (vincristine)	1	PA BvD
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml (Vincasar PFS)	1	PA BvD
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	1	
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; NM; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML	1	PA NSO; NM; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA NSO; NM; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	1	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	1	PA NSO; NM; NDS; 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; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	1	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	1	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	1	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA NSO; NM; NDS; QL (24 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	1	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG (abiraterone, submicronized)	1	PA NSO; NM; NDS; QL (120 per 30 days)
yulithira oral tablet 10 mg, 7.5 mg (everolimus (antineoplastic))	1	PA NSO; QL (60 per 30 days)
yulithira oral tablet 2.5 mg, 5 mg (everolimus (antineoplastic))	1	PA NSO; QL (30 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	1	PA NSO; NM; NDS
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	1	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	1	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	1	PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	1	PA NSO; NM; NDS; QL (20 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
Anticonvulsants			
Anticonvulsants			
brivaracetam intravenous solution 50 mg/5 ml	(Briviact)	1	NM; NDS; QL (80 per 30 days)
brivaracetam oral solution 10 mg/ml	(Briviact)	1	QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	(Briviact)	1	NM; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	(brivaracetam)	1	NM; NDS; QL (80 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	1	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	1	
carbamazepine oral tablet 200 mg	(Tegretol)	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	1	
carbamazepine oral tablet,chewable 100 mg, 200 mg		1	
clobazam oral suspension 2.5 mg/ml	(Onfi)	1	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	1	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		1	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		1	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG		1	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		1	PA NSO; NM; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		1	
DILANTIN ORAL CAPSULE 30 MG		1	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	1	

Drug Name		Drug Tier	Requirements/Limits
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG		1	ST; NM; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG		1	ST; NM; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		1	PA NSO; NM; NDS
epitol oral tablet 200 mg	(carbamazepine)	1	
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	1	ST; NM; NDS; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	1	ST; NM; NDS; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	1	
felbamate oral suspension 600 mg/5 ml		1	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		1	PA NSO; NM; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	1	
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	1	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	1	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	1	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	1	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	1	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	1	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	1	QL (60 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
perampanel oral suspension 0.5 mg/ml	(Fycompa)	1	ST; NM; NDS; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	(Fycompa)	1	ST; NM; NDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	(Fycompa)	1	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	1	ST; NM; NDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		1	
phenytek oral capsule 200 mg, 300 mg	(phenytoin sodium extended)	1	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin sodium intravenous solution 50 mg/ml		1	
phenytoin sodium intravenous syringe 50 mg/ml		1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	1	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	1	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	1	QL (900 per 30 days)
primidone oral tablet 125 mg		1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
rufinamide oral suspension 40 mg/ml	(Banzel)	1	ST; NM; NDS
rufinamide oral tablet 200 mg	(Banzel)	1	ST
rufinamide oral tablet 400 mg	(Banzel)	1	ST; NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG		1	PA BvD; NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
vigpoder oral powder in packet 500 mg (vigabatrin)	1	PA NSO; NM; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	NM; NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	NM; NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	NM; NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	NM; NDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	
zonisamide oral capsule 100 mg, 25 mg (Zonegran)	1	
zonisamide oral capsule 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA NSO; NM; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)	1	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg	1	
donepezil oral tablet,disintegrating 5 mg	1	QL (30 per 30 days)
ergoloid oral tablet 1 mg	1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	1	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg		1	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml		1	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg		1	QL (60 per 30 days)
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	(Namzaric)	1	ST; QL (30 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 7-10 MG		1	ST; QL (30 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	1	QL (30 per 30 days)
Antidepressants			
Antidepressants			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		1	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		1	NM; NDS
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG		1	NM; NDS
bupropion hcl oral tablet 100 mg, 75 mg		1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	1	
citalopram oral solution 10 mg/5 ml		1	

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

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)
fluoxetine oral capsule 10 mg, 20 mg (Prozac)	1	
fluoxetine oral capsule 40 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
MARPLAN ORAL TABLET 10 MG	1	
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	1	
mirtazapine oral tablet 45 mg, 7.5 mg	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)	1	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	1	
paroxetine hcl oral suspension 10 mg/5 ml	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
phenelzine oral tablet 15 mg (Nardil)	1	

Drug Name	Drug Tier	Requirements/Limits
protriptyline oral tablet 10 mg, 5 mg	1	
RALDESY ORAL SOLUTION 10 MG/ML	1	PA NSO; NM; NDS; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml (Zoloft)	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	1	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA NSO; NM; NDS
tranylcypromine oral tablet 10 mg (Parnate)	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
venlafaxine besylate oral tablet extended release 24hr 112.5 mg	1	QL (60 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg (Effexor XR)	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg (Effexor XR)	1	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg	1	QL (30 per 30 days)
venlafaxine oral tablet extended release 24hr 75 mg	1	QL (90 per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg (Viibryd)	1	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA NSO; NM; NDS; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	

Drug Name		Drug Tier	Requirements/Limits
dapagliflozin oral tablet 10 mg, 5 mg	(Farxiga)	1	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg	(Xigduo XR)	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 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	(linagliptin-metformin)	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)
metformin oral solution 500 mg/5 ml	(Riomet)	1	QL (765 per 30 days)
metformin oral tablet 1,000 mg		1	QL (75 per 30 days)
metformin oral tablet 500 mg		1	QL (150 per 30 days)
metformin oral tablet 850 mg		1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg		1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg		1	QL (60 per 30 days)
mifepristone oral tablet 300 mg	(Korlym)	1	PA; NM; NDS; QL (112 per 28 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg		1	QL (90 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML		1	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg		1	QL (90 per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG		1	PA; 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
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)		1	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	1	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg		1	QL (90 per 30 days)
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	1	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		1	QL (120 per 30 days)
repaglinide oral tablet 2 mg		1	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG		1	PA; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	(Janumet)	1	QL (60 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	(Janumet XR)	1	QL (30 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	(Janumet XR)	1	QL (60 per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	(Januvia)	1	QL (30 per 30 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	(linagliptin)	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 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 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 - ER, BIPHASIC 24HR 10-1,000 MG	(dapagliflozin-metformin)	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		1	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapagliflozin-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 PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)		1	max $35 copay per month supply
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)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	1	max $35 copay per month supply; QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	1	max $35 copay per month supply; QL (40 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	1	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	1	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	1	max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	1	max $35 copay per month supply; QL (30 per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	1	max $35 copay per month supply; QL (40 per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	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; QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	1	max $35 copay per month supply; QL (40 per 28 days)
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)

Drug Name		Drug Tier	Requirements/Limits
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	1	max $35 copay per month supply; QL (40 per 28 days)
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)	(insulin glargine u-300 conc)	1	max $35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	1	max $35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		1	max $35 copay per month supply; QL (15 per 28 days)
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg		1	QL (30 per 30 days)
glimepiride oral tablet 4 mg		1	QL (60 per 30 days)
glipizide oral tablet 10 mg		1	QL (120 per 30 days)
glipizide oral tablet 2.5 mg		1	QL (90 per 30 days)
glipizide oral tablet 5 mg		1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg		1	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg		1	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		1	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		1	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	
Antifungals			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		1	PA BvD
amphotericin b injection recon soln 50 mg		1	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	1	PA BvD; NM; NDS
ciclopirox topical cream 0.77 %	(Ciclodan)	1	QL (180 per 30 days)
ciclopirox topical gel 0.77 %		1	
ciclopirox topical shampoo 1 %		1	
ciclopirox topical solution 8 %	(Ciclodan)	1	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	1	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg		1	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	1	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	1	
clotrimazole-betamethasone topical cream 1-0.05 %		1	QL (90 per 30 days)
clotrimazole-betamethasone topical lotion 1-0.05 %		1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG		1	NM; NDS

Drug Name		Drug Tier	Requirements/Limits
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		1	PA; NM; NDS
econazole nitrate topical cream 1 %		1	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		1	
fluconazole oral suspension for reconstitution 10 mg/ml		1	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	1	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml		1	
griseofulvin microsize oral tablet 500 mg		1	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg		1	
itraconazole oral capsule 100 mg	(Sporanox)	1	
itraconazole oral solution 10 mg/ml		1	PA; NM; NDS
ketoconazole oral tablet 200 mg		1	
ketoconazole topical cream 2 %		1	QL (180 per 30 days)
ketoconazole topical foam 2 %	(Ketodan)	1	ST; QL (100 per 30 days)
ketoconazole topical shampoo 2 %		1	QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg		1	
miconazole-3 vaginal suppository 200 mg		1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG		1	PA; NM; NDS
nyamyc topical powder 100,000 unit/gram	(nystatin)	1	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml		1	
nystatin oral tablet 500,000 unit		1	

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

Drug Name		Drug Tier	Requirements/Limits
carbinoxamine maleate oral liquid 4 mg/5 ml	(Carbzah)	1	
carbzah oral liquid 4 mg/5 ml	(carbinoxamine maleate)	1	
clemastine oral tablet 2.68 mg	(Clemsza)	1	
clemasz oral tablet 2.68 mg	(clemastine)	1	
clemsza oral tablet 2.68 mg	(clemastine)	1	
cyproheptadine oral syrup 2 mg/5 ml		1	
cyproheptadine oral tablet 4 mg		1	
hydroxyzine hcl oral solution 10 mg/5 ml		1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	1	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	
promethazine oral syrup 6.25 mg/5 ml		1	
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	1	
terconazole vaginal cream 0.4 %, 0.8 %		1	
terconazole vaginal suppository 80 mg		1	
Antimigraine Agents			
Antimigraine Agents			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		1	PA; QL (1 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	1	ST; NM; NDS; QL (8 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
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)
naratriptan oral tablet 1 mg, 2.5 mg		1	QL (18 per 30 days)
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)
rizatriptan oral tablet 10 mg	(Maxalt)	1	QL (18 per 30 days)
rizatriptan oral tablet 5 mg		1	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	1	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		1	QL (18 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation		1	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		1	QL (5 per 28 days)
sumatriptan-naproxen oral tablet 85-500 mg	(Treximet)	1	QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		1	PA; QL (16 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	1	QL (12 per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg		1	QL (12 per 30 days)
Antimycobacterials			

Drug Name		Drug Tier	Requirements/Limits
Antimycobacterials			
dapsone oral tablet 100 mg, 25 mg		1	
ethambutol oral tablet 100 mg, 400 mg		1	
isoniazid oral solution 50 mg/5 ml		1	
isoniazid oral tablet 100 mg, 300 mg		1	
pyrazinamide oral tablet 500 mg		1	
rifabutin oral capsule 150 mg		1	
rifampin intravenous recon soln 600 mg	(Rifadin)	1	
rifampin oral capsule 150 mg, 300 mg		1	
rifapentine oral tablet 150 mg	(Priftin)	1	
SIRTURO ORAL TABLET 100 MG, 20 MG		1	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG		1	
Antinausea Agents			
Antinausea Agents			
aprepitant oral capsule 125 mg		1	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		1	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	1	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	1	PA BvD
compro rectal suppository 25 mg	(prochlorperazine)	1	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(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)
granisetron hcl oral tablet 1 mg		1	PA BvD
meclizine oral tablet 12.5 mg		1	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	1	

Drug Name		Drug Tier	Requirements/Limits
ondansetron hcl oral solution 4 mg/5 ml		1	PA BvD
ondansetron hcl oral tablet 4 mg, 8 mg		1	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		1	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	
prochlorperazine rectal suppository 25 mg	(Compro)	1	
promethazine injection solution 25 mg/ml	(Phenergan)	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	
promethazine rectal suppository 12.5 mg, 25 mg	(Promethegan)	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	(promethazine)	1	
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	1	QL (10 per 30 days)
Antiparasite Agents			
Antiparasite Agents			
albendazole oral tablet 200 mg		1	
atovaquone oral suspension 750 mg/5 ml	(Mepron)	1	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	1	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	1	
chloroquine phosphate oral tablet 250 mg, 500 mg		1	
COARTEM ORAL TABLET 20-120 MG		1	
hydroxychloroquine oral tablet 100 mg		1	QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	1	QL (90 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
hydroxychloroquine oral tablet 300 mg	(Sovuna)	1	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		1	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		1	PA; NM; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	1	
ivermectin oral tablet 6 mg		1	
mefloquine oral tablet 250 mg		1	
nitazoxanide oral tablet 500 mg	(Alinia)	1	NM; NDS; QL (60 per 30 days)
pentamidine inhalation recon soln 300 mg	(Nebupent)	1	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	1	
praziquantel oral tablet 600 mg		1	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		1	
pyrimethamine oral tablet 25 mg	(Daraprim)	1	PA; NM; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	1	PA
tinidazole oral tablet 250 mg, 500 mg		1	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		1	
amantadine hcl oral solution 50 mg/5 ml		1	
amantadine hcl oral tablet 100 mg		1	
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	1	PA; NM; NDS; QL (60 per 30 days)
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		1	
bromocriptine oral capsule 5 mg		1	
bromocriptine oral tablet 2.5 mg		1	
cabergoline oral tablet 0.5 mg		1	
carbidopa oral tablet 25 mg	(Lodosyn)	1	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	1	
carbidopa-levodopa oral tablet 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
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	1	
entacapone oral tablet 200 mg	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	1	PA; NM; NDS; QL (300 per 30 days)
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)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	1	PA; NM; NDS; QL (600 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
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	1	PA; NM; NDS; QL (560 per 28 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	NM; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	NM; NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	NM; NDS; QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	1	
aripiprazole oral tablet,disintegrating 10 mg	1	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	1	ST; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	NM; NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	1	QL (60 per 30 days)
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; NM; NDS; QL (60 per 30 days)
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	1	ST
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	1	ST
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)	1	ST
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	ST; NM; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	1	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	1	

Drug Name	Drug Tier	Requirements/Limits
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	1	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	1	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	ST; NM; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	1	ST; NM; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	NM; NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	1	NM; NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	NM; NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	1	NM; NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	NM; NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	NM; NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; NM; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	1	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	1	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	1	ST
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	1	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate intramuscular syringe 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	NM; NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	NM; NDS; 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; NDS; QL (0.5 per 21 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	NM; NDS; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg (Latuda)	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	NM; NDS; QL (30 per 30 days)
molindone oral tablet 10 mg	1	QL (240 per 30 days)
molindone oral tablet 25 mg	1	QL (270 per 30 days)
molindone oral tablet 5 mg	1	NM; NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg (Zyprexa)	1	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)	1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg (Zyprexa Zydis)	1	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	1	ST; NM; NDS
paliperidone oral tablet extended release 24hr 1.5 mg	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg (Invega)	1	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	1	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		1	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		1	NM; NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	1	
quetiapine oral tablet 150 mg		1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		1	NM; NDS; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	1	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml	(Rykindo)	1	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	1	NM; NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	1	
risperidone oral tablet 0.25 mg		1	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	1	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		1	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	1	NM; NDS; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	ST; NM; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	1	NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	1	NM; NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	1	NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	1	NM; NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	1	NM; NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	1	NM; NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	1	NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	ST; NM; NDS; QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	1	QL (6 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG		1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG		1	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG		1	NM; NDS; QL (1 per 28 days)
Antivirals (Systemic)			
Antiretrovirals			
abacavir oral solution 20 mg/ml	(Ziagen)	1	
abacavir oral tablet 300 mg		1	
abacavir-lamivudine oral tablet 600-300 mg		1	
APTIVUS ORAL CAPSULE 250 MG		1	NM; NDS
atazanavir oral capsule 150 mg		1	
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		1	NM; NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML		1	NM; NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		1	NM; NDS; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	1	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG		1	NM; NDS
darunavir oral tablet 600 mg	(Prezista)	1	
darunavir oral tablet 800 mg	(Prezista)	1	NM; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG		1	NM; NDS

Drug Name		Drug Tier	Requirements/Limits
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		1	NM; NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		1	
DOVATO ORAL TABLET 50-300 MG		1	NM; NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		1	NM; NDS
efavirenz oral capsule 200 mg, 50 mg		1	
efavirenz oral tablet 600 mg		1	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		1	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		1	NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	1	NM; NDS
emtricitabine oral capsule 200 mg	(Emtriva)	1	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	(Truvada)	1	
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	(Truvada)	1	NM; NDS
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	1	NM; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		1	
etravirine oral tablet 100 mg, 200 mg	(Intelence)	1	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG		1	NM; NDS
fosamprenavir oral tablet 700 mg		1	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		1	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		1	NM; NDS
IDVYNSO ORAL TABLET 100-0.25 MG		1	NM; NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG		1	

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD ORAL TABLET 600 MG	1	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	NM; NDS
ISENTRESS ORAL TABLET 400 MG	1	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	NM; NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	1	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml (Epivir)	1	
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg (Epivir)	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	1	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	1	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	1	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg (Selzentry)	1	NM; NDS
nevirapine oral suspension 50 mg/5 ml	1	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	1	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg	1	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
PIFELTRO ORAL TABLET 100 MG	1	NM; NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	1	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	NM; NDS
PREZISTA ORAL TABLET 150 MG	1	NM; NDS
PREZISTA ORAL TABLET 75 MG	1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL POWDER IN PACKET 50 MG	1	NM; NDS
rilpivirine hcl oral tablet 25 mg (Edurant)	1	NM; NDS
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	1	NM; NDS
ritonavir oral tablet 100 mg (Norvir)	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	1	NM; NDS
SELZENTRY ORAL TABLET 25 MG	1	
SELZENTRY ORAL TABLET 75 MG	1	NM; NDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	1	NM; NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	1	PA BvD; NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	1	
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	1	NM; NDS; 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; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	1	NM; NDS
VEMLIDY ORAL TABLET 25 MG	1	NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	NM; NDS
VOCABRIA ORAL TABLET 30 MG	1	
zidovudine oral capsule 100 mg (Retrovir)	1	
zidovudine oral syrup 10 mg/ml (Retrovir)	1	
zidovudine oral tablet 300 mg	1	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	1	PA; NM; NDS
oseltamivir oral capsule 30 mg	1	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	1	QL (48 per 180 days)
oseltamivir oral capsule 75 mg (Tamiflu)	1	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	1	QL (540 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	1	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	1	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 5 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	1	PA; NM; NDS; QL (120 per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	QL (60 per 180 days)
rimantadine oral tablet 100 mg (Flumadine)	1	
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	1	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	1	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	1	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	1	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	1	PA; NM; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; NDS; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; NM; NDS; QL (28 per 28 days)
Interferons		

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	PA; NM; NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	1	PA BvD
adefovir oral tablet 10 mg	1	
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
lagevrio (eua) oral capsule 200 mg	1	QL (40 per 5 days)
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	1	
valganciclovir oral recon soln 50 mg/ml (Valcyte)	1	NM; NDS
valganciclovir oral tablet 450 mg	1	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg (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)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	1	QL (960 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG		1	QL (120 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	1	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	1	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	1	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	1	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	1	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	1	NM; NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	1	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	1	NM; NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	1	NM; NDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	1	
rivaroxaban oral suspension for reconstitution 1 mg/ml	(Xarelto)	1	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	1	QL (60 per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg		1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		1	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	(rivaroxaban)	1	QL (600 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG (rivaroxaban)	1	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	1	ST; QL (60 per 30 days)
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	1	PA; NM; NDS; QL (60 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; NM; NDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	1	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	1	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	1	PA; NM; NDS; QL (60 per 30 days)
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG	1	PA; NM; NDS; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg (Promacta)	1	PA; NM; NDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg (Promacta)	1	PA; NM; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg (Promacta)	1	PA; NM; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg (Promacta)	1	PA; NM; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg (Promacta)	1	PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	1	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	1	PA; NM; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	1	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NM; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	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; NDS
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	1	PA; NM; NDS
Hematologic Agents, Miscellaneous		
anagrelide oral capsule 0.5 mg (Agrylin)	1	
anagrelide oral capsule 1 mg	1	
CABLIVI INJECTION KIT 11 MG	1	PA; NM; NDS; 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; NDS; QL (60 per 30 days)
tranexamic acid oral tablet 650 mg	1	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 75 mg (Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
pentoxifylline oral tablet extended release 400 mg	1	
prasugrel hcl oral tablet 10 mg, 5 mg (Effient)	1	
ticagrelor oral tablet 60 mg, 90 mg (Brilinta)	1	
Caloric Agents		
Caloric 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
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
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 SUL 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

Drug Name		Drug Tier	Requirements/Limits
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %		1	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution		1	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION		1	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		1	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		1	PA BvD
Cardiovascular Agents			
Alpha-Adrenergic Agents			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	1	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	1	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	1	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
droxidopa oral capsule 100 mg	(Northera)	1	PA; QL (180 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	(Northera)	1	PA; NM; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		1	
prazosin oral capsule 1 mg, 2 mg, 5 mg		1	
Angiotensin Ii Receptor Antagonists			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	1	

Drug Name		Drug Tier	Requirements/Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	1	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		1	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	1	
irbesartan oral tablet 75 mg		1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	(Entresto)	1	QL (60 per 30 days)
telmisartan oral tablet 20 mg		1	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	

Drug Name		Drug Tier	Requirements/Limits
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	
benazepril oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	
enalapril maleate oral solution 1 mg/ml	(Epaned)	1	ST; QL (1200 per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
moexipril oral tablet 15 mg, 7.5 mg		1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg		1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg		1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg		1	

Drug Name	Drug Tier	Requirements/Limits
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
Antiarrhythmic Agents		
amiodarone oral tablet 100 mg, 200 mg (Pacerone)	1	
amiodarone oral tablet 400 mg	1	
disopyramide phosphate oral capsule 100 mg, 150 mg (Norpace)	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	1	
pacerone oral tablet 100 mg, 200 mg, 400 mg (amiodarone)	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine gluconate oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
betaxolol oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	

Drug Name		Drug Tier	Requirements/Limits
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML)		1	PA; QL (3600 per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg		1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		1	
nadolol oral tablet 20 mg, 40 mg, 80 mg		1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	1	
pindolol oral tablet 10 mg, 5 mg		1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	1	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	1	
sotalol oral tablet 240 mg		1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	
Calcium-Channel Blocking Agents			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	1	

Drug Name		Drug Tier	Requirements/Limits
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		1	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	
diltiazem hcl oral tablet 90 mg		1	
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	1	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	1	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg		1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		1	
Cardiovascular Agents, Miscellaneous			
ATTRUBY ORAL TABLET 356 MG		1	PA; NM; NDS; QL (112 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
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		1	PA; NM; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML		1	QL (600 per 30 days)
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML		1	PA; NM; NDS; QL (0.8 per 28 days)
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Lanoxin)	1	
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	1	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	1	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant subcutaneous syringe 30 mg/3 ml	(Sajazir)	1	PA; NM; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	1	QL (60 per 30 days)
metyrosine oral capsule 250 mg		1	PA; NM; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg		1	
sajazir subcutaneous syringe 30 mg/3 ml	(icatibant)	1	PA; NM; NDS; QL (18 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		1	PA; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG		1	PA; NM; NDS; QL (30 per 30 days)
Dihydropyridines			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg	(Lotrel)	1	
amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg		1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	1	

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

Drug Name		Drug Tier	Requirements/Limits
indapamide oral tablet 1.25 mg, 2.5 mg		1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	1	PA; NM; NDS; QL (120 per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		1	
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	(Jynarque)	1	PA; NM; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		1	
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	1	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	1	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		1	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	1	
cholestyramine light oral powder in packet 4 gram	(cholestyramine)	1	
colesevelam oral powder in packet 3.75 gram	(WelChol)	1	
colesevelam oral tablet 625 mg	(WelChol)	1	
colestipol oral packet 5 gram		1	

Drug Name		Drug Tier	Requirements/Limits
colestipol oral tablet 1 gram	(Colestid)	1	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		1	ST
ezetimibe oral tablet 10 mg	(Zetia)	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	1	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg		1	
fenofibrate oral tablet 160 mg, 54 mg		1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg		1	
fluvastatin oral capsule 20 mg, 40 mg		1	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	1	
gemfibrozil oral tablet 600 mg	(Lopid)	1	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	1	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	(Vascepa)	1	QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 5 MG		1	PA; NM; NDS; QL (28 per 28 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG		1	PA; NM; NDS; QL (56 per 28 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	
NEXLETOL ORAL TABLET 180 MG		1	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		1	ST; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
niacin oral tablet 500 mg	(Niacor)	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		1	
niacor oral tablet 500 mg	(niacin)	1	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	1	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	1	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		1	
prevalite oral powder in packet 4 gram	(cholestyramine)	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)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	1	
simvastatin oral tablet 5 mg, 80 mg		1	
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	1	
eplerenone oral tablet 25 mg, 50 mg		1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		1	PA; QL (30 per 30 days)
spironolactone oral suspension 25 mg/5 ml	(CaroSpir)	1	ST; QL (600 per 30 days)
Vasodilators			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	1	

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
isosorbide-hydralazine oral tablet 20-37.5 mg (BiDil)	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur)	1	
Central Nervous System Agents		
Central Nervous System Agents		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	1	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	1	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	1	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; NM; NDS; QL (210 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
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; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		1	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		1	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		1	PA; NM; NDS; QL (15 per 30 days)
cladribine 10 mg x 10 tab pk outer	(Mavenclad (10 tablet pack))	1	PA; NM; NDS
cladribine(multiple sclerosis) oral tablet 10 mg (10 pack), 10 mg (4 pack), 10 mg (5 pack), 10 mg (6 pack), 10 mg (7 pack), 10 mg (8 pack), 10 mg (9 pack)		1	PA; NM; NDS
clonidine hcl oral tablet extended release 12 hr 0.1 mg		1	
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	1	PA; QL (60 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	1	QL (60 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg	(Dexedrine Spansule)	1	QL (120 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		1	QL (120 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	(Zenzedi)	1	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 5 mg, 7.5 mg	(Zenzedi)	1	QL (120 per 30 days)
dextroamphetamine sulfate oral tablet 20 mg	(Zenzedi)	1	QL (90 per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	(Zenzedi)	1	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	1	PA; NM; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; NM; NDS; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg (Lithobid)	1	
lithium carbonate oral tablet extended release 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	1	
MAYZENT ORAL TABLET 0.25 MG	1	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; NM; NDS; 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; NDS
metadate er oral tablet extended release 20 mg (methylphenidate hcl)	1	QL (90 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg (Metadate CD)	1	QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg (Metadate CD)	1	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 40 mg, 60 mg	1	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg (Ritalin LA)	1	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	1	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	1	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	1	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg		1	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating)		1	QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	1	QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	1	QL (60 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 72 mg	(Relexxii)	1	QL (30 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML		1	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML		1	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML		1	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML		1	PA; NM; NDS
riluzole oral tablet 50 mg		1	
teriflunomide oral tablet 14 mg, 7 mg	(Aubagio)	1	PA; NM; NDS; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	(Xenazine)	1	PA; QL (112 per 28 days)
tetrabenazine oral tablet 25 mg	(Xenazine)	1	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		1	PA; NM; NDS; QL (120 per 30 days)
Contraceptives			
Contraceptives			

Drug Name		Drug Tier	Requirements/Limits
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	1	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg		1	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
balziva (28) oral tablet 0.4-35 mg-mcg		1	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
briellyn oral tablet 0.4-35 mg-mcg		1	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	1	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	1	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Syeda)	1	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya)	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	1	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	1	

Drug Name		Drug Tier	Requirements/Limits
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
jasmiel (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	1	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(Camrese Lo)	1	QL (91 per 84 days)

Drug Name		Drug Tier	Requirements/Limits
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Rosyrah)	1	QL (91 per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	1	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Balcoltra)	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	1	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	1	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	1	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		1	

Drug Name		Drug Tier	Requirements/Limits
loryna (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
meleya oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		1	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM		1	
mono-linyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
NEXPLANON SUBDERMAL IMPLANT 68 MG		1	
nikki (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	1	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	1	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	1	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	1	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	1	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	1	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	

Drug Name		Drug Tier	Requirements/Limits
orquidea oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
philith oral tablet 0.4-35 mg-mcg		1	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(l norgest/e.estradiol-e.estrad)	1	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(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	
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
syeda oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	1	

Drug Name		Drug Tier	Requirements/Limits
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
tyblume oral tablet,chewable 0.1 mg-20 mcg		1	
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	1	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		1	
vestura (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	

Drug Name		Drug Tier	Requirements/Limits
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
vyfemla (28) oral tablet 0.4-35 mg-mcg		1	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	1	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	1	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	1	QL (3 per 28 days)
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	
zumandimine (28) oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	1	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	1	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	1	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	1	
Dermatological Agents			

Drug Name		Drug Tier	Requirements/Limits
Dermatological Agents, Other			
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	1	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		1	
acyclovir topical cream 5 %	(Zovirax)	1	QL (5 per 4 days)
acyclovir topical ointment 5 %	(Zovirax)	1	QL (30 per 30 days)
ammonium lactate topical cream 12 %		1	
ammonium lactate topical lotion 12 %	(AmLactin)	1	
calcipotriene scalp solution 0.005 %	(Pellix)	1	QL (120 per 30 days)
calcipotriene topical cream 0.005 %		1	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		1	QL (120 per 30 days)
fluorouracil topical cream 0.5 %	(Carac)	1	NM; NDS
fluorouracil topical cream 5 %	(Efudex)	1	
fluorouracil topical solution 2 %, 5 %		1	
imiquimod topical cream in packet 5 %		1	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		1	ST; NM; NDS; QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		1	NM; NDS
PANRETIN TOPICAL GEL 0.1 %		1	NM; NDS; QL (60 per 28 days)
penciclovir topical cream 1 %	(Denavir)	1	
podofilox topical solution 0.5 %		1	
REGRANEX TOPICAL GEL 0.01 %		1	PA; NM; NDS; 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; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	1	
Dermatological Antibacterials			

Drug Name		Drug Tier	Requirements/Limits
clindamycin phosphate topical foam 1 %	(Clindacin)	1	QL (100 per 30 days)
clindamycin phosphate topical solution 1 %		1	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	1	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	1	
clindamycin-benzoyl peroxide topical gel 1-5 %		1	
ery pads topical swab 2 %	(erythromycin with ethanol)	1	
erythromycin with ethanol topical gel 2 %		1	
erythromycin with ethanol topical solution 2 %		1	
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	1	
gentamicin topical cream 0.1 %		1	QL (90 per 30 days)
gentamicin topical ointment 0.1 %		1	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	1	
metronidazole topical gel 0.75 %	(Rosadan)	1	
metronidazole topical gel 1 %		1	
metronidazole topical lotion 0.75 %		1	
mupirocin topical ointment 2 %	(Centany)	1	QL (220 per 30 days)
rosadan topical cream 0.75 %	(metronidazole)	1	
selenium sulfide topical lotion 2.5 %		1	
silver sulfadiazine topical cream 1 %	(SSD)	1	
ssd topical cream 1 %	(silver sulfadiazine)	1	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	1	
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %	(hydrocortisone)	1	
ala-scalp topical lotion 2 %	(hydrocortisone)	1	
alclometasone topical cream 0.05 %		1	
alclometasone topical ointment 0.05 %		1	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	
betamethasone valerate topical cream 0.1 %	1	
betamethasone valerate topical foam 0.12 %	1	
betamethasone valerate topical lotion 0.1 %	1	
betamethasone valerate topical ointment 0.1 %	1	
betamethasone, augmented topical cream 0.05 %	1	
betamethasone, augmented topical gel 0.05 %	1	
betamethasone, augmented topical lotion 0.05 %	1	
betamethasone, augmented topical ointment 0.05 % (Diprolene (augmented))	1	
clobetasol scalp solution 0.05 %	1	
clobetasol topical cream 0.05 %	1	
clobetasol topical foam 0.05 %	1	
clobetasol topical gel 0.05 %	1	
clobetasol topical lotion 0.05 %	1	
clobetasol topical ointment 0.05 %	1	
clobetasol topical shampoo 0.05 % (Clodan)	1	
clobetasol-emollient topical cream 0.05 %	1	
clobetasol-emollient topical foam 0.05 % (Tovet Emollient)	1	
desonide topical cream 0.05 %	1	
desonide topical lotion 0.05 %	1	
desonide topical ointment 0.05 %	1	
desoximetasone topical cream 0.05 %, 0.25 % (Topicort)	1	QL (120 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
desoximetasone topical gel 0.05 %	(Topicort)	1	QL (120 per 30 days)
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	1	
diflorasone topical ointment 0.05 %		1	QL (180 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %		1	
fluocinolone topical cream 0.01 %		1	
fluocinolone topical cream 0.025 %	(Synalar)	1	
fluocinolone topical ointment 0.025 %	(Synalar)	1	
fluocinonide topical cream 0.05 %		1	
fluocinonide topical gel 0.05 %		1	
fluocinonide topical ointment 0.05 %		1	
fluocinonide topical solution 0.05 %		1	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	1	
fluticasone propionate topical cream 0.05 %		1	
fluticasone propionate topical ointment 0.005 %		1	
halobetasol propionate topical cream 0.05 %		1	
halobetasol propionate topical ointment 0.05 %		1	
hydrocortisone 2.5% cream		1	
hydrocortisone butyrate topical cream 0.1 %		1	QL (120 per 30 days)
hydrocortisone butyrate topical lotion 0.1 %	(Evesse)	1	QL (236 per 30 days)
hydrocortisone butyrate topical ointment 0.1 %		1	QL (120 per 30 days)
hydrocortisone butyrate topical solution 0.1 %		1	QL (120 per 30 days)
hydrocortisone topical cream 1 %	(Ala-Cort)	1	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	1	
hydrocortisone topical lotion 2.5 %		1	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	1	

Drug Name		Drug Tier	Requirements/Limits
hydrocortisone topical ointment 2.5 %		1	
hydrocortisone valerate topical cream 0.2 %		1	
hydrocortisone valerate topical ointment 0.2 %		1	
mometasone topical cream 0.1 %		1	
mometasone topical ointment 0.1 %		1	
mometasone topical solution 0.1 %		1	
pimecrolimus topical cream 1 %		1	QL (100 per 30 days)
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
tacrolimus topical ointment 0.03 %, 0.1 %		1	QL (100 per 30 days)
triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml		1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %		1	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		1	
Dermatological Retinoids			
adapalene topical cream 0.1 %		1	
ALTRENO TOPICAL LOTION 0.05 %		1	PA
tazarotene topical cream 0.05 %, 0.1 %	(Tazorac)	1	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	1	PA
tretinoin topical gel 0.01 %, 0.025 %	(Retin-A)	1	PA
tretinoin topical gel 0.05 %	(Atralin)	1	PA

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

Drug Name		Drug Tier	Requirements/Limits
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, 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 30GX5/16" 30 GAUGE X 5/16"		1	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		1	PA; ST
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
AUTOKEEPER SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		1	PA; ST
AUTOKEEPER SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		1	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	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
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		1	PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 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"	(insulin syringe-needle u-100)	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 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		1	PA; ST
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 HRI 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 HRI 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
CAREFINE PEN NEEDLE 8MM 30G HRI 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

Drug Name		Drug Tier	Requirements/Limits
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
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 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

Drug Name		Drug Tier	Requirements/Limits
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
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

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ PLS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	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
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 27G 12.7MM 1 ML 27 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

Drug Name	Drug Tier	Requirements/Limits
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
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic)	1	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic)	1	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM (alcohol swabs)	1	PA; ST
CURITY GAUZE PADS 2 X 2 " (gauze bandage)	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " (gauze bandage)	1	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	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
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

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

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

Drug Name		Drug Tier	Requirements/Limits
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		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 0.5 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
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 29G 4MM 29 GAUGE X 5/32"		1	PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"		1	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
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 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	(insulin syringe-needle u-100)	1	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16		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 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"		1	PA; ST
EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	1	PA; ST
EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"		1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
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
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 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 AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4"		1	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		1	PA; ST
EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4"		1	PA; ST
EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"		1	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		1	PA; ST
EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	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
EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	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 1 ML 1 ML 29 GAUGE X 1/2"	(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
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 1 ML	(insulin syringe needleless)	1	PA; ST
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	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 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	1	PA; ST
EASYLIFE ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST

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

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

Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	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
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		1	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST

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

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

Drug Name		Drug Tier	Requirements/Limits
INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	(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 29 GAUGE		1	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	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
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	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
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

Drug Name		Drug Tier	Requirements/Limits
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"	(pen needle, diabetic, safety)	1	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine 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 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
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

Drug Name		Drug Tier	Requirements/Limits
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 1 ML 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
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
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"		1	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		1	PA; ST
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE		1	QL (10 per 30 days)
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)

Drug Name		Drug Tier	Requirements/Limits
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE		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)
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 31G X 1/4" HRI 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	1	PA; ST
PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	1	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	1	PA; ST
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 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	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 29G 1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 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
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 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(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
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	PA; ST
PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST

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

Drug Name		Drug Tier	Requirements/Limits
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	1	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	1	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	1	PA; ST
RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	1	PA; ST
RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	PA; ST
RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	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
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

Drug Name		Drug Tier	Requirements/Limits
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"		1	PA; ST
SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	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
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
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST

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

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Drug Name		Drug Tier	Requirements/Limits
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 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 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
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 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

Drug Name		Drug Tier	Requirements/Limits
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
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

Drug Name		Drug Tier	Requirements/Limits
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		1	PA; ST
TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	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
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

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Drug Name		Drug Tier	Requirements/Limits
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
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
TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64"	(pen needle, diabetic)	1	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(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
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
ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16"		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

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

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

Drug Name		Drug Tier	Requirements/Limits
ULTRA COMFORT 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	PA; ST
ULTRA COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
ULTRA COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
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

Drug Name		Drug Tier	Requirements/Limits
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
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

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

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

Drug Name		Drug Tier	Requirements/Limits
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(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 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	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 31G 5MM 31 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 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	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 30G 5MM 30 GAUGE X 3/16"		1	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"		1	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"		1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"		1	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		1	PA; ST
UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"		1	PA; ST
UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"		1	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		1	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	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 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	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)
V-GO 30 DEVICE		1	QL (30 per 30 days)
V-GO 40 DEVICE		1	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	PA; ST
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	(pen needle, diabetic)	1	PA; ST
Enzyme Cofactors/Chaperones			
Enzyme Cofactors/Chaperones			
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		1	PA; NM; NDS; QL (90 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
CERDELGA ORAL CAPSULE 84 MG		1	PA; NM; NDS
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; NDS; QL (14 per 28 days)
javygtor oral tablet,soluble 100 mg	(sapropterin)	1	PA; NM; NDS
miglustat oral capsule 100 mg	(Yargesa)	1	PA; NM; NDS; QL (90 per 30 days)
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	1	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML		1	PA; NM; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML		1	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML		1	PA BvD; NM; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		1	PA; NM; NDS
sapropterin oral tablet,soluble 100 mg	(Javygtor)	1	PA; NM; NDS
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; NDS
yargesa oral capsule 100 mg	(miglustat)	1	PA; NM; NDS; QL (90 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT		1	
Eye, Ear, Nose, Throat Agents			
Eye, Ear, Nose, Throat Agents, Miscellaneous			
apraclonidine ophthalmic (eye) drops 0.5 %		1	
atropine ophthalmic (eye) drops 1 %		1	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		1	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	1	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		1	
bepotastine besilate ophthalmic (eye) drops 1.5 %		1	ST
cromolyn ophthalmic (eye) drops 4 %		1	
epinastine ophthalmic (eye) drops 0.05 %		1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		1	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		1	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		1	QL (12 per 28 days)
olopatadine nasal spray,non-aerosol 0.6 %		1	QL (30.5 per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	1	
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	1	

Drug Name		Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetic acid otic (ear) solution 2 %		1	
bacitracin ophthalmic (eye) ointment 500 unit/gram		1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram		1	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		1	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		1	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		1	QL (3.5 per 4 days)
gatifloxacin ophthalmic (eye) drops 0.5 %		1	
gentamicin ophthalmic (eye) drops 0.3 %		1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		1	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%		1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g		1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %		1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		1	

Drug Name		Drug Tier	Requirements/Limits
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	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	(Zylet)	1	
trifluridine ophthalmic (eye) drops 1 %		1	

Drug Name		Drug Tier	Requirements/Limits
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		1	PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	1	
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	1	
bromfenac ophthalmic (eye) drops 0.09 %		1	
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	1	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		1	
diclofenac sodium ophthalmic (eye) drops 0.1 %		1	
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		1	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		1	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	1	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		1	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		1	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		1	QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	1	QL (10 per 25 days)

Drug Name		Drug Tier	Requirements/Limits
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)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	1	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %		1	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		1	QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	1	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		1	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		1	QL (60 per 30 days)
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		1	
cimetidine hcl oral solution 300 mg/5 ml		1	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		1	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	1	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	(Nexium Packet)	1	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	1	ST; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		1	
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	1	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	1	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	
nizatidine oral capsule 150 mg, 300 mg		1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	(Zegerid OTC)	1	ST; NM; NDS
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram		1	ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	1	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	1	
sucralfate oral tablet 1 gram	(Carafate)	1	
VOQUEZNA ORAL TABLET 10 MG, 20 MG		1	PA
Gastrointestinal Agents, Other			
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	1	PA; NM; NDS
constulose oral solution 10 gram/15 ml	(lactulose)	1	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	1	
dicyclomine oral capsule 10 mg		1	
dicyclomine oral solution 10 mg/5 ml		1	
dicyclomine oral tablet 20 mg		1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		1	

Drug Name		Drug Tier	Requirements/Limits
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	
enulose oral solution 10 gram/15 ml	(lactulose)	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		1	PA; NM; NDS
generlac oral solution 10 gram/15 ml	(lactulose)	1	
glycerol phenylbutyrate oral liquid 1.1 gram/ml	(Ravicti)	1	PA; NM; NDS
glycopyrrolate oral tablet 1 mg	(Robinul)	1	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	1	
IQIRVO ORAL TABLET 80 MG		1	PA; NM; NDS; QL (30 per 30 days)
kionex oral suspension 15 gram/60 ml	(sodium polystyrene sulfonate)	1	
lactulose oral solution 10 gram/15 ml	(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; NDS; QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		1	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	1	
lubiprostone oral capsule 24 mcg		1	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	(Amitiza)	1	QL (120 per 30 days)
methscopolamine oral tablet 2.5 mg, 5 mg		1	
metoclopramide hcl oral solution 5 mg/5 ml		1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		1	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG		1	PA; NM; NDS; QL (30 per 30 days)
RELISTOR ORAL TABLET 150 MG		1	PA; NM; NDS; QL (90 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		1	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML		1	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML		1	PA; NM; NDS; QL (11.2 per 28 days)
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	1	PA; NM; NDS
sodium polystyrene sulfonate oral powder 15 gram		1	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	(Kionex)	1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		1	
TRULANCE ORAL TABLET 3 MG		1	QL (30 per 30 days)
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	1	NM; NDS
ursodiol oral capsule 300 mg		1	
ursodiol oral tablet 250 mg		1	
ursodiol oral tablet 500 mg	(URSO Forte)	1	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		1	
XERMELO ORAL TABLET 250 MG		1	PA; NM; NDS; QL (84 per 28 days)
Laxatives			
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	1	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	1	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	1	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	1	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	1	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	1	

Drug Name		Drug Tier	Requirements/Limits
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		1	
Phosphate Binders			
calcium acetate(phosphat bind) oral capsule 667 mg		1	
calcium acetate(phosphat bind) oral tablet 667 mg		1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	1	NM; NDS
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	1	
sevelamer carbonate oral tablet 800 mg	(Renvela)	1	
sevelamer hcl oral tablet 400 mg, 800 mg		1	
Genitourinary Agents			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		1	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	1	
flavoxate oral tablet 100 mg		1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	1	
oxybutynin chloride oral syrup 5 mg/5 ml		1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg		1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		1	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		1	
tolterodine oral tablet 1 mg, 2 mg		1	
trospium oral capsule,extended release 24hr 60 mg		1	

Drug Name		Drug Tier	Requirements/Limits
trospium oral tablet 20 mg		1	
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	1	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin oral capsule 0.4 mg		1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
tiopronin oral tablet 100 mg	(Thiola)	1	NM; NDS
Heavy Metal Antagonists			
Heavy Metal Antagonists			
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	1	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	1	PA
deferasirox oral tablet, dispersible 125 mg	(Exjade)	1	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	(Exjade)	1	PA; NM; NDS
deferiprone oral tablet 1,000 mg	(Ferriprox)	1	PA; NM; NDS
deferiprone oral tablet 500 mg		1	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML		1	PA; NM; NDS
penicillamine oral tablet 250 mg	(Depen Titratabs)	1	PA; NM; NDS
trientine oral capsule 250 mg	(Syprine)	1	PA; NM; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
danazol oral capsule 100 mg, 200 mg, 50 mg		1	

Drug Name		Drug Tier	Requirements/Limits
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	1	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		1	PA
testosterone enanthate intramuscular oil 200 mg/ml		1	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	1	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	1	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)		1	PA; QL (300 per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(Vogelxo)	1	PA; QL (300 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		1	PA; QL (180 per 30 days)
Estrogens And Antiestrogens			
abigale lo oral tablet 0.5-0.1 mg	(estradiol-norethindrone acet)	1	
abigale oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	1	
amabelz oral tablet 0.5-0.1 mg	(estradiol-norethindrone acet)	1	
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	(Premarin)	1	
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	1	QL (8 per 28 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	1	QL (8 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	1	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	1	QL (18 per 28 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	(Delestrogen)	1	
estradiol valerate intramuscular oil 40 mg/ml		1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	1	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		1	QL (1 per 84 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(norethindrone ac-eth estradiol)	1	
jinteli oral tablet 1-5 mg-mcg	(norethindrone ac-eth estradiol)	1	
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	(estradiol)	1	QL (8 per 28 days)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	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	
raloxifene oral tablet 60 mg	(Evista)	1	
yuvafem vaginal tablet 10 mcg	(estradiol)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			

Drug Name		Drug Tier	Requirements/Limits
dexamethasone oral solution 0.5 mg/5 ml		1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	
fludrocortisone oral tablet 0.1 mg		1	
HEMADY ORAL TABLET 20 MG		1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	1	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	1	
methylprednisolone oral tablet 32 mg		1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		1	PA BvD
prednisolone oral solution 15 mg/5 ml		1	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)		1	PA BvD
prednisone oral solution 5 mg/5 ml		1	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		1	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	1	
Pituitary			
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		1	PA; NM; NDS; QL (35 per 28 days)
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML		1	PA; NM; NDS; QL (15 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 80 UNIT/ML	1	PA; NM; NDS; QL (30 per 30 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	1	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	1	PA; NM; NDS; QL (30 per 30 days)
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	1	PA; NM; NDS; QL (4 per 28 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; NM; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml (Somatuline Depot)	1	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	1	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	1	PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	1	PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; NM; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; NM; NDS
octreotide acetate injection solution 1,000 mcg/ml	1	NM; NDS

Drug Name		Drug Tier	Requirements/Limits
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	1	
octreotide acetate injection solution 200 mcg/ml		1	
ORGOVYX ORAL TABLET 120 MG		1	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG		1	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG		1	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		1	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		1	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	(lanreotide)	1	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	(lanreotide)	1	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		1	PA; NM; NDS
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML		1	PA; NM; NDS
Progestins			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		1	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(norethindrone acetate)	1	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	1	
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	

Drug Name		Drug Tier	Requirements/Limits
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		1	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	1	
Thyroid And Antithyroid Agents			
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	(Levo-T)	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	(liothyronine)	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	1	
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		1	PA; NM; NDS
Immunological Agents			
Immunological Agents			
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml	(Yuflyma(CF) Autoinjector)	1	PA; NM; NDS
adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml	(adalimumab-aaty(CF) AI Crohns)	1	PA; NM; NDS
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	(Yuflyma(CF))	1	PA; NM; NDS
adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml	(adalimumab-aaty)	1	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		1	PA; NM; NDS
auranofin oral capsule 3 mg	(Ridaura)	1	NM; NDS
azathioprine oral tablet 50 mg	(Imuran)	1	PA BvD
azathioprine sodium injection recon soln 100 mg		1	PA BvD

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; NM; NDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	1	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; NM; NDS
cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)	1	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	1	PA BvD
cyclosporine modified oral capsule 50 mg	1	PA BvD
cyclosporine modified oral solution 100 mg/ml (Neoral)	1	PA BvD
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	1	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	1	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	1	PA; NM; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	1	PA; NM; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	1	PA; NM; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; NM; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg (Zortress)	1	PA BvD
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg (Zortress)	1	PA BvD; NM; NDS
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %, 10 % (100ML)	1	PA BvD; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA BvD; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	1	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	1	PA BvD; NM; NDS
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	1	PA BvD
gengraf oral solution 100 mg/ml (cyclosporine modified)	1	PA BvD
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	1	PA; NM; NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	1	PA; NM; NDS
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd)	1	PA; NM; NDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd)	1	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	1	PA; NM; NDS; Only NDCs starting with 00074

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Drug Name		Drug Tier	Requirements/Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		1	PA; NM; NDS; Only NDCs starting with 00074
infliximab intravenous recon soln 100 mg	(Remicade)	1	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		1	PA; NM; NDS
leflunomide oral tablet 10 mg, 20 mg	(Arava)	1	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	1	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	1	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	1	PA BvD; NM; NDS
mycophenolate mofetil oral tablet 500 mg	(CellCept)	1	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	1	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/ML		1	PA NSO; NM; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG		1	PA BvD; NM; NDS
OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		1	PA; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		1	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		1	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		1	PA; NM; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG		1	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	1	PA; NM; NDS
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	1	PA; NM; NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	1	PA; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (tacrolimus)	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
REZUROCK ORAL TABLET 200 MG	1	PA NSO; NM; NDS
RIDAURA ORAL CAPSULE 3 MG (auranofin)	1	NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; NM; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	1	PA; NM; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; NM; NDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn)	1	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn)	1	PA; NM; NDS
sirolimus oral solution 1 mg/ml	1	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	PA BvD

Drug Name		Drug Tier	Requirements/Limits
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML		1	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML		1	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML		1	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)		1	PA; NM; NDS
tacrolimus intravenous solution 5 mg/ml	(Prograf)	1	PA BvD
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	1	PA BvD
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg	(Astagraf XL)	1	PA BvD
tacrolimus oral capsule,extended release 24hr 5 mg	(Astagraf XL)	1	PA BvD; NM; NDS
TAVNEOS ORAL CAPSULE 10 MG		1	PA; NM; NDS; QL (180 per 30 days)
tofacitinib oral solution 1 mg/ml	(Xeljanz)	1	PA; NM; NDS
tofacitinib oral tablet 10 mg, 5 mg	(Xeljanz)	1	PA; NM; NDS
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	(Xeljanz XR)	1	PA; NM; NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)		1	PA; NM; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		1	PA; NM; NDS
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		1	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		1	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML		1	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; NM; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	1	PA; NM; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; NM; NDS
ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml (Otulfi)	1	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; NM; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; NM; NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	1	PA; NM; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	1	PA; NM; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	1	PA; NM; NDS
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	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	$0 copay

Drug Name	Drug Tier	Requirements/Limits
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
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	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	1	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD; $0 copay
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

Drug Name	Drug Tier	Requirements/Limits
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
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
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

Drug Name	Drug Tier	Requirements/Limits
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
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	1	$0 copay
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	1	$0 copay
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	1	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	1	$0 copay

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	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	
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)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	$0 copay

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Drug Name	Drug Tier	Requirements/Limits
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 SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch 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
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	1	$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	1	$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	1	$0 copay

Drug Name		Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
alosetron oral tablet 0.5 mg	(Lotronex)	1	
alosetron oral tablet 1 mg	(Lotronex)	1	NM; NDS
balsalazide oral capsule 750 mg	(Colazal)	1	
budesonide oral capsule,delayed,extend.release 3 mg		1	
budesonide rectal foam 2 mg/actuation	(Uceris)	1	
DIPENTUM ORAL CAPSULE 250 MG		1	ST; NM; NDS
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	1	
mesalamine oral capsule (with del rel tablets) 400 mg		1	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	1	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	1	QL (120 per 30 days)
mesalamine oral tablet,delayed release (dr/ec) 800 mg		1	
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	1	
mesalamine rectal suppository 1,000 mg	(Canasa)	1	
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	1	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
alendronate oral solution 70 mg/75 ml		1	QL (300 per 28 days)
alendronate oral tablet 10 mg		1	QL (30 per 30 days)
alendronate oral tablet 35 mg		1	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg		1	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	1	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	1	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	1	QL (120 per 30 days)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg		1	
ibandronate oral tablet 150 mg		1	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		1	PA; NM; NDS
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	1	
paricalcitol oral capsule 4 mcg		1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		1	NM; NDS; QL (60 per 30 days)
risedronate oral tablet 150 mg	(Actonel)	1	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg		1	QL (30 per 30 days)
risedronate oral tablet 35 mg	(Actonel)	1	QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)		1	QL (4 per 28 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	1	QL (4 per 28 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML		1	QL (1 per 180 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	1	PA; NM; NDS; QL (2.24 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		1	PA; NM; NDS; QL (1.56 per 30 days)
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			

Drug Name	Drug Tier	Requirements/Limits
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; NM; NDS
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	1	PA; NM; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	1	
betaine oral powder 1 gram/scoop (Cystadane)	1	PA; NM; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
diazoxide oral suspension 50 mg/ml (Proglycem)	1	NM; NDS
ELMIRON ORAL CAPSULE 100 MG	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	1	PA; NM; NDS
EVRYSDI ORAL TABLET 5 MG	1	PA; NM; NDS; QL (30 per 30 days)
glucagon emergency kit (human) injection recon soln 1 mg	1	
glutamine (sickle cell) oral powder in packet 5 gram (Endari)	1	PA; NM; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
levocarnitine (with sugar) oral solution 100 mg/ml (Carnitor)	1	
levocarnitine oral tablet 330 mg (Carnitor)	1	
mesna oral tablet 400 mg (Mesnex)	1	NM; NDS

Drug Name		Drug Tier	Requirements/Limits
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	1	QL (30 per 30 days)
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	1	
pyridostigmine bromide oral tablet 30 mg		1	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	1	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	1	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)		1	PA; NM; NDS
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML		1	PA; NM; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		1	PA; NM; NDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML		1	PA; NM; NDS; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)		1	PA; NM; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG		1	PA NSO; NM; NDS; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG		1	PA NSO; NM; NDS; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG		1	PA NSO; NM; NDS; QL (224 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 X 10EXP6 TO 3 X 10EXP7 CELL		1	PA; NM; NDS; QL (12 per 30 days)
Ophthalmic Agents			
Antiglaucoma Agents			
acetazolamide oral capsule, extended release 500 mg		1	

Drug Name		Drug Tier	Requirements/Limits
acetazolamide oral tablet 125 mg, 250 mg		1	
acetazolamide sodium injection recon soln 500 mg		1	
betaxolol ophthalmic (eye) drops 0.5 %		1	
bimatoprost ophthalmic (eye) drops 0.03 %		1	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	1	
brimonidine ophthalmic (eye) drops 0.2 %		1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	1	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	1	
carteolol ophthalmic (eye) drops 1 %		1	
dorzolamide ophthalmic (eye) drops 2 %		1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	1	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	(bimatoprost)	1	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		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	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	1	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		1	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	1	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		1	QL (5 per 30 days)
Replacement Preparations			
Replacement Preparations			
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	1	
d5 %-0.45 % sodium chloride intravenous parenteral solution		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	
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	1	
magnesium sulfate injection solution 500 mg/ml (50 %)		1	
magnesium sulfate injection syringe 500 mg/ml (50 %)		1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-a)	1	

Drug Name		Drug Tier	Requirements/Limits
potassium chloride intravenous solution 2 meq/ml		1	
potassium chloride oral capsule, extended release 10 meq, 8 meq		1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		1	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	1	
potassium chloride oral tablet extended release 15 meq, 20 meq		1	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	1	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	1	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l		1	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	1	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	1	
potassium citrate oral tablet extended release 5 meq (540 mg)		1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		1	
sodium chloride 0.9 % intravenous parenteral solution		1	
sodium chloride 0.9% solution mini-bag, single use		1	
Respiratory Tract Agents			
Anti-Inflammatories, Inhaled Corticosteroids			

Drug Name		Drug Tier	Requirements/Limits
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)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	(fluticasone furoate)	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)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	1	QL (30.9 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	1	PA BvD; QL (120 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	1	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		1	QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		1	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		1	QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	1	QL (60 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(fluticasone propion-salmeterol)	1	QL (60 per 30 days)
Antileukotrienes			
montelukast oral tablet 10 mg	(Singulair)	1	

Drug Name		Drug Tier	Requirements/Limits
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg		1	
Bronchodilators			
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		1	QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	1	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		1	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		1	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml		1	PA BvD
albuterol sulfate oral syrup 2 mg/5 ml		1	
albuterol sulfate oral tablet 2 mg, 4 mg		1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	1	QL (60 per 30 days)
BREZTRI AEROSPHERE 160-18-4.8 MCG 160-18-4.8 MCG/ACTUATION		1	QL (23.6 per 28 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG 160-9-4.8 MCG/ACTUATION		1	QL (23.6 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 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)

Drug Name	Drug Tier	Requirements/Limits
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation (Atrovent HFA)	1	QL (25.8 per 28 days)
ipratropium bromide inhalation solution 0.02 %	1	PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	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)
terbutaline oral tablet 2.5 mg, 5 mg	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg (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		

Drug Name	Drug Tier	Requirements/Limits
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	1	PA; NM; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	1	PA; NM; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	1	NM; NDS; QL (560 per 28 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	1	PA; NM; NDS; QL (1 per 28 days)
JASCAYD ORAL TABLET 18 MG, 9 MG	1	PA; NM; NDS; QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; NM; NDS; QL (56 per 28 days)
nintedanib oral capsule 100 mg, 150 mg (Ofev)	1	PA; NM; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; NM; LA; NDS; QL (0.4 per 28 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; NM; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; NM; NDS; QL (112 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
pirfenidone oral capsule 267 mg		1	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	(Esbriet)	1	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg		1	PA; NM; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	1	PA; NM; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML		1	PA BvD; NM; NDS
roflumilast oral tablet 250 mcg	(Daliresp)	1	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(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; NDS; QL (56 per 28 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)		1	PA; NM; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)		1	PA; NM; NDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)		1	PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		1	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		1	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		1	PA; NM; NDS
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg, 20 mg, 5 mg		1	

Drug Name		Drug Tier	Requirements/Limits
cyclobenzaprine oral tablet 10 mg, 5 mg		1	
dantrolene oral capsule 100 mg, 50 mg		1	
dantrolene oral capsule 25 mg	(Dantrium)	1	
methocarbamol oral tablet 500 mg, 750 mg		1	
tizanidine oral tablet 2 mg		1	
tizanidine oral tablet 4 mg	(Zanaflex)	1	
Sleep Disorder Agents			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(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)
doxepin oral tablet 3 mg, 6 mg	(Silenor)	1	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	1	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		1	PA; NM; NDS; QL (150 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	1	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	1	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	1	PA; NM; LA; NDS; QL (540 per 30 days)
tasimelteon oral capsule 20 mg	(Hetlioz)	1	PA; NM; NDS; QL (30 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		1	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(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; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	1	PA; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	1	PA; NM; NDS; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	1	PA; NM; LA; NDS; QL (60 per 30 days)
macitentan oral tablet 10 mg	(Opsumit)	1	PA; NM; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	1	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		1	PA; QL (30 per 30 days)
tadalafil oral tablet 5 mg	(Cialis)	1	PA; QL (30 per 30 days)
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	1	PA; NM; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		1	PA; NM; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		1	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 100 MCG		1	PA; NM; NDS; QL (480 per 30 days)
UPTRAVI ORAL TABLET 150 MCG		1	PA; NM; NDS; QL (300 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		1	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		1	PA; NM; NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG		1	PA; NM; NDS
Vitamins And Minerals			
Vitamins And Minerals			
bal-care dha combo pack 27-1-430 mg		1	
bal-care dha essential pack 27 mg iron-1 mg -374 mg		1	
c-nate dha softgel 28 mg iron-1 mg - 200 mg		1	

Drug Name	Drug Tier	Requirements/Limits
completenate tablet chew 29 mg iron-1 mg	1	
folivane-ob capsule 85-1 mg	1	
kosher prenatal plus iron tab 30 mg iron- 1 mg	1	
marnatal-f capsule 60 mg iron-1 mg	1	
m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	1	
mynatal advance oral tablet 90-1-50 mg	1	
mynatal capsule 65 mg iron- 1 mg	1	
mynatal oral tablet 90-1-50 mg	1	
mynatal plus captab 65 mg iron- 1 mg	1	
mynatal-z captab 65 mg iron- 1 mg	1	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg	1	
newgen tablet 32-1,000 mg-mcg	1	
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe	1	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg	1	
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	1	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	1	
pnv-omega softgel 28-1-300 mg	1	
pr natal 400 combo pack 29-1-400 mg	1	
pr natal 400 ec combo pack 29-1-400 mg	1	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg	1	
pr natal 430 ec combo pack 29-1-430 mg	1	
prenaissance oral capsule 29-1.25-55-325 mg	1	

Drug Name		Drug Tier	Requirements/Limits
prenaissance plus oral capsule 28-1-50-250 mg		1	
prenatabs fa tablet 29-1 mg		1	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		1	
prenatal 19 chewable tablet 29 mg iron- 1 mg		1	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv,calcium 72-iron,carb-folic)	1	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	
prenatal-u capsule 106.5-1 mg		1	
r-natal ob softgel 20 mg iron- 1 mg-320 mg		1	
select-ob chewable caplet 29 mg iron- 1 mg		1	
select-ob chewable caplet 29 mg iron- 1 mg		1	
se-natal 19 chewable tablet 29 mg iron- 1 mg		1	
taron-c dha capsule 35-1-200 mg		1	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg		1	
vitafol gummies 3.33 mg iron- 0.33 mg		1	
vitafol-ob+dha combo pack 65-1-250 mg		1	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg		1	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg		1	
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zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg		1	

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This formulary was updated on 11/01/2026. 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.

Gold Kidney Health Plan, Inc., is an HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.