Abilis
2026 Formulary
(List of Covered Drugs)

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

Formulary ID 00026386, Version Number 17

This formulary was updated on 11/01/2026. For more recent information or other questions, please contact Abilis (HMO F-ISNP and IE-SNP) Member Services, at 844-214-8633 or, for TTY/TDD: 711, 7 days per week from October 1 - March 31 and 8:00 a.m. - 8:00 p.m. Monday - Friday from April 1 - September 30 or visit www.abilishealth.com

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our," it means Abilis. When it refers to "plan" or "our plan," it means Abilis.

This document includes a Drug List (formulary) for our plan which is current as 11/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on 01/01/2026, and from time to time during the year.

What is the Abilis Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Abilis 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. Abilis will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Abilis network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Abilis, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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Last Updated: 10/20/2026
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Can the Formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.abilishealth.com

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a add new restrictions.

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Abilis' formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, [we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, an formulary, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 31-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and

continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Abilis' formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.
The enclosed formulary is current as of 11/01/2026. To get updated information about the drugs covered by Abilis please contact us. Our contact information appears on the front and back cover pages. **Note:** Abilis will send you a notice in the event of a mid-year-non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. Any formulary updates are listed at www.abilishealth.com, along with the most current formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. 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 I-1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Abilis covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars

work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.
For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Abilis requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Abilis before you fill your prescriptions. If you don't get approval, Abilis may not cover the drug.

- **Quantity Limits:** For certain drugs, Abilis limits the amount of the drug that Abilis will cover. For example, Abilis provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Abilis 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, Abilis may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Abilis 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 7. 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 Abilis 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 Abilis's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Abilis does not cover your drug, you have two options:

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

- You can ask Abilis 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 Abilis's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Abilis 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, Abilis will only approve your request for an exception if the alternative drugs included on the plan's formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Note: For members who are outside their transition period, and experience a change in the level of care when changing from one treatment setting to another (example: long-term care facility to hospital, hospital to long-term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility, hospice to home): We will allow an early refill for a 30-day supply of medication in the retail setting and up to a 31-day supply in the long term care setting for formulary medications and an emergency transition fill for nonformulary medication (including those medications that are on the formulary but require prior authorization, step therapy or

are subject to quantity limit restrictions).

For more information

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

If you have questions about Abilis, 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 1800MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or, visit http://www.medicare.gov.

Abilis's Formulary

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

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

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

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List of Covered Drugs

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Legend

1: Covered Medications

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

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 this determination.

PA NSO: 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

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 unless you are a previous user of the drug.

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

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)
acetaminophen-codeine solution 300-30 mg/12.5ml oral		1	QL (4500 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	(Butrans)	1	QL (4 per 28 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg		1	QL (180 per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg	(Fioricet)	1	QL (180 per 30 days)
butalbital-apap-caffeine oral capsule 50-325-40 mg		1	QL (180 per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	(BAC (Butalbital-Acetamin-Caff))	1	QL (180 per 30 days)
endocet oral tablet 10-325 mg	(Endocet)	1	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	1	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(Endocet)	1	QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg		1	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		1	QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml		1	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)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		1	QL (150 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
hydromorphone hcl oral liquid 1 mg/ml	(Dilaudid)	1	QL (1200 per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	1	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	
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML		1	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg		1	ST; QL (60 per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 200 mg		1	QL (60 per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 30 mg	(MS Contin)	1	QL (90 per 30 days)
morphine sulfate er oral tablet extended release 60 mg	(MS Contin)	1	QL (60 per 30 days)
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml		1	
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		1	QL (180 per 30 days)
MORPHINE SULFATE ORAL TABLET 30 MG		1	QL (120 per 30 days)
oxycodone hcl oral capsule 5 mg		1	QL (180 per 30 days)
oxycodone hcl oral solution 5 mg/5ml		1	QL (1300 per 30 days)
oxycodone hcl oral tablet 10 mg, 5 mg		1	QL (180 per 30 days)
oxycodone hcl oral tablet 15 mg, 30 mg	(Roxicodone)	1	QL (120 per 30 days)
oxycodone hcl oral tablet 20 mg		1	QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	1	QL (180 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	1	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	1	QL (240 per 30 days)
tramadol hcl oral solution 5 mg/ml		1	PA; QL (2400 per 30 days)
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg		1	QL (120 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)
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(CeleBREX)	1	QL (60 per 30 days)
diclofenac epolamine external patch 1.3 %	(Flector)	1	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		1	QL (120 per 30 days)
diclofenac sodium er oral tablet extended release 24 hour 100 mg		1	
diclofenac sodium external solution 1.5 %		1	QL (300 per 30 days)
diclofenac sodium external solution 2 %		1	PA; QL (224 per 28 days)
diclofenac sodium oral tablet delayed release 25 mg		1	
diclofenac sodium oral tablet delayed release 50 mg		1	QL (120 per 30 days)
diclofenac sodium oral tablet delayed release 75 mg		1	QL (60 per 30 days)
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	(Arthrotec)	1	
etodolac oral capsule 200 mg, 300 mg		1	
etodolac oral tablet 400 mg	(Lodine)	1	
etodolac oral tablet 500 mg		1	
flurbiprofen oral tablet 100 mg	(Lurbiro)	1	
FLURBIPROFEN ORAL TABLET 50 MG		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ibu oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(IBU)	1	
ibuprofen oral suspension 100 mg/5ml	(Childrens Advil)	1	
ibuprofen oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg, 50 mg		1	
ketorolac tromethamine oral tablet 10 mg		1	QL (20 per 30 days)
meloxicam oral tablet 15 mg, 7.5 mg		1	
nabumetone oral tablet 500 mg, 750 mg		1	
naproxen 375 mg tablet (rx)		1	
naproxen dr oral tablet delayed release 500 mg		1	
naproxen oral tablet 250 mg, 375 mg, 500 mg		1	
naproxen oral tablet delayed release 375 mg		1	
naproxen tablet delayed release 500 mg oral		1	
sulindac oral tablet 150 mg, 200 mg		1	
ANESTHETICS			
Local Anesthetics			
glydo external prefilled syringe 2 %	(Glydo)	1	QL (30 per 30 days)
lidocaine external ointment 5 %		1	PA; QL (240 per 30 days)
lidocaine external patch 5 %	(Lidocan)	1	QL (90 per 30 days)
lidocaine hcl (pf) injection solution 1 %	(Xylocaine MPF +RFID)	1	
lidocaine hcl injection solution 1 %	(Xylocaine)	1	
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)	1	QL (90 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
tridacaine iii external patch 5 %	(Lidocan)	1	QL (90 per 30 days)
ZTLIDO EXTERNAL PATCH 1.8 %		1	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		1	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg		1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg		1	
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg		1	
disulfiram oral tablet 250 mg, 500 mg		1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML		1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		1	
naloxone hcl injection solution cartridge 0.4 mg/ml		1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml		1	
naloxone hcl nasal liquid 4 mg/0.1ml	(Narcan)	1	
naltrexone hcl oral tablet 50 mg		1	
NICOTROL NS NASAL SOLUTION 10 MG/ML		1	QL (240 per 180 days)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	(Chantix Starting Month Pak)	1	

Drug Name		Drug Tier	Requirements/Limits
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	1	QL (336 per 365 days)
varenicline tartrate(continue) oral tablet 1 mg	(Chantix)	1	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)
alprazolam oral tablet 2 mg	(Xanax)	1	QL (150 per 30 days)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg		1	QL (120 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		1	QL (90 per 30 days)
clonazepam oral tablet dispersible 2 mg		1	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		1	QL (180 per 30 days)
diazepam injection solution 5 mg/ml		1	QL (10 per 28 days)
diazepam intensol oral concentrate 5 mg/ml		1	QL (1200 per 30 days)
diazepam oral solution 5 mg/5ml		1	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		1	
lorazepam concentrate 2 mg/ml oral	(LORazepam Intensol)	1	
lorazepam injection solution 2 mg/ml	(Ativan)	1	
lorazepam injection solution 4 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(LORazepam Intensol)	1	
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)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	(Restoril)	1	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	1	QL (120 per 30 days)
ANTIBACTERIALS			

Drug Name		Drug Tier	Requirements/Limits
Aminoglycosides			
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml		1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		1	PA; QL (235.2 per 28 days)
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%		1	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml		1	
neomycin 500 mg tablet		1	
neomycin sulfate oral tablet 500 mg		1	
streptomycin sulfate intramuscular solution reconstituted 1 gm		1	
TOBI PODHALER INHALATION CAPSULE 28 MG		1	QL (224 per 28 days)
tobramycin inhalation nebulization solution 300 mg/5ml	(Kitabis Pak (w/ nebulizer))	1	PA BvD
tobramycin pak inhalation nebulization solution 300 mg/5ml	(Kitabis Pak (w/ nebulizer))	1	PA BvD
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml		1	
Antibacterials, Miscellaneous			
chloramphenicol sod succinate intravenous solution reconstituted 1 gm		1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin)	1	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 900 mg/50ml		1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	(Cleocin Phosphate)	1	
clindamycin phosphate injection solution 9 gm/60ml		1	
colistimethate sodium (cba) injection solution reconstituted 150 mg	(Coly-Mycin M)	1	

Drug Name		Drug Tier	Requirements/Limits
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG		1	
daptomycin intravenous solution reconstituted 500 mg		1	
fosfomycin tromethamine oral packet 3 gm		1	
linezolid intravenous solution 600 mg/300ml	(Zyvox)	1	
linezolid oral suspension reconstituted 100 mg/5ml		1	
linezolid oral tablet 600 mg		1	
methenamine hippurate oral tablet 1 gm		1	
metronidazole intravenous solution 500 mg/100ml		1	
metronidazole oral capsule 375 mg		1	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		1	QL (120 per 30 days)
nitrofurantoin monohyd macro oral capsule 100 mg	(Macrobid)	1	QL (60 per 30 days)
nitrofurantoin oral suspension 25 mg/5ml		1	QL (2400 per 30 days)
polymyxin b sulfate injection solution reconstituted 500000 unit		1	
trimethoprim oral tablet 100 mg		1	
TYZAVAN INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML	(vancomycin hcl)	1	
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 500 MG/100ML, 750 MG/150ML	(vancomycin hcl)	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.5 gm, 10 gm, 5 gm, 500 mg, 750 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM		1	
vancomycin hcl oral capsule 125 mg	(Vancocin)	1	QL (56 per 14 days)
vancomycin hcl oral capsule 250 mg	(Vancocin)	1	QL (112 per 14 days)
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml	(Firvanq)	1	
XIFAXAN ORAL TABLET 200 MG		1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		1	PA; QL (90 per 30 days)
Cephalosporins			
cefaclor oral capsule 250 mg, 500 mg		1	
cefadroxil oral capsule 500 mg		1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml		1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg		1	
cefazolin sodium intravenous solution reconstituted 3 gm		1	
cefdinir oral capsule 300 mg		1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		1	
cefepime hcl injection solution reconstituted 1 gm		1	
cefepime hcl intravenous solution reconstituted 2 gm		1	
cefixime oral capsule 400 mg		1	
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm		1	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm		1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg		1	
cefprozil oral tablet 250 mg, 500 mg		1	
ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg	(Teflaro)	1	
ceftazidime injection solution reconstituted 1 gm	(Tazicef)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ceftazidime injection solution reconstituted 6 gm		1	
ceftazidime intravenous solution reconstituted 2 gm	(Tazicef)	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg		1	
ceftriaxone sodium intravenous solution reconstituted 10 gm		1	
cefuroxime axetil oral tablet 250 mg, 500 mg		1	
cefuroxime sodium injection solution reconstituted 750 mg		1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm		1	
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)	1	
tazicef intravenous solution reconstituted 2 gm	(Tazicef)	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM		1	
Macrolides			
azithromycin intravenous solution reconstituted 500 mg		1	
azithromycin oral suspension reconstituted 100 mg/5ml		1	
azithromycin oral suspension reconstituted 200 mg/5ml	(Zithromax)	1	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)	(Zithromax)	1	
azithromycin oral tablet 600 mg		1	
clarithromycin er oral tablet extended release 24 hour 500 mg		1	

Drug Name		Drug Tier	Requirements/Limits
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		1	
clarithromycin oral tablet 250 mg, 500 mg		1	
erythromycin base oral tablet 250 mg, 500 mg		1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	(E.E.S. Granules)	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	(EryPed 400)	1	
erythromycin lactobionate intravenous solution reconstituted 500 mg	(Erythrocin Lactobionate)	1	
fidaxomicin oral tablet 200 mg	(Dificid)	1	QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics			
aztreonam injection solution reconstituted 1 gm, 2 gm		1	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		1	PA
ertapenem sodium injection solution reconstituted 1 gm		1	
imipenem-cilastatin intravenous solution reconstituted 250 mg		1	
imipenem-cilastatin intravenous solution reconstituted 500 mg	(Primaxin IV)	1	
meropenem intravenous solution reconstituted 1 gm, 500 mg		1	
MEROPENEM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM		1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	1	
amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml (Augmentin ES-600)	1	
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	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	1	
ampicillin sodium intravenous solution reconstituted 10 gm	1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm (Unasyn)	1	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm (Unasyn)	1	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	1	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	1	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	1	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1	
nafcillin sodium intravenous solution reconstituted 10 gm	1	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1	
oxacillin sodium intravenous solution reconstituted 10 gm	1	
penicillin g potassium injection solution reconstituted 20000000 unit (Pfizerpen)	1	
PENICILLIN V POTASSIUM ORAL SOLUTION RECONSTITUTED 125 MG/5ML	1	
penicillin v potassium oral solution reconstituted 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	1	
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	1	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	1	
levofloxacin intravenous solution 25 mg/ml	1	
levofloxacin oral solution 25 mg/ml	1	

Drug Name		Drug Tier	Requirements/Limits
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		1	
MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML		1	
moxifloxacin hcl oral tablet 400 mg		1	
MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS		1	
Sulfonamides			
sulfadiazine oral tablet 500 mg		1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml		1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	(Sulfatrim Pediatric)	1	
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		1	
doxy 100 intravenous solution reconstituted 100 mg	(Doxy 100)	1	
doxycycline hyclate intravenous solution reconstituted 100 mg	(Doxy 100)	1	
doxycycline hyclate oral capsule 100 mg, 50 mg		1	
doxycycline hyclate oral tablet 100 mg, 20 mg		1	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	
doxycycline monohydrate oral capsule 50 mg		1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml		1	
doxycycline monohydrate oral tablet 100 mg, 50 mg		1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
tetracycline hcl oral capsule 250 mg, 500 mg		1	
tigecycline intravenous solution reconstituted 50 mg	(Tygacil)	1	
ANTICANCER AGENTS			
Anticancer Agents			
ABIRATERONE ACETATE MICRONIZED ORAL TABLET 125 MG	(abiraterone acetate micronized)	1	PA NSO; QL (120 per 30 days)
abiraterone acetate oral tablet 250 mg	(Abirtega)	1	PA NSO; QL (120 per 30 days)
abiraterone acetate oral tablet 500 mg	(Zytiga)	1	PA NSO; QL (120 per 30 days)
abirtega oral tablet 250 mg	(Abirtega)	1	PA NSO; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		1	PA NSO; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		1	PA NSO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		1	PA NSO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		1	PA NSO; QL (120 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		1	PA NSO
anastrozole oral tablet 1 mg	(Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML		1	PA NSO; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG		1	PA NSO; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		1	PA NSO; QL (240 per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG		1	PA NSO; QL (66 per 28 days)
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG		1	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		1	PA NSO; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
azacitidine injection suspension reconstituted 100 mg	(Vidaza)	1	
BALVERSA ORAL TABLET 3 MG		1	PA NSO; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		1	PA NSO; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		1	PA NSO; QL (28 per 28 days)
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	(bendamustine hcl)	1	PA NSO
bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg	(Treanda)	1	PA NSO
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	(bendamustine hcl)	1	PA NSO
BEQALZI ORAL TABLET 1 MG, 20 MG, 5 MG, 80 MG		1	PA NSO
BEQALZI STARTER PACK ORAL TABLET THERAPY PACK 1 & 5 & 20 & 80 MG		1	PA NSO
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML		1	PA NSO; QL (1 per 28 days)
bexarotene external gel 1 %	(Targretin)	1	PA NSO
bexarotene oral capsule 75 mg	(Targretin)	1	PA NSO
bicalutamide oral tablet 50 mg	(Casodex)	1	
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML		1	PA NSO; QL (75 per 28 days)
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit		1	
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG, 3.5 MG		1	PA NSO
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML		1	PA NSO
BOSULIF ORAL CAPSULE 100 MG		1	PA NSO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG		1	PA NSO; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 100 MG	(bosutinib)	1	PA NSO; QL (180 per 30 days)
BOSULIF ORAL TABLET 500 MG	(bosutinib)	1	PA NSO; QL (30 per 30 days)
bosutinib oral tablet 100 mg	(Bosulif)	1	PA NSO; QL (180 per 30 days)
bosutinib oral tablet 400 mg, 500 mg	(Bosulif)	1	PA NSO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		1	PA NSO; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG		1	PA NSO; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG		1	PA NSO; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG		1	PA NSO; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG		1	PA NSO; QL (60 per 30 days)
CALQUENCE ORAL TABLET 100 MG		1	PA NSO; QL (60 per 30 days)
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG		1	PA NSO
CAPRELSA ORAL TABLET 100 MG		1	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG		1	PA NSO; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG		1	PA NSO
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG		1	PA NSO; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		1	PA NSO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		1	PA NSO; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG		1	PA NSO; QL (63 per 28 days)
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg		1	PA BvD
cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml	(Frindovyx)	1	PA BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/2.5ML, 500 MG/ML	1	PA BvD
cyclophosphamide intravenous solution 500 mg/5ml	1	PA BvD
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	1	PA BvD; ST
cyclophosphamide oral tablet 25 mg	1	PA BvD; ST
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	1	PA NSO; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA NSO; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Phyrago)	1	PA NSO; QL (30 per 30 days)
dasatinib oral tablet 20 mg (Phyrago)	1	PA NSO; QL (90 per 30 days)
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	PA NSO
DAURISMO ORAL TABLET 100 MG	1	PA NSO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA NSO; QL (60 per 30 days)
decitabine intravenous solution reconstituted 50 mg	1	
doxorubicin hcl liposomal intravenous suspension 2 mg/ml (Doxil)	1	PA BvD
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	1	PA NSO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML	1	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML	1	PA NSO; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	1	
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 20 MG	1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ENSACOVE ORAL CAPSULE 100 MG	1	PA NSO; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	1	PA NSO; QL (270 per 30 days)
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	1	PA NSO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	1	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	1	PA NSO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA NSO; QL (120 per 30 days)
erlotinib hcl oral tablet 100 mg, 25 mg	1	PA NSO; QL (60 per 30 days)
erlotinib hcl oral tablet 150 mg	1	PA NSO; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	
etoposide intravenous solution 100 mg/5ml (Avopef)	1	
EULEXIN ORAL CAPSULE 125 MG	1	
everolimus oral tablet 10 mg (Torpenz)	1	PA NSO; QL (56 per 28 days)
everolimus oral tablet 2.5 mg (Torpenz)	1	PA NSO; QL (28 per 28 days)
everolimus oral tablet 5 mg (Torpenz)	1	PA NSO; QL (30 per 30 days)
everolimus oral tablet 7.5 mg (Torpenz)	1	PA NSO; QL (60 per 30 days)
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg (Afinitor Disperz)	1	PA NSO; QL (112 per 28 days)
exemestane oral tablet 25 mg (Aromasin)	1	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	1	PA BvD

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA BvD
floxuridine injection solution reconstituted 0.5 gm	1	PA BvD
fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml	1	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA NSO; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA NSO; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA NSO; QL (21 per 28 days)
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml (Cligavyx)	1	
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	1	PA NSO
GAVRETO ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
gefitinib oral tablet 250 mg (Iressa)	1	PA NSO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	1	PA NSO; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA NSO; QL (112 per 28 days)
GOMEKLI ORAL TABLET SOLUBLE 1 MG	1	PA NSO; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	1	PA NSO; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	1	PA NSO; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg (Hydrea)	1	
HYRNUO ORAL TABLET 10 MG	1	PA NSO; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; QL (21 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	1	PA NSO; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA NSO; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; QL (30 per 30 days)
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	1	
ifosfamide intravenous solution reconstituted 1 gm (Ifex)	1	
imatinib mesylate oral tablet 100 mg (Gleevec)	1	PA NSO; QL (180 per 30 days)
imatinib mesylate oral tablet 400 mg (Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA NSO; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA NSO; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	1	PA NSO
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	1	PA NSO
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA NSO; QL (280 per 28 days)
INLEXZO INTRAVESICAL IMPLANT 225 MG	1	PA BvD
INLURIYO ORAL TABLET 200 MG	1	PA NSO; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INQOVI ORAL TABLET 35-100 MG	1	PA NSO; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	1	PA NSO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	1	PA NSO; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA NSO; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; QL (60 per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	1	PA NSO; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA NSO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA NSO; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	1	PA NSO
JIDEYTRO ORAL TABLET 100 MG, 25 MG	1	PA NSO
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	1	PA NSO
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395-4800 MG -UNT/2.4ML, 790-9600 MG -UNT/4.8ML	1	PA NSO
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	1	PA NSO; QL (2 per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (21 per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (42 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (63 per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (91 per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	1	PA NSO; QL (30 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG	1	PA NSO; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE SPRINKLE 7.5 MG	1	PA NSO; QL (390 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA NSO; QL (180 per 30 days)
lapatinib ditosylate oral tablet 250 mg (Tykerb)	1	PA NSO
LAZCLUZE ORAL TABLET 240 MG	1	PA NSO; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA NSO; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	1	PA NSO; QL (28 per 28 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA NSO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA NSO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA NSO

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA NSO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA NSO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA NSO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA NSO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA NSO
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA NSO
leuprolide acetate injection kit 1 mg/0.2ml	1	PA NSO
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG	1	PA NSO
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG	1	PA NSO
lomustine oral capsule 10 mg, 100 mg, 40 mg (Gleostine)	1	
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	1	PA NSO
LORBRENA ORAL TABLET 100 MG	1	PA NSO; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 25 MG	1	PA NSO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA NSO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA NSO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA NSO; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	1	PA NSO
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5ML	1	PA NSO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1	PA NSO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	1	PA NSO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA NSO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA NSO
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA NSO
LYNOZYFIC INTRAVENOUS SOLUTION 200 MG/10ML	1	PA NSO; QL (40 per 28 days)
LYNOZYFIC INTRAVENOUS SOLUTION 5 MG/2.5ML	1	PA NSO; QL (15 per 8 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	1	PA NSO
MATULANE ORAL CAPSULE 50 MG	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	1	PA NSO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; QL (180 per 30 days)
mercaptopurine oral suspension 2000 mg/100ml (Purixan)	1	
mercaptopurine oral tablet 50 mg	1	
methotrexate (anti-rheumatic) oral tablet 2.5 mg	1	PA BvD; ST
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	
MODEYSO ORAL CAPSULE 125 MG	1	PA NSO; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	1	PA NSO; QL (180 per 30 days)
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG	1	PA NSO; QL (112 per 28 days)
NILOTINIB D-TARTRATE ORAL CAPSULE 50 MG	1	PA NSO; QL (120 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg (Tasigna)	1	PA NSO; QL (112 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
nilotinib hcl oral capsule 50 mg (Tasigna)	1	PA NSO; QL (120 per 30 days)
nilutamide oral tablet 150 mg	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	1	PA NSO; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	1	PA NSO; QL (96 per 28 days)
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	1	PA NSO; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA NSO; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA NSO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	1	PA NSO
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300-5000 MG -UT/2.5ML, 600-10000 MG-UT/5ML	1	PA NSO
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	1	PA NSO
ORSERDU ORAL TABLET 345 MG	1	PA NSO; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA NSO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	1	PA BvD
pazopanib hcl oral tablet 200 mg (Votrient)	1	PA NSO; QL (120 per 30 days)
pazopanib hcl oral tablet 400 mg	1	PA NSO; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; QL (30 per 30 days)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	1	
pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg	1	
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA NSO; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA NSO; QL (56 per 28 days)
POMALIDOMIDE ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	1	PA NSO; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	1	PA NSO; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	1	PA NSO; QL (90 per 30 days)
RASONQUE ORAL TABLET 100 MG, 150 MG	1	PA NSO
RETEVMO ORAL CAPSULE 40 MG	1	PA NSO; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA NSO; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA NSO; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA NSO; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA NSO; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA NSO; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA NSO; QL (60 per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	1	PA NSO
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA NSO; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; QL (90 per 30 days)
ROZLYTREK ORAL PACKET 50 MG	1	PA NSO; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; QL (120 per 30 days)
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1600-20000 MG-UT/10ML, 2240-28000 MG-UT/14ML, 2400-30000 MG-UT/15ML, 3520-44000 MG-UT/22ML	1	PA NSO
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	1	PA NSO
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; QL (224 per 28 days)
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	1	PA NSO
SCEMBLIX ORAL TABLET 100 MG	1	PA NSO; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX ORAL TABLET 20 MG	1	PA NSO; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA NSO; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	
sorafenib tosylate oral tablet 200 mg (NexAVAR)	1	PA NSO; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	1	PA NSO; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA NSO
TABLOID ORAL TABLET 40 MG	1	
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; QL (120 per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	1	PA NSO; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML	1	PA NSO
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA NSO; QL (30 per 30 days)
tamoxifen citrate oral tablet 10 mg, 20 mg	1	
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	1	PA NSO
TEPMETKO ORAL TABLET 225 MG	1	PA NSO; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML, 150 MG/15ML	1	PA NSO

Drug Name	Drug Tier	Requirements/Limits
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	1	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	1	PA NSO; QL (5 per 21 days)
toremifene citrate oral tablet 60 mg (Fareston)	1	
torpenz oral tablet 10 mg (Torpenz)	1	PA NSO; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg (Torpenz)	1	PA NSO; QL (30 per 30 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA NSO
tretinoin oral capsule 10 mg	1	
TRUQAP ORAL TABLET 200 MG	1	PA NSO; QL (64 per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG	1	PA NSO; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO
TUKYSA ORAL TABLET 150 MG	1	PA NSO; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA NSO; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA NSO; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA NSO
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA NSO
VEPPANU ORAL TABLET 100 MG, 200 MG	1	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; QL (56 per 28 days)
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	1	
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS (bendamustine hcl) SOLUTION 100 MG/4ML	1	PA NSO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA NSO
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 300 MG	1	PA NSO
WELIREG ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	1	PA NSO; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	1	PA NSO; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	1	PA NSO; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA NSO; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	1	PA NSO; QL (16 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (4 per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (8 per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA NSO; QL (4 per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA NSO; QL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	1	PA NSO; QL (8 per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA NSO; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA NSO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	1	PA NSO
YONSA ORAL TABLET 125 MG (abiraterone acetate micronized)	1	PA NSO; QL (120 per 30 days)
yulithira oral tablet 10 mg, 7.5 mg (Torpenz)	1	PA NSO; QL (60 per 30 days)
yulithira oral tablet 2.5 mg, 5 mg (Torpenz)	1	PA NSO; QL (30 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA NSO; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ZELBORAF ORAL TABLET 240 MG		1	PA NSO; QL (240 per 30 days)
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG		1	PA NSO
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		1	PA NSO
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML		1	PA NSO
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG		1	PA NSO
ZOLINZA ORAL CAPSULE 100 MG		1	
ZYDELIG ORAL TABLET 100 MG, 150 MG		1	PA NSO; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG		1	PA NSO; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG		1	PA NSO
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML		1	PA NSO; QL (20 per 28 days)
ANTICHOLINERGIC AGENTS			
Antimuscarinics/Antispasmodics			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax)	1	
glycopyrrolate oral solution 1 mg/5ml	(Cuvposa)	1	
ANTICONVULSANTS			
Anticonvulsants			
brivaracetam intravenous solution 50 mg/5ml	(Briviact)	1	QL (80 per 30 days)
brivaracetam oral solution 10 mg/ml	(Briviact)	1	QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	(Briviact)	1	QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	(brivaracetam)	1	QL (80 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	(Carbatrol)	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	(TEGretol-XR)	1	
carbamazepine oral suspension 100 mg/5ml	(TEGretol)	1	
carbamazepine oral tablet 200 mg	(TEGretol)	1	
carbamazepine oral tablet chewable 100 mg, 200 mg		1	
clobazam oral suspension 2.5 mg/ml	(Onfi)	1	
clobazam oral tablet 10 mg, 20 mg	(Onfi)	1	
DIACOMIT ORAL CAPSULE 250 MG		1	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		1	PA NSO; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG		1	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG		1	PA NSO; QL (180 per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg		1	
DILANTIN ORAL CAPSULE 30 MG		1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	(Depakote ER)	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	(Depakote Sprinkles)	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	(Depakote)	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG		1	ST; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG		1	ST; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
epitol oral tablet 200 mg	(TEGretol)	1	
eslicarbazepine acetate oral tablet 200 mg, 400 mg	(Aptiom)	1	ST; QL (30 per 30 days)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	(Aptiom)	1	ST; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	1	
ethosuximide oral solution 250 mg/5ml	(Zarontin)	1	
felbamate oral suspension 600 mg/5ml		1	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		1	PA NSO
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	(Cerebyx)	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	1	
gabapentin oral solution 250 mg/5ml	(Neurontin)	1	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	1	
lacosamide intravenous solution 200 mg/20ml	(Vimpat)	1	
lacosamide oral solution 10 mg/ml	(Vimpat)	1	
lacosamide oral tablet 100 mg, 150 mg, 50 mg	(Vimpat)	1	
lacosamide oral tablet 200 mg	(Vimpat)	1	QL (60 per 30 days)
lamotrigine 100 mg tablet	(Subvenite)	1	
lamotrigine 150 mg tablet	(Subvenite)	1	
lamotrigine 200 mg tablet	(Subvenite)	1	
lamotrigine 25 mg tablet	(Subvenite)	1	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(LaMICtal XR)	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	(LaMICtal)	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	(LaMICtal ODT)	1	

Drug Name		Drug Tier	Requirements/Limits
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	(Keppra XR)	1	
levetiracetam intravenous solution 500 mg/5ml	(Keppra)	1	
levetiracetam oral solution 100 mg/ml	(Keppra)	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	
levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg	(Spritam)	1	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		1	QL (10 per 30 days)
methsuximide oral capsule 300 mg	(Celontin)	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		1	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5ml	(Trileptal)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	
perampanel oral suspension 0.5 mg/ml	(Fycompa)	1	ST; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg	(Fycompa)	1	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	1	ST; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5ml		1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		1	
phenytek oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin oral suspension 125 mg/5ml	(Dilantin-125)	1	
phenytoin oral tablet chewable 50 mg	(Dilantin Infatabs)	1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin)	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin sodium injection solution 50 mg/ml		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	1	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	1	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	1	QL (900 per 30 days)
primidone oral tablet 125 mg		1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
rufinamide oral suspension 40 mg/ml	(Banzel)	1	ST
rufinamide oral tablet 200 mg, 400 mg	(Banzel)	1	ST
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		1	PA BvD
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 750 MG		1	ST
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	(levetiracetam)	1	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML		1	PA NSO
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		1	PA NSO; QL (60 per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg		1	
topiramate oral capsule sprinkle 15 mg, 25 mg	(Topamax Sprinkle)	1	
topiramate oral capsule sprinkle 50 mg		1	
topiramate oral solution 25 mg/ml	(Eprontia)	1	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 100 mg/ml		1	
valproic acid oral capsule 250 mg		1	
valproic acid oral solution 250 mg/5ml		1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		1	QL (10 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		1	QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		1	QL (10 per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		1	QL (10 per 30 days)
vigabatrin oral packet 500 mg	(Vigadrone)	1	
vigabatrin oral tablet 500 mg	(Vigadrone)	1	
vigadrone oral packet 500 mg	(Vigadrone)	1	
vigadrone oral tablet 500 mg	(Vigadrone)	1	
vigpoder oral packet 500 mg	(Vigadrone)	1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		1	QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG		1	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		1	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		1	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		1	
ZONISADE ORAL SUSPENSION 100 MG/5ML		1	
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	1	
zonisamide oral capsule 50 mg		1	
ZTALMY ORAL SUSPENSION 50 MG/ML		1	PA NSO; QL (1080 per 30 days)
ANTIDEMENTIA AGENTS			
Antidementia Agents			
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	1	QL (30 per 30 days)
donepezil hcl oral tablet dispersible 10 mg		1	

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

Drug Name		Drug Tier	Requirements/Limits
bupropion hcl oral tablet 100 mg, 75 mg		1	
bupropion hcl sr 100 mg tablet f/c	(Wellbutrin SR)	1	
citalopram hydrobromide oral solution 10 mg/5ml		1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	(CeleXA)	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	1	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	(Pristiq)	1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
doxepin hcl oral concentrate 10 mg/ml		1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG		1	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG		1	ST; QL (30 per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg		1	QL (120 per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg		1	QL (90 per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg		1	
duloxetine hcl oral capsule delayed release particles 60 mg		1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		1	ST; QL (30 per 30 days)
escitalopram 10 mg tablet f/c	(Lexapro)	1	
escitalopram 20 mg tablet f/c	(Lexapro)	1	
escitalopram oxalate oral solution 5 mg/5ml		1	

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	1	PA NSO; QL (30 per 30 days)
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	1	PA NSO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl oral solution 20 mg/5ml	1	
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	1	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
MARPLAN ORAL TABLET 10 MG	1	
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	1	
mirtazapine oral tablet 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg (Remeron SolTab)	1	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1	
nortriptyline hcl oral solution 10 mg/5ml	1	

Drug Name		Drug Tier	Requirements/Limits
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	1	
paroxetine hcl oral suspension 10 mg/5ml		1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		1	
phenelzine sulfate oral tablet 15 mg	(Nardil)	1	
protriptyline hcl oral tablet 10 mg, 5 mg		1	
RALDESY ORAL SOLUTION 10 MG/ML		1	PA NSO; QL (1200 per 30 days)
sertraline hcl 100 mg tablet f/c	(Zoloft)	1	
sertraline hcl 25 mg tablet f/c	(Zoloft)	1	
sertraline hcl 50 mg tablet f/c	(Zoloft)	1	
sertraline hcl oral concentrate 20 mg/ml	(Zoloft)	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		1	PA NSO
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		1	PA NSO
tranylcypromine sulfate oral tablet 10 mg	(Parnate)	1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg		1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		1	QL (30 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	(Effexor XR)	1	
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	(Effexor XR)	1	QL (90 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg		1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		1	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	1	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		1	PA NSO; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		1	PA NSO; QL (14 per 14 days)
ANTIDIABETIC AGENTS			
Antidiabetic Agents, Miscellaneous			
acarbose oral tablet 100 mg, 25 mg, 50 mg		1	
dapagliflozin oral tablet 10 mg, 5 mg	(Farxiga)	1	QL (30 per 30 days)
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-1000 mg, 5-500 mg	(Xigduo XR)	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		1	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG		1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG		1	QL (30 per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg		1	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg		1	QL (60 per 30 days)
metformin hcl oral solution 500 mg/5ml	(Riomet)	1	QL (765 per 30 days)
metformin hcl oral tablet 1000 mg		1	QL (75 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
metformin hcl oral tablet 500 mg	1	QL (150 per 30 days)
metformin hcl oral tablet 850 mg	1	QL (90 per 30 days)
metformin hcl tablet 1000 mg oral	1	QL (75 per 30 days)
metformin hcl tablet 500 mg oral	1	QL (150 per 30 days)
mifepristone oral tablet 300 mg (Korlym)	1	PA; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	1	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	1	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	1	PA; QL (3 per 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	1	PA; QL (30 per 30 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	QL (30 per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg	1	QL (90 per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-850 mg (Actoplus Met)	1	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	1	QL (120 per 30 days)
repaglinide oral tablet 2 mg	1	QL (240 per 30 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	1	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 per 30 days)
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg (Janumet XR)	1	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg	(Janumet XR)	1	QL (60 per 30 days)
sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg	(Janumet)	1	QL (60 per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	(Januvia)	1	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG		1	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG		1	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG		1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG		1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG		1	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		1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG	(dapagliflozin-metformin hcl er)	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG		1	QL (60 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	(dapagliflozin-metformin hcl er)	1	QL (60 per 30 days)
Insulins			
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		1	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 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
FIASP INJECTION SOLUTION 100 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		1	max $35 copay per month supply
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		1	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 Mix 70/30 FlexPen)	1	max $35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	(insulin aspart flexpen)	1	max $35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	(insulin aspart)	1	max $35 copay per month supply; QL (40 per 28 days)
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		1	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)	1	max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee (yfgn))	1	max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	(Semglee (yfgn))	1	max $35 copay per month supply; QL (30 per 28 days)
insulin lispro injection solution 100 unit/ml	(Admelog)	1	QL (40 per 28 days)
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	(HumaLOG Junior KwikPen)	1	ST; QL (30 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	(HumaLOG Mix 75/25 KwikPen)	1	ST; QL (30 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS		1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS		1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION		1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	(insulin aspart flexpen)	1	max $35 copay per month supply; QL (30 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	(insulin aspart)	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	(insulin asp prot & asp flexpen)	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		1	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)	1	max $35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	(insulin glargine solostar)	1	max $35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML		1	max $35 copay per month supply; QL (15 per 28 days)
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg		1	QL (30 per 30 days)
glimepiride oral tablet 4 mg		1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg		1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg		1	QL (30 per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	(Glucotrol XL)	1	QL (30 per 30 days)
glipizide oral tablet 10 mg		1	QL (120 per 30 days)
glipizide oral tablet 2.5 mg		1	QL (90 per 30 days)
glipizide oral tablet 5 mg		1	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg		1	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg		1	QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	
ANTIFUNGALS			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		1	PA BvD
amphotericin b intravenous solution reconstituted 50 mg		1	PA BvD
amphotericin b liposome intravenous suspension reconstituted 50 mg	(AmBisome)	1	PA BvD
ciclopirox external gel 0.77 %		1	
ciclopirox external shampoo 1 %		1	
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 %		1	QL (180 per 30 days)
clotrimazole external cream 1 %	(Lotrimin AF)	1	
clotrimazole external solution 1 %	(Lasolex)	1	
clotrimazole mouth/throat troche 10 mg		1	
clotrimazole-betamethasone external cream 1-0.05 %		1	QL (90 per 30 days)
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG		1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		1	PA
econazole nitrate external cream 1 %		1	QL (170 per 30 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%		1	
fluconazole oral suspension reconstituted 10 mg/ml		1	
fluconazole oral suspension reconstituted 40 mg/ml	(Diflucan)	1	

Drug Name	Drug Tier	Requirements/Limits
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg (Ancobon)	1	
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	1	
itraconazole oral capsule 100 mg (Sporanox)	1	
ketoconazole external cream 2 %	1	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	1	
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG	1	
nyamyc external powder 100000 unit/gm (Nystop)	1	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 (Nystop)	1	QL (60 per 30 days)
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
nystop external powder 100000 unit/gm (Nystop)	1	QL (60 per 30 days)
posaconazole oral tablet delayed release 100 mg	1	PA
terbinafine hcl oral tablet 250 mg	1	
voriconazole intravenous solution 200 mg/20ml	1	PA BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
voriconazole intravenous solution reconstituted 200 mg	(Vfend IV)	1	PA BvD
voriconazole oral suspension reconstituted 40 mg/ml	(Vfend)	1	PA
voriconazole oral tablet 200 mg, 50 mg		1	
ANTIGOUT AGENTS			
Antigout Agents, Other			
allopurinol oral tablet 100 mg, 300 mg		1	
colchicine oral capsule 0.6 mg	(Mitigare)	1	QL (60 per 30 days)
colchicine oral tablet 0.6 mg		1	QL (120 per 30 days)
colchicine-probenecid oral tablet 0.5-500 mg		1	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	1	QL (30 per 30 days)
probenecid oral tablet 500 mg		1	
ANTIHISTAMINES			
Antihistamines			
cetirizine hcl oral solution 5 mg/5ml	(KLS Aller-Tec Childrens)	1	
cetirizine hcl solution 1 mg/ml oral (rx)	(KLS Aller-Tec Childrens)	1	
cyproheptadine hcl oral syrup 2 mg/5ml		1	
cyproheptadine hcl oral tablet 4 mg		1	
desloratadine oral tablet 5 mg	(Clarinex)	1	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml		1	
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)	1	
metronidazole vaginal gel 0.75 %	(Vandazole)	1	

Drug Name	Drug Tier	Requirements/Limits
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
ANTIMIGRAINE AGENTS		
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 per 30 days)
dihydroergotamine mesylate nasal solution 4 mg/ml	1	ST; QL (8 per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; QL (2 per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	QL (18 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	1	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; QL (30 per 30 days)
rizatriptan 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)	1	QL (18 per 30 days)
rizatriptan benzoate oral tablet dispersible 5 mg	1	QL (18 per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg (Imitrex)	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg (Imitrex)	1	QL (18 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		1	QL (5 per 28 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	(Imitrex STATdose System)	1	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		1	PA; QL (16 per 30 days)
ANTIMYCOBACTERIALS			
Antimycobacterials			
dapsone oral tablet 100 mg, 25 mg		1	
ethambutol hcl oral tablet 100 mg, 400 mg		1	
isoniazid oral tablet 100 mg, 300 mg		1	
pyrazinamide oral tablet 500 mg		1	
rifabutin oral capsule 150 mg		1	
rifampin intravenous solution reconstituted 600 mg		1	
rifampin oral capsule 150 mg, 300 mg		1	
rifapentine oral tablet 150 mg	(Priftin)	1	
SIRTURO ORAL TABLET 100 MG, 20 MG		1	PA
TRECATOR ORAL TABLET 250 MG		1	
ANTINAUSEA AGENTS			
Antinausea Agents			
aprepitant oral capsule 125 mg		1	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		1	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend BiPack)	1	PA BvD; QL (4 per 28 days)
aprepitant oral capsule therapy pack 80 & 125 mg	(Emend TriPack)	1	PA BvD
compro rectal suppository 25 mg	(Compro)	1	
dronabinol oral capsule 10 mg, 5 mg		1	PA; QL (60 per 30 days)
dronabinol oral capsule 2.5 mg	(Marinol)	1	PA; QL (60 per 30 days)
meclizine hcl oral tablet 12.5 mg		1	
meclizine hcl oral tablet 25 mg	(Dramamine)	1	

Drug Name		Drug Tier	Requirements/Limits
ondansetron hcl injection solution 40 mg/20ml		1	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml		1	
ondansetron hcl oral solution 4 mg/5ml		1	PA BvD
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg		1	PA BvD
ondansetron oral tablet dispersible 4 mg, 8 mg		1	PA BvD
prochlorperazine edisylate injection solution 10 mg/2ml		1	
prochlorperazine maleate oral tablet 10 mg, 5 mg		1	
prochlorperazine rectal suppository 25 mg	(Compro)	1	
promethazine hcl injection solution 25 mg/ml	(Phenergan)	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg		1	
promethazine hcl rectal suppository 25 mg	(Promethegan)	1	
promethegan rectal suppository 12.5 mg		1	
promethegan rectal suppository 25 mg	(Promethegan)	1	
scopolamine transdermal patch 72 hour 1 mg/3days	(Transderm Scop)	1	QL (10 per 30 days)
trimethobenzamide hcl oral capsule 300 mg		1	
ANTIPARASITE AGENTS			
Antiparasite Agents			
albendazole oral tablet 200 mg		1	
atovaquone oral suspension 750 mg/5ml	(Mepron)	1	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	(Malarone)	1	
chloroquine phosphate oral tablet 250 mg, 500 mg		1	

Drug Name		Drug Tier	Requirements/Limits
COARTEM ORAL TABLET 20-120 MG		1	
hydroxychloroquine sulfate oral tablet 100 mg		1	QL (180 per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	(Plaquenil)	1	QL (90 per 30 days)
hydroxychloroquine sulfate oral tablet 300 mg	(Sovuna)	1	QL (60 per 30 days)
hydroxychloroquine sulfate oral tablet 400 mg		1	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		1	PA; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	1	
ivermectin oral tablet 6 mg		1	
mefloquine hcl oral tablet 250 mg		1	
nitazoxanide oral tablet 500 mg		1	QL (60 per 30 days)
pentamidine isethionate inhalation solution reconstituted 300 mg	(Nebupent)	1	PA BvD
pentamidine isethionate injection solution reconstituted 300 mg	(Pentam)	1	
praziquantel oral tablet 600 mg	(Biltricide)	1	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG		1	
pyrimethamine oral tablet 25 mg	(Daraprim)	1	PA
quinine sulfate oral capsule 324 mg		1	PA
tinidazole oral tablet 250 mg, 500 mg		1	
ANTIPARKINSONIAN AGENTS			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		1	
amantadine hcl oral solution 50 mg/5ml		1	
amantadine hcl oral tablet 100 mg		1	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg		1	
bromocriptine mesylate oral tablet 2.5 mg		1	
cabergoline oral tablet 0.5 mg		1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg (Sinemet)	1	
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	1	
carbidopa-levodopa oral tablet 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
entacapone oral tablet 200 mg	1	
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	1	PA; 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	
rasagiline mesylate oral tablet 0.5 mg, 1 mg (Azilect)	1	
ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	1	PA; QL (560 per 28 days)
ANTIPSYCHOTIC AGENTS		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	QL (3.2 per 42 days)

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	1	
aripiprazole oral tablet dispersible 10 mg	1	ST; QL (90 per 30 days)
aripiprazole oral tablet dispersible 15 mg	1	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	1	QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	1	QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	1	QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	1	QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	1	QL (3.2 per 14 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg (Saphris)	1	QL (60 per 30 days)
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; QL (60 per 30 days)
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK 1 & 2 & 4 & 6 MG	1	ST
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK 1 & 2 & 6 & 8 MG	1	ST

Drug Name	Drug Tier	Requirements/Limits
BYSANTI TITRATION PACK C ORAL TABLET THERAPY PACK 1 & 2 & 6 MG	1	ST
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	ST; QL (30 per 30 days)
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	1	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet 100 mg, 25 mg (Clozaril)	1	
clozapine oral tablet 200 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg	1	ST; QL (90 per 30 days)
clozapine oral tablet dispersible 150 mg, 200 mg	1	ST
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	ST; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	1	ST
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	1	QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 per 21 days)

Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	1	ST
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	1	ST
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	1	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 per 21 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg (Latuda)	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	QL (30 per 30 days)
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
NUPLAZID ORAL TABLET 10 MG		1	PA NSO; QL (30 per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	(ZyPREXA)	1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(ZyPREXA)	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	(ZyPREXA Zydis)	1	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG		1	ST
paliperidone er oral tablet extended release 24 hour 1.5 mg		1	
paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg	(Invega)	1	
paliperidone er oral tablet extended release 24 hour 6 mg	(Invega)	1	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		1	QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(SEROquel XR)	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(SEROquel)	1	
quetiapine fumarate oral tablet 150 mg		1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		1	QL (30 per 30 days)
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	(RisperDAL Consta)	1	
risperidone oral solution 1 mg/ml	(RisperDAL)	1	
risperidone oral tablet 0.25 mg		1	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(RisperDAL)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	1	QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	ST; QL (30 per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	1	QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	1	QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	1	QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	1	QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	1	QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	1	QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	1	QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	ST; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	1	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	(Geodon)	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG		1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG		1	QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)			
Antiretrovirals			
abacavir sulfate oral solution 20 mg/ml	(Ziagen)	1	
abacavir sulfate oral tablet 300 mg		1	
abacavir sulfate-lamivudine oral tablet 600-300 mg		1	
APTIVUS ORAL CAPSULE 250 MG		1	
atazanavir sulfate oral capsule 150 mg		1	
atazanavir sulfate oral capsule 200 mg, 300 mg	(Reyataz)	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		1	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML		1	
CIMDUO ORAL TABLET 300-300 MG		1	
darunavir oral tablet 600 mg, 800 mg	(Prezista)	1	
DELSTRIGO ORAL TABLET 100-300-300 MG		1	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		1	
DOVATO ORAL TABLET 50-300 MG		1	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG		1	

Drug Name		Drug Tier	Requirements/Limits
efavirenz oral capsule 200 mg, 50 mg		1	
efavirenz oral tablet 600 mg		1	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg		1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg		1	
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	(Symfi)	1	
emtricitabine oral capsule 200 mg	(Emtriva)	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	(Truvada)	1	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	(Complera)	1	
EMTRIVA ORAL SOLUTION 10 MG/ML		1	
etravirine oral tablet 100 mg, 200 mg	(Intelence)	1	
EVOTAZ ORAL TABLET 300-150 MG		1	
fosamprenavir calcium oral tablet 700 mg		1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		1	
GENVOYA ORAL TABLET 150-150-200-10 MG		1	
IDVYNSO ORAL TABLET 100-0.25 MG		1	QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG		1	
ISENTRESS HD ORAL TABLET 600 MG		1	
ISENTRESS ORAL PACKET 100 MG		1	
ISENTRESS ORAL TABLET 400 MG		1	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG		1	
JULUCA ORAL TABLET 50-25 MG		1	

Drug Name		Drug Tier	Requirements/Limits
KALETRA ORAL SOLUTION 400-100 MG/5ML		1	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml	(Epivir)	1	
lamivudine oral tablet 100 mg		1	
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	1	
lamivudine-zidovudine oral tablet 150-300 mg		1	
LEXIVA ORAL SUSPENSION 50 MG/ML		1	
lopinavir-ritonavir oral solution 400-100 mg/5ml	(Kaletra)	1	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	1	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	1	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	(Selzentry)	1	
nevirapine er oral tablet extended release 24 hour 400 mg		1	QL (30 per 30 days)
nevirapine oral suspension 50 mg/5ml		1	QL (1200 per 30 days)
nevirapine oral tablet 200 mg		1	QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG		1	
ODEFSEY ORAL TABLET 200-25-25 MG		1	
PIFELTRO ORAL TABLET 100 MG		1	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG		1	
PREZISTA ORAL SUSPENSION 100 MG/ML		1	
PREZISTA ORAL TABLET 150 MG, 75 MG		1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML		1	
REYATAZ ORAL PACKET 50 MG		1	
rilpivirine hcl oral tablet 25 mg	(Edurant)	1	
ritonavir oral tablet 100 mg	(Norvir)	1	

Drug Name	Drug Tier	Requirements/Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	
SUNLENCA ORAL TABLET 300 MG	1	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	1	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	1	PA BvD
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	1	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	1	QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	1	
TRIZIVIR ORAL TABLET 300-150-300 MG	1	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	1	
VEMLIDY ORAL TABLET 25 MG	1	QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	
VIREAD ORAL POWDER 40 MG/GM	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	
zidovudine oral capsule 100 mg (Retrovir)	1	
zidovudine oral syrup 50 mg/5ml (Retrovir)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
zidovudine oral tablet 300 mg	1	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	1	PA
oseltamivir phosphate oral capsule 30 mg	1	QL (84 per 180 days)
oseltamivir phosphate oral capsule 45 mg	1	QL (48 per 180 days)
oseltamivir phosphate oral capsule 75 mg (Tamiflu)	1	QL (42 per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml (Tamiflu)	1	QL (540 per 180 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	QL (20 per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	1	QL (11 per 28 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; QL (28 per 28 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	1	QL (60 per 180 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	1	QL (4 per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	1	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PACKET 150-37.5 MG	1	PA; QL (28 per 28 days)
EPCLUSA ORAL PACKET 200-50 MG	1	PA; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	1	PA; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	1	PA; QL (28 per 28 days)
HARVONI ORAL PACKET 33.75-150 MG	1	PA; QL (28 per 28 days)
HARVONI ORAL PACKET 45-200 MG	1	PA; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	1	PA; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	1	PA; QL (28 per 28 days)
ledipasvir-sofosbuvir oral tablet 90-400 mg (Harvoni)	1	PA; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; QL (84 per 28 days)
sofosbuvir-velpatasvir oral tablet 400-100 mg (Epclusa)	1	PA; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; QL (28 per 28 days)
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	1	PA BvD
adefovir dipivoxil oral tablet 10 mg	1	
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
ribavirin oral tablet 200 mg	1	
valacyclovir hcl oral tablet 1 gm, 500 mg (Valtrex)	1	
valganciclovir hcl oral solution reconstituted 50 mg/ml (Valcyte)	1	

Drug Name		Drug Tier	Requirements/Limits
valganciclovir hcl oral tablet 450 mg		1	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS			
Anticoagulants			
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	1	QL (60 per 30 days)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG		1	QL (960 per 30 days)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG		1	QL (960 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		1	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG		1	QL (120 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG		1	
ELIQUIS ORAL TABLET 5 MG		1	QL (74 per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG		1	QL (960 per 30 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	(Lovenox)	1	QL (60 per 30 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	(Lovenox)	1	QL (48 per 30 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	(Lovenox)	1	QL (18 per 30 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	(Lovenox)	1	QL (24 per 30 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	(Lovenox)	1	QL (36 per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	(Arixtra)	1	QL (24 per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	(Arixtra)	1	QL (15 per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	(Arixtra)	1	QL (12 per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	(Arixtra)	1	QL (18 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg		1	
rivaroxaban oral suspension reconstituted 1 mg/ml	(Xarelto)	1	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	1	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		1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	(rivaroxaban)	1	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		1	
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	1	ST
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		1	
Blood Formation Modifiers			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		1	PA; QL (60 per 30 days)
eltrombopag olamine oral packet 12.5 mg	(Promacta)	1	PA; QL (90 per 30 days)
eltrombopag olamine oral packet 25 mg	(Promacta)	1	PA; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	(Promacta)	1	PA; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg	(Promacta)	1	PA; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	(Promacta)	1	PA; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT		1	PA; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT		1	PA; QL (20 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %		1	PA BvD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %		1	PA BvD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %		1	PA BvD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %		1	PA BvD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %		1	PA BvD
clinisol sf intravenous solution 15 %		1	PA BvD
dextrose intravenous solution 5 %		1	
plenamine intravenous solution 15 %		1	PA BvD
PROSOL INTRAVENOUS SOLUTION 20 %		1	PA BvD
CARDIOVASCULAR AGENTS			
Alpha-Adrenergic Agents			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	
clonidine transdermal patch weekly 0.1 mg/24hr	(Catapres-TTS-1)	1	
clonidine transdermal patch weekly 0.2 mg/24hr	(Catapres-TTS-2)	1	
clonidine transdermal patch weekly 0.3 mg/24hr	(Catapres-TTS-3)	1	
doxazosin mesylate 4 mg tab	(Cardura)	1	
doxazosin mesylate 8 mg tab	(Cardura)	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	1	PA; QL (180 per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg		1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg		1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg		1	
Angiotensin Ii Receptor Antagonists			

Drug Name		Drug Tier	Requirements/Limits
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		1	QL (240 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	1	QL (60 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	1	
irbesartan oral tablet 75 mg		1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	
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)	1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	(Entresto)	1	QL (60 per 30 days)
telmisartan oral tablet 20 mg, 80 mg		1	
telmisartan oral tablet 40 mg	(Micardis)	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors			
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	

Drug Name		Drug Tier	Requirements/Limits
benazepril hcl oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg		1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg		1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
moexipril hcl oral tablet 15 mg, 7.5 mg		1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg		1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg		1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg		1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	
Antiarrhythmic Agents			
amiodarone hcl oral tablet 100 mg, 200 mg	(Pacerone)	1	
amiodarone hcl oral tablet 400 mg		1	

Drug Name	Drug Tier	Requirements/Limits
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	1	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
MULTAQ ORAL TABLET 400 MG	1	
pacerone oral tablet 100 mg, 200 mg (Pacerone)	1	
pacerone oral tablet 400 mg	1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	1	
metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)	1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 50-25 mg	1	

Drug Name		Drug Tier	Requirements/Limits
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	(Betapace AF)	1	
sotalol hcl oral tablet 120 mg, 160 mg, 80 mg	(Betapace)	1	
sotalol hcl oral tablet 240 mg		1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	
Calcium-Channel Blocking Agents			
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	(Tiadylt ER)	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg		1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	
diltiazem hcl oral tablet 90 mg		1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		1	
taztia xt oral capsule extended release 24 hour 360 mg	(Tiadylt ER)	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		1	

Drug Name		Drug Tier	Requirements/Limits
tiadylt er oral capsule extended release 24 hour 360 mg, 420 mg	(Tiadylt ER)	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg		1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg		1	
Cardiovascular Agents, Miscellaneous			
ATTRUBY ORAL TABLET THERAPY PACK 356 MG		1	PA; QL (112 per 28 days)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		1	PA; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML		1	QL (600 per 30 days)
digoxin oral tablet 125 mcg, 250 mcg	(Digox)	1	
epinephrine injection solution 0.3 mg/0.3ml		1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	(Auvi-Q)	1	
epinephrine injection solution auto-injector 0.15 mg/0.3ml	(EpiPen Jr 2-Pak)	1	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant acetate subcutaneous solution 30 mg/3ml		1	PA; QL (18 per 30 days)
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	(Firazyr)	1	PA; QL (18 per 30 days)
ivabradine hcl oral tablet 5 mg, 7.5 mg	(Corlanor)	1	QL (60 per 30 days)
metyrosine oral capsule 250 mg		1	PA
nitroglycerin transdermal ointment 2 %	(Nitro-Bid)	1	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg		1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		1	PA; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
VYNDAMAX ORAL CAPSULE 61 MG		1	PA; QL (30 per 30 days)
Dihydropyridines			
amlodipine besy-benazepril hcl oral capsule 10-20 mg	(Lotrel)	1	
amlodipine besy-benazepril hcl oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg		1	
amlodipine besylate 10 mg tab	(Norvasc)	1	
amlodipine besylate 2.5 mg tab	(Norvasc)	1	
amlodipine besylate 5 mg tab	(Norvasc)	1	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg		1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg		1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	(Procardia XL)	1	
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg		1	
nifedipine oral capsule 10 mg, 20 mg		1	
Diuretics			
amiloride hcl oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	
bumetanide injection solution 0.25 mg/ml		1	

Drug Name	Drug Tier	Requirements/Limits
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
furosemide injection solution 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)	1	PA; QL (120 per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	1	
spironolactone-hctz oral tablet 25-25 mg	1	
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg (Jynarque)	1	PA; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
Dyslipidemics		
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg (Caduet)	1	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet)	1	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	1	

Drug Name		Drug Tier	Requirements/Limits
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	
cholestyramine light oral packet 4 gm	(Prevalite)	1	
cholestyramine oral packet 4 gm	(Questran)	1	
colesevelam hcl oral packet 3.75 gm	(Welchol)	1	
colesevelam hcl oral tablet 625 mg	(Welchol)	1	
colestipol hcl oral packet 5 gm		1	
colestipol hcl oral tablet 1 gm	(Colestid)	1	
ezetimibe oral tablet 10 mg	(Zetia)	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	(Vytorin)	1	
fenofibrate capsule 134 mg oral		1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		1	
fenofibrate oral tablet 145 mg	(Tricor)	1	
fenofibrate oral tablet 160 mg, 48 mg, 54 mg		1	
fenofibrate tablet 160 mg oral		1	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	(Lescol XL)	1	
fluvastatin sodium oral capsule 20 mg, 40 mg		1	QL (60 per 30 days)
gemfibrozil oral tablet 600 mg	(Lopid)	1	
icosapent ethyl oral capsule 0.5 gm	(Vascepa)	1	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gm	(Vascepa)	1	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	
NEXLETOL ORAL TABLET 180 MG		1	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		1	ST; QL (30 per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg		1	
omega-3-acid ethyl esters oral capsule 1 gm	(Lovaza)	1	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg		1	
prevalite oral packet 4 gm	(Prevalite)	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		1	ST; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		1	ST; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		1	ST; QL (6 per 28 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	1	
simvastatin oral tablet 5 mg, 80 mg		1	
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren fumarate oral tablet 150 mg, 300 mg	(Tekturna)	1	
eplerenone oral tablet 25 mg, 50 mg		1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		1	PA; QL (30 per 30 days)
Vasodilators			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg		1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg		1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	
minoxidil oral tablet 10 mg, 2.5 mg		1	
nitro-bid transdermal ointment 2 %	(Nitro-Bid)	1	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	1	

Drug Name	Drug Tier	Requirements/Limits
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)	1	QL (30 per 30 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg (Adderall XR)	1	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)	1	QL (60 per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (60 per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	1	PA; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG	1	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	1	PA; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	1	PA; QL (210 per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG	1	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA; QL (1 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		1	PA; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		1	PA; QL (15 per 30 days)
cladribine (10 tabs) oral tablet therapy pack 10 mg	(Mavenclad (10 Tabs))	1	PA
cladribine (4 tabs) oral tablet therapy pack 10 mg	(Mavenclad (4 Tabs))	1	PA
cladribine (5 tabs) oral tablet therapy pack 10 mg	(Mavenclad (5 Tabs))	1	PA
cladribine (6 tabs) oral tablet therapy pack 10 mg	(Mavenclad (6 Tabs))	1	PA
cladribine (7 tabs) oral tablet therapy pack 10 mg	(Mavenclad (7 Tabs))	1	PA
cladribine (8 tabs) oral tablet therapy pack 10 mg	(Mavenclad (8 Tabs))	1	PA
cladribine (9 tabs) oral tablet therapy pack 10 mg	(Mavenclad (9 Tabs))	1	PA
dalfampridine er oral tablet extended release 12 hour 10 mg	(Ampyra)	1	PA; QL (60 per 30 days)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	1	QL (60 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	(Zenzedi)	1	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	(Zenzedi)	1	QL (120 per 30 days)
dextromethorphan-quinidine oral capsule 20-10 mg	(Nuedexta)	1	PA; QL (60 per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg	(Tecfidera)	1	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	(Tecfidera)	1	PA; QL (60 per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	(Tecfidera)	1	PA
fingolimod hcl oral capsule 0.5 mg	(Gilenya)	1	PA; QL (30 per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	(Glatopa)	1	PA; QL (30 per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	(Glatopa)	1	PA; QL (12 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
glatopa subcutaneous solution prefilled syringe 20 mg/ml	(Glatopa)	1	PA; QL (30 per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	(Glatopa)	1	PA; QL (12 per 28 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv)	1	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG		1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML		1	PA; QL (1.2 per 28 days)
lithium carbonate er oral tablet extended release 300 mg	(Lithobid)	1	
lithium carbonate er oral tablet extended release 450 mg		1	
lithium carbonate oral capsule 150 mg, 300 mg		1	
LITHIUM CARBONATE ORAL CAPSULE 600 MG		1	
lithium carbonate oral tablet 300 mg		1	
lithium oral solution 8 meq/5ml		1	
MAYZENT ORAL TABLET 0.25 MG		1	PA; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG		1	PA; QL (30 per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG		1	PA
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	(Methylin)	1	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	1	QL (90 per 30 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML		1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML		1	PA
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML		1	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML		1	PA; QL (1 per 28 days)
riluzole oral tablet 50 mg		1	
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	1	PA; QL (112 per 28 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML		1	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG		1	PA; QL (120 per 30 days)
CONTRACEPTIVES			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
altavera oral tablet 0.15-30 mg-mcg	(Altavera)	1	
alyacen 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
amethyst oral tablet 90-20 mcg	(Amethyst)	1	
apri oral tablet 0.15-30 mg-mcg		1	
aubra eq oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg		1	
aurovela 1/20 oral tablet 1-20 mg-mcg		1	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)		1	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
aviane oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
ayuna oral tablet 0.15-30 mg-mcg	(Altavera)	1	

Drug Name		Drug Tier	Requirements/Limits
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)		1	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
camila oral tablet 0.35 mg	(Camila)	1	
chateal eq oral tablet 0.15-30 mg-mcg	(Altavera)	1	
cryselle oral tablet 0.3-30 mg-mcg		1	
cyred eq oral tablet 0.15-30 mg-mcg		1	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
deblitane oral tablet 0.35 mg	(Camila)	1	
delyla oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
dolishale oral tablet 90-20 mcg	(Amethyst)	1	
elinest oral tablet 0.3-30 mg-mcg		1	
eluryng vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
emzahh oral tablet 0.35 mg	(Camila)	1	
enilloring vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
enpresse-28 oral tablet 50-30/75-40/125-30 mcg	(Levonest)	1	
enskyce oral tablet 0.15-30 mg-mcg		1	
errin oral tablet 0.35 mg	(Camila)	1	
estarylla oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya 1/50)	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
falmina oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

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

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

Drug Name		Drug Tier	Requirements/Limits
microgestin fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
mili oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY		1	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE		1	
mono-linyah oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	(Xulane)	1	QL (3 per 28 days)
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
norethindrone oral tablet 0.35 mg	(Camila)	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	
norlyroc oral tablet 0.35 mg	(Camila)	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
nylia 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
orquidea oral tablet 0.35 mg	(Camila)	1	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
portia-28 oral tablet 0.15-30 mg-mcg	(Altavera)	1	
reclipsen oral tablet 0.15-30 mg-mcg		1	
setlakin oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(Camila)	1	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG		1	
sprintec 28 oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
sronyx oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
tarina 24 fe oral tablet 1-20 mg-mcg(24)		1	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	
trivora (28) oral tablet 50-30/75-40/125-30 mcg	(Levonest)	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	

Drug Name		Drug Tier	Requirements/Limits
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	
turqoz oral tablet 0.3-30 mg-mcg		1	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG		1	
valtya 1/35 oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
valtya 1/50 oral tablet 1-50 mg-mcg	(Valtya 1/50)	1	
vienva oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
vylibra oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
xulane transdermal patch weekly 150-35 mcg/24hr	(Xulane)	1	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24hr	(Xulane)	1	QL (3 per 28 days)
zovia 1/35 (28) oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
DENTAL AND ORAL AGENTS			
Dental And Oral Agents			
cevimeline hcl oral capsule 30 mg	(Evoxac)	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	(Periogard)	1	
periogard mouth/throat solution 0.12 %	(Periogard)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen)	1	
sodium fluoride dental gel 1.1 %	(PreviDent)	1	
triamcinolone acetonide mouth/throat paste 0.1 %	(Kourzeq)	1	
DERMATOLOGICAL AGENTS			
Dermatological Agents, Other			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		1	

Drug Name		Drug Tier	Requirements/Limits
acyclovir external ointment 5 %	(Zovirax)	1	QL (30 per 30 days)
ammonium lactate external cream 12 %		1	
ammonium lactate external lotion 12 %	(AL12)	1	
calcipotriene external cream 0.005 %		1	QL (120 per 30 days)
calcipotriene external ointment 0.005 %	(Calcitrene)	1	QL (120 per 30 days)
calcipotriene external solution 0.005 %	(Pellix)	1	QL (120 per 30 days)
calcitriol external ointment 3 mcg/gm		1	
cvs isopropyl alcohol wipes external 70 %		1	PA; ST
fluorouracil external cream 5 %		1	
fluorouracil external solution 2 %, 5 %		1	
imiquimod external cream 5 %		1	QL (24 per 30 days)
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %		1	ST; QL (5 per 5 days)
methoxsalen rapid oral capsule 10 mg		1	
PANRETIN EXTERNAL GEL 0.1 %		1	QL (60 per 28 days)
podofilox external solution 0.5 %		1	
QC ALCOHOL EXTERNAL 70 %		1	PA; ST
ra isopropyl alcohol wipes external 70 %		1	PA; ST
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		1	QL (180 per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %		1	PA NSO
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg		1	
Dermatological Antibacterials			
clindamycin phos (once-daily) external gel 1 %	(Clindagel)	1	QL (120 per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %		1	
clindamycin phosphate external lotion 1 %	(Cleocin-T)	1	QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
clindamycin phosphate external solution 1 %		1	QL (180 per 30 days)
clindamycin phosphate external swab 1 %	(Clindacin ETZ)	1	
erythromycin external gel 2 %		1	
erythromycin external solution 2 %		1	
gentamicin sulfate external cream 0.1 %		1	QL (90 per 30 days)
gentamicin sulfate external ointment 0.1 %		1	QL (120 per 30 days)
metronidazole external cream 0.75 %		1	
metronidazole external gel 0.75 %, 1 %		1	
mupirocin external ointment 2 %		1	QL (220 per 30 days)
selenium sulfide external lotion 2.5 %		1	
silver sulfadiazine external cream 1 %	(SSD)	1	
ssd external cream 1 %	(SSD)	1	
Dermatological Anti-Inflammatory Agents			
ala-cort external cream 1 %	(Aveeno Anti-Itch Max St)	1	
alclometasone dipropionate external cream 0.05 %		1	
alclometasone dipropionate external ointment 0.05 %		1	
betamethasone dipropionate aug external cream 0.05 %		1	
betamethasone dipropionate aug external gel 0.05 %		1	
betamethasone dipropionate aug external lotion 0.05 %		1	
betamethasone dipropionate aug external ointment 0.05 %	(Diprolene)	1	
betamethasone dipropionate external cream 0.05 %		1	
betamethasone dipropionate external lotion 0.05 %		1	
betamethasone dipropionate external ointment 0.05 %		1	

Drug Name		Drug Tier	Requirements/Limits
betamethasone dp aug 0.05% gel		1	
betamethasone valerate external cream 0.1 %		1	
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		1	
betamethasone valerate external ointment 0.1 %		1	
clobetasol propionate e external cream 0.05 %		1	
clobetasol propionate emulsion external foam 0.05 %	(Tovet)	1	
clobetasol propionate external cream 0.05 %		1	
clobetasol propionate external gel 0.05 %		1	
clobetasol propionate external lotion 0.05 %		1	
clobetasol propionate external ointment 0.05 %		1	
clobetasol propionate external shampoo 0.05 %	(Clodan)	1	
clobetasol propionate external solution 0.05 %		1	
desonide external ointment 0.05 %		1	
desoximetasone external cream 0.25 %		1	QL (120 per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %		1	
fluocinolone acetonide body oil 0.01 % external	(Derma-Smoothe/FS Body)	1	
fluocinolone acetonide external cream 0.01 %		1	
fluocinolone acetonide external cream 0.025 %	(Synalar)	1	
fluocinolone acetonide external ointment 0.025 %	(Synalar)	1	
fluocinolone acetonide external solution 0.01 %		1	
fluocinolone acetonide scalp external oil 0.01 %	(Derma-Smoothe/FS Scalp)	1	

Drug Name		Drug Tier	Requirements/Limits
fluocinonide emulsified base external cream 0.05 %		1	
fluocinonide external cream 0.05 %		1	
fluocinonide external gel 0.05 %		1	
fluocinonide external ointment 0.05 %		1	
fluocinonide external solution 0.05 %		1	
fluticasone propionate external cream 0.05 %		1	
fluticasone propionate external ointment 0.005 %		1	
halobetasol propionate external cream 0.05 %		1	
halobetasol propionate external ointment 0.05 %		1	
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	
hydrocortisone valerate external cream 0.2 %		1	
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 %		1	QL (100 per 30 days)
PROCTOFOAM HC EXTERNAL FOAM 1-1 %		1	
procto-med hc external cream 2.5 %	(Procto-Med HC)	1	
proctosol hc external cream 2.5 %	(Procto-Med HC)	1	
proctozone-hc external cream 2.5 %	(Procto-Med HC)	1	

Drug Name		Drug Tier	Requirements/Limits
tacrolimus external ointment 0.03 %, 0.1 %		1	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 %		1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %		1	
Dermatological Retinoids			
adapalene external cream 0.1 %		1	
adapalene external gel 0.3 %	(Differin)	1	
ALTRENO EXTERNAL LOTION 0.05 %		1	PA
tazarotene external cream 0.1 %	(Tazorac)	1	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	1	PA
tretinoin external gel 0.01 %, 0.025 %	(Retin-A)	1	PA
Scabicides And Pediculicides			
malathion external lotion 0.5 %	(Ovide)	1	
permethrin external cream 5 %		1	QL (60 per 30 days)
DEVICES			
Devices			
1ST TIER UNIFINE PENTIPS 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
1ST TIER UNIFINE PENTIPS 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
1ST TIER UNIFINE PENTIPS 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
1ST TIER UNIFINE PENTIPS 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
1ST TIER UNIFINE PENTIPS 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
1ST TIER UNIFINE PENTIPS 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
1ST TIER UNIFINE PENTIPS 33G X 4 MM	(1st tier unifine pentips)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 33G X 4 MM	(1st tier unifine pentips)	1	PA; ST
ABOUTTIME PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST
ABOUTTIME PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
ABOUTTIME PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
ABOUTTIME PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
ADVOCATE ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq 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 PADS PAD 70 %	(alcohol pads)	1	PA; ST
ALCOHOL PREP PAD	(alcohol pads)	1	PA; ST
ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	1	PA; ST
ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
AQ INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	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	(1st tier unifine pentips)	1	PA; ST
AQINJECT PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
AUM ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	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	(1st tier unifine pentips)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
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	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
AUM PEN NEEDLE 33G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
AUM SAFETY PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
AUM SAFETY PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
AURORA PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
AURORA PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
AURORA PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
AUTOKEEPER SAFETY PEN NEEDLE 30G X 5 MM	(pen needles)	1	PA; ST
AUTOKEEPER SAFETY PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST
BD AUTOSHIELD DUO 30G X 5 MM	(pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML		1	PA; ST
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	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 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" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC)	(global inject ease insulin syr)	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (RX)	(global inject ease insulin syr)	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)	(aq insulin syringe)	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	(aq insulin syringe)	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	(global inject ease insulin syr)	1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (OTC)	(global inject ease insulin syr)	1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX)	(global inject ease insulin syr)	1	PA; ST
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYRINGE U-100 1 ML		1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	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 INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
BD PEN NEEDLE MINI U/F 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq 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

Drug Name		Drug Tier	Requirements/Limits
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 SWAB SINGLE USE REGULAR PAD	(alcohol pads)	1	PA; ST
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	(1st tier unifine pentips)	1	PA; ST
CAREFINE PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
CAREFINE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
CAREFINE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	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

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
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
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
CAREONE UNIFINE PENTIPS PLUS 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
CAREONE UNIFINE PENTIPS PLUS 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
CAREONE UNIFINE PENTIPS PLUS 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
CAREONE UNIFINE PENTIPS PLUS 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
CAREONE UNIFINE PENTIPS PLUS 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM	(1st tier unifine pentips)	1	PA; ST
CARETOUCH ALCOHOL PREP PAD 70 %	(alcohol pads)	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	(aq 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	(1st tier unifine pentips)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
CARETOUCH PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
CLEVER CHOICE COMFORT EZ 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
CLEVER CHOICE COMFORT EZ 33G X 4 MM	(1st tier unifine pentips)	1	PA; ST
CLEVER CHOICE COMFORT EZ PLUS 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
CLICKFINE PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
CLICKFINE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
CLICKFINE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
CLICKFINE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
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	(global inject ease insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq 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
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM	(1st tier unifine pentips)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
CURITY ALCOHOL PREPS PAD 70 %	(alcohol pads)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
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 ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	1	PA; ST
CVS GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
CVS GAUZE STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
CVS PREP PAD 70 %	(alcohol pads)	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	(1st tier unifine pentips)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
DIATHRIVE PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	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

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
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	(global inject ease insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq 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 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
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	(1st tier unifine pentips)	1	PA; ST
DROPLET PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
DROPLET PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
DROPLET PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
DROPLET PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
DROPLET PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
DROPLET PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
DROPLET PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
DROPSAFE ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
DROPSAFE AUTOPROTECT DUO 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
DROPSAFE AUTOPROTECT DUO 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
DROPSAFE AUTOPROTECT DUO 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
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 UNIFINE PENTIPS 29G X 12MM	(1st tier unifine pentips)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
DRUG MART UNIFINE PENTIPS 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
DRUG MART UNIFINE PENTIPS 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
EASY COMFORT ALCOHOL PADS PAD	(alcohol pads)	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	(aq insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
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	(true comfort insulin syringe)	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	(1st tier unifine pentips)	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
EASY COMFORT PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	(alcohol pads)	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
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	(global inject ease insulin syr)	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML	(aq insulin syringe)	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	(aq 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

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	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	(global inject ease insulin syr)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq 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	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	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	(aq insulin syringe)	1	PA; ST
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 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	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" 0.3 ML	(global easy glide insulin syr)	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

Drug Name		Drug Tier	Requirements/Limits
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	(global inject ease insulin syr)	1	PA; ST
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	(global inject ease insulin syr)	1	PA; ST
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	(global inject ease insulin syr)	1	PA; ST
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML		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	(1st tier unifine pentips)	1	PA; ST
EMBECTA PEN NEEDLE NANO 32G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
EMBRACE PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
EMBRACE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
EMBRACE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EMBRACE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
EQL ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
EQL GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
EQL INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EQL INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
EQL INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
EQL INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
FIFTY50 ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
FIFTY50 PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
FIFTY50 PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
FIFTY50 PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
FIFTY50 PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
FIFTY50 SUPERIOR COMFORT SYR 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 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
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 pads)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	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 EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML	(global inject ease insulin syr)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
GLOBAL INSULIN SYRINGES 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	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	(global inject ease insulin syr)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
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 70 %	(alcohol pads)	1	PA; ST
GNP CLICKFINE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
GNP CLICKFINE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
GNP INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
GNP INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
GNP INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML	(global inject ease insulin syr)	1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML	(aq insulin syringe)	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	(global inject ease insulin syr)	1	PA; ST
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
GNP PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
GNP PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
GNP PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
GNP PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
GNP STERILE GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
GNP ULTICARE PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
GNP ULTICARE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
GNP ULTICARE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
GNP ULTICARE PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	1	PA; ST
GOODSENSE ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML	(aq 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	(1st tier unifine pentips)	1	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
H-E-B INCONTROL ALCOHOL PAD	(alcohol pads)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM	(1st tier unifine pentips)	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 MINI PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	(autopen)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	(autopen)	1	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	(autopen)	1	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	(autopen)	1	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	(autopen)	1	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	(autopen)	1	
INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	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
INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (OTC)	(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 (OTC)	(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 (OTC)	(global inject ease insulin syr)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX)	(global inject ease insulin syr)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (OTC)	(global inject ease insulin syr)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)	(global inject ease insulin syr)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML (OTC)	(global inject ease insulin syr)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML (RX)	(global inject ease insulin syr)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML (OTC)	(aq insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML (RX)	(aq insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML (OTC)	(careone insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML (RX)	(careone insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML (OTC)	(aq insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML (RX)	(aq insulin syringe)	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" 0.3 ML	(careone insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (OTC)	(careone insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (RX)	(careone insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML (OTC)	(aq insulin syringe)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML (RX)	(aq insulin syringe)	1	PA; ST
INSUPEN PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
INSUPEN PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
INSUPEN PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
INSUPEN PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
INSUPEN PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	1	PA; ST
INSUPEN SENSITIVE 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
INSUPEN SENSITIVE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
INSUPEN ULTRAFIN 30G X 8 MM	(pen needles)	1	PA; ST
INSUPEN ULTRAFIN 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
INSUPEN ULTRAFIN 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
INSUPEN32G EXTR3ME 32G X 6 MM	(1st tier unifine pentips)	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	(global inject ease insulin syr)	1	PA; ST
KINRAY INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
KINRAY INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML		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

Drug Name		Drug Tier	Requirements/Limits
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML		1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 1 ML		1	PA; ST
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
KROGER INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
KROGER INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST
KROGER INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
KROGER INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
KROGER INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
KROGER INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
KROGER PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
KROGER PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
KROGER PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
KROGER PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
KROGER PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
KROGER PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	1	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	1	PA; ST
LEADER INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
LEADER INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
LEADER INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST
LEADER INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
LEADER INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
LEADER INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
LEADER INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
LEADER UNIFINE PENTIPS 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
LEADER UNIFINE PENTIPS 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
LEADER UNIFINE PENTIPS PLUS 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
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	(1st tier unifine pentips)	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
LITETOUCH PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
MARATHON MEDICAL PENTIPS 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
MARATHON MEDICAL PENTIPS 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
MARATHON MEDICAL PENTIPS 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
MARATHON MEDICAL PENTIPS 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	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	(global inject ease insulin syr)	1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
MEDPURA ALCOHOL PADS 70 % EXTERNAL		1	PA; ST
MEIJER ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
MEIJER PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
MEIJER PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
MEIJER PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
MICRODOT PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
MICRODOT PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
MICRODOT PEN NEEDLE 33G X 4 MM	(1st tier unifine pentips)	1	PA; ST
MIRASORB SPONGES 2"X2"	(cvs gauze)	1	PA; ST
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
MM PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
MM PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
MM PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
MM PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	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 27G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	(global inject ease insulin syr)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	(global inject ease insulin syr)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	(global inject ease insulin syr)	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	(aq insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	(aq insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (OTC)	(easy comfort insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	(easy comfort insulin syringe)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
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
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	(global inject ease insulin syr)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	(global inject ease insulin syr)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	(global inject ease insulin syr)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (RX)	(global inject ease insulin syr)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)	(global inject ease insulin syr)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	(global inject ease insulin syr)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (OTC)	(aq insulin syringe)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	(aq insulin syringe)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	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

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST
NOVOFINE PEN NEEDLE 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	(pivot insulin pump starter kit)	1	QL (1 per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5		1	QL (10 per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	(pivot insulin pump starter kit)	1	QL (1 per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)		1	QL (10 per 30 days)
OMNIPOD 5 LIBRE INTRO KIT	(pivot insulin pump starter kit)	1	QL (1 per 365 days)
OMNIPOD 5 LIBRE PODS		1	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)		1	QL (10 per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	(pivot insulin pump starter kit)	1	QL (1 per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	(pivot insulin pump starter kit)	1	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)		1	QL (10 per 30 days)
PC UNIFINE PENTIPS 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
PC UNIFINE PENTIPS 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
PC UNIFINE PENTIPS 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
PEN NEEDLES 30G X 5 MM (OTC)	(pen needles)	1	PA; ST
PEN NEEDLES 30G X 5 MM (RX)	(pen needles)	1	PA; ST
PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
PEN NEEDLES 31G X 5 MM (OTC)	(1st tier unifine pentips)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
PEN NEEDLES 31G X 5 MM (RX)	(1st tier unifine pentips)	1	PA; ST
PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
PEN NEEDLES 31G X 8 MM (OTC)	(1st tier unifine pentips)	1	PA; ST
PEN NEEDLES 31G X 8 MM (RX)	(1st tier unifine pentips)	1	PA; ST
PEN NEEDLES 32G X 4 MM (OTC)	(1st tier unifine pentips)	1	PA; ST
PEN NEEDLES 32G X 4 MM (RX)	(1st tier unifine pentips)	1	PA; ST
PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	1	PA; ST
PEN NEEDLES 5/16" 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
PENTIPS 29G X 12MM (OTC)	(1st tier unifine pentips)	1	PA; ST
PENTIPS 29G X 12MM (RX)	(1st tier unifine pentips)	1	PA; ST
PENTIPS 31G X 5 MM (OTC)	(1st tier unifine pentips)	1	PA; ST
PENTIPS 31G X 5 MM (RX)	(1st tier unifine pentips)	1	PA; ST
PENTIPS 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
PENTIPS 31G X 8 MM (OTC)	(1st tier unifine pentips)	1	PA; ST
PENTIPS 31G X 8 MM (RX)	(1st tier unifine pentips)	1	PA; ST
PENTIPS 32G X 4 MM (OTC)	(1st tier unifine pentips)	1	PA; ST
PENTIPS 32G X 4 MM (RX)	(1st tier unifine pentips)	1	PA; ST
PENTIPS 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
PHARMACIST CHOICE ALCOHOL PAD	(alcohol pads)	1	PA; ST
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	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	(1st tier unifine pentips)	1	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
PRO COMFORT ALCOHOL PAD 70 %	(alcohol pads)	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	(aq insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
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	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	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 pads)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 6 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
PX MINI PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
PX PEN NEEDLE 29G X 12MM	(1st tier unifine pentips)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
PX PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
QC ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
QC BORDER ISLAND GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
QC PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
QC PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
QC PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
QC UNIFINE PENTIPS 32G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
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 pads)	1	PA; ST
RA INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
RA INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
RA PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
RA PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
RA STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
RAYA SURE PEN NEEDLE 29G X 12MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
REALITY SWABS PAD	(alcohol pads)	1	PA; ST
RELION ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
RELION ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
RELI-ON INSULIN SYRINGE 29G 0.3 ML		1	PA; ST
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	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

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
RELION INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
RELION MINI PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
RELION PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
RELION PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
RELION PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
RELION PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
RELION SHORT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
RESTORE CONTACT LAYER PAD 2"X2"	(cvs gauze)	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
SAPS CARE ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
SAPS HEALTH ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
SAPS HEALTH CARE ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
SB ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST
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

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
SECURESAFE SAFETY PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
SM STERILE 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 pads)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	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	(global inject ease insulin syr)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq 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

Drug Name		Drug Tier	Requirements/Limits
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	(1st tier unifine pentips)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)	(1st tier unifine pentips)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (RX)	(1st tier unifine pentips)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
SURGICAL GAUZE SPONGE PAD 2"X2"	(cvs gauze)	1	PA; ST
TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TECHLITE PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
TECHLITE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
TECHLITE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
TECHLITE PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
TEGADERM FOAM PAD 2"X2"	(cvs gauze)	1	PA; ST
TODAYS HEALTH PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML	(aq 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
TOPFINE INSULIN PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
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	(aq 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	(true comfort insulin syringe)	1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
TRUE COMFORT PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %	(alcohol pads)	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	(aq 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
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML	(true comfort insulin syringe)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	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
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
TRUE COMFORT SAFETY PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq 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	(1st tier unifine pentips)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
TRUEPLUS PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
ULTICARE ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
ULTICARE ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
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	(global inject ease insulin syr)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC)	(aq insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	(aq 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 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
ULTICARE MICRO PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ULTICARE MINI PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
ULTICARE MINI PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
ULTICARE MINI PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
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	(1st tier unifine pentips)	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)	(1st tier unifine pentips)	1	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (RX)	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM	(1st tier unifine pentips)	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

Drug Name		Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTILET ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
ULTILET PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
ULTILET PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
ULTILET PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
ULTILET PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	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	(global inject ease insulin syr)	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	(global inject ease insulin syr)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	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

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq 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	(1st tier unifine pentips)	1	PA; ST
ULTRA-CARE ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	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	(global inject ease insulin syr)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq 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	(1st tier unifine pentips)	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
ULTRACARE PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML	(aq 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	(global inject ease insulin syr)	1	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
UNIFINE OTC PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE PENTIPS 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE PENTIPS 30G X 5 MM	(pen needles)	1	PA; ST
UNIFINE PENTIPS 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE PENTIPS 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE PENTIPS 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE PENTIPS 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE PENTIPS 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE PENTIPS 33G X 4 MM	(1st tier unifine pentips)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE PENTIPS PLUS 30G X 5 MM	(pen needles)	1	PA; ST
UNIFINE PENTIPS PLUS 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE PENTIPS PLUS 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE PENTIPS PLUS 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE PENTIPS PLUS 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE PENTIPS PLUS 33G X 4 MM	(1st tier unifine pentips)	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	(1st tier unifine pentips)	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	(1st tier unifine pentips)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 29G X 12MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 34G X 3.5 MM		1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone 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	(aq 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	(1st tier unifine pentips)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM	(1st tier unifine pentips)	1	PA; ST
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST
VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	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	(1st tier unifine pentips)	1	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
VERIFINE PLUS PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
VERISAFE SAFETY INSULIN SYR 29G X 1/2" 1 ML	(aq insulin syringe)	1	PA; ST
V-GO 20 KIT 20 UNIT/24HR		1	QL (30 per 30 days)
V-GO 30 KIT 30 UNIT/24HR		1	QL (30 per 30 days)
V-GO 40 KIT 40 UNIT/24HR		1	QL (30 per 30 days)
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	1	PA; ST
WEBCOL ALCOHOL PREP LARGE PAD 70 %	(alcohol pads)	1	PA; ST
WEBCOL ALCOHOL PREP MEDIUM PAD 70 %	(alcohol pads)	1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
ZEVRX INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ZEVRX INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ZEVRX INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	1	PA; ST
ZEVRX INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ZEVRX PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	1	PA; ST
ZEVRX PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	1	PA; ST
ZEVRX PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	1	PA; ST
ZEVRX PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	1	PA; ST
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %	(alcohol pads)	1	PA; ST
ENZYME COFACTORS/CHAPERONES			
Enzyme Cofactors/Chaperones			
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		1	PA; 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		1	
javygtor oral tablet 100 mg	(Javygtor)	1	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML		1	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		1	PA BvD
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML		1	PA

Drug Name	Drug Tier	Requirements/Limits
sapropterin dihydrochloride oral tablet 100 mg (Javygtor)	1	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	1	PA
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	1	
EYE, EAR, NOSE, THROAT AGENTS		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
atropine sulfate ophthalmic solution 1 %	1	
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 %	1	
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 %	1	
ipratropium bromide nasal solution 0.03 %	1	QL (30 per 28 days)
ipratropium bromide nasal solution 0.06 %	1	QL (15 per 10 days)
levofloxacin ophthalmic solution 0.5 %	1	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	1	QL (12 per 28 days)
olopatadine hcl ophthalmic solution 0.1 % (Pataday)	1	
olopatadine hcl ophthalmic solution 0.2 % (Advanced Eye Relief)	1	

Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Anti-Infectives Agents		
acetic acid otic solution 2 %	1	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	1	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	QL (7.5 per 7 days)
erythromycin ophthalmic ointment 5 mg/gm	1	QL (3.5 per 4 days)
gentamicin sulfate ophthalmic solution 0.3 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 % (Zylet)	1	
moxifloxacin hcl ophthalmic solution 0.5 % (Vigamox)	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	1	
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	1	
neomycin-polymyxin-hc otic solution 1 %	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment 1 %	1	

Drug Name	Drug Tier	Requirements/Limits
neo-polycin ophthalmic ointment 3.5-400-10000	1	
ofloxacin ophthalmic solution 0.3 % (Ocuflox)	1	
ofloxacin otic solution 0.3 %	1	
polycin ophthalmic ointment 500-10000 unit/gm	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
trifluridine ophthalmic solution 1 %	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	1	PA; QL (10 per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
bromfenac sodium ophthalmic solution 0.07 % (Prolensa)	1	
cyclosporine (pf) ophthalmic emulsion 0.05 % (Restasis)	1	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
diclofenac sodium ophthalmic solution 0.1 %	1	
difluprednate ophthalmic emulsion 0.05 % (Durezol)	1	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	1	QL (8.3 per 14 days)
flunisolide nasal solution 25 mcg/act (0.025%)	1	QL (50 per 25 days)

Drug Name		Drug Tier	Requirements/Limits
fluocinolone acetonide otic oil 0.01 %	(DermOtic)	1	
fluorometholone ophthalmic suspension 0.1 %	(FML Liquifilm)	1	
flurbiprofen sodium ophthalmic solution 0.03 %		1	
fluticasone propionate nasal suspension 50 mcg/act	(Flonase Allergy Rel Childrens)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		1	
INVELTYS OPHTHALMIC SUSPENSION 1 %		1	QL (5.6 per 14 days)
ketorolac tromethamine ophthalmic solution 0.5 %	(Acular)	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %		1	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC GEL 0.38 %		1	QL (5 per 16 days)
loteprednol etabonate ophthalmic gel 0.5 %	(Lotemax)	1	QL (10 per 14 days)
loteprednol etabonate ophthalmic suspension 0.2 %		1	ST
loteprednol etabonate ophthalmic suspension 0.5 %	(Lotemax)	1	QL (15 per 19 days)
mometasone furoate nasal suspension 50 mcg/act	(Nasonex 24HR)	1	QL (34 per 30 days)
prednisolone acetate ophthalmic suspension 1 %	(Pred Forte)	1	
prednisolone sodium phosphate ophthalmic solution 1 %		1	
XIIDRA OPHTHALMIC SOLUTION 5 %		1	QL (60 per 30 days)
GASTROINTESTINAL AGENTS			
Antiulcer Agents And Acid Suppressants			
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg		1	
cimetidine hcl oral solution 300 mg/5ml		1	

Drug Name		Drug Tier	Requirements/Limits
cimetidine oral tablet 200 mg	(Tagamet HB)	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		1	
esomeprazole magnesium oral capsule delayed release 20 mg	(GoodSense Esomeprazole)	1	
esomeprazole magnesium oral capsule delayed release 40 mg	(NexIUM)	1	
esomeprazole magnesium oral packet 10 mg, 20 mg	(NexIUM)	1	ST
esomeprazole magnesium oral packet 40 mg	(NexIUM)	1	ST; QL (60 per 30 days)
famotidine oral suspension reconstituted 40 mg/5ml		1	
famotidine oral tablet 20 mg	(MM Acid-Pep Maximum Strength)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule delayed release 15 mg	(Prevacid 24HR)	1	
lansoprazole oral capsule delayed release 30 mg	(Prevacid)	1	QL (60 per 30 days)
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	(Prevacid SoluTab)	1	ST
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	
nizatidine oral capsule 150 mg, 300 mg		1	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg		1	
pantoprazole sodium oral packet 40 mg		1	ST; QL (60 per 30 days)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	(Protonix)	1	
rabeprazole sodium oral tablet delayed release 20 mg	(Aciphex)	1	
sucralfate oral suspension 1 gm/10ml		1	
sucralfate oral tablet 1 gm	(Carafate)	1	
VOQUEZNA ORAL TABLET 10 MG, 20 MG		1	PA
Gastrointestinal Agents, Other			

Drug Name		Drug Tier	Requirements/Limits
carglumic acid oral tablet soluble 200 mg	(Carbaglu)	1	PA
constulose oral solution 10 gm/15ml		1	
cromolyn sodium oral concentrate 100 mg/5ml	(Gastrocrom)	1	
dicyclomine hcl oral capsule 10 mg		1	
dicyclomine hcl oral solution 10 mg/5ml		1	
dicyclomine hcl oral tablet 20 mg		1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	
enulose oral solution 10 gm/15ml		1	
generlac oral solution 10 gm/15ml		1	
glycopyrrolate oral tablet 1 mg, 2 mg		1	
kionex combination suspension 15 gm/60ml	(Kionex)	1	
lactulose oral solution 10 gm/15ml		1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		1	QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM, 5 GM		1	
loperamide hcl oral capsule 2 mg	(Imodium A-D)	1	
lubiprostone oral capsule 24 mcg	(Amitiza)	1	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	(Amitiza)	1	QL (120 per 30 days)
metoclopramide hcl injection solution 5 mg/ml		1	
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		1	QL (30 per 30 days)
sodium polystyrene sulfonate combination suspension 15 gm/60ml	(Kionex)	1	
sodium polystyrene sulfonate oral powder		1	
sps (sodium polystyrene sulf) combination suspension 15 gm/60ml	(Kionex)	1	
TRULANCE ORAL TABLET 3 MG		1	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
URSODIOL ORAL CAPSULE 200 MG, 400 MG		1	
ursodiol oral capsule 300 mg		1	
ursodiol oral tablet 250 mg		1	
ursodiol oral tablet 500 mg	(Urso Forte)	1	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM		1	
XERMELO ORAL TABLET 250 MG		1	PA; QL (84 per 28 days)
Laxatives			
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)	1	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)	(Suprep Bowel Prep Kit)	1	
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	
Phosphate Binders			
calcium acetate (phos binder) oral capsule 667 mg		1	
calcium acetate (phos binder) oral tablet 667 mg	(Calphron)	1	
calcium acetate tablet 667 mg oral	(Calphron)	1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	(Renvela)	1	
sevelamer carbonate oral tablet 800 mg	(Renvela)	1	
sevelamer hcl oral tablet 400 mg, 800 mg		1	
GENITOURINARY AGENTS			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		1	

Drug Name		Drug Tier	Requirements/Limits
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	(Toviaz)	1	
flavoxate hcl oral tablet 100 mg		1	
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	(Myrbetriq)	1	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg		1	
oxybutynin chloride oral solution 5 mg/5ml		1	
oxybutynin chloride oral tablet 5 mg		1	
solifenacin succinate oral tablet 10 mg, 5 mg		1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg		1	
tolterodine tartrate oral tablet 1 mg, 2 mg		1	
trospium chloride oral tablet 20 mg		1	
Genitourinary Agents, Miscellaneous			
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	(Uroxatral)	1	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	1	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin hcl oral capsule 0.4 mg		1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
HEAVY METAL ANTAGONISTS			
Heavy Metal Antagonists			
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	1	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	1	PA
trientine hcl oral capsule 250 mg	(Syprine)	1	PA; QL (240 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING			
Androgens			
danazol oral capsule 100 mg, 200 mg, 50 mg		1	
TESTOSTERONE CYPIONATE INJECTION SOLUTION 200 MG/ML		1	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	(Depo-Testosterone)	1	PA
testosterone enanthate intramuscular solution 200 mg/ml		1	PA; QL (5 per 28 days)
testosterone transdermal gel 12.5 mg/act (1%)	(Vogelxo Pump)	1	PA; QL (300 per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	(AndroGel Pump)	1	PA; QL (150 per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%)		1	PA; QL (300 per 30 days)
testosterone transdermal gel 50 mg/5gm (1%)	(Testim)	1	PA; QL (300 per 30 days)
Estrogens And Antiestrogens			
abigale lo oral tablet 0.5-0.1 mg	(Abigale Lo)	1	
abigale oral tablet 1-0.5 mg	(Abigale)	1	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	(Dotti)	1	QL (8 per 28 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	(Estrogel)	1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	(Dotti)	1	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)	1	QL (4 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
estradiol vaginal cream 0.01 %	(Estrace)	1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	1	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	1	
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	(Premarin)	1	
mimvey oral tablet 1-0.5 mg	(Abigale)	1	
PREMARIN VAGINAL CREAM 0.625 MG/GM		1	
PREMPHASE ORAL TABLET 0.625-5 MG		1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		1	
raloxifene hcl oral tablet 60 mg	(Evista)	1	
yuvafem vaginal tablet 10 mcg	(Yuvafem)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
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 sod phosphate pf injection solution 10 mg/ml		1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 4 mg/ml		1	
fludrocortisone acetate oral tablet 0.1 mg		1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	1	
methylprednisolone acetate injection suspension 80 mg/ml	(DEPO-Medrol)	1	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	1	

Drug Name	Drug Tier	Requirements/Limits
methylprednisolone oral tablet 32 mg	1	
methylprednisolone oral tablet therapy pack 4 mg (Medrol)	1	
methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg	1	
prednisolone oral solution 15 mg/5ml	1	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml	1	PA BvD
prednisolone sodium phosphate solution 15 mg/5ml oral	1	PA BvD
prednisone oral solution 5 mg/5ml	1	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		
CORTROPHIN INJECTION GEL 80 UNIT/ML	1	PA; QL (35 per 28 days)
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg (DDAVP)	1	
desmopressin acetate spray solution 0.01 % nasal	1	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	1	PA NSO; QL (0.5 per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	1	PA NSO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	1	PA NSO
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	1	PA
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (SandoSTATIN)	1	
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml	1	
ORGOVYX ORAL TABLET 120 MG	1	PA NSO
ORILISSA ORAL TABLET 150 MG	1	PA; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	1	PA; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	1	PA NSO; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	1	PA NSO; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	1	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg (Gallifrey)	1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml (Depo-Provera)	1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml (Depo-Provera)	1	

Drug Name		Drug Tier	Requirements/Limits
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml		1	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	1	
progesterone oral capsule 100 mg, 200 mg	(Prometrium)	1	
Thyroid And Antithyroid Agents			
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Levoxyl)	1	
levothyroxine sodium oral tablet 300 mcg	(Synthroid)	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	1	
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		1	PA
IMMUNOLOGICAL AGENTS			
Immunological Agents			
adalimumab-aaty (1 pen) auto-injector kit 40 mg/0.4ml subcutaneous	(Yuflyma (1 Pen))	1	PA
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	(Yuflyma (1 Pen))	1	PA
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	(Yuflyma (1 Pen))	1	PA
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml		1	PA

Drug Name		Drug Tier	Requirements/Limits
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	(Yuflyma (2 Syringe))	1	PA
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	(Yuflyma (1 Pen))	1	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		1	PA
azathioprine oral tablet 50 mg	(Imuran)	1	PA BvD
azathioprine sodium injection solution reconstituted 100 mg		1	PA BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		1	PA; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		1	PA; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		1	PA NSO; QL (2 per 28 days)
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML		1	PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML		1	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG		1	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML		1	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		1	PA

Drug Name		Drug Tier	Requirements/Limits
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		1	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		1	PA
cyclosporine intravenous solution 50 mg/ml	(SandIMMUNE)	1	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	1	PA BvD
cyclosporine modified oral capsule 50 mg		1	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Neoral)	1	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(SandIMMUNE)	1	PA BvD
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 pen))	1	PA
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))	1	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 pen))	1	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 pen))	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML		1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML		1	PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	1	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	1	PA BvD
gengraf oral capsule 100 mg, 25 mg (Gengraf)	1	PA BvD
gengraf oral solution 100 mg/ml (Neoral)	1	PA BvD
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (adalimumab-bwwd)	1	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	1	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (adalimumab-bwwd)	1	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	1	PA
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	1	PA; 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	1	PA; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	1	PA; Only NDCs starting with 00074

Drug Name		Drug Tier	Requirements/Limits
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML		1	PA; Only NDCs starting with 00074
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		1	PA; Only NDCs starting with 00074
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		1	PA; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML		1	PA; Only NDCs starting with 00074
infliximab intravenous solution reconstituted 100 mg	(Remicade)	1	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		1	PA
leflunomide oral tablet 10 mg, 20 mg	(Arava)	1	
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	(CellCept Intravenous)	1	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	1	PA BvD
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	(CellCept)	1	PA BvD
mycophenolate mofetil oral tablet 500 mg	(CellCept)	1	PA BvD
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	(Myfortic)	1	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 22 MG/2.2ML, 9 MG/0.18ML, 9 MG/0.9ML		1	PA NSO
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		1	PA BvD

Drug Name	Drug Tier	Requirements/Limits
OMLYCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	1	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	1	PA
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	1	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	1	PA
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	1	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (tacrolimus)	1	PA BvD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	PA BvD
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	1	ST
REZUROCK ORAL TABLET 200 MG	1	PA NSO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	1	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	PA BvD
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	1	PA
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (ustekinumab-aekn)	1	PA
sirolimus oral solution 1 mg/ml	1	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 55 MG/0.37ML	1	PA
tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg (Astagraf XL)	1	PA BvD
tacrolimus intravenous solution 5 mg/ml (Prograf)	1	PA BvD
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	1	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	1	PA; QL (180 per 30 days)
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg (Xeljanz XR)	1	PA
tofacitinib citrate oral solution 1 mg/ml (Xeljanz)	1	PA
tofacitinib citrate oral tablet 10 mg, 5 mg (Xeljanz)	1	PA

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	1	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	1	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	1	PA
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	1	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA
ustekinumab-aauz subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml (Otulfi)	1	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	1	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (adalimumab-aaty (1 pen))	1	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (adalimumab-aaty (2 syringe))	1	PA

Drug Name	Drug Tier	Requirements/Limits
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (adalimumab-aaty (1 pen))	1	PA
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	1	$0 copay
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	1	$0 copay
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	1	$0 copay
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	$0 copay
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	1	$0 copay
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	$0 copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	QL (3 per 365 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	PA BvD; $0 copay
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	PA BvD; $0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	1	$0 copay

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML	1	$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	PA BvD; $0 copay
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	PA BvD; $0 copay
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOL INJECTION SUSPENSION	1	$0 copay
IXIARO INTRAMUSCULAR SUSPENSION	1	$0 copay
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	$0 copay
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	$0 copay
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	1	$0 copay
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	$0 copay
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	$0 copay
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	$0 copay

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	$0 copay
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	$0 copay
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	$0 copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	PA BvD; $0 copay
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	PA BvD; $0 copay
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION	1	
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	$0 copay; QL (2 per 365 days)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	$0 copay

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	$0 copay
TENIVAC SUSPENSION 5-2 LF/0.5ML INTRAMUSCULAR	1	$0 copay
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	$0 copay
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	$0 copay
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	$0 copay
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	1	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	$0 copay
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML	1	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	1	$0 copay
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	1	$0 copay
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	$0 copay
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	1	$0 copay
VIVOTIF ORAL CAPSULE DELAYED RELEASE	1	$0 copay

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED		1	$0 copay
INFLAMMATORY BOWEL DISEASE AGENTS			
Inflammatory Bowel Disease Agents			
alosetron hcl oral tablet 0.5 mg, 1 mg	(Lotronex)	1	
balsalazide disodium oral capsule 750 mg		1	
budesonide oral capsule delayed release particles 3 mg		1	
budesonide rectal foam 2 mg	(Uceris)	1	
hydrocortisone rectal enema 100 mg/60ml	(Cortenema)	1	
mesalamine er oral capsule extended release 24 hour 0.375 gm	(Apriso)	1	
mesalamine er oral capsule extended release 500 mg	(Pentasa)	1	
mesalamine oral tablet delayed release 1.2 gm	(Lialda)	1	QL (120 per 30 days)
mesalamine rectal enema 4 gm		1	
mesalamine rectal suppository 1000 mg	(Canasa)	1	
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	
sulfasalazine oral tablet delayed release 500 mg	(Azulfidine EN-tabs)	1	
IRRIGATING SOLUTIONS			
Irrigating Solutions			
RENACIDIN IRRIGATION SOLUTION		1	
sodium chloride irrigation solution 0.9 %	(Argyle Sterile Saline)	1	
METABOLIC BONE DISEASE AGENTS			
Metabolic Bone Disease Agents			
alendronate sodium oral solution 70 mg/75ml		1	QL (300 per 28 days)
alendronate sodium oral tablet 10 mg		1	QL (30 per 30 days)
alendronate sodium oral tablet 35 mg		1	QL (4 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
alendronate sodium oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal solution 200 unit/act		1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg		1	
calcitriol oral solution 1 mcg/ml		1	
cinacalcet hcl oral tablet 30 mg, 60 mg	(Sensipar)	1	QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	(Sensipar)	1	QL (120 per 30 days)
ibandronate sodium oral tablet 150 mg		1	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML		1	PA
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	1	
paricalcitol oral capsule 4 mcg		1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG		1	QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		1	QL (1 per 180 days)
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	(Bonsity)	1	PA; QL (2.24 per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		1	PA; QL (1.56 per 30 days)
MISCELLANEOUS THERAPEUTIC AGENTS			
Miscellaneous Therapeutic Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML		1	PA
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE		1	
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL		1	
betaine oral powder	(Cystadane)	1	PA
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	
diazoxide oral suspension 50 mg/ml	(Proglycem)	1	

Drug Name		Drug Tier	Requirements/Limits
ELMIRON ORAL CAPSULE 100 MG		1	
glucagon emergency injection solution reconstituted 1 mg		1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML		1	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML		1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML		1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg		1	
leucovorin calcium oral tablet 5 mg	(Lederle Leucovorin)	1	
levocarnitine oral solution 1 gm/10ml	(Carnitor)	1	
levocarnitine oral tablet 330 mg	(Carnitor)	1	
l-glutamine oral packet 5 gm	(Endari)	1	PA; QL (180 per 30 days)
mesna oral tablet 400 mg	(Mesnex)	1	
nitroglycerin rectal ointment 0.4 %	(Rectiv)	1	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	1	
THALOMID ORAL CAPSULE 100 MG		1	PA NSO; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG		1	PA NSO; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG		1	PA NSO; QL (224 per 28 days)
TYBOST ORAL TABLET 150 MG		1	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		1	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE		1	PA; QL (12 per 30 days)
OPHTHALMIC AGENTS			
Antiglaucoma Agents			
acetazolamide er oral capsule extended release 12 hour 500 mg		1	

Drug Name		Drug Tier	Requirements/Limits
acetazolamide oral tablet 125 mg, 250 mg		1	
acetazolamide sodium injection solution reconstituted 500 mg		1	
betaxolol hcl ophthalmic solution 0.5 %		1	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	(Alphagan P)	1	
brimonidine tartrate ophthalmic solution 0.2 %		1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	(Combigan)	1	
brinzolamide ophthalmic suspension 1 %	(Azopt)	1	
carteolol hcl ophthalmic solution 1 %		1	
dorzolamide hcl ophthalmic solution 2 %		1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	(Cosopt)	1	
latanoprost ophthalmic solution 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)
levobunolol hcl ophthalmic solution 0.5 %		1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	(bimatoprost)	1	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %		1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		1	
timolol hemihydrate ophthalmic solution 0.5 %	(Betimol)	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %		1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
travoprost (bak free) ophthalmic solution 0.004 %	(Travatan Z)	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %		1	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 %, 5-0.9 %		1	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 10-5-0.45 MEQ/L-%-%, 20-5-0.2 MEQ/L-%-%, 20-5-0.45 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%		1	
klor-con m10 oral tablet extended release 10 meq	(Klor-Con M10)	1	
klor-con m15 oral tablet extended release 15 meq	(Klor-Con M15)	1	
klor-con m20 oral tablet extended release 20 meq	(Klor-Con M20)	1	
LACTATED RINGERS INTRAVENOUS SOLUTION		1	
MAGNESIUM SULFATE INJECTION SOLUTION 50 %		1	
magnesium sulfate injection solution 50 % (10ml syringe)		1	
potassium chloride crys er oral tablet extended release 10 meq	(Klor-Con M10)	1	
potassium chloride crys er oral tablet extended release 15 meq	(Klor-Con M15)	1	
potassium chloride crys er oral tablet extended release 20 meq	(Klor-Con M20)	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq		1	
potassium chloride er oral tablet extended release 10 meq	(Klor-Con 10)	1	
potassium chloride er oral tablet extended release 15 meq, 20 meq		1	

Drug Name		Drug Tier	Requirements/Limits
potassium chloride er oral tablet extended release 8 meq	(Klor-Con)	1	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.9 MEQ/L-%		1	PA BvD
potassium chloride intravenous solution 2 meq/ml		1	
potassium chloride oral packet 20 meq	(Klor-Con)	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		1	
potassium citrate er oral tablet extended release 10 meq (1080 mg)	(Urocit-K 10)	1	
potassium citrate er oral tablet extended release 15 meq (1620 mg)	(Urocit-K 15)	1	
potassium citrate er oral tablet extended release 5 meq (540 mg)		1	
POTASSIUM CL IN DEXTROSE 5% INTRAVENOUS SOLUTION 20 MEQ/L		1	PA BvD
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %		1	
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)	1	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	(fluticasone furoate ellipta)	1	QL (30 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	(fluticasone furoate-vilanterol)	1	QL (60 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH		1	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	(Breyna)	1	QL (30.9 per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	(Pulmicort)	1	PA BvD; QL (120 per 30 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	(Breyna)	1	QL (30.6 per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act		1	QL (12 per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act		1	QL (24 per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act		1	QL (21.2 per 30 days)
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	(Advair HFA)	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	(Wixela Inhub)	1	QL (60 per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act		1	
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	(Wixela Inhub)	1	QL (60 per 30 days)
Antileukotrienes			
montelukast sodium oral packet 4 mg	(Singulair)	1	
montelukast sodium oral tablet 10 mg	(Singulair)	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	(Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg		1	
Bronchodilators			
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT		1	QL (32.1 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	(Ventolin HFA)	1	QL (17 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	(Ventolin HFA)	1	QL (13.4 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	(Ventolin HFA)	1	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
albuterol sulfate oral syrup 2 mg/5ml		1	
albuterol sulfate oral tablet 2 mg, 4 mg		1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	(umeclidinium-vilanterol)	1	QL (60 per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-18-4.8 MCG/ACT INHALATION		1	QL (10.7 per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION		1	QL (10.7 per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT, 160-9-4.8 MCG/ACT		1	QL (23.6 per 28 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		1	QL (8 per 30 days)
ipratropium bromide hfa inhalation aerosol solution 17 mcg/act	(Atrovent HFA)	1	QL (25.8 per 28 days)
ipratropium bromide inhalation solution 0.02 %		1	PA BvD
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		1	PA BvD; QL (540 per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml		1	PA BvD
levalbuterol tartrate inhalation aerosol 45 mcg/act	(Xopenex HFA)	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	1	QL (4 per 28 days)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral solution 80 mg/15ml	1	
tiotropium bromide inhalation capsule 18 mcg (Spiriva HandiHaler)	1	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	1	QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10 %, 20 %	1	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	1	PA; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	1	PA; QL (90 per 30 days)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	1	QL (560 per 28 days)
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	PA BvD

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	1	PA; QL (1 per 28 days)
JASCAYD ORAL TABLET 18 MG, 9 MG	1	PA; QL (60 per 30 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; QL (56 per 28 days)
nintedanib esylate oral capsule 100 mg, 150 mg (Ofev)	1	PA; QL (60 per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA; QL (3 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	1	PA; QL (270 per 30 days)
pirfenidone oral tablet 267 mg (Esbriet)	1	PA; QL (270 per 30 days)
pirfenidone oral tablet 534 mg	1	PA; QL (90 per 30 days)
pirfenidone oral tablet 801 mg (Esbriet)	1	PA; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	1	PA BvD
roflumilast oral tablet 250 mcg (Daliresp)	1	QL (28 per 28 days)
roflumilast oral tablet 500 mcg (Daliresp)	1	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG		1	PA; QL (84 per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG		1	PA; QL (56 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		1	PA; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		1	PA
SKELETAL MUSCLE RELAXANTS			
Skeletal Muscle Relaxants			
baclofen oral solution 10 mg/5ml	(Ozobax DS)	1	QL (1200 per 30 days)
baclofen oral tablet 10 mg, 20 mg, 5 mg		1	
carisoprodol oral tablet 350 mg	(Soma)	1	QL (120 per 30 days)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		1	
dantrolene sodium oral capsule 100 mg, 50 mg		1	
dantrolene sodium oral capsule 25 mg	(Dantrium)	1	
methocarbamol oral tablet 500 mg, 750 mg		1	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	(Zanaflex)	1	
tizanidine hcl oral tablet 2 mg		1	
tizanidine hcl oral tablet 4 mg	(Zanaflex)	1	
SLEEP DISORDER AGENTS			

Drug Name		Drug Tier	Requirements/Limits
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		1	QL (30 per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	(Silenor)	1	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	1	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	1	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	1	PA; QL (60 per 30 days)
ramelteon oral tablet 8 mg	(Rozerem)	1	QL (30 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	1	PA; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		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		1	PA; QL (90 per 30 days)
alyq oral tablet 20 mg		1	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	1	PA; QL (60 per 30 days)
macitentan oral tablet 10 mg	(Opsumit)	1	PA; QL (30 per 30 days)
sildenafil citrate oral tablet 20 mg	(Revatio)	1	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		1	PA; QL (30 per 30 days)
tadalafil oral tablet 5 mg	(Cialis)	1	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 100 MCG		1	PA; QL (480 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG		1	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 150 MCG		1	PA; QL (300 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		1	PA; QL (240 per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG		1	PA

Drug Name	Drug Tier	Requirements/Limits
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	1	PA
VITAMINS AND MINERALS		
Vitamins And Minerals		
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	
NIVA-PLUS TABLET 27-1 MG ORAL (prenatal)	1	
PNV 27-CA/FE/FA TABLET 60-1 MG ORAL	1	
PRENA 1 TRUE 30-1.4 & 300 MG ORAL	1	
PRENA1 TABLET CHEWABLE 1.4 MG ORAL	1	
PRENATAL ORAL TABLET 27-1 MG (prenatal)	1	
PRENATAL-U CAPSULE 106.5-1 MG ORAL	1	
TARON-C DHA CAPSULE 35-1 MG ORAL	1	
TRINATE TABLET ORAL	1	
VITAFOL GUMMIES TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL	1	

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For more recent information or other questions, please contact Abilis (HMO F-ISNP and IE-SNP) Member Services, at 844-214-8633 or, for TTY/TDD: 711, 7 days per week from October 1 - March 31 and 8:00 a.m. - 8:00 p.m. Monday - Friday from April 1 - September 30 or visit www.abilishealth.com.





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