astiva HEALTH

2025 FORMULARY

(LIST OF COVERED DRUGS)

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

FORMULARY ID 25256, VERSION 19

ASTIVA HEALTH MEMBER SERVICES
1-866-688-9021 (TTY: 711)

Hours of Operation are:
8:00AM to 8:00PM, seven days a week, from October 1 - March 31
8:00AM to 8:00PM, Monday to Friday, April 1 - September 30
Visit our website: www.astivahealth.com

PHARMACY HELP DESK
1-833-697-6561

Hours of Operation are:
24 hours a day, 7 days a week

THIS FORMULARY WAS UPDATED ON **10/01/2025**. FOR MORE RECENT INFORMATION OR OTHER QUESTIONS, PLEASE CONTACT ASTIVA HEALTH INC'S MEMBER SERVICES AT 1-866-688-9021, (TTY USERS SHOULD CALL 711), SEVEN DAYS A WEEK, OCTOBER 1ST – MARCH 31ST 8:00AM TO 8:00PM, MONDAY – FRIDAY, EXCEPT MAJOR HOLIDAYS, APRIL 1ST – SEPTEMBER 30TH 8:00 AM TO 8:00 PM, OR VISIT WWW.ASTIVAHEALTH.COM.

2025 Part D Comprehensive Formulary

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 Astiva Health. When it refers to "plan" or "our plan," it means Astiva Health Savings Plan (HMO) 001, Astiva Health Savings Plan - NorCal (HMO) 011, Astiva Health Premier Plan (HMO) 010, Astiva Health Premier Plan (HMO) - NorCal 012, Astiva Health C-SNP Deluxe (HMO C-SNP) 007, Astiva Health C-SNP WOW (HMO C-SNP) 008, or Astiva Health C-SNP WOW - NorCal (HMO C-SNP) 013.

This document includes list of the drugs (formulary) for our plan which is current as of **09/01/2025.** For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Astiva Health, Inc Formulary?

A formulary is a list of covered drugs selected by Astiva Health, Inc 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. Astiva Health, Inc will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at Astiva Health, Inc network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the Astiva Health, Inc's Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Astiva Health's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **09/01/2025**. To get updated information about the drugs covered by Astiva Health, Inc, please contact us. Our contact information appears on the front and back cover pages. In the case of non-maintenance changes to the formulary throughout the plan year, Astiva Health, Inc. may make changes via errata sheets mailed to you.

How do I use the Formulary? There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 8. 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 8. Then look under the category name for your drug.

Formulary 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?

Astiva Health, Inc covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Astiva Health, Inc requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Astiva Health, Inc before you fill your prescriptions. If you don't get approval, Astiva Health, Inc may not cover the drug.
- **Quantity Limits:** For certain drugs, Astiva Health, Inc limits the amount of the drug that Astiva Health, Inc will cover. For example, Astiva Health, Inc provides 9 tablets per prescription for sumatriptan. This may be in addition to a standard one month or three-month supply.
- **Step Therapy:** In some cases, Astiva Health, Inc 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, Astiva Health, Inc may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Astiva Health, Inc 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 Astiva Health, Inc 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 Astiva Health, Inc formulary?" on page "v" for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Astiva Health, Inc does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Astiva Health, Inc. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Astiva Health, Inc.

- You can ask Astiva Health, Inc 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 Astiva Health, Inc's Formulary?

You can ask Astiva Health, Inc to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Astiva Health, Inc 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, Astiva Health, Inc will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

For members who are outside their transition period, and experience a level of care change, in which member is changing from one treatment setting to another (example: LTC to hospital to LTC, hospital to home, home to LTC), upon admission or discharge from a treatment setting or LTC, Astiva Health Inc. will allow the member access to a refill equal to a one-month supply for formulary medications and an emergency one month supply transition fill for non-formulary medications (including Part D drugs that are on Astiva Health's formulary but require prior authorization or step therapy).

This policy does not apply for short-term leaves of absences (i.e. holidays or vacations) from LTC or hospital facilities.

To the extent that an enrollee is outside his or her 90-day transition period, and is in the outpatient setting, The Organization will still provide an emergency supply of non-formulary medications (including Part D drugs that are on a Plan Sponsor's formulary that would otherwise require prior authorization or step therapy under Plan Sponsor's utilization management rules), on a case by case basis, while an exception request is being processed. To the extent that an enrollee is outside his or her 90-day transition period, and is in the LTC setting, The Organization will still provide an emergency supply of Part D covered non-formulary medications (including Part D covered drugs that are on a Plan Sponsor's formulary that would otherwise require prior authorization or step therapy under Plan Sponsor's utilization management rules), while an exception request is being processed.

For more information

For more detailed information about your Astiva Health, Inc prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Astiva Health, Inc, 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 day a week. TTY users should call 1-877-486-2048. Or visit http://www.medicare.gov.

Astiva Health, Inc Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Astiva Health, Inc. If you have trouble finding your drug in the list, turn to the Index that begins on page 101. The first column of the chart lists the drug name. Brand name drugs

are capitalized (e.g., IBU ORAL TABLET) and generic drugs are listed in lower-case italics

(e.g., *ibuprofen oral tablet*).

Astiva CSNP 2025 6-Tier (List of Covered Drugs)

List of Drugs by Medical Condition

Legend

1: Preferred Generics

2: Generics

3: Preferred Brands

4: Non-Preferred Drugs

5: Specialty

6: Select Care

EX: Excluded Drug; Enhancement Covered; Quantity Limit (amount per days); 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 may not be eligible to receive extra help to pay for this drug through other programs.

HI: Home Infusion - This prescription drug is covered under our medical benefit. For more information, call Member Services at 1-833-697-6561, 7 days a week, 24 hours a day. TTY/TDD users should call 711.

MO: Mail Order Eligible - This prescription may also be available via mail.

NDS: Non-Extended Day Supply - This medication is limited to a 30 days supply per fill, including mail order.

PA: Prior Authorization - You (or your physician) are required to get prior authorization from Astiva Health Plan before you fill your prescription for this drug. Without prior approval, Astiva Health Plan may not cover this drug.

PA BvD: Part B vs. Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

PA NSO: Prior Authorization - New Starts - A member new to a drug therapy. The first time a member has taken that specific drug with utilization management (UM) that specifies a process that requires members to obtain

advanced approval for coverage from the plan before a service is rendered or a prescription is filled.

PA-HRM: Prior Authorization - High Risk Medications - High Risk medications that require a prior authorization.

QL: Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

Drug Name		Drug Tier	Requirements/Limits
ANALGESICS			
Analgesics, Miscellaneous			
acetaminophen-codeine oral solution 120-12 mg/5ml		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)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	(Butrans)	2	QL (4 per 28 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg		2	PA; PA-HRM; QL (180 per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg	(Fioricet)	4	PA; NDS; PA-HRM; QL (180 per 30 days)
butalbital-apap-caffeine oral capsule 50-325-40 mg		4	PA; NDS; PA-HRM; QL (180 per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	(BAC (Butalbital-Acetamin-Caff))	1	PA; PA-HRM; QL (180 per 30 days)
endocet oral tablet 10-325 mg	(Endocet)	2	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	2	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(Endocet)	2	QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg		5	PA; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg		2	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		2	QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml		2	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		1	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg		1	QL (240 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
hydromorphone hcl oral tablet 2 mg, 4 mg	(Dilaudid)	1	QL (180 per 30 days)
hydromorphone hcl oral tablet 8 mg	(Dilaudid)	2	QL (180 per 30 days)
methadone hcl oral tablet 10 mg		1	QL (120 per 30 days)
methadone hcl oral tablet 5 mg		1	QL (180 per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml		1	PA; QL (180 per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 200 mg		2	QL (60 per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 30 mg	(MS Contin)	2	QL (90 per 30 days)
morphine sulfate er oral tablet extended release 60 mg	(MS Contin)	2	QL (60 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML		1	QL (700 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML		1	QL (300 per 30 days)
MORPHINE SULFATE ORAL TABLET 15 MG		4	NDS; QL (180 per 30 days)
MORPHINE SULFATE ORAL TABLET 30 MG		4	NDS; QL (120 per 30 days)
oxycodone hcl oral capsule 5 mg		2	QL (180 per 30 days)
oxycodone hcl oral tablet 10 mg, 5 mg		2	QL (180 per 30 days)
oxycodone hcl oral tablet 15 mg, 30 mg	(Roxicodone)	2	QL (120 per 30 days)
oxycodone hcl oral tablet 20 mg		2	QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	2	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	2	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	2	QL (240 per 30 days)
tramadol hcl oral tablet 50 mg		1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		1	QL (300 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(CeleBREX)	2	MO; QL (60 per 30 days)
diclofenac epolamine external patch 1.3 %	(Flector)	4	PA; NDS; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		2	MO; QL (120 per 30 days)
diclofenac sodium er oral tablet extended release 24 hour 100 mg		2	MO
diclofenac sodium external gel 1 %	(Aspercreme Arthritis Pain)	1	QL (1000 per 30 days)
diclofenac sodium external solution 1.5 %		2	QL (300 per 30 days)
diclofenac sodium external solution 2 %	(Pennsaid)	5	PA; NDS; QL (224 per 28 days)
diclofenac sodium oral tablet delayed release 25 mg		1	MO
diclofenac sodium oral tablet delayed release 50 mg		1	MO; QL (120 per 30 days)
diclofenac sodium oral tablet delayed release 75 mg		1	MO; QL (60 per 30 days)
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	(Arthrotec)	2	MO
etodolac oral capsule 200 mg, 300 mg		2	MO
etodolac oral tablet 400 mg	(Lodine)	2	MO
etodolac oral tablet 500 mg		2	MO
flurbiprofen oral tablet 100 mg		1	MO
FLURBIPROFEN ORAL TABLET 50 MG		1	MO
ibu oral tablet 400 mg	(IBU)	1	MO; QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(IBU)	1	MO
ibuprofen oral tablet 400 mg	(IBU)	1	MO; QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	1	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
indomethacin oral capsule 25 mg, 50 mg		1	PA; MO; PA-HRM
ketorolac tromethamine oral tablet 10 mg		1	PA; PA-HRM; QL (20 per 30 days)
meloxicam oral tablet 15 mg, 7.5 mg		1	MO
nabumetone oral tablet 500 mg, 750 mg		1	MO
naproxen oral tablet 250 mg, 375 mg		1	MO
naproxen oral tablet 500 mg	(Naprosyn)	1	MO
naproxen oral tablet delayed release 375 mg	(EC-Naprosyn)	1	MO
sulindac oral tablet 150 mg, 200 mg		1	MO
ANESTHETICS			
Local Anesthetics			
glydo external prefilled syringe 2 %	(Glydo)	1	QL (30 per 30 days)
lidocaine external ointment 5 %		2	PA; QL (240 per 30 days)
lidocaine external patch 5 %	(Lidocan)	2	PA; QL (90 per 30 days)
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	(Glydo)	1	QL (30 per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %		1	
lidocaine-prilocaine external cream 2.5-2.5 %		1	PA; QL (30 per 30 days)
lidocan external patch 5 %	(Lidocan)	2	PA; QL (90 per 30 days)
ZTLIDO EXTERNAL PATCH 1.8 %		3	PA; QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate calcium oral tablet delayed release 333 mg		2	MO

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	2	QL (90 per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg (Suboxone)	4	NDS; QL (60 per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	4	NDS; QL (90 per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	QL (90 per 30 days)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	
disulfiram oral tablet 250 mg, 500 mg	2	MO
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	QL (4 per 30 days)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	2	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	2	
naloxone hcl nasal liquid 4 mg/0.1ml (Narcan)	2	QL (4 per 30 days)
naltrexone hcl oral tablet 50 mg	2	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	NDS; QL (240 per 180 days)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	2	
varenicline tartrate oral tablet 0.5 mg	2	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack) (Chantix)	2	QL (336 per 365 days)
ANTIANXIETY AGENTS		
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg (Xanax)	1	QL (120 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
alprazolam oral tablet 2 mg	(Xanax)	1	QL (150 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 dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		2	QL (90 per 30 days)
clonazepam oral tablet dispersible 2 mg		2	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		4	NDS; QL (180 per 30 days)
diazepam injection solution 5 mg/ml		1	QL (10 per 28 days)
diazepam intensol oral concentrate 5 mg/ml		2	QL (1200 per 30 days)
diazepam oral solution 5 mg/5ml		2	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	QL (120 per 30 days)
diazepam solution 5 mg/ml injection		2	
lorazepam concentrate 2 mg/ml oral	(LORazepam Intensol)	1	QL (150 per 30 days)
lorazepam injection solution 2 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam injection solution 4 mg/ml	(Ativan)	4	NDS; QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(LORazepam Intensol)	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)
lorazepam solution 4 mg/ml injection	(Ativan)	1	QL (2 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	1	QL (30 per 30 days)
temazepam oral capsule 22.5 mg	(Restoril)	2	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	2	QL (120 per 30 days)
triazolam oral tablet 0.125 mg		2	QL (120 per 30 days)
triazolam oral tablet 0.25 mg	(Halcion)	2	QL (60 per 30 days)
ANTIBACTERIALS			
Aminoglycosides			
amikacin sulfate injection solution 500 mg/2ml		2	HI

Drug Name		Drug Tier	Requirements/Limits
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		5	PA; NDS; QL (235.2 per 28 days)
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml		2	HI
neomycin sulfate oral tablet 500 mg		2	
streptomycin sulfate intramuscular solution reconstituted 1 gm		5	NDS
TOBI PODHALER INHALATION CAPSULE 28 MG		5	NDS; QL (224 per 28 days)
tobramycin inhalation nebulization solution 300 mg/5ml	(Kitabis Pak (w/ nebulizer))	5	PA BvD; NDS
tobramycin pak inhalation nebulization solution 300 mg/5ml	(Kitabis Pak (w/ nebulizer))	5	PA BvD; NDS
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml		2	HI
Antibacterials, Miscellaneous			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin)	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml	(Cleocin Phosphate)	2	HI
colistimethate sodium (cba) injection solution reconstituted 150 mg	(Coly-Mycin M)	5	HI; NDS
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG		5	HI; NDS
daptomycin intravenous solution reconstituted 500 mg		5	HI; NDS
linezolid intravenous solution 600 mg/300ml	(Zyvox)	2	HI
linezolid oral suspension reconstituted 100 mg/5ml	(Zyvox)	5	NDS
linezolid oral tablet 600 mg	(Zyvox)	2	
methenamine hippurate oral tablet 1 gm	(Hiprex)	2	
metronidazole intravenous solution 500 mg/100ml		1	HI

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	(Macrodantin)	1	QL (120 per 30 days)
nitrofurantoin monohyd macro oral capsule 100 mg	(Macrobid)	1	QL (60 per 30 days)
trimethoprim oral tablet 100 mg		1	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg		2	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM		2	
vancomycin hcl oral capsule 125 mg	(Vancocin)	2	QL (56 per 14 days)
vancomycin hcl oral capsule 250 mg	(Vancocin)	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG		3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		5	PA; NDS; QL (90 per 30 days)
Cephalosporins			
cefaclor oral capsule 250 mg, 500 mg		2	
cefadroxil oral capsule 500 mg		1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml		2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg		2	HI
cefdinir oral capsule 300 mg		1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	
cefepime hcl injection solution reconstituted 1 gm		2	HI
cefepime hcl intravenous solution reconstituted 2 gm		2	HI
cefixime oral capsule 400 mg		4	NDS
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm		2	HI

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
cefpodoxime proxetil oral tablet 100 mg, 200 mg		4	NDS
cefprozil oral tablet 250 mg, 500 mg		2	
ceftazidime injection solution reconstituted 1 gm	(Tazicef)	2	HI
ceftazidime injection solution reconstituted 6 gm		2	HI
ceftazidime intravenous solution reconstituted 2 gm	(Tazicef)	2	HI
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg		2	HI
ceftriaxone sodium intravenous solution reconstituted 10 gm		2	HI
cefuroxime axetil oral tablet 250 mg, 500 mg		1	
cefuroxime sodium injection solution reconstituted 750 mg		2	HI
cefuroxime sodium intravenous solution reconstituted 1.5 gm		2	HI
cephalexin oral capsule 250 mg, 500 mg		1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		1	
tazicef injection solution reconstituted 1 gm	(Tazicef)	2	HI
tazicef intravenous solution reconstituted 2 gm	(Tazicef)	2	HI
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM		2	HI
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG		5	HI; NDS
Macrolides			
azithromycin intravenous solution reconstituted 500 mg	(Zithromax)	2	HI

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	(Zithromax)	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)	(Zithromax)	1	
azithromycin oral tablet 600 mg		1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	
clarithromycin oral tablet 250 mg, 500 mg		2	
DIFICID ORAL TABLET 200 MG	(fidaxomicin)	5	NDS; QL (20 per 10 days)
erythromycin base oral tablet 250 mg, 500 mg		4	NDS
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	(E.E.S. Granules)	4	NDS
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	(EryPed 400)	4	NDS
fidaxomicin oral tablet 200 mg	(Dificid)	5	NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics			
aztreonam injection solution reconstituted 1 gm, 2 gm	(Azactam)	2	HI
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		5	PA; NDS
ertapenem sodium injection solution reconstituted 1 gm		2	HI
imipenem-cilastatin intravenous solution reconstituted 250 mg		2	HI
imipenem-cilastatin intravenous solution reconstituted 500 mg	(Primaxin IV)	2	HI
meropenem intravenous solution reconstituted 1 gm, 500 mg		2	HI

Drug Name	Drug Tier	Requirements/Limits
MEROPENEM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	4	HI; NDS
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	2	
amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml (Augmentin ES-600)	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	4	NDS
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	2	HI
ampicillin sodium intravenous solution reconstituted 10 gm	2	HI
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm (Unasyn)	2	HI
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm (Unasyn)	2	HI

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	NDS
dicloxacillin sodium oral capsule 250 mg, 500 mg	2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	4	NDS
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	4	NDS
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	2	HI
nafcillin sodium intravenous solution reconstituted 10 gm	2	HI
penicillin g potassium injection solution reconstituted 20000000 unit (Pfizerpen)	2	HI
penicillin g procaine intramuscular suspension 600000 unit/ml	2	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	2	HI
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	2	HI

Drug Name		Drug Tier	Requirements/Limits
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml		2	HI
levofloxacin oral solution 25 mg/ml		4	NDS
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		1	
MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML		2	HI
moxifloxacin hcl oral tablet 400 mg		2	
MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS		2	HI
Sulfonamides			
sulfadiazine oral tablet 500 mg		2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	(Sulfatrim Pediatric)	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetracyclines			
demeclocycline hcl oral tablet 150 mg, 300 mg		4	NDS
doxy 100 intravenous solution reconstituted 100 mg	(Doxy 100)	2	HI
doxycycline hyclate intravenous solution reconstituted 100 mg	(Doxy 100)	2	HI
doxycycline hyclate oral capsule 100 mg, 50 mg		2	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg		2	
doxycycline hyclate oral tablet 50 mg	(TargaDOX)	2	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg		1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate oral capsule 50 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	2	
doxycycline monohydrate oral tablet 100 mg, 50 mg	2	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	4	NDS
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5	HI; NDS
ANTICANCER AGENTS		
Anticancer Agents		
abiraterone acetate oral tablet 250 mg (Abirtega)	5	PA NSO; NDS; QL (120 per 30 days)
abiraterone acetate oral tablet 500 mg (Zytiga)	5	PA NSO; NDS; QL (120 per 30 days)
abirtega oral tablet 250 mg (Abirtega)	2	PA NSO; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA NSO; NDS
anastrozole oral tablet 1 mg (Arimidex)	1	MO
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML	5	PA NSO; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (240 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG		5	PA NSO; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	(pemetrexed dipotassium)	5	HI; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		5	PA NSO; NDS; QL (30 per 30 days)
azacitidine injection suspension reconstituted 100 mg	(Vidaza)	5	NDS
BALVERSA ORAL TABLET 3 MG		5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		5	PA NSO; NDS; QL (28 per 28 days)
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	(bendamustine hcl)	5	PA NSO; NDS
bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg	(Treanda)	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	(bendamustine hcl)	5	PA NSO; NDS
bexarotene external gel 1 %	(Targretin)	5	PA NSO; NDS
bexarotene oral capsule 75 mg	(Targretin)	5	PA NSO; NDS
bicalutamide oral tablet 50 mg	(Casodex)	1	
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML		5	PA NSO; NDS; QL (75 per 28 days)
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit		1	
bortezomib injection solution reconstituted 1 mg, 2.5 mg		4	PA NSO; HI; NDS
bortezomib injection solution reconstituted 3.5 mg	(Velcade)	4	PA NSO; HI; NDS

Drug Name	Drug Tier	Requirements/Limits
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML	4	PA NSO; HI; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA NSO; NDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA NSO; NDS; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA NSO; NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NDS; QL (63 per 28 days)
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	5	PA BvD; NDS
cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml (Frindovyx)	5	PA BvD; NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	5	PA BvD; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	2	PA BvD; ST
cyclophosphamide oral capsule 50 mg	2	PA BvD; ST
cyclophosphamide oral tablet 25 mg	3	PA BvD; ST
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	5	PA NSO; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NDS; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Sprycel)	5	PA NSO; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg (Sprycel)	5	PA NSO; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA NSO; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
decitabine intravenous solution reconstituted 50 mg	5	HI; NDS
doxorubicin hcl liposomal intravenous suspension 2 mg/ml (Doxil)	5	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	5	PA NSO; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML	5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML	5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 20 MG	5	PA NSO; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	5	PA NSO; HI; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
erlotinib hcl oral tablet 100 mg (Tarceva)	5	PA NSO; NDS; QL (60 per 30 days)
erlotinib hcl oral tablet 150 mg	5	PA NSO; NDS; QL (90 per 30 days)
erlotinib hcl oral tablet 25 mg	5	PA NSO; NDS; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	HI; NDS
etoposide intravenous solution 100 mg/5ml	2	HI
EULEXIN ORAL CAPSULE 125 MG	5	NDS
everolimus oral tablet 10 mg (Torpenz)	5	PA NSO; NDS; QL (56 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	5	PA NSO; NDS; QL (28 per 28 days)
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	2	MO
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL		5	PA BvD; NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG		3	PA BvD
floxuridine injection solution reconstituted 0.5 gm		1	PA BvD
fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml		2	PA BvD
FLUTAMIDE ORAL CAPSULE 125 MG		2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		5	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		5	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG		5	PA NSO; NDS; QL (21 per 28 days)
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	(Faslodex)	5	NDS
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG		5	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG		5	PA NSO; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg	(Iressa)	5	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG		4	NDS
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG		5	NDS

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA NSO; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET SOLUBLE 1 MG	5	PA NSO; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	5	PA NSO; NDS; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NDS
hydroxyurea oral capsule 500 mg (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	2	
ifosfamide intravenous solution reconstituted 1 gm (Ifex)	2	
imatinib mesylate oral tablet 100 mg (Gleevec)	2	PA NSO; QL (180 per 30 days)
imatinib mesylate oral tablet 400 mg (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	5	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	5	PA NSO; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA NSO; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	5	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST; NDS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5	PA NSO; NDS

Drug Name	Drug Tier	Requirements/Limits
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	5	PA NSO; NDS; QL (2 per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NDS; QL (63 per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NDS; QL (180 per 30 days)
lapatinib ditosylate oral tablet 250 mg (Tykerb)	5	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	5	PA NSO; NDS; QL (28 per 28 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA NSO; NDS

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA NSO; NDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA NSO; NDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA NSO; NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA NSO; NDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA NSO; NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA NSO; NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA NSO; NDS
letrozole oral tablet 2.5 mg (Femara)	1	MO
LEUKERAN ORAL TABLET 2 MG	5	NDS
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	4	PA NSO; NDS
leuprolide acetate injection kit 1 mg/0.2ml	2	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	5	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA NSO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	5	PA NSO; NDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA NSO; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	5	PA NSO; NDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA NSO; NDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA NSO; NDS
LYNOZYFIC INTRAVENOUS SOLUTION 200 MG/10ML	5	PA NSO; NDS; QL (40 per 28 days)
LYNOZYFIC INTRAVENOUS SOLUTION 5 MG/2.5ML	5	PA NSO; NDS; QL (15 per 8 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NDS; QL (140 per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NDS; QL (140 per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
megestrol acetate oral tablet 20 mg, 40 mg	1	PA NSO; PA-HRM
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 2000 mg/100ml (Purixan)	5	NDS
mercaptopurine oral tablet 50 mg	2	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	1	PA BvD; ST
mitoxantrone hcl intravenous concentrate 20 mg/10ml	1	HI
MODEYSO ORAL CAPSULE 125 MG	5	PA NSO; NDS; QL (20 per 28 days)
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO; HI; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
NILOTINIB D-TARTRATE ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg (Tasigna)	5	PA NSO; NDS; QL (112 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
nilotinib hcl oral capsule 50 mg (Tasigna)	5	PA NSO; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg (Nilandron)	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	5	PA NSO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	5	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NDS; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NDS; QL (90 per 30 days)
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	PA BvD; HI; NDS
pazopanib hcl oral tablet 200 mg (Votrient)	5	PA NSO; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	5	HI; NDS
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 850 MG/34ML	5	NDS
pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg (Alimta)	5	HI; NDS
pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg	5	HI; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	HI; NDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA NSO; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA NSO; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA NSO; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NSO; HI; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	5	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PACKET 50 MG	5	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NSO; HI; NDS

Drug Name	Drug Tier	Requirements/Limits
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	5	PA NSO; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	NDS
sorafenib tosylate oral tablet 200 mg (NexAVAR)	5	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	5	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG	4	NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML	5	PA NSO; NDS

Drug Name	Drug Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
tamoxifen citrate oral tablet 10 mg, 20 mg	1	MO
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML	5	PA NSO; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	4	NDS
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
toposar intravenous solution 100 mg/5ml	2	HI
toremifene citrate oral tablet 60 mg (Fareston)	5	NDS
torpenz oral tablet 10 mg (Torpenz)	5	PA NSO; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg (Torpenz)	5	PA NSO; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO; NDS
tretinoin oral capsule 10 mg	5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NDS; QL (64 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
TRUQAP TABLET THERAPY PACK 160 MG ORAL	5	PA NSO; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NSO; HI; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NDS
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA NSO; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	2	HI
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS (bendamustine hcl) SOLUTION 100 MG/4ML	5	PA NSO; NDS

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NDS
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 300 MG	5	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST; NDS
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA NSO; NDS; QL (16 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA NSO; NDS; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	5	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO; HI; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO; NDS
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	5	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	5	PA NSO; NDS; QL (20 per 28 days)
ANTICONVULSANTS		
Anticonvulsants		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (60 per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg (Carbatrol)	2	MO
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg (TEGretol-XR)	2	MO
carbamazepine oral suspension 100 mg/5ml (TEGretol)	2	MO
carbamazepine oral tablet 200 mg (TEGretol)	2	MO
carbamazepine oral tablet chewable 100 mg, 200 mg	2	MO
clobazam oral suspension 2.5 mg/ml (Onfi)	2	MO; QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg (Onfi)	2	MO; QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG	5	PA NSO; NDS; QL (180 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
diazepam rectal gel 10 mg, 2.5 mg, 20 mg		4	NDS
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	(Depakote ER)	2	MO
divalproex sodium oral capsule delayed release sprinkle 125 mg	(Depakote Sprinkles)	2	MO
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	(Depakote)	2	MO
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG		5	ST; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG		5	ST; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA NSO; NDS
epitol oral tablet 200 mg	(TEGretol)	2	MO
EPRONTIA ORAL SOLUTION 25 MG/ML	(topiramate)	4	ST; NDS
eslicarbazepine acetate oral tablet 200 mg, 400 mg	(Aptiom)	5	ST; NDS; QL (30 per 30 days)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	(Aptiom)	5	ST; NDS; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	2	MO
ethosuximide oral solution 250 mg/5ml	(Zarontin)	2	MO
felbamate oral suspension 600 mg/5ml		2	MO
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	2	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML		5	PA NSO; NDS
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	(Cerebyx)	2	HI
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		5	ST; NDS; QL (720 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	1	MO; QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	1	MO; QL (270 per 30 days)
gabapentin oral solution 250 mg/5ml	(Neurontin)	2	MO; QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	1	MO; QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20ml	(Vimpat)	2	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	2	MO; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	2	MO; QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	MO
lamotrigine oral tablet chewable 25 mg, 5 mg	(LaMICtal)	2	MO
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	(LaMICtal ODT)	2	MO
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	(Keppra XR)	2	MO
levetiracetam intravenous solution 500 mg/5ml	(Keppra)	2	HI
levetiracetam oral solution 100 mg/ml	(Keppra)	2	MO
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	2	MO
levetiracetam oral tablet disintegrating soluble 250 mg	(Spritam)	2	ST; MO
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		4	NDS; QL (10 per 30 days)
methsuximide oral capsule 300 mg	(Celontin)	2	MO
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		4	NDS; QL (10 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
oxcarbazepine oral suspension 300 mg/5ml	(Trileptal)	2	MO
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	2	MO
perampanel oral tablet 10 mg, 12 mg, 8 mg	(Fycompa)	5	ST; NDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	(Fycompa)	2	ST; MO; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	5	ST; NDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5ml		2	PA NSO; MO; PA-HRM
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		2	PA NSO; MO; PA-HRM
phenytek oral capsule 200 mg, 300 mg	(Phenytek)	4	NDS
phenytoin oral suspension 125 mg/5ml	(Dilantin-125)	1	MO
phenytoin oral tablet chewable 50 mg	(Dilantin Infatabs)	1	MO
phenytoin sodium extended oral capsule 100 mg	(Dilantin)	2	MO
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	2	MO
phenytoin sodium injection solution 50 mg/ml		1	HI
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	2	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	2	MO; QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	2	MO; QL (900 per 30 days)
primidone oral tablet 125 mg		2	MO
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	MO
rufinamide oral suspension 40 mg/ml	(Banzel)	5	ST; NDS
rufinamide oral tablet 200 mg	(Banzel)	2	ST; MO
rufinamide oral tablet 400 mg	(Banzel)	5	ST; NDS

Drug Name		Drug Tier	Requirements/Limits
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		5	PA BvD; NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG		4	ST; NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	(levetiracetam)	4	ST; NDS
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		5	PA NSO; NDS; QL (60 per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg		2	MO
topiramate oral capsule sprinkle 15 mg, 25 mg	(Topamax Sprinkle)	2	MO
topiramate oral capsule sprinkle 50 mg		2	MO
topiramate oral solution 25 mg/ml	(Eprontia)	2	ST; MO
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	MO
valproate sodium intravenous solution 100 mg/ml		2	HI
valproic acid oral capsule 250 mg		2	MO
valproic acid oral solution 250 mg/5ml		2	MO
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		5	NDS; QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		5	NDS; QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		5	NDS; QL (10 per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		5	NDS; QL (10 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
vigabatrin oral packet 500 mg	(Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral packet 500 mg	(Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
vigpoder oral packet 500 mg	(Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		3	MO; QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG		3	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		3	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		3	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG		3	
ZONISADE ORAL SUSPENSION 100 MG/5ML		4	NDS
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	1	MO
zonisamide oral capsule 50 mg		1	MO
ZTALMY ORAL SUSPENSION 50 MG/ML		5	PA NSO; NDS; QL (1080 per 30 days)
ANTIDEMENTIA AGENTS			
Antidementia Agents			
donepezil hcl oral tablet 10 mg, 5 mg	(Aricept)	1	MO; QL (30 per 30 days)
donepezil hcl oral tablet 23 mg	(Aricept)	2	MO; QL (30 per 30 days)
donepezil hcl oral tablet dispersible 10 mg		1	MO

Drug Name	Drug Tier	Requirements/Limits
donepezil hcl oral tablet dispersible 5 mg	1	MO; QL (30 per 30 days)
ergoloid mesylates oral tablet 1 mg	2	MO
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	2	MO; QL (30 per 30 days)
galantamine hydrobromide oral solution 4 mg/ml	2	MO; QL (200 per 30 days)
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	2	MO; QL (60 per 30 days)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	2	ST; MO; QL (30 per 30 days)
memantine hcl oral solution 2 mg/ml	2	MO; QL (300 per 30 days)
memantine hcl oral tablet 10 mg, 5 mg	2	MO; QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	MO
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr (Exelon)	2	MO; QL (30 per 30 days)
ANTIDEPRESSANTS		
Antidepressants		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	2	MO
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	5	ST; NDS
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg (Wellbutrin SR)	1	MO
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (Wellbutrin XL)	1	MO

Drug Name		Drug Tier	Requirements/Limits
bupropion hcl oral tablet 100 mg, 75 mg		1	MO
citalopram hydrobromide oral solution 10 mg/5ml		2	MO
citalopram hydrobromide oral tablet 10 mg	(CeleXA)	1	MO; QL (120 per 30 days)
citalopram hydrobromide oral tablet 20 mg, 40 mg	(CeleXA)	1	MO; QL (30 per 30 days)
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	4	NDS
desipramine hcl oral tablet 10 mg, 25 mg	(Norpramin)	4	NDS
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg		4	NDS
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	(Pristiq)	2	MO; QL (30 per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	MO
doxepin hcl oral concentrate 10 mg/ml		1	MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG		4	ST; NDS; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG		4	ST; NDS; QL (30 per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg		1	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		5	ST; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5ml		2	MO
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	1	MO

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; NDS; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST; NDS
fluoxetine hcl oral capsule 10 mg, 40 mg	1	MO
fluoxetine hcl oral capsule 20 mg (PROzac)	1	MO
fluoxetine hcl oral solution 20 mg/5ml	2	MO
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	2	MO
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	MO
MARPLAN ORAL TABLET 10 MG	4	NDS
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	1	MO
mirtazapine oral tablet 45 mg, 7.5 mg	1	MO
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg (Remeron SolTab)	2	MO
NEFAZODONE HCL ORAL TABLET 100 MG, 150 MG, 200 MG	2	MO
nefazodone hcl oral tablet 250 mg, 50 mg	2	MO
nefazodone hcl tablet 100 mg oral	2	MO
nefazodone hcl tablet 150 mg oral	2	MO
nefazodone hcl tablet 200 mg oral	2	MO
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1	MO
nortriptyline hcl oral solution 10 mg/5ml	4	NDS
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	4	NDS
paroxetine hcl oral suspension 10 mg/5ml	4	PA NSO; NDS; PA-HRM
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1	PA NSO; MO; PA-HRM

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		2	MO
phenelzine sulfate oral tablet 15 mg	(Nardil)	2	MO
protriptyline hcl oral tablet 10 mg, 5 mg		4	NDS
RALDESY ORAL SOLUTION 10 MG/ML		4	PA NSO; NDS; QL (1200 per 30 days)
sertraline hcl 100 mg tablet f/c	(Zoloft)	1	MO
sertraline hcl 25 mg tablet f/c	(Zoloft)	1	MO
sertraline hcl 50 mg tablet f/c	(Zoloft)	1	MO
sertraline hcl oral concentrate 20 mg/ml	(Zoloft)	2	MO
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	MO
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		5	PA NSO; NDS
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		5	PA NSO; NDS
tranylcypromine sulfate oral tablet 10 mg	(Parnate)	4	NDS
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	MO
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg		4	NDS
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		3	MO; QL (30 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	(Effexor XR)	1	MO; QL (30 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	(Effexor XR)	1	MO; QL (90 per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		1	MO
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NDS; QL (14 per 14 days)
ANTIDIABETIC AGENTS		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg	2	MO
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	3	MO; QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	MO; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	MO; QL (30 per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	6	MO; QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	6	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
metformin hcl oral solution 500 mg/5ml (Riomet)	4	NDS; QL (765 per 30 days)
metformin hcl oral tablet 1000 mg	6	MO; QL (75 per 30 days)
metformin hcl oral tablet 500 mg	6	MO; QL (150 per 30 days)
metformin hcl oral tablet 750 mg	6	MO; QL (60 per 30 days)
metformin hcl oral tablet 850 mg	6	MO; QL (90 per 30 days)
metformin hcl tablet 1000 mg oral	6	MO; QL (75 per 30 days)
metformin hcl tablet 500 mg oral	6	MO; QL (150 per 30 days)
mifepristone oral tablet 300 mg (Korlym)	5	PA; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; MO; QL (2 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	3	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	6	MO; QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML	3	PA; MO; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	3	PA; MO; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; MO; QL (3 per 28 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg (Actos)	6	MO; QL (30 per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg	6	MO; QL (90 per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-850 mg (Actoplus Met)	6	MO; QL (90 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
repaglinide oral tablet 0.5 mg, 1 mg	6	MO; QL (120 per 30 days)
repaglinide oral tablet 2 mg	6	MO; QL (240 per 30 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	3	PA; MO; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; MO; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	MO; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG (dapagliflozin pro-metformin er)	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-500 MG	3	MO; QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	(dapagliflozin pro-metformin er)	3	MO; QL (60 per 30 days)
Insulins			
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		3	MO; max $35 copay per month supply; QL (30 per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML		3	MO; max $35 copay per month supply; QL (40 per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		3	MO; max $35 copay per month supply; QL (30 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		3	MO; max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		3	MO; max $35 copay per month supply; QL (24 per 28 days)
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	(NovoLOG 70/30 FlexPen ReliOn)	2	MO; max $35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		2	MO; max $35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML		2	MO; max $35 copay per month supply; QL (40 per 28 days)
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		2	MO; max $35 copay per month supply; QL (30 per 28 days)
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	(NovoLOG Mix 70/30)	2	MO; max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee (yfgn))	3	MO; max $35 copay per month supply
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	(Semglee (yfgn))	3	MO; max $35 copay per month supply

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO; max $35 copay per month supply
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO; max $35 copay per month supply
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	MO; max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	3	MO; max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO; max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	MO; max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS	3	MO; max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	MO; max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO; max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	MO; max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION	3	MO; max $35 copay per month supply; QL (40 per 28 days)
SEMGLEE (YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO; max $35 copay per month supply
SEMGLEE (YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO; max $35 copay per month supply; QL (30 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		3	MO; max $35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	(insulin glargine max solostar)	3	MO; max $35 copay per month supply
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	(insulin glargine solostar)	3	MO; max $35 copay per month supply
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	(insulin degludec flextouch)	3	MO; max $35 copay per month supply
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	3	MO; max $35 copay per month supply
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML		3	MO; max $35 copay per month supply; QL (15 per 28 days)
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg		6	MO; QL (30 per 30 days)
glimepiride oral tablet 4 mg		6	MO; QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	(Glucotrol XL)	6	MO; QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg		6	MO; QL (30 per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	(Glucotrol XL)	6	MO; QL (30 per 30 days)
glipizide oral tablet 10 mg		6	MO; QL (120 per 30 days)
glipizide oral tablet 2.5 mg		6	MO; QL (90 per 30 days)
glipizide oral tablet 5 mg		6	MO; QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg		6	MO; QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg		6	MO; QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		6	PA; MO; PA-HRM

Drug Name		Drug Tier	Requirements/Limits
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		6	PA; MO; PA-HRM
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		6	PA; MO; PA-HRM
ANTIFUNGALS			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		4	PA BvD; NDS
amphotericin b intravenous solution reconstituted 50 mg		2	PA BvD
amphotericin b liposome intravenous suspension reconstituted 50 mg	(AmBisome)	5	PA BvD; NDS
ciclopirox external solution 8 %	(Ciclodan)	1	QL (19.8 per 30 days)
ciclopirox olamine external cream 0.77 %		1	QL (180 per 30 days)
ciclopirox olamine external suspension 0.77 %		4	NDS; QL (180 per 30 days)
clotrimazole external cream 1 %	(Lotrimin AF)	1	
clotrimazole external solution 1 %		2	
clotrimazole mouth/throat troche 10 mg		2	
clotrimazole-betamethasone external cream 1-0.05 %		1	QL (90 per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		5	PA; NDS
econazole nitrate external cream 1 %		2	QL (170 per 30 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%		2	HI
fluconazole oral suspension reconstituted 10 mg/ml		2	
fluconazole oral suspension reconstituted 40 mg/ml	(Diflucan)	2	
fluconazole oral tablet 100 mg, 200 mg, 50 mg		1	
fluconazole oral tablet 150 mg	(Diflucan)	1	

Drug Name		Drug Tier	Requirements/Limits
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	5	NDS
griseofulvin microsize oral suspension 125 mg/5ml		2	
griseofulvin microsize oral tablet 500 mg		4	NDS
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg		4	NDS
itraconazole oral capsule 100 mg	(Sporanox)	2	
ketoconazole external cream 2 %		2	QL (180 per 30 days)
ketoconazole external shampoo 2 %		1	QL (360 per 30 days)
ketoconazole oral tablet 200 mg		1	
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	(Mycamine)	2	HI
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG		2	
nyamyc external powder 100000 unit/gm	(Nyamyc)	2	QL (60 per 30 days)
nystatin external cream 100000 unit/gm		1	QL (60 per 30 days)
nystatin external ointment 100000 unit/gm		1	QL (60 per 30 days)
nystatin external powder 100000 unit/gm	(Nyamyc)	2	QL (60 per 30 days)
nystatin mouth/throat suspension 100000 unit/ml		2	
nystatin oral tablet 500000 unit		2	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%		2	
nystop external powder 100000 unit/gm	(Nyamyc)	2	QL (60 per 30 days)
posaconazole oral tablet delayed release 100 mg	(Noxafil)	5	PA; NDS
ra clotrimazole external cream 1 %	(Lotrimin AF)	1	
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous solution reconstituted 200 mg	(Vfend IV)	5	PA BvD; HI; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
voriconazole oral suspension reconstituted 40 mg/ml	(Vfend)	5	PA; NDS
voriconazole oral tablet 200 mg, 50 mg		4	NDS
ANTIGOUT AGENTS			
Antigout Agents, Other			
allopurinol oral tablet 100 mg, 300 mg		1	MO
colchicine oral capsule 0.6 mg	(Mitigare)	2	QL (60 per 30 days)
colchicine oral tablet 0.6 mg		2	QL (120 per 30 days)
colchicine-probenecid oral tablet 0.5-500 mg		2	MO
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	4	ST; NDS; QL (30 per 30 days)
probenecid oral tablet 500 mg		2	MO
ANTIHISTAMINES			
Antihistamines			
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
levocetirizine dihydrochloride oral tablet 5 mg	(Xyzal Allergy 24HR)	1	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	4	NDS
metronidazole vaginal gel 0.75 %	(Vandazole)	4	NDS
terconazole vaginal cream 0.4 %, 0.8 %		2	
terconazole vaginal suppository 80 mg		4	NDS
ANTIMIGRAINE AGENTS			
Antimigraine Agents			

Drug Name	Drug Tier	Requirements/Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; MO; QL (1 per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	3	PA; MO; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	3	PA; MO; QL (1.5 per 30 days)
dihydroergotamine mesylate nasal solution 4 mg/ml	5	ST; NDS; QL (8 per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; MO; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	2	QL (9 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; MO; QL (30 per 30 days)
rizatriptan benzoate oral tablet 10 mg (Maxalt)	1	QL (18 per 30 days)
rizatriptan benzoate oral tablet 5 mg	1	QL (18 per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg (Maxalt-MLT)	2	QL (18 per 30 days)
rizatriptan benzoate oral tablet dispersible 5 mg	2	QL (18 per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	2	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg (Imitrex)	1	QL (9 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	(Imitrex STATdose Refill)	4	NDS; QL (4 per 28 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous	(Imitrex STATdose System)	2	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		2	QL (5 per 28 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	(Imitrex STATdose System)	4	NDS; QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		3	PA; QL (16 per 30 days)
ANTIMYCOBACTERIALS			
Antimycobacterials			
dapsone oral tablet 100 mg, 25 mg		2	MO
ethambutol hcl oral tablet 100 mg, 400 mg		2	
isoniazid oral tablet 100 mg, 300 mg		1	MO
PRIFTIN ORAL TABLET 150 MG		4	NDS
pyrazinamide oral tablet 500 mg		2	
rifabutin oral capsule 150 mg		4	NDS
rifampin intravenous solution reconstituted 600 mg	(Rifadin)	2	HI
rifampin oral capsule 150 mg, 300 mg		2	
SIRTURO ORAL TABLET 100 MG, 20 MG		5	PA; NDS
TRECATOR ORAL TABLET 250 MG		4	NDS
ANTINAUSEA AGENTS			
Antinausea Agents			
aprepitant oral capsule 125 mg		2	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		2	PA BvD; QL (1 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
aprepitant oral capsule 80 & 125 mg	(Emend TriPack)	2	PA BvD
aprepitant oral capsule 80 mg	(Emend BiPack)	2	PA BvD; QL (4 per 28 days)
compro rectal suppository 25 mg	(Compro)	2	
dronabinol oral capsule 10 mg, 5 mg		4	PA; NDS; QL (60 per 30 days)
dronabinol oral capsule 2.5 mg	(Marinol)	4	PA; NDS; QL (60 per 30 days)
meclizine hcl oral tablet 12.5 mg		1	
meclizine hcl oral tablet 25 mg	(Dramamine)	1	
ondansetron hcl oral tablet 24 mg		4	PA BvD; NDS
ondansetron hcl oral tablet 4 mg, 8 mg		1	PA BvD
ondansetron oral tablet dispersible 4 mg, 8 mg		2	PA BvD
prochlorperazine edisylate injection solution 10 mg/2ml		1	
prochlorperazine maleate oral tablet 10 mg, 5 mg		1	MO
prochlorperazine rectal suppository 25 mg	(Compro)	2	
promethazine hcl injection solution 25 mg/ml	(Phenergan)	2	PA; PA-HRM
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg		1	PA; PA-HRM
promethazine hcl rectal suppository 25 mg	(Promethegan)	2	PA; PA-HRM
promethegan rectal suppository 12.5 mg		2	PA; PA-HRM
promethegan rectal suppository 25 mg	(Promethegan)	2	PA; PA-HRM
scopolamine transdermal patch 72 hour 1 mg/3days		4	PA; NDS; PA-HRM; QL (10 per 30 days)
ANTIPARASITE AGENTS			
Antiparasite Agents			
albendazole oral tablet 200 mg		5	NDS

Drug Name		Drug Tier	Requirements/Limits
atovaquone oral suspension 750 mg/5ml	(Mepron)	2	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	(Malarone)	2	
chloroquine phosphate oral tablet 250 mg, 500 mg		2	MO
COARTEM ORAL TABLET 20-120 MG		4	NDS
hydroxychloroquine sulfate oral tablet 100 mg		2	MO; QL (180 per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	(Plaquenil)	2	MO; QL (90 per 30 days)
hydroxychloroquine sulfate oral tablet 300 mg	(Sovuna)	2	MO; QL (60 per 30 days)
hydroxychloroquine sulfate oral tablet 400 mg		2	MO; QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		5	PA; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	2	
ivermectin oral tablet 6 mg		2	
mefloquine hcl oral tablet 250 mg		2	MO
nitazoxanide oral tablet 500 mg		5	NDS; QL (60 per 30 days)
paromomycin sulfate oral capsule 250 mg	(Humatin)	2	
pentamidine isethionate inhalation solution reconstituted 300 mg	(Nebupent)	2	PA BvD
pentamidine isethionate injection solution reconstituted 300 mg	(Pentam)	2	HI
praziquantel oral tablet 600 mg	(Biltricide)	2	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG		4	NDS
pyrimethamine oral tablet 25 mg	(Daraprim)	5	PA; NDS
quinine sulfate oral capsule 324 mg		2	PA
tinidazole oral tablet 250 mg, 500 mg		2	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
Antiparkinsonian Agents		
amantadine hcl oral capsule 100 mg	2	MO
amantadine hcl oral solution 50 mg/5ml	1	MO
amantadine hcl oral tablet 100 mg	2	MO
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
bromocriptine mesylate oral tablet 2.5 mg (Parlodel)	2	MO
cabergoline oral tablet 0.5 mg	2	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	MO
carbidopa-levodopa oral tablet 10-100 mg (Sinemet)	1	MO
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	1	MO
carbidopa-levodopa oral tablet 25-250 mg	1	MO
carbidopa-levodopa oral tablet dispersible 10-100 mg	2	MO
carbidopa-levodopa oral tablet dispersible 25-100 mg, 25-250 mg	4	NDS
entacapone oral tablet 200 mg	2	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25&30 MG	5	PA; NDS
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	5	PA; NDS; QL (600 per 30 days)
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
rasagiline mesylate oral tablet 0.5 mg, 1 mg (Azilect)	4	NDS
ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg	2	MO
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	MO
selegiline hcl oral capsule 5 mg	2	MO
selegiline hcl oral tablet 5 mg	4	NDS
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	MO
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	5	PA; NDS; QL (560 per 28 days)
ANTIPSYCHOTIC AGENTS		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NDS; QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	2	MO
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	2	MO
aripiprazole oral tablet dispersible 10 mg	4	ST; NDS; QL (90 per 30 days)
aripiprazole oral tablet dispersible 15 mg	4	ST; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	NDS; QL (4.8 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg (Saphris)	4	NDS; QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	2	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	2	MO
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	NDS
clozapine oral tablet 100 mg, 25 mg (Clozaril)	2	
clozapine oral tablet 200 mg, 50 mg	2	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg	4	ST; NDS; QL (90 per 30 days)
clozapine oral tablet dispersible 150 mg	4	ST; NDS; QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	4	ST; NDS; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	5	ST; NDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	NDS; QL (0.75 per 21 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	5	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	5	NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST; NDS
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	4	ST; NDS
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	4	ST; NDS
fluphenazine decanoate injection solution 25 mg/ml	2	
fluphenazine hcl injection solution 2.5 mg/ml	2	
fluphenazine hcl oral concentrate 5 mg/ml	2	MO
fluphenazine hcl oral elixir 2.5 mg/5ml	2	MO
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	NDS
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml (Haldol Decanoate)	2	
haloperidol decanoate intramuscular solution 50 mg/ml, 50 mg/ml(1ml)	2	

Drug Name	Drug Tier	Requirements/Limits
haloperidol lactate injection solution 5 mg/ml	2	
haloperidol lactate oral concentrate 2 mg/ml	1	MO
haloperidol lactate solution 5 mg/ml injection	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	MO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	NDS; QL (0.88 per 70 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	NDS; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	MO
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg (Latuda)	2	MO; QL (30 per 30 days)
lurasidone hcl oral tablet 80 mg (Latuda)	2	MO; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NDS; QL (30 per 30 days)
molindone hcl oral tablet 10 mg	2	MO; QL (240 per 30 days)
molindone hcl oral tablet 25 mg	2	MO; QL (270 per 30 days)
molindone hcl oral tablet 5 mg	5	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
olanzapine intramuscular solution reconstituted 10 mg (ZyPREXA)	2	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg	2	MO
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg (ZyPREXA)	2	MO
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	2	MO

Drug Name		Drug Tier	Requirements/Limits
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG		5	ST; NDS
paliperidone er oral tablet extended release 24 hour 1.5 mg		4	NDS; QL (30 per 30 days)
paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg	(Invega)	4	NDS; QL (30 per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	(Invega)	4	NDS; QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		2	MO
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		5	NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		2	MO
prochlorperazine edisylate solution 10 mg/2ml injection		1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(SEROquel XR)	2	MO
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(SEROquel)	2	MO
quetiapine fumarate oral tablet 150 mg		2	MO; QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	NDS; QL (30 per 30 days)
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg	(RisperDAL Consta)	2	QL (2 per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg	(RisperDAL Consta)	5	NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(RisperDAL)	2	MO
risperidone oral tablet 0.25 mg		1	MO
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(RisperDAL)	1	MO

Drug Name	Drug Tier	Requirements/Limits
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	4	NDS
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	ST; NDS; QL (30 per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	MO
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	MO
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG		4	ST; NDS
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	2	MO
ziprasidone mesylate intramuscular solution reconstituted 20 mg	(Geodon)	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG		4	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG		5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG		5	NDS; QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)			
Antiretrovirals			
abacavir sulfate oral solution 20 mg/ml	(Ziagen)	2	MO
abacavir sulfate oral tablet 300 mg		2	MO
abacavir sulfate-lamivudine oral tablet 600-300 mg		2	MO
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML		5	NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG		5	NDS
atazanavir sulfate oral capsule 150 mg		2	MO
atazanavir sulfate oral capsule 200 mg, 300 mg	(Reyataz)	2	MO
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		5	NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	5	NDS
CIMDUO ORAL TABLET 300-300 MG	5	NDS
darunavir oral tablet 600 mg, 800 mg (Prezista)	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	5	NDS
efavirenz oral capsule 200 mg, 50 mg	2	MO
efavirenz oral tablet 600 mg	2	MO
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	5	NDS
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	5	NDS
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg (Symfi)	5	NDS
emtricitabine oral capsule 200 mg (Emtriva)	2	MO
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	5	NDS
emtricitabine-tenofovir df oral tablet 200-300 mg (Truvada)	2	MO
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg (Complera)	5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	NDS
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	NDS
etravirine oral tablet 100 mg, 200 mg (Intelence)	5	NDS

Drug Name	Drug Tier	Requirements/Limits
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
fosamprenavir calcium oral tablet 700 mg	5	NDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	4	NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL PACKET 100 MG	5	NDS
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	MO
JULUCA ORAL TABLET 50-25 MG	5	NDS
KALETRA ORAL SOLUTION 400-100 MG/5ML	4	NDS; QL (480 per 30 days)
lamivudine oral solution 10 mg/ml (Epivir)	2	MO
lamivudine oral tablet 100 mg	2	MO
lamivudine oral tablet 150 mg, 300 mg (Epivir)	2	MO
lamivudine-zidovudine oral tablet 150-300 mg	2	MO
LEXIVA ORAL SUSPENSION 50 MG/ML	4	NDS
lopinavir-ritonavir oral solution 400-100 mg/5ml (Kaletra)	2	MO; QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	2	MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	2	MO; QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg (Selzentry)	5	NDS
nevirapine er oral tablet extended release 24 hour 100 mg	2	MO; QL (90 per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	2	MO; QL (30 per 30 days)
nevirapine oral suspension 50 mg/5ml	2	MO; QL (1200 per 30 days)
nevirapine oral tablet 200 mg	2	MO; QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG	4	NDS
NORVIR ORAL SOLUTION 80 MG/ML	4	NDS
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	5	NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	HI; NDS
REYATAZ ORAL PACKET 50 MG	5	NDS
ritonavir oral tablet 100 mg (Norvir)	2	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SELZENTRY ORAL TABLET 25 MG	3	MO
SELZENTRY ORAL TABLET 75 MG	5	NDS
stavudine oral capsule 30 mg, 40 mg	2	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUNLENCA ORAL TABLET 300 MG	5	NDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	5	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	5	PA BvD; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	2	MO
TIVICAY ORAL TABLET 10 MG	4	NDS
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	NDS
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/GM	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
zidovudine oral capsule 100 mg	(Retrovir)	2	MO
zidovudine oral syrup 50 mg/5ml	(Retrovir)	2	MO
zidovudine oral tablet 300 mg		2	MO
Antivirals, Miscellaneous			
LIVTENCITY ORAL TABLET 200 MG		5	PA; NDS
oseltamivir phosphate oral capsule 30 mg	(Tamiflu)	2	QL (84 per 180 days)
oseltamivir phosphate oral capsule 45 mg	(Tamiflu)	2	QL (48 per 180 days)
oseltamivir phosphate oral capsule 75 mg	(Tamiflu)	2	QL (42 per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	(Tamiflu)	2	QL (540 per 180 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		2	QL (20 per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG		2	QL (11 per 28 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		2	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT		4	NDS; QL (60 per 180 days)
Hcv Antivirals			
EPCLUSA ORAL PACKET 150-37.5 MG		5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PACKET 200-50 MG		5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG		5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	5	PA; NDS; QL (28 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	5	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
Interferons		
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	4	NDS
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	2	PA BvD
adefovir dipivoxil oral tablet 10 mg	2	MO
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	2	MO
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
ribavirin oral tablet 200 mg	2	
valacyclovir hcl oral tablet 1 gm, 500 mg (Valtrex)	2	
valganciclovir hcl oral solution reconstituted 50 mg/ml (Valcyte)	5	NDS
valganciclovir hcl oral tablet 450 mg (Valcyte)	2	MO

Drug Name		Drug Tier	Requirements/Limits
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS			
Anticoagulants			
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	2	MO; QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		3	
ELIQUIS ORAL TABLET 2.5 MG		3	MO; QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		3	MO; QL (74 per 30 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	(Lovenox)	2	QL (60 per 30 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	(Lovenox)	2	QL (48 per 30 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	(Lovenox)	2	QL (18 per 30 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	(Lovenox)	2	QL (24 per 30 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	(Lovenox)	2	QL (36 per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	(Arixtra)	5	NDS; QL (24 per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	(Arixtra)	2	QL (15 per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	(Arixtra)	5	NDS; QL (12 per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	(Arixtra)	5	NDS; QL (18 per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		2	HI
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	1	MO

Drug Name		Drug Tier	Requirements/Limits
rivaroxaban oral suspension reconstituted 1 mg/ml	(Xarelto)	2	MO; QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	2	MO; QL (60 per 30 days)
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	(rivaroxaban)	3	MO; QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		3	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		3	MO; QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	3	MO; QL (60 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		3	
Blood Formation Modifiers			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		5	PA; NDS; QL (60 per 30 days)
eltrombopag olamine oral packet 12.5 mg	(Promacta)	5	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral packet 25 mg	(Promacta)	5	PA; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	(Promacta)	5	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg	(Promacta)	5	PA; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	(Promacta)	5	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT		5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT		5	PA; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML		5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NDS
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	3	PA; QL (4 per 28 days)
Hematologic Agents, Miscellaneous		
anagrelide hcl oral capsule 0.5 mg (Agrylin)	2	MO
anagrelide hcl oral capsule 1 mg	2	MO
tranexamic acid oral tablet 650 mg	2	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	2	MO
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	3	MO
cilostazol oral tablet 100 mg, 50 mg	1	MO
clopidogrel bisulfate oral tablet 75 mg (Plavix)	1	MO
dipyridamole oral tablet 50 mg, 75 mg	2	PA; MO; PA-HRM
pentoxifylline er oral tablet extended release 400 mg	1	MO
prasugrel hcl oral tablet 10 mg, 5 mg (Effient)	2	MO; QL (30 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg (Brilinta)	2	MO
CALORIC AGENTS		
Caloric Agents		

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	4	PA BvD; NDS
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	4	PA BvD; NDS
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	4	PA BvD; NDS
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	4	PA BvD; NDS
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	4	PA BvD; NDS
dextrose intravenous solution 5 %	2	
dextrose solution 5 % intravenous	2	
dextrose solution 5 % intravenous	2	HI
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	PA BvD; NDS
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	MO
clonidine transdermal patch weekly 0.1 mg/24hr (Catapres-TTS-1)	2	MO
clonidine transdermal patch weekly 0.2 mg/24hr (Catapres-TTS-2)	2	MO
clonidine transdermal patch weekly 0.3 mg/24hr (Catapres-TTS-3)	2	MO
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1	MO
droxidopa oral capsule 100 mg, 200 mg, 300 mg (Northera)	5	PA; NDS; QL (180 per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg	2	MO
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	2	MO
Angiotensin Ii Receptor Antagonists		

Drug Name		Drug Tier	Requirements/Limits
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	6	MO
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	6	MO
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		3	MO; QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	6	MO
irbesartan oral tablet 75 mg		6	MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	6	MO
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	6	MO
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	6	MO
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	6	MO
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	6	MO
olmesartan-amlodipine-hctz 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)	6	MO
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	(Entresto)	2	MO; QL (60 per 30 days)
telmisartan oral tablet 20 mg		6	MO
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	6	MO
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	6	MO
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	6	MO
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	6	MO
Angiotensin-Converting Enzyme Inhibitors			

Drug Name		Drug Tier	Requirements/Limits
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	6	MO
benazepril hcl oral tablet 5 mg		6	MO
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	6	MO
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		6	MO
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		6	MO
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	6	MO
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	6	MO
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		6	MO
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg		6	MO
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg		6	MO
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	6	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	6	MO
moexipril hcl oral tablet 15 mg, 7.5 mg		6	MO
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		6	MO
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	6	MO
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	(Accuretic)	6	MO
quinapril-hydrochlorothiazide oral tablet 20-25 mg		6	MO
ramipril oral capsule 1.25 mg, 10 mg, 5 mg		6	MO
ramipril oral capsule 2.5 mg	(Altace)	6	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
trandolapril oral tablet 1 mg, 2 mg, 4 mg		6	MO
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		6	MO
Antiarrhythmic Agents			
amiodarone hcl oral tablet 100 mg, 200 mg	(Pacerone)	2	MO
amiodarone hcl oral tablet 400 mg		2	MO
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	2	MO
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg		2	MO
MULTAQ ORAL TABLET 400 MG		3	MO
pacerone oral tablet 100 mg, 200 mg	(Pacerone)	2	MO
pacerone oral tablet 400 mg		2	MO
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg		2	MO
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg		2	MO
quinidine sulfate oral tablet 200 mg, 300 mg		2	MO
Beta-Adrenergic Blocking Agents			
acebutolol hcl oral capsule 200 mg, 400 mg		1	MO
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	MO
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	MO
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	MO
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		1	MO

Drug Name		Drug Tier	Requirements/Limits
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		1	MO
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	MO
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		1	MO
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	MO
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	MO
metoprolol tartrate oral tablet 25 mg		1	MO
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	2	MO
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	2	MO
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	(Betapace)	1	MO
sorine oral tablet 240 mg		1	MO
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	(Betapace AF)	1	MO
sotalol hcl oral tablet 120 mg, 160 mg, 80 mg	(Betapace)	1	MO
sotalol hcl oral tablet 240 mg		1	MO
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		4	NDS
Calcium-Channel Blocking Agents			
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	MO
diltiazem 90 mg tablet		1	MO

Drug Name		Drug Tier	Requirements/Limits
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	(Tiadylt ER)	2	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	MO
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg		4	NDS
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	MO
diltiazem hcl oral tablet 90 mg		1	MO
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		1	MO
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		1	MO
taztia xt oral capsule extended release 24 hour 360 mg	(Tiadylt ER)	1	MO
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		1	MO
tiadylt er oral capsule extended release 24 hour 360 mg, 420 mg	(Tiadylt ER)	1	MO
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		2	MO
verapamil hcl er oral capsule extended release 24 hour 360 mg		4	NDS
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		1	MO
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg		1	MO
Cardiovascular Agents, Miscellaneous			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		5	PA; NDS; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
CORLANOR ORAL SOLUTION 5 MG/5ML		3	MO; QL (600 per 30 days)
digoxin oral tablet 125 mcg, 250 mcg	(Digox)	1	MO
digoxin oral tablet 62.5 mcg	(Lanoxin)	1	MO
epinephrine injection solution 0.3 mg/0.3ml		3	QL (4 per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.15ml	(Auvi-Q)	3	QL (4 per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml	(EpiPen Jr 2-Pak)	2	QL (4 per 30 days)
epinephrine injection solution auto-injector 0.3 mg/0.3ml	(Auvi-Q)	2	QL (4 per 30 days)
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	MO
icatibant acetate subcutaneous solution 30 mg/3ml		5	PA; NDS; QL (18 per 30 days)
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	(Firazyr)	5	PA; NDS; QL (18 per 30 days)
ivabradine hcl oral tablet 5 mg, 7.5 mg	(Corlanor)	3	MO; QL (60 per 30 days)
metyrosine oral capsule 250 mg	(Demser)	5	NDS
ranolazine er oral tablet extended release 12 hour 1000 mg		2	MO; QL (60 per 30 days)
ranolazine er oral tablet extended release 12 hour 500 mg		2	MO; QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		4	PA; NDS; QL (30 per 30 days)
Dihydropyridines			
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	6	MO
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg		6	MO
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	MO
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	6	MO

Drug Name		Drug Tier	Requirements/Limits
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	6	MO
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 5-160-12.5 mg	(Exforge HCT)	2	
amlodipine-valsartan-hctz oral tablet 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	(Exforge HCT)	2	MO
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg		1	MO
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg		2	MO
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	(Procardia XL)	1	MO
Diuretics			
amiloride hcl oral tablet 5 mg		1	MO
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	MO
bumetanide oral tablet 0.5 mg	(Bumex)	2	MO
bumetanide oral tablet 1 mg, 2 mg		2	MO
chlorthalidone oral tablet 25 mg, 50 mg		1	MO
furosemide injection solution 10 mg/ml		1	
furosemide oral solution 10 mg/ml, 8 mg/ml		1	MO
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	MO
hydrochlorothiazide oral capsule 12.5 mg		1	MO
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	MO
indapamide oral tablet 1.25 mg, 2.5 mg		1	MO
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		2	MO

Drug Name		Drug Tier	Requirements/Limits
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	MO
spironolactone-hctz oral tablet 25-25 mg		1	MO
tolvaptan oral tablet 15 mg, 30 mg	(Jynarque)	5	PA; NDS; QL (120 per 30 days)
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	(Jynarque)	5	PA; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 5 mg		1	MO
torsemide oral tablet 20 mg	(Soaanz)	1	MO
triamterene-hctz oral capsule 37.5-25 mg		1	MO
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg		1	MO
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	6	MO
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	6	MO; QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		6	MO
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	6	MO; QL (30 per 30 days)
cholestyramine light oral packet 4 gm	(Prevalite)	2	MO
cholestyramine oral packet 4 gm	(Questran)	2	MO
colesevelam hcl oral packet 3.75 gm	(Welchol)	4	NDS
colesevelam hcl oral tablet 625 mg	(Welchol)	2	MO
colestipol hcl oral packet 5 gm		2	MO
colestipol hcl oral tablet 1 gm	(Colestid)	2	MO
ezetimibe oral tablet 10 mg	(Zetia)	1	MO; QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	(Vytorin)	6	MO; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
fenofibrate capsule 134 mg oral		2	MO
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		2	MO
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg		1	MO
fenofibrate oral tablet 145 mg, 48 mg	(Tricor)	1	MO
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	(Lescol XL)	6	MO
fluvastatin sodium oral capsule 20 mg, 40 mg		6	MO; QL (60 per 30 days)
gemfibrozil oral tablet 600 mg	(Lopid)	1	MO
icosapent ethyl oral capsule 0.5 gm	(Vascepa)	2	MO; QL (240 per 30 days)
icosapent ethyl oral capsule 1 gm	(Vascepa)	2	MO; QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		6	MO
NEXLETOL ORAL TABLET 180 MG		3	ST; MO; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		3	ST; MO; QL (30 per 30 days)
NIACIN (ANTIHYPERLIPIDEMIC) ORAL TABLET 500 MG	(niacin (antihyperlipidemic))	4	NDS
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg		2	MO
NIACOR ORAL TABLET 500 MG	(niacin (antihyperlipidemic))	4	NDS
omega-3-acid ethyl esters oral capsule 1 gm	(Lovaza)	2	ST; MO; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	2	MO; QL (30 per 30 days)
pravastatin sodium oral tablet 10 mg, 80 mg		6	MO
pravastatin sodium oral tablet 20 mg, 40 mg		6	MO; QL (30 per 30 days)
prevalite oral packet 4 gm	(Prevalite)	2	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		3	ST; MO; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		3	ST; MO; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		3	ST; MO; QL (6 per 28 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	6	MO; QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	6	MO; QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg		6	MO; QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren fumarate oral tablet 150 mg, 300 mg	(Tekturna)	2	MO
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	2	MO
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		3	PA; MO; QL (30 per 30 days)
Vasodilators			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		2	MO
isosorbide dinitrate oral tablet 40 mg, 5 mg	(Isordil Titradose)	2	MO
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg		1	MO
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	MO
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	2	MO
minoxidil oral tablet 10 mg, 2.5 mg		1	MO
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	2	MO
CENTRAL NERVOUS SYSTEM AGENTS			
Central Nervous System Agents			
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	(Adderall XR)	2	MO; QL (30 per 30 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	(Adderall XR)	2	MO; QL (60 per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	2	MO; QL (60 per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg		2	MO; QL (60 per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg		2	MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG		5	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG		5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG		5	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG		5	PA; NDS; QL (210 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG		5	PA; NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		5	PA; NDS; QL (1 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		5	PA; NDS; QL (15 per 30 days)
dalfampridine er oral tablet extended release 12 hour 10 mg	(Ampyra)	2	PA; MO; QL (60 per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg	(Tecfidera)	5	PA; NDS; QL (14 per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	(Tecfidera)	5	PA; NDS; QL (60 per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	(Tecfidera)	5	PA; NDS
fingolimod hcl oral capsule 0.5 mg	(Gilenya)	5	PA; NDS; QL (30 per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	(Glatopa)	5	PA; NDS; QL (30 per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	(Glatopa)	5	PA; NDS; QL (12 per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	(Glatopa)	5	PA; NDS; QL (30 per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	(Glatopa)	5	PA; NDS; QL (12 per 28 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv)	2	MO
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		5	PA; NDS; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG		5	PA; NDS; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA; NDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; NDS; QL (1.2 per 28 days)
lithium carbonate er oral tablet extended release 300 mg (Lithobid)	1	MO
lithium carbonate er oral tablet extended release 450 mg	1	MO
lithium carbonate oral capsule 150 mg, 300 mg	1	MO
LITHIUM CARBONATE ORAL CAPSULE 600 MG	1	MO
lithium carbonate oral tablet 300 mg	1	MO
lithium oral solution 8 meq/5ml	2	MO
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA
methylphenidate hcl oral solution 10 mg/5ml (Methylin)	2	MO; QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	2	MO; QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	5	PA; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	5	PA; NDS; QL (23 per 180 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	5	PA; NDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	PA; NDS; QL (1 per 28 days)
riluzole oral tablet 50 mg	2	MO
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	MO; QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5	PA; NDS; QL (120 per 30 days)
CONTRACEPTIVES		
Contraceptives		
afirmelle oral tablet 0.1-20 mg-mcg (Afirmelle)	1	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
altavera oral tablet 0.15-30 mg-mcg	(Altavera)	1	MO
alyacen 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	MO
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	MO
amethyst oral tablet 90-20 mcg	(Amethyst)	1	MO
apri oral tablet 0.15-30 mg-mcg	(Apri)	1	MO
aubra eq oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	MO
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg		1	MO
aurovela 1/20 oral tablet 1-20 mg-mcg		1	MO
aurovela 24 fe oral tablet 1-20 mg-mcg(24)		1	MO
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	MO
aurovela fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	MO
aviane oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	MO
ayuna oral tablet 0.15-30 mg-mcg	(Altavera)	1	MO
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	2	MO
blisovi 24 fe oral tablet 1-20 mg-mcg(24)		1	MO
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	MO
blisovi fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	MO
camila oral tablet 0.35 mg	(Camila)	1	MO
chateal eq oral tablet 0.15-30 mg-mcg	(Altavera)	1	MO
cryselle-28 oral tablet 0.3-30 mg-mcg		1	MO
cyclafem 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	2	MO
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	MO
cyred eq oral tablet 0.15-30 mg-mcg	(Apri)	1	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	MO
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	MO
deblitane oral tablet 0.35 mg	(Camila)	1	MO
delyla oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	MO
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	2	MO
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	(Apri)	1	MO
dolishale oral tablet 90-20 mcg	(Amethyst)	1	MO
elinest oral tablet 0.3-30 mg-mcg		1	MO
eluryng vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	2	MO; QL (1 per 28 days)
emoquette oral tablet 0.15-30 mg-mcg	(Apri)	1	MO
emzahh oral tablet 0.35 mg	(Camila)	1	MO
enilloring vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	4	NDS; QL (1 per 28 days)
enpresse-28 oral tablet 50-30/75-40/125-30 mcg	(Enpresse-28)	1	MO
enskyce oral tablet 0.15-30 mg-mcg	(Apri)	1	MO
errin oral tablet 0.35 mg	(Camila)	1	MO
estarylla oral tablet 0.25-35 mg-mcg	(Estarylla)	1	MO
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	MO
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya 1/50)	1	MO
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	2	MO; QL (1 per 28 days)
falmina oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	MO
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	MO
feirza 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	MO
femynor oral tablet 0.25-35 mg-mcg	(Estarylla)	1	MO
hailey 24 fe oral tablet 1-20 mg-mcg(24)		1	MO

Drug Name		Drug Tier	Requirements/Limits
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	MO
hailey fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	MO
haloette vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	2	MO; QL (1 per 28 days)
heather oral tablet 0.35 mg	(Camila)	1	MO
iclevia oral tablet 0.15-0.03 mg	(Iclevia)	1	MO; QL (91 per 84 days)
incassia oral tablet 0.35 mg	(Camila)	1	MO
introvale oral tablet 0.15-0.03 mg	(Iclevia)	1	MO; QL (91 per 84 days)
isibloom oral tablet 0.15-30 mg-mcg	(Apri)	1	MO
jencycla oral tablet 0.35 mg	(Camila)	1	MO
jolessa oral tablet 0.15-0.03 mg	(Iclevia)	1	MO; QL (91 per 84 days)
juleber oral tablet 0.15-30 mg-mcg	(Apri)	1	MO
junel 1.5/30 oral tablet 1.5-30 mg-mcg		2	MO
junel 1/20 oral tablet 1-20 mg-mcg		2	MO
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	MO
junel fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	MO
junel fe 24 oral tablet 1-20 mg-mcg(24)		1	MO
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	2	MO
kelnor 1/35 oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	MO
kelnor 1/50 oral tablet 1-50 mg-mcg	(Valtya 1/50)	1	MO
kurvelo oral tablet 0.15-30 mg-mcg	(Altavera)	1	MO
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG		4	NDS
larin 1.5/30 oral tablet 1.5-30 mg-mcg		2	MO
larin 1/20 oral tablet 1-20 mg-mcg		2	MO
larin 24 fe oral tablet 1-20 mg-mcg(24)		1	MO
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	MO
larin fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
larissia oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	MO
lessina oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	MO
levonest oral tablet 50-30/75-40/ 125-30 mcg	(Enpresse-28)	1	MO
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	(Iclevia)	1	MO; QL (91 per 84 days)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	(Balcoltra)	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	(Altavera)	1	MO
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	(Amethyst)	1	MO
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	(Enpresse-28)	1	MO
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	(Altavera)	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		3	
lillow oral tablet 0.15-30 mg-mcg	(Altavera)	1	MO
low-ogestrel oral tablet 0.3-30 mg-mcg		1	MO
lutera oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	MO
lyleq oral tablet 0.35 mg	(Camila)	1	MO
lyza oral tablet 0.35 mg	(Camila)	1	MO
marlissa oral tablet 0.15-30 mg-mcg	(Altavera)	1	MO
meleya oral tablet 0.35 mg	(Camila)	1	MO
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg		2	MO
microgestin 1/20 oral tablet 1-20 mg-mcg		2	MO
microgestin 24 fe oral tablet 1-20 mg-mcg		1	MO
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
microgestin fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	MO
mili oral tablet 0.25-35 mg-mcg	(Estarylla)	1	MO
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY		4	NDS
mono-linyah oral tablet 0.25-35 mg-mcg	(Estarylla)	1	MO
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		3	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	(Xulane)	2	MO; QL (3 per 28 days)
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	MO
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	MO
norethindrone oral tablet 0.35 mg	(Camila)	1	MO
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	MO
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	1	MO
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	MO
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	MO
norlyda oral tablet 0.35 mg	(Camila)	1	MO
norlyroc oral tablet 0.35 mg	(Camila)	1	MO
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	MO
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	MO
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	MO
nylia 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	MO
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	MO
nymyo oral tablet 0.25-35 mg-mcg	(Estarylla)	1	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
orquidea oral tablet 0.35 mg	(Camila)	2	MO
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	2	MO
pirmella 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	MO
pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	MO
portia-28 oral tablet 0.15-30 mg-mcg	(Altavera)	1	MO
previfem oral tablet 0.25-35 mg-mcg	(Estarylla)	1	MO
reclipsen oral tablet 0.15-30 mg-mcg	(Apri)	1	MO
setlakin oral tablet 0.15-0.03 mg	(Iclevia)	1	MO; QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(Camila)	1	MO
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	2	MO
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG		4	NDS
sprintec 28 oral tablet 0.25-35 mg-mcg	(Estarylla)	1	MO
sronyx oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	MO
tarina 24 fe oral tablet 1-20 mg-mcg(24)		1	MO
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	MO
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	MO
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	MO
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	MO
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	MO
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	MO
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	MO
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	MO
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	MO
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	MO
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	MO
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	MO
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	MO
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	(Enpresse-28)	1	MO
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	MO
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	MO
turqoz oral tablet 0.3-30 mg-mcg		1	MO
valtya 1/50 oral tablet 1-50 mg-mcg	(Valtya 1/50)	1	MO
vienva oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	MO
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	2	MO
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	2	MO
vylibra oral tablet 0.25-35 mg-mcg	(Estarylla)	1	MO
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	MO
xulane transdermal patch weekly 150-35 mcg/24hr	(Xulane)	2	MO; QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24hr	(Xulane)	2	MO; QL (3 per 28 days)
zovia 1/35 (28) oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	MO
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
DENTAL AND ORAL AGENTS			
Dental And Oral Agents			
cevimeline hcl oral capsule 30 mg	(Evoxac)	2	MO
chlorhexidine gluconate mouth/throat solution 0.12 %	(Periogard)	1	
denta 5000 plus dental cream 1.1 %	(Denta 5000 Plus)	1	MO
dentagel dental gel 1.1 %	(DentaGel)	1	MO
periogard mouth/throat solution 0.12 %	(Periogard)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen)	2	MO
sf 5000 plus dental cream 1.1 %	(Denta 5000 Plus)	1	MO
SODIUM FLUORIDE 5000 SENSITIVE DENTAL GEL 1.1-5 %		1	
sodium fluoride dental gel 1.1 %	(DentaGel)	1	MO
sodium fluoride mouth/throat solution 0.2 %	(PreviDent)	1	MO
triamcinolone acetonide mouth/throat paste 0.1 %	(Kourzeq)	2	
DERMATOLOGICAL AGENTS			
Dermatological Agents, Other			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		2	
acyclovir external ointment 5 %	(Zovirax)	4	NDS; QL (30 per 30 days)
ammonium lactate external cream 12 %		1	
ammonium lactate external lotion 12 %	(AL12)	1	
calcipotriene external cream 0.005 %		2	QL (120 per 30 days)
calcipotriene external ointment 0.005 %	(Calcitrene)	2	QL (120 per 30 days)
calcipotriene external solution 0.005 %		2	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluorouracil external cream 5 %	2	
fluorouracil external solution 2 %	2	
fluorouracil external solution 5 %	4	NDS
imiquimod external cream 5 %	2	QL (24 per 30 days)
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	3	QL (5 per 5 days)
methoxsalen rapid oral capsule 10 mg	5	NDS
PANRETIN EXTERNAL GEL 0.1 %	5	NDS; QL (60 per 28 days)
podofilox external solution 0.5 %	2	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	NDS; QL (180 per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	5	PA NSO; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
Dermatological Antibacterials		
clindamycin phos-benzoyl perox external gel 1-5 %	4	NDS
clindamycin phosphate external solution 1 %	1	QL (180 per 30 days)
clindamycin phosphate external swab 1 % (Clindacin ETZ)	1	
erythromycin external solution 2 %	2	
gentamicin sulfate external cream 0.1 %	2	QL (90 per 30 days)
gentamicin sulfate external ointment 0.1 %	2	QL (120 per 30 days)
metronidazole external cream 0.75 % (MetroCream)	2	
metronidazole external gel 0.75 %	2	
metronidazole external gel 1 % (Metrogel)	4	NDS
mupirocin external ointment 2 %	1	QL (220 per 30 days)
neuac external gel 1.2-5 %	1	
rosadan external cream 0.75 % (MetroCream)	2	
selenium sulfide external lotion 2.5 %	1	

Drug Name		Drug Tier	Requirements/Limits
silver sulfadiazine external cream 1 %	(SSD)	1	
ssd external cream 1 %	(SSD)	4	NDS
Dermatological Anti-Inflammatory Agents			
ala-cort external cream 1 %	(Aveeno Anti-Itch Max St)	1	
betamethasone dipropionate aug external cream 0.05 %		1	
betamethasone dipropionate aug external gel 0.05 %		2	
betamethasone dipropionate aug external lotion 0.05 %		2	
betamethasone dipropionate aug external ointment 0.05 %	(Diprolene)	2	
betamethasone dipropionate external cream 0.05 %		2	
betamethasone dipropionate external lotion 0.05 %		2	
betamethasone dipropionate external ointment 0.05 %		2	
betamethasone dp aug 0.05% gel		2	
betamethasone valerate external cream 0.1 %		2	
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		2	
betamethasone valerate external ointment 0.1 %		1	
clobetasol propionate e external cream 0.05 %		2	
clobetasol propionate emulsion external foam 0.05 %	(Tovet)	4	NDS
clobetasol propionate external cream 0.05 %		2	
clobetasol propionate external gel 0.05 %		2	
clobetasol propionate external lotion 0.05 %	(Clobex)	4	NDS

Drug Name		Drug Tier	Requirements/Limits
clobetasol propionate external ointment 0.05 %		2	
clobetasol propionate external shampoo 0.05 %	(Clobex)	2	
clobetasol propionate external solution 0.05 %		2	
EUCRISA EXTERNAL OINTMENT 2 %		3	
fluocinolone acetonide external cream 0.01 %		2	
fluocinolone acetonide external cream 0.025 %	(Synalar)	2	
fluocinolone acetonide external ointment 0.025 %	(Synalar)	2	
fluocinonide external cream 0.05 %		2	
fluocinonide external cream 0.1 %	(Vanos)	2	
fluocinonide external gel 0.05 %		2	
fluocinonide external ointment 0.05 %		2	
fluocinonide external solution 0.05 %		2	
fluticasone propionate external cream 0.05 %		1	
halobetasol propionate external cream 0.05 %		2	
halobetasol propionate external ointment 0.05 %		2	
hydrocortisone (perianal) external cream 2.5 %	(Procto-Med HC)	1	
hydrocortisone cream 2.5 % external		1	
hydrocortisone external cream 1 %	(Aveeno Anti-Itch Max St)	1	
hydrocortisone external lotion 2.5 %		1	
hydrocortisone external ointment 1 %	(Aquaphor Itch Relief Children)	1	
hydrocortisone external ointment 2.5 %		1	

Drug Name		Drug Tier	Requirements/Limits
hydrocortisone valerate external cream 0.2 %		2	
mometasone furoate external cream 0.1 %		1	
mometasone furoate external ointment 0.1 %		1	
mometasone furoate external solution 0.1 %		1	
pimecrolimus external cream 1 %	(Elidel)	4	NDS; QL (100 per 30 days)
procto-med hc external cream 2.5 %	(Procto-Med HC)	2	
proctosol hc external cream 2.5 %	(Procto-Med HC)	2	
proctozone-hc external cream 2.5 %	(Procto-Med HC)	2	
tacrolimus external ointment 0.03 %, 0.1 %		2	QL (100 per 30 days)
triamcinolone acetonide external cream 0.025 %, 0.1 %		1	
triamcinolone acetonide external cream 0.5 %	(Triderm)	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %		2	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %		1	
Dermatological Retinoids			
adapalene external cream 0.1 %	(Differin)	4	NDS
ALTRENO EXTERNAL LOTION 0.05 %		4	PA; NDS
tazarotene external cream 0.1 %	(Tazorac)	2	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	2	PA
Scabicides And Pediculicides			
malathion external lotion 0.5 %	(Ovide)	4	NDS
permethrin external cream 5 %	(Elimite)	2	QL (60 per 30 days)
DEVICES			
Devices			

Drug Name		Drug Tier	Requirements/Limits
ABOUTTIME PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST
ABOUTTIME PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ABOUTTIME PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ABOUTTIME PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ALCOHOL PREP PAD	(alcohol prep)	1	PA; ST
ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ALCOHOL PREP PADS PAD 70 %	(alcohol prep)	1	PA; ST
ALCOHOL SWABS PAD	(alcohol prep)	1	PA; ST
ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST
AQ INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
AQINJECT PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
AQINJECT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (OTC)	(gnp insulin syringes 29gx1/2")	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
AUM ALCOHOL PREP PADS PAD 70 %	(alcohol prep)	1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
AUM MINI INSULIN PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
AUM PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
AUM PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
AUM PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
AUM PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
AUM PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
AUM PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
AUM SAFETY PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
BD AUTOSHIELD 29G X 5MM	(easy comfort pen needles)	1	PA; ST
BD AUTOSHIELD 29G X 8MM		1	PA; ST
BD AUTOSHIELD DUO 30G X 5 MM	(pen needles)	1	PA; ST
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML		1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
BD INSULIN SYRINGE 25G X 1" 1 ML		1	PA; ST
BD INSULIN SYRINGE 25G X 5/8" 1 ML		1	PA; ST
BD INSULIN SYRINGE 26G X 1/2" 1 ML		1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML		1	PA; ST
BD INSULIN SYRINGE 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC)	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (RX)	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML		1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYRINGE U-100 1 ML		1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
BD PEN NEEDLE MINI U/F 31G X 5 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE NANO U/F 32G X 4 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML		1	PA; ST
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD SWAB SINGLE USE REGULAR PAD	(alcohol prep)	1	PA; ST
BD SWABS SINGLE USE BUTTERFLY PAD	(alcohol prep)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
CAREFINE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
CAREFINE PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
CAREFINE PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
CARETOUCH ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML		1	PA; ST
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
CARETOUCH PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
CARETOUCH PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
CARETOUCH PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
CARETOUCH PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
CLEVER CHOICE COMFORT EZ 29G X 12MM	(global ease inject pen needles)	1	PA; ST
CLEVER CHOICE COMFORT EZ 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
CLICKFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
CLICKFINE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 8 MM		1	PA; ST
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM	(aqinject pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM	(aqinject pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
CURITY ALCOHOL PREPS PAD 70 %	(alcohol prep)	1	PA; ST
CURITY ALL PURPOSE SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST
CURITY GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
CURITY GAUZE SPONGE PAD 2"X2"	(cvs gauze)	1	PA; ST
CURITY SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST
CVS GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
CVS GAUZE STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
DERMACEA GAUZE SPONGE PAD 2"X2"	(cvs gauze)	1	PA; ST
DERMACEA IV DRAIN SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST
DERMACEA TYPE VII GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
DIATHRIVE PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
DROPLET MICRON 34G X 3.5 MM		1	PA; ST
DROPLET PEN NEEDLES 29G X 10MM		1	PA; ST
DROPLET PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
DROPLET PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
DROPLET PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
DROPLET PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
DROPLET PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
DROPLET PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
DROPLET PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
DROPLET PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
DROPLET PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
DROPSAFE ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
DRUG MART UNIFINE PENTIPS 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EASY COMFORT ALCOHOL PADS PAD	(alcohol prep)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 0.5 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML		1	PA; ST
EASY COMFORT PEN NEEDLES 29G X 4MM		1	PA; ST
EASY COMFORT PEN NEEDLES 29G X 5MM	(easy comfort pen needles)	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
EASY COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
EASY GLIDE PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	(alcohol prep)	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML	(syringe luer slip)	1	PA; ST
EASY TOUCH INSULIN BARRELS U-100 1 ML		1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EASY TOUCH PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 30G X 6 MM		1	PA; ST
EASY TOUCH PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM	(easy comfort pen needles)	1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM		1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EMBECTA AUTOSHIELD DUO 30G X 5 MM	(pen needles)	1	PA; ST
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML		1	PA; ST
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		1	PA; ST
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EMBECTA PEN NEEDLE NANO 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
EMBRACE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EMBRACE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EQL ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST
EQL GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
GAUZE PADS PAD 2"X2"	(cvs gauze)	1	PA; ST
GAUZE TYPE VII MEDI-PAK PAD 2"X2"	(cvs gauze)	1	PA; ST
GLOBAL ALCOHOL PREP EASE PAD 70 %	(alcohol prep)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
GNP ALCOHOL SWABS PAD	(alcohol prep)	1	PA; ST
GNP CLICKFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
GNP CLICKFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
GNP INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP INSULIN SYRINGES 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
GNP STERILE GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
GOODSENSE ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM	(global ease inject pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM	(aqinject pen needle)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM	(aqinject pen needle)	1	PA; ST
H-E-B INCONTROL ALCOHOL PAD	(alcohol prep)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
H-E-B INCONTROL PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
HM STERILE ALCOHOL PREP PAD	(alcohol prep)	1	PA; ST
HM STERILE PADS PAD 2"X2"	(cvs gauze)	1	PA; ST
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	(autopen)	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	(autopen)	3	
INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (OTC)	(careone insulin syringe)	1	PA; ST
INSUPEN PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
INSUPEN PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
INSUPEN PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
INSUPEN PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
INSUPEN SENSITIVE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
INSUPEN SENSITIVE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
INSUPEN ULTRAFIN 29G X 12MM	(global ease inject pen needles)	1	PA; ST
INSUPEN ULTRAFIN 30G X 8 MM	(pen needles)	1	PA; ST
INSUPEN ULTRAFIN 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
INSUPEN ULTRAFIN 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
INSUPEN32G EXTR3ME 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
J & J GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	(cvs gauze)	1	PA; ST
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	(cvs gauze)	1	PA; ST
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
KMART VALU INSULIN SYRINGE 29G U-100 1 ML		1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML		1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 1 ML		1	PA; ST
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
KROGER PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
KROGER PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
LEADER UNIFINE PENTIPS 31G X 5 MM	(aqinject pen needle)	1	PA; ST
LEADER UNIFINE PENTIPS 32G X 4 MM	(aqinject pen needle)	1	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
LITETOUCH PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
LITETOUCH PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	(easy comfort pen needles)	1	PA; ST
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM		1	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
MEDPURA ALCOHOL PADS 70 % EXTERNAL		1	PA; ST
MEIJER ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST
MEIJER PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
MEIJER PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
MEIJER PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
MICRODOT PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MICRODOT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
MICRODOT PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
MIRASORB SPONGES 2"X2"	(cvs gauze)	1	PA; ST
MM PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MM PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML		1	PA; ST
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE U-100 1 ML		1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)	(gnp insulin syringes 30gx5/16")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	(gnp insulin syringes 30gx5/16")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
MS INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
NOVOFINE AUTOCOVER 30G X 8 MM	(pen needles)	1	PA; ST
NOVOFINE PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
NOVOTWIST PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT		3	QL (1 per 365 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
OMNIPOD 5 DEXG7G6 PODS GEN 5		3	QL (10 per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT		3	QL (1 per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)		3	QL (10 per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT		3	QL (1 per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS		3	QL (10 per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT		3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)		3	QL (10 per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT		3	QL (1 per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT		3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)		3	QL (10 per 30 days)
PC UNIFINE PENTIPS 31G X 5 MM	(aqinject pen needle)	1	PA; ST
PC UNIFINE PENTIPS 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PC UNIFINE PENTIPS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PEN NEEDLES 30G X 5 MM (OTC)	(pen needles)	1	PA; ST
PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
PENTIPS 29G X 12MM (RX)	(global ease inject pen needles)	1	PA; ST
PENTIPS 31G X 5 MM (RX)	(aqinject pen needle)	1	PA; ST
PENTIPS 31G X 8 MM (RX)	(dropsafe safety pen needles)	1	PA; ST
PENTIPS 32G X 4 MM (RX)	(aqinject pen needle)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
PENTIPS GENERIC PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	(aqinject pen needle)	1	PA; ST
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML		1	PA; ST
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	(global ease inject pen needles)	1	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
PREVENT SAFETY PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
PRO COMFORT ALCOHOL PAD 70 %	(alcohol prep)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 8 MM 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
PURE COMFORT ALCOHOL PREP PAD	(alcohol prep)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
PURE COMFORT PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
QC ALCOHOL EXTERNAL 70 %		1	PA; ST
QC ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST
QC BORDER ISLAND GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM		1	PA; ST
RA ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST
RA INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ra isopropyl alcohol wipes external 70 %		1	PA; ST
RA PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
RA PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
RA STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
RAYA SURE PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
REALITY SWABS PAD	(alcohol prep)	1	PA; ST
RELION ALCOHOL SWABS PAD	(alcohol prep)	1	PA; ST
RELI-ON INSULIN SYRINGE 29G 0.3 ML		1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
RELION MINI PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
RELION PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
RELION PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
RELION PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
RESTORE CONTACT LAYER PAD 2"X2"	(cvs gauze)	1	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
SAFETY PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
SB ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
SB INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
SB INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
SM ALCOHOL PREP PAD	(alcohol prep)	1	PA; ST
SM ALCOHOL PREP PAD 6-70 % EXTERNAL		1	PA; ST
SM ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
SM GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
STERILE GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
SURE COMFORT ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
SURE COMFORT PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)	(aqinject pen needle)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (RX)	(aqinject pen needle)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SURE-PREP ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
SURGICAL GAUZE SPONGE PAD 2"X2"	(cvs gauze)	1	PA; ST
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TECHLITE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TERUMO INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
THERAGAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
TODAYS HEALTH PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %	(alcohol prep)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML		1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUE COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML		1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML		1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUEPLUS PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC)	(easy comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC)	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (RX)	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC)	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (RX)	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTICARE MINI PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
ULTICARE MINI PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
ULTICARE MINI PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLES 29G X 12.7MM (OTC)	(sure comfort pen needles)	1	PA; ST
ULTICARE PEN NEEDLES 29G X 12.7MM (RX)	(sure comfort pen needles)	1	PA; ST
ULTICARE PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTICARE SHORT PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC)	(dropsafe safety pen needles)	1	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (RX)	(dropsafe safety pen needles)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTILET ALCOHOL SWABS PAD	(alcohol prep)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (OTC)	(global easy glide insulin syr)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (RX)	(global easy glide insulin syr)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTILET PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
ULTILET PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTILET PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTILET PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTRA THIN PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
UNIFINE OTC PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
UNIFINE OTC PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE PENTIPS 29G X 12MM	(global ease inject pen needles)	1	PA; ST
UNIFINE PENTIPS 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
UNIFINE PENTIPS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE PENTIPS 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE PENTIPS PLUS 29G X 12MM	(global ease inject pen needles)	1	PA; ST
UNIFINE PENTIPS PLUS 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE PENTIPS PLUS 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	(pen needles)	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM	(pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML		1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML		1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
VERIFINE PLUS PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
V-GO 20 KIT 20 UNIT/24HR		3	QL (30 per 30 days)
V-GO 30 KIT 30 UNIT/24HR		3	QL (30 per 30 days)
V-GO 40 KIT 40 UNIT/24HR		3	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
WEBCOL ALCOHOL PREP LARGE PAD 70 %	(alcohol prep)	1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %	(alcohol prep)	1	PA; ST
ENZYME COFACTORS/CHAPERONES			
Enzyme Cofactors/Chaperones			
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		5	PA; NDS; QL (90 per 30 days)
ENZYME REPLACEMENT/MODIFIERS			
Enzyme Replacement/Modifiers			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		3	MO
javygtor oral tablet 100 mg	(Javygtor)	5	PA; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML		5	PA; NDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		5	PA BvD; NDS
sapropterin dihydrochloride oral tablet 100 mg	(Javygtor)	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML		5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	MO
EYE, EAR, NOSE, THROAT AGENTS		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
atropine sulfate ophthalmic solution 1 %	2	MO
azelastine hcl nasal solution 0.1 %	1	QL (60 per 30 days)
azelastine hcl nasal solution 0.15 % (Astepro)	1	QL (30 per 25 days)
azelastine hcl ophthalmic solution 0.05 %	2	
azelastine hcl solution 137 mcg/spray nasal	1	QL (60 per 30 days)
cromolyn sodium ophthalmic solution 4 %	1	
epinastine hcl ophthalmic solution 0.05 %	4	NDS
ipratropium bromide nasal solution 0.03 %	2	MO; QL (30 per 28 days)
ipratropium bromide nasal solution 0.06 %	2	MO; QL (15 per 10 days)
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	3	QL (12 per 28 days)
olopatadine hcl ophthalmic solution 0.1 % (Pataday)	1	
olopatadine hcl ophthalmic solution 0.2 % (Advanced Eye Relief)	1	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
acetic acid otic solution 2 %	1	

Drug Name		Drug Tier	Requirements/Limits
bacitracin ophthalmic ointment 500 unit/gm		2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	(Polycin)	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	(Neo-Polycin HC)	2	
ciprofloxacin hcl ophthalmic solution 0.3 %		1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %		2	QL (7.5 per 7 days)
erythromycin ophthalmic ointment 5 mg/gm		1	QL (3.5 per 4 days)
GENTAK OPHTHALMIC OINTMENT 0.3 %		2	
gentamicin sulfate ophthalmic solution 0.3 %		2	
hydrocortisone-acetic acid otic solution 1-2 %		2	
moxifloxacin hcl ophthalmic solution 0.5 %	(Vigamox)	2	
NATACYN OPHTHALMIC SUSPENSION 5 %		4	NDS
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	(Neo-Polycin)	2	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	(Maxitrol)	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	(Maxitrol)	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		2	
neomycin-polymyxin-hc otic solution 1 %		2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1		2	
neo-polycin hc ophthalmic ointment 1 %	(Neo-Polycin HC)	2	
neo-polycin ophthalmic ointment 3.5-400-10000	(Neo-Polycin)	2	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ofloxacin ophthalmic solution 0.3 %	(Ocuflox)	1	
ofloxacin otic solution 0.3 %		2	
polycin ophthalmic ointment 500-10000 unit/gm	(Polycin)	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%		1	
sulfacetamide sodium ophthalmic ointment 10 %		2	
sulfacetamide sodium ophthalmic solution 10 %		2	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %		1	
tobramycin ophthalmic solution 0.3 %		1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %		2	
trifluridine ophthalmic solution 1 %		2	
XDEMVY OPHTHALMIC SOLUTION 0.25 %		5	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %		4	NDS
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %		3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALREX OPHTHALMIC SUSPENSION 0.2 %	(loteprednol etabonate)	3	ST
bromfenac sodium (once-daily) ophthalmic solution 0.09 %		4	NDS
bromfenac sodium ophthalmic solution 0.07 %	(Prolensa)	2	
bromfenac sodium ophthalmic solution 0.075 %	(BromSite)	2	
cyclosporine ophthalmic emulsion 0.05 %	(Restasis)	2	MO; QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic solution 0.1 %		2	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
diclofenac sodium ophthalmic solution 0.1 %		1	
difluprednate ophthalmic emulsion 0.05 %	(Durezol)	4	NDS
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %		3	QL (8.3 per 14 days)
flunisolide nasal solution 25 mcg/act (0.025%)		4	NDS; QL (50 per 25 days)
fluocinolone acetonide otic oil 0.01 %	(DermOtic)	2	
fluorometholone ophthalmic suspension 0.1 %	(FML Liquifilm)	4	NDS
flurbiprofen sodium ophthalmic solution 0.03 %		2	
fluticasone propionate nasal suspension 50 mcg/act	(Flonase Allergy Rel Childrens)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		3	
INVELTYS OPHTHALMIC SUSPENSION 1 %		3	QL (5.6 per 14 days)
ketorolac tromethamine ophthalmic solution 0.5 %	(Acular)	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %		3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC GEL 0.38 %		3	QL (5 per 16 days)
loteprednol etabonate ophthalmic gel 0.5 %	(Lotemax)	4	NDS; QL (10 per 14 days)
loteprednol etabonate ophthalmic suspension 0.2 %	(Alrex)	2	ST
loteprednol etabonate ophthalmic suspension 0.5 %	(Lotemax)	4	NDS; QL (15 per 19 days)
mometasone furoate nasal suspension 50 mcg/act	(Nasonex 24HR)	4	NDS; QL (34 per 30 days)
prednisolone acetate ophthalmic suspension 1 %	(Pred Forte)	4	NDS
XIIDRA OPHTHALMIC SOLUTION 5 %		3	MO; QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
GASTROINTESTINAL AGENTS			
Antiulcer Agents And Acid Suppressants			
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg		4	NDS
cimetidine hcl oral solution 300 mg/5ml		2	MO
esomeprazole magnesium oral capsule delayed release 20 mg	(GoodSense Esomeprazole)	2	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule delayed release 40 mg	(NexIUM)	2	MO; QL (60 per 30 days)
esomeprazole magnesium oral packet 10 mg, 20 mg	(NexIUM)	4	ST; NDS; QL (30 per 30 days)
esomeprazole magnesium oral packet 40 mg	(NexIUM)	4	ST; NDS; QL (60 per 30 days)
famotidine oral tablet 20 mg	(MM Acid-Pep Maximum Strength)	1	MO
famotidine oral tablet 40 mg	(Pepcid)	1	MO
lansoprazole oral capsule delayed release 15 mg	(Prevacid 24HR)	2	MO; QL (30 per 30 days)
lansoprazole oral capsule delayed release 30 mg	(Prevacid)	2	MO; QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	MO
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg		1	MO
pantoprazole sodium oral tablet delayed release 20 mg	(Protonix)	1	MO; QL (30 per 30 days)
pantoprazole sodium oral tablet delayed release 40 mg	(Protonix)	1	MO; QL (60 per 30 days)
rabeprazole sodium oral tablet delayed release 20 mg	(Aciphex)	2	MO; QL (30 per 30 days)
sucralfate oral tablet 1 gm	(Carafate)	1	MO
Gastrointestinal Agents, Other			
carglumic acid oral tablet soluble 200 mg	(Carbaglu)	5	PA; NDS

Drug Name		Drug Tier	Requirements/Limits
constulose oral solution 10 gm/15ml		1	MO
cromolyn sodium oral concentrate 100 mg/5ml	(Gastrocrom)	2	MO
dicyclomine hcl oral capsule 10 mg		1	
dicyclomine hcl oral solution 10 mg/5ml		2	
dicyclomine hcl oral tablet 20 mg		1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	PA; PA-HRM
enulose oral solution 10 gm/15ml		1	MO
generlac oral solution 10 gm/15ml		1	MO
glycopyrrolate oral tablet 1 mg, 2 mg		2	
kionex combination suspension 15 gm/60ml		2	
lactulose oral solution 10 gm/15ml		1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	MO; QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM, 5 GM		3	MO
loperamide hcl oral capsule 2 mg	(Imodium A-D)	1	
lubiprostone oral capsule 24 mcg	(Amitiza)	2	MO; QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	(Amitiza)	2	MO; QL (120 per 30 days)
metoclopramide hcl oral solution 5 mg/5ml		1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder		2	
sps (sodium polystyrene sulf) combination suspension 15 gm/60ml		2	
URSODIOL ORAL CAPSULE 200 MG, 400 MG		5	NDS
ursodiol oral capsule 300 mg		2	MO
ursodiol oral tablet 250 mg		2	MO

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ursodiol oral tablet 500 mg	(Urso Forte)	2	MO
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM		3	MO
XERMELO ORAL TABLET 250 MG		5	PA; NDS; QL (84 per 28 days)
Laxatives			
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML		3	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		1	
gavilyte-g oral solution reconstituted 236 gm	(GaviLyte-G)	1	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	(GaviLyte-N with Flavor Pack)	2	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	(Suprep Bowel Prep Kit)	3	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml 2 pack (480ml)	(Suprep Bowel Prep Kit)	2	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	(GaviLyte-N with Flavor Pack)	1	
peg-3350/electrolytes oral solution reconstituted 236 gm	(GaviLyte-G)	1	
SUTAB ORAL TABLET 1479-225-188 MG		3	
Phosphate Binders			
calcium acetate (phos binder) oral capsule 667 mg		2	
calcium acetate oral tablet 667 mg	(Calphron)	2	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	(Renvela)	2	
sevelamer carbonate oral tablet 800 mg	(Renvela)	2	
sevelamer hcl oral tablet 400 mg, 800 mg		2	
GENITOURINARY AGENTS			

Drug Name		Drug Tier	Requirements/Limits
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		2	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	(Toviaz)	2	MO
flavoxate hcl oral tablet 100 mg		2	MO
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	(Myrbetriq)	2	MO
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg		1	MO
oxybutynin chloride oral solution 5 mg/5ml		1	MO
oxybutynin chloride oral tablet 5 mg		1	MO
solifenacin succinate oral tablet 10 mg, 5 mg	(VESIcare)	1	MO
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg		2	MO
tolterodine tartrate oral tablet 1 mg		2	MO
tolterodine tartrate oral tablet 2 mg	(Detrol)	2	MO
trospium chloride er oral capsule extended release 24 hour 60 mg		4	NDS
trospium chloride oral tablet 20 mg		2	MO
Genitourinary Agents, Miscellaneous			
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	(Uroxatral)	1	MO; QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	1	MO
finasteride oral tablet 5 mg	(Proscar)	1	MO
tamsulosin hcl oral capsule 0.4 mg		1	MO
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	MO
HEAVY METAL ANTAGONISTS			
Heavy Metal Antagonists			

Drug Name		Drug Tier	Requirements/Limits
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	5	PA; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	2	PA; MO
penicillamine oral tablet 250 mg	(Depen Titratabs)	5	PA; NDS
trientine hcl oral capsule 250 mg	(Syprine)	5	PA; NDS; QL (240 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING			
Androgens			
danazol oral capsule 100 mg, 200 mg, 50 mg		2	
oxandrolone oral tablet 10 mg, 2.5 mg		2	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	(Depo-Testosterone)	1	PA; MO
testosterone enanthate intramuscular solution 200 mg/ml		2	PA; MO; QL (5 per 28 days)
testosterone gel 1.62 % transdermal	(AndroGel Pump)	4	PA; NDS; QL (150 per 30 days)
testosterone transdermal gel 12.5 mg/act (1%)	(Vogelxo Pump)	4	PA; NDS; QL (300 per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	(AndroGel Pump)	4	PA; NDS; QL (150 per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%)		4	PA; NDS; QL (300 per 30 days)
testosterone transdermal gel 50 mg/5gm (1%)	(Testim)	4	PA; NDS; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML		3	PA; MO; QL (2 per 28 days)
Estrogens And Antiestrogens			
abigale lo oral tablet 0.5-0.1 mg	(Abigale Lo)	1	MO
abigale oral tablet 1-0.5 mg	(Abigale)	2	PA; MO; PA-HRM

Drug Name		Drug Tier	Requirements/Limits
DUAVEE ORAL TABLET 0.45-20 MG		3	PA; MO; PA-HRM
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	PA; MO; PA-HRM
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	(Alora)	2	PA; MO; PA-HRM; QL (8 per 28 days)
estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr	(Dotti)	2	PA; MO; PA-HRM; QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	(Climara)	2	PA; MO; PA-HRM; QL (4 per 28 days)
estradiol vaginal cream 0.1 mg/gm	(Estrace)	2	MO
estradiol vaginal tablet 10 mcg	(Yuvafem)	4	NDS; QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	2	PA; MO; PA-HRM
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	2	PA; MO; PA-HRM
mimvey oral tablet 1-0.5 mg	(Abigale)	2	PA; MO; PA-HRM
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		3	PA; MO; PA-HRM
PREMARIN VAGINAL CREAM 0.625 MG/GM		3	MO
PREMPHASE ORAL TABLET 0.625-5 MG		3	PA; MO; PA-HRM
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	PA; MO; PA-HRM
raloxifene hcl oral tablet 60 mg	(Evista)	2	MO
yuvafem vaginal tablet 10 mcg	(Yuvafem)	4	NDS; QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			

Drug Name		Drug Tier	Requirements/Limits
dexamethasone oral solution 0.5 mg/5ml		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		1	HI
dexamethasone sodium phosphate injection solution 120 mg/30ml, 4 mg/ml		1	
fludrocortisone acetate oral tablet 0.1 mg		1	MO
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	2	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	1	
methylprednisolone oral tablet 32 mg		1	
methylprednisolone oral tablet therapy pack 4 mg	(Medrol)	1	
prednisolone oral solution 15 mg/5ml		1	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5ml		2	PA BvD
prednisolone sodium phosphate oral solution 5 mg/5ml	(Pediapred)	2	PA BvD
prednisolone sodium phosphate solution 15 mg/5ml oral		1	PA BvD
prednisone oral solution 5 mg/5ml		2	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	PA BvD
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)		1	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog-40)	1	
Pituitary			

Drug Name	Drug Tier	Requirements/Limits
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML	5	PA; NDS; QL (15 per 30 days)
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 80 UNIT/ML	5	PA; NDS; QL (30 per 30 days)
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
CORTROPHIN INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
desmopressin ace spray refrig nasal solution 0.01 %	2	MO
desmopressin acetate oral tablet 0.1 mg, 0.2 mg (DDAVP)	2	MO
desmopressin acetate spray solution 0.01 % nasal	2	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; NDS
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	PA NSO; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA NSO; NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	5	PA; NDS
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NDS
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	4	PA NSO; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA; NDS
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (SandoSTATIN)	4	NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml		4	NDS
ORGOVYX ORAL TABLET 120 MG		5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG		5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG		5	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG		5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML		5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML		5	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; NDS
Progestins			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML		3	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(Gallifrey)	2	MO
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	(Depo-Provera)	1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	(Depo-Provera)	1	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	MO
megestrol acetate oral suspension 40 mg/ml		2	PA; PA-HRM

Drug Name		Drug Tier	Requirements/Limits
megestrol acetate oral suspension 625 mg/5ml		2	PA; MO; PA-HRM
norethindrone acetate oral tablet 5 mg	(Gallifrey)	2	MO
progesterone oral capsule 100 mg, 200 mg	(Prometrium)	2	MO
Thyroid And Antithyroid Agents			
levothyroxine sodium 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	MO
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	2	MO
methimazole oral tablet 10 mg, 5 mg		1	MO
propylthiouracil oral tablet 50 mg		2	MO
IMMUNOLOGICAL AGENTS			
Immunological Agents			
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		5	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML		5	PA; NDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		5	PA; NDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		5	PA; NDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG		4	PA BvD; NDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG		5	PA BvD; NDS
azathioprine oral tablet 50 mg	(Imuran)	2	PA BvD; MO

Drug Name	Drug Tier	Requirements/Limits
azathioprine sodium injection solution reconstituted 100 mg	1	PA BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA; NDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; NDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; NDS
cyclosporine intravenous solution 50 mg/ml (SandIMMUNE)	2	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	2	PA BvD; MO
cyclosporine modified oral capsule 50 mg	2	PA BvD; MO
cyclosporine modified oral solution 100 mg/ml (Gengraf)	2	PA BvD; MO

Drug Name		Drug Tier	Requirements/Limits
cyclosporine oral capsule 100 mg, 25 mg	(SandIMMUNE)	2	PA BvD; MO
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 pen))	5	PA; NDS
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 syringe))	5	PA; NDS
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 pen))	5	PA; NDS
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 pen))	5	PA; NDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML		5	PA; NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML		5	PA; NDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG		5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	5	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA BvD; NDS
gengraf oral capsule 100 mg, 25 mg (Gengraf)	2	PA BvD; MO
gengraf oral solution 100 mg/ml (Gengraf)	2	PA BvD; MO
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; NDS
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NDS; Only NDCs starting with 00074

Drug Name		Drug Tier	Requirements/Limits
infliximab intravenous solution reconstituted 100 mg	(Remicade)	5	PA; NDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		5	PA; NDS
leflunomide oral tablet 10 mg, 20 mg	(Arava)	2	MO
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	(CellCept Intravenous)	2	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	2	PA BvD; MO
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	(CellCept)	5	PA BvD; NDS
mycophenolate mofetil oral tablet 500 mg	(CellCept)	2	PA BvD; MO
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	(Myfortic)	4	PA BvD; NDS
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML		5	PA NSO; NDS
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		5	PA BvD; NDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML		5	PA; NDS
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		5	PA; NDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML		5	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG		5	PA; NDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG		5	PA; NDS

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD; NDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	PA BvD; NDS
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	ST; NDS
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	5	PA; NDS
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; MO
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; NDS
sirolimus oral solution 1 mg/ml	5	PA BvD; NDS
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	2	PA BvD; MO
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA; NDS
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	5	PA; NDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NDS

Drug Name		Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML		5	PA; NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	(ustekinumab)	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	(ustekinumab)	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	(ustekinumab)	5	PA; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	2	PA BvD; MO
TAVNEOS ORAL CAPSULE 10 MG		5	PA; NDS; QL (180 per 30 days)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		5	PA; NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML		5	PA; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		5	PA; NDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		5	PA; NDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML		5	PA; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML		5	PA; NDS
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		5	PA; NDS

Drug Name		Drug Tier	Requirements/Limits
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		5	PA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML		5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG		5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG		5	PA; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML		5	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML		3	PA; MO
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML		3	PA; MO
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML		5	PA; NDS
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	(adalimumab-aaty (1 pen))	5	PA; NDS
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	(adalimumab-aaty (2 syringe))	5	PA; NDS
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	(adalimumab-aaty (1 pen))	5	PA; NDS
Vaccines			
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML		3	$0 copay
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		3	

Drug Name	Drug Tier	Requirements/Limits
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	$0 copay
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	3	$0 copay
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	3	$0 copay
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	$0 copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	QL (3 per 365 days)
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	PA BvD; $0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	3	$0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	3	$0 copay

Drug Name	Drug Tier	Requirements/Limits
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	3	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	PA BvD; $0 copay
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	PA BvD; $0 copay
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION INJECTABLE	3	$0 copay
IXIARO INTRAMUSCULAR SUSPENSION	3	$0 copay
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	$0 copay
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	$0 copay
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	3	$0 copay
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	$0 copay
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	$0 copay
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	3	$0 copay
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	$0 copay
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	$0 copay
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD; $0 copay
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	$0 copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA BvD; $0 copay
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	PA BvD; $0 copay
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	$0 copay
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	$0 copay

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	3	$0 copay
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	$0 copay
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	$0 copay
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	3	$0 copay
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	3	$0 copay
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	$0 copay
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	3	$0 copay
VIVOTIF ORAL CAPSULE DELAYED RELEASE	3	$0 copay
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	$0 copay
INFLAMMATORY BOWEL DISEASE AGENTS		

Drug Name		Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents			
alosetron hcl oral tablet 0.5 mg, 1 mg	(Lotronex)	2	MO
balsalazide disodium oral capsule 750 mg	(Colazal)	2	
budesonide oral capsule delayed release particles 3 mg		4	NDS
budesonide rectal foam 2 mg	(Uceris)	2	
hydrocortisone rectal enema 100 mg/60ml	(Cortenema)	2	
mesalamine er oral capsule extended release 24 hour 0.375 gm	(Apriso)	4	NDS
mesalamine er oral capsule extended release 500 mg	(Pentasa)	2	MO
mesalamine oral tablet delayed release 1.2 gm	(Lialda)	4	NDS; QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	MO
sulfasalazine oral tablet delayed release 500 mg	(Azulfidine EN-tabs)	4	NDS
METABOLIC BONE DISEASE AGENTS			
Metabolic Bone Disease Agents			
alendronate sodium oral solution 70 mg/75ml		4	NDS; QL (300 per 28 days)
alendronate sodium oral tablet 10 mg		1	MO; QL (30 per 30 days)
alendronate sodium oral tablet 35 mg		1	MO; QL (4 per 28 days)
alendronate sodium oral tablet 70 mg	(Fosamax)	1	MO; QL (4 per 28 days)
calcitonin (salmon) nasal solution 200 unit/act		2	MO
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	1	MO
cinacalcet hcl oral tablet 30 mg, 60 mg	(Sensipar)	2	MO; QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	(Sensipar)	5	NDS; QL (120 per 30 days)
ibandronate sodium oral tablet 150 mg		1	MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; NDS; QL (2 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NDS
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	4	NDS
paricalcitol oral capsule 4 mcg	4	NDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	3	MO; QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 per 180 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	5	PA; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NDS
MISCELLANEOUS THERAPEUTIC AGENTS		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA; NDS
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	3	
betaine oral powder (Cystadane)	5	PA; NDS
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	

Drug Name		Drug Tier	Requirements/Limits
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML		5	PA; NDS
diazoxide oral suspension 50 mg/ml	(Proglycem)	2	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML		3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML		3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML		3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		2	
l-glutamine oral packet 5 gm	(Endari)	5	PA; NDS; QL (180 per 30 days)
mesna oral tablet 400 mg	(Mesnex)	5	NDS
nitroglycerin rectal ointment 0.4 %	(Rectiv)	2	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		5	PA NSO; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG		3	MO; QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		4	PA; NDS; QL (30 per 30 days)
VOWST ORAL CAPSULE		5	PA; NDS; QL (12 per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML		3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML		3	
OPHTHALMIC AGENTS			
Antiglaucoma Agents			

Drug Name		Drug Tier	Requirements/Limits
acetazolamide er oral capsule extended release 12 hour 500 mg		2	MO
acetazolamide oral tablet 125 mg, 250 mg		2	MO
acetazolamide sodium injection solution reconstituted 500 mg		1	
betaxolol hcl ophthalmic solution 0.5 %		1	MO
bimatoprost ophthalmic solution 0.03 %		4	NDS; QL (2.5 per 25 days)
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	(Alphagan P)	2	MO
brimonidine tartrate ophthalmic solution 0.2 %		2	MO
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	(Combigan)	4	NDS
brinzolamide ophthalmic suspension 1 %	(Azopt)	2	MO
carteolol hcl ophthalmic solution 1 %		1	MO
dorzolamide hcl ophthalmic solution 2 %		1	MO
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	(Cosopt)	1	MO
latanoprost ophthalmic solution 0.005 %	(Xalatan)	1	MO; QL (2.5 per 25 days)
levobunolol hcl ophthalmic solution 0.5 %		1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		3	MO; QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		4	NDS
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %		2	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		3	MO; QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		3	MO; QL (2.5 per 25 days)

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		3	MO
tafluprost (pf) ophthalmic solution 0.0015 %	(Zioptan)	4	NDS; QL (30 per 30 days)
timolol hemihydrate ophthalmic solution 0.5 %	(Betimol)	1	MO
timolol maleate ophthalmic solution 0.25 %, 0.5 %		1	MO
travoprost (bak free) ophthalmic solution 0.004 %	(Travatan Z)	4	NDS; QL (2.5 per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %		4	NDS; QL (5 per 30 days)
REPLACEMENT PREPARATIONS			
Replacement Preparations			
dextrose-nacl intravenous solution 5-0.9 %		1	
dextrose-sodium chloride intravenous solution 5-0.45 %		2	
dextrose-sodium chloride intravenous solution 5-0.9 %		1	HI
dextrose-sodium chloride solution 5-0.45 % intravenous		2	
dextrose-sodium chloride solution 5-0.45 % intravenous		2	HI
dextrose-sodium chloride solution 5-0.9 % intravenous		1	
klor-con m10 oral tablet extended release 10 meq	(Klor-Con M10)	1	MO
klor-con m15 oral tablet extended release 15 meq	(Klor-Con M15)	1	MO
klor-con m20 oral tablet extended release 20 meq	(Klor-Con M20)	1	MO
MAGNESIUM SULFATE INJECTION SOLUTION 50 %		4	HI; NDS
magnesium sulfate injection solution 50 % (10ml syringe)		2	HI

Drug Name		Drug Tier	Requirements/Limits
potassium chloride crys er oral tablet extended release 10 meq	(Klor-Con M10)	1	MO
potassium chloride crys er oral tablet extended release 15 meq	(Klor-Con M15)	1	MO
potassium chloride crys er oral tablet extended release 20 meq	(Klor-Con M20)	1	MO
potassium chloride er oral capsule extended release 10 meq, 8 meq		1	MO
potassium chloride er oral tablet extended release 10 meq	(Klor-Con 10)	1	MO
potassium chloride er oral tablet extended release 15 meq		2	MO
potassium chloride er oral tablet extended release 20 meq		1	MO
potassium chloride er oral tablet extended release 8 meq	(Klor-Con)	1	MO
potassium chloride intravenous solution 2 meq/ml		2	PA BvD; HI
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		4	NDS
potassium citrate er oral tablet extended release 10 meq (1080 mg)	(Urocit-K 10)	2	
potassium citrate er oral tablet extended release 15 meq (1620 mg)	(Urocit-K 15)	2	
potassium citrate er oral tablet extended release 5 meq (540 mg)		2	
sodium chloride intravenous solution 0.45 %		2	
sodium chloride intravenous solution 0.9 %		1	HI
sodium chloride solution 0.45 % intravenous		2	
sodium chloride solution 0.45 % intravenous		2	HI
sodium chloride solution 0.9 % intravenous		1	
sodium chloride solution 0.9 % intravenous		1	HI

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
sodium chloride solution 0.9 % intravenous		2	HI
RESPIRATORY TRACT AGENTS			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	(fluticasone-salmeterol)	3	MO; QL (12 per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT		3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	(fluticasone furoate ellipta)	3	MO; QL (30 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	(fluticasone furoate-vilanterol)	3	MO; QL (60 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH		3	MO; QL (60 per 30 days)
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	(Breyna)	1	MO; QL (30.9 per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	(Pulmicort)	2	PA BvD; MO; QL (120 per 30 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	(Breyna)	1	MO; QL (30.6 per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act		1	MO; QL (12 per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act		1	MO; QL (24 per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act		1	MO; QL (21.2 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	(Wixela Inhub)	1	MO; QL (60 per 30 days)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	(Wixela Inhub)	1	MO; QL (60 per 30 days)
Antileukotrienes			
montelukast sodium oral tablet 10 mg	(Singulair)	1	MO
montelukast sodium oral tablet chewable 4 mg, 5 mg	(Singulair)	1	MO
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	4	NDS
Bronchodilators			
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION		3	QL (32.1 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	(Ventolin HFA)	2	MO; QL (17 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	(Ventolin HFA)	2	MO; QL (13.4 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	(Ventolin HFA)	2	MO; QL (36 per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml		1	PA BvD; MO
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	(umeclidinium-vilanterol)	3	MO; QL (60 per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		4	NDS; QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT		3	MO; QL (10.7 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	MO; QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %	1	PA BvD; MO
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	PA BvD; MO; QL (540 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	MO; QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	MO; QL (4 per 28 days)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	4	NDS
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	2	MO
theophylline oral solution 80 mg/15ml	2	MO
tiotropium bromide monohydrate inhalation capsule 18 mcg (Spiriva HandiHaler)	2	MO; QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	MO; QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10 %, 20 %	2	PA BvD

Drug Name	Drug Tier	Requirements/Limits
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; NDS; QL (90 per 30 days)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	5	NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	5	PA; NDS
cromolyn sodium inhalation nebulization solution 20 mg/2ml	2	PA BvD; MO
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; NDS; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
pirfenidone oral capsule 267 mg	(Esbriet)	5	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	(Esbriet)	5	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg		5	PA; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	5	PA; NDS; QL (90 per 30 days)
roflumilast oral tablet 250 mcg	(Daliresp)	2	MO; QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(Daliresp)	2	MO; QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		5	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		5	PA; NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		5	PA; NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		5	PA; NDS
SKELETAL MUSCLE RELAXANTS			
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg		2	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		1	PA; PA-HRM
dantrolene sodium oral capsule 100 mg, 50 mg		4	NDS
dantrolene sodium oral capsule 25 mg	(Dantrium)	4	NDS
methocarbamol oral tablet 500 mg, 750 mg		1	PA; PA-HRM
tizanidine hcl oral tablet 2 mg		1	

Drug Name		Drug Tier	Requirements/Limits
tizanidine hcl oral tablet 4 mg	(Zanaflex)	1	
SLEEP DISORDER AGENTS			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	2	PA; MO; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	2	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	2	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	2	PA; MO; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	5	PA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		1	QL (30 per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	(Ambien CR)	1	QL (30 per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	(Ambien)	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		5	PA; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg		2	PA; MO; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	5	PA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		5	PA; NDS; QL (30 per 30 days)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	2	EX; QL (6 per 30 days)
sildenafil citrate oral tablet 20 mg	(Revatio)	2	PA; MO; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		2	PA; MO
tadalafil oral tablet 5 mg	(Cialis)	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA; NDS
VITAMINS AND MINERALS		
Vitamins And Minerals		
C-NATE DHA CAPSULE 28-1-200 MG ORAL	1	
COMPLETENATE TABLET CHEWABLE 29-1 MG ORAL	1	
FOLIVANE-OB CAPSULE 85-1 MG ORAL	1	
KOSHER PRENATAL PLUS IRON TABLET 30-1 MG ORAL	1	
M-NATAL PLUS TABLET 27-1 MG ORAL (m-natal plus)	1	
NIVA-PLUS TABLET 27-1 MG ORAL (m-natal plus)	1	
OBSTETRIX DHA 29-1 & 350 MG ORAL	1	
PNV 27-CA/FE/FA TABLET 60-1 MG ORAL	1	
PNV TABS 29-1 TABLET 29-1 MG ORAL	1	
PNV-DHA+DOCUSATE CAPSULE 27-1.25-300 MG ORAL	1	
PNV-OMEGA CAPSULE 28-0.6-0.4-340 MG ORAL (pnv-omega)	1	
PRENA 1 TRUE 30-1.4 & 300 MG ORAL	1	

Drug Name	Drug Tier	Requirements/Limits
PRENAISSANCE CAPSULE 29-1.25-325 MG ORAL	1	
PRENAISSANCE PLUS CAPSULE 28-1-250 MG ORAL	1	
PRENATABS FA TABLET 29-1 MG ORAL	1	
PRENATAL 19 TABLET CHEWABLE 29-1 MG ORAL	1	
PRENATAL ORAL TABLET 27-1 MG (m-natal plus)	1	
PRENATAL PLUS IRON TABLET 29-1 MG ORAL	1	
PRENATAL-U CAPSULE 106.5-1 MG ORAL	1	
PREPLUS TABLET 27-1 MG ORAL (m-natal plus)	1	
PRETAB TABLET 29-1 MG ORAL	1	
SELECT-OB TABLET CHEWABLE 29-0.6-0.4 MG ORAL	1	
SELECT-OB TABLET CHEWABLE 29-1 MG ORAL	1	
SE-NATAL 19 TABLET CHEWABLE 29-1 MG ORAL	1	
TARON-C DHA CAPSULE 35-1 MG ORAL	1	
TARON-PREX CAPSULE 30-1.2-265 MG ORAL	1	
TRIVEEN-DUO DHA 29-1-200 & 300 MG ORAL	1	
VIRT-C DHA CAPSULE 53.5-38-1 MG ORAL	1	
VIRT-NATE DHA CAPSULE 28-1-200 MG ORAL	1	
VIRT-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL (pnv-dha)	1	
VIRT-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL (pnv-omega)	1	

Drug Name	Drug Tier	Requirements/Limits
VITAFOL GUMMIES TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL	1	
VITAFOL-OB+DHA 65-1 & 250 MG ORAL	1	
VP-PNV-DHA CAPSULE 28-1-215.8 MG ORAL	1	
ZATEAN-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL (pnv-dha)	1	
ZATEAN-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL (pnv-omega)	1	

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This formulary was updated on 10/01/2025. For more recent information or other questions, please contact Astiva Health's Member Services at 1–866–688–9021 (TTY users should call 711), from 8:00 AM to 8:00 PM seven days a week, October 1st – March 31st, and 8:00 AM to 8:00 PM Monday–Friday, April 1st to September 30th, except major holidays or visit www.astivahealth.com.