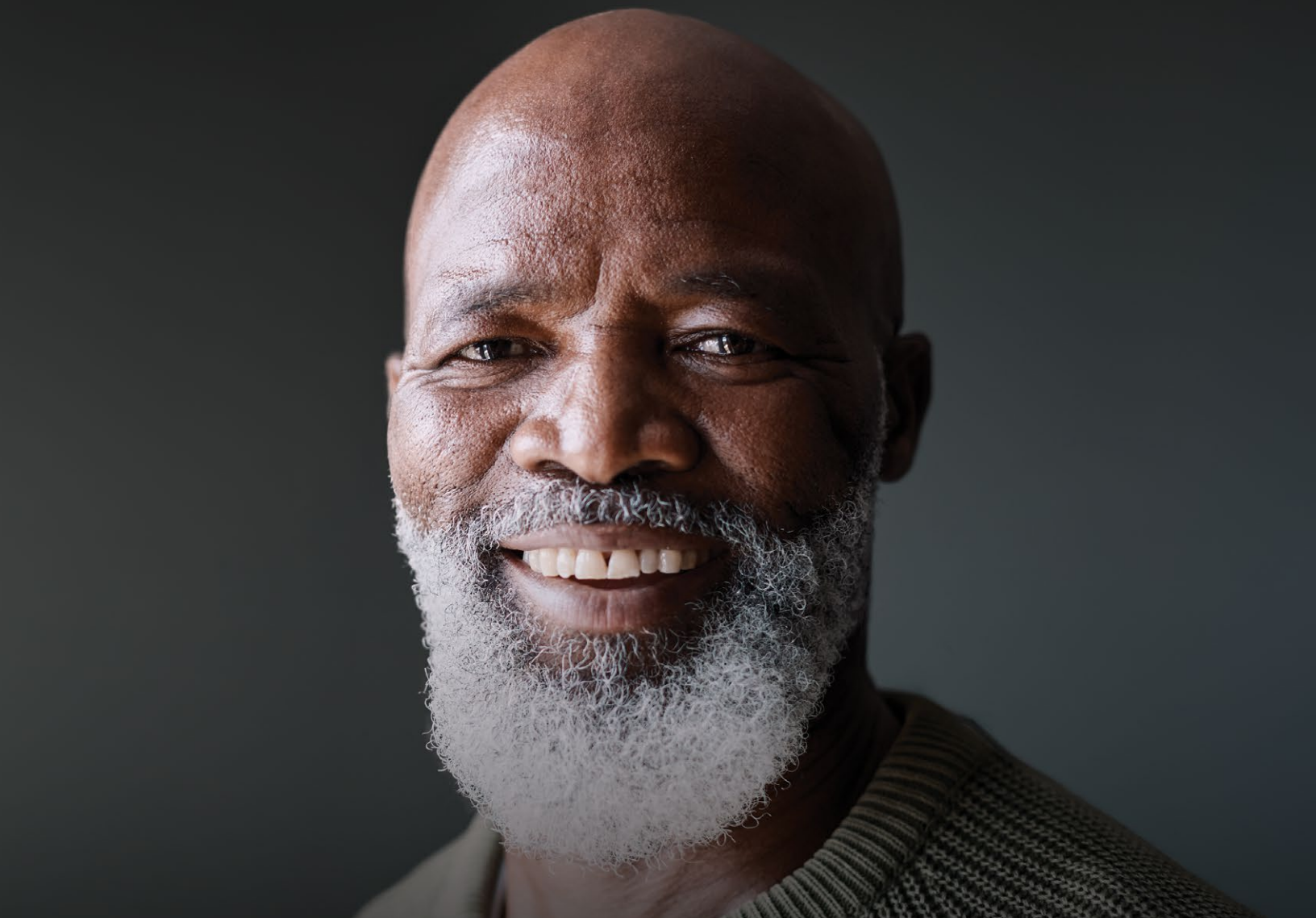
January **2027**

Member Formulary

List of Covered Drugs or "Drug List"

IEHP DualChoice (HMO D-SNP) Plan



IEHP DualChoice

For more recent information or other questions, contact us at **1-877-273-IEHP (4347)**, **TTY** users should call **1-800-718-4347**, 8 a.m.-8 p.m. (PST), 7 days a week, including holidays.
Or visit **iehp.org**.

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN
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IEHP DualChoice (HMO D-SNP), Medi-Medi Plan

2027 *List of Covered Drugs* (Formulary)

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

Formulary ID 00027288 Version Number 5.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs and non-drug products and items are covered by IEHP DualChoice (HMO D-SNP), a Medi-Medi Plan. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by IEHP DualChoice. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a list of drugs that members can get in IEHP DualChoice.

- IEHP DualChoice (HMO D-SNP) is an HMO Plan with a Medicare contract. Enrollment in IEHP DualChoice (HMO D-SNP) depends on contract renewal.
- You can always check IEHP DualChoice's up-to-date *List of Covered Drugs* online at www.iehp.org or by calling 1-877-273-IEHP (4347). This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call at the numbers in the footer of this document. The call is free.
- *This document is available for free in Spanish, Chinese, and Vietnamese.*

ATTENTION: If you need help in your language, call 1-877-273-IEHP(4347) (TTY: 1-800-718-4347). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-273-IEHP(4347) (TTY: 1-800-718-4347). These services are free of charge.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل على الرقم **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والخط الكبير. اتصل على الرقم **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-877-273-IEHP (4347)** հեռախոսահամարով **(TTY՝ 1-800-718-4347)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-877-273-IEHP (4347)** հեռախոսահամարով **(TTY՝ 1-800-718-4347)**: Այդ ծառայություններն անվճար են:

中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**。这些服务都是免费的。

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** 'ਤੇ ਕਾੱਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** 'ਤੇ ਕਾੱਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** पर कॉल करें। ये सेवाएं नि:शुल्क हैं।

Lus Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Puav leej muaj cov khoom pab thiab kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意：日本語での対応が必要な場合は

1-877-273-IEHP (4347) (TTY: 1-800-718-4347)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。

1-877-273-IEHP (4347) (TTY: 1-800-718-4347)へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의 사항: 귀하의 언어로 도움을 받고 싶으시면 **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃ
ຫ້ໂທຫາເບີ **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**.
ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍ ລິການສໍາລັບຄົນພິການ ເຊັ່ນ:
ເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມ. ໃຫຍ່ ໃຫ້ໂທຫາເບີ
1-877-273-IEHP (4347) (TTY: 1-800-718-4347).
ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

CAU FIM JANGX LONGX OC: Beiv hnangv meih qiemx zuqc longc mienh tengx faan benx meih haih gorngv haaix fingx waac wuov, mborqv finx lorz taux **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Mv daan mbuoqc naaiv oc ninh mbuo corc haih tengx da'nyeic deix gong bun taux waaic fangx nyei mienh beiv taux zoux benx nzangc-pokc bun hluo aengx caux zoux benx domh zeiv bun longc. Daaix luic mborqv finx lorz taux **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Wangv henh tengx naaiv deix gong mv ndortv nyaanh cingv oc.

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរសព្ទទៅលេខ
1-877-273-IEHP (4347)
(TTY: 1-800-718-4347)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធុំស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរសព្ទមកលេខ **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

فارسی (Farsi)

توجه: اگر میخواهید به زبان خود کمک دریافت کنید، با **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)** تماس بگیرید. این خدمات رایگان ارائه می شوند.

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-877-273-IEHP (4347) (линия TTY: 1-800-718-4347)**. Также предоставляются средства и услуги для людей с инвалидностью, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-877-273-IEHP (4347) (линия TTY: 1-800-718-4347)**. Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Estos servicios son gratuitos.

Tagalog (Filipino)

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-273-IEHP (4347) (TTY: 1-800-718-4347) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Люди з інвалідністю також можуть скористатися допоміжними засобами й послугами, наприклад отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Ці послуги надаються безкоштовно.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-877-273-IEHP (4347) (TTY: 1-800-718-4347)**. Các dịch vụ này đều miễn phí.

- To make a standing request to receive materials in languages other than English or alternate format, or to make changes to a standing request, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. IEHP DualChoice will keep your information as a standing request for future mailings and communications, so you do not need to make a separate request each time
- Once a standing request is made to receive materials in languages other than English or an alternate format, all future mailings and communications will be received in this format, unless the Member requests a change.
- To request a change to materials received in alternative languages or formats, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The Member portal can also be used to modify standing requests.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "*Drug List*" for short.)

The drugs on the *Drug List* that starts in **Section C** are the drugs covered by IEHP DualChoice (HMO D-SNP). The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please

bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

- IEHP DualChoice will cover all medically necessary drugs on the *Drug List* if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - IEHP DualChoice agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a IEHP DualChoice network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at www.iehp.org or call Member Services at the numbers in the footer of this document.

B2. Does the *Drug List* ever change?

Yes, and IEHP DualChoice must follow Medicare and Medi-Cal rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from IEHP DualChoice before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, or
- we learn that a drug isn't safe, or
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check IEHP DualChoice's up-to-date *Drug List* online at www.iehp.org. Updates to the *Drug List* are posted on the website monthly.

- You can also call Member Services at the numbers in the footer of this document to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain $0. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
    - We can make these changes only if the drug we're adding:
        - is a new generic version of a brand name drug, or
        - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
        - Some of these drug types may be new to you. For more information, refer to **Section B14**.
    - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. *Please contact the providing doctor* after you receive a letter.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market**,** or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead or
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from IEHP DualChoice based on specific criteria before you fill your prescription. Prior authorization is different from a referral. IEHP DualChoice may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes IEHP DualChoice limits the amount of a drug you can get.
- **Step therapy:** Sometimes IEHP DualChoice requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1.** You can also get more information by visiting our website at www.iehp.org. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled "List of Drugs by Medical Condition" has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if IEHP DualChoice changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in the index that begins on page 154. Look in the index and find your drug. Next to your drug, you will see the page number where you can find the coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled "List of Drugs by Medical Condition". The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. That's where you'll find drugs that treat heart conditions.

B8. What if the drug I want to take isn't on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at the numbers in the footer of this document and ask about it. If you learn that IEHP DualChoice won't cover the drug, you can do one of these things:

- Ask *Member Services* for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that's like the one you want to take. **Or**
- Ask IEHP DualChoice to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I'm a new IEHP DualChoice member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you're a member of IEHP DualChoice. This will give you time to talk to your doctor or other prescriber. They

can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 31 days of medication.

We'll cover a 31-day supply of your drug if:

- you're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by IEHP DualChoice, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're taking a drug that IEHP DualChoice doesn't consider to be a Part D drug, and the drug isn't on the *Drug List*, and you have a problem getting the drug, it may be covered through Medi-Cal Rx. If a Part D excluded drug requires an exception, and you have an emergency, Medi-Cal Rx will allow no less than 72-hour supply of the drug. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal BIC when getting prescriptions through Medi-Cal Rx.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new IEHP DualChoice member.
- This is in addition to the temporary supply during the first 90 days you're a member of IEHP DualChoice.
- As a new member in our plan or continuing member who was affected by a formulary change from one year to the next, you may be taking drugs that are not on our formulary or you may be taking drugs that are on our formulary that are hard for you to get. For example, you may need our approval before you can get your drug. Either way, talk to your doctor. He or she can help you choose the right course of action. This could be changing to a drug we do cover or seeking a formulary exception so that we will cover the drug. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.
- For each of your drugs that is not on our formulary or is hard for you to get, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go

to a network pharmacy. After your first 31-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, we will cover your prescription refill until we have provided you with a 31-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days of your membership. If you need a drug that is not on our formulary or it is hard for you to get, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you ask for a formulary exception.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask IEHP DualChoice to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, IEHP DualChoice may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call *Member Services*. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section G1** of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. For information or instructions about how and where IEHP DualChoice members **can send** their statement, please contact IEHP DualChoice Member Services.

CALL	1-877-273-IEHP (4347) 8am-8pm (PST), 7 days a week, including holidays.
TTY	1-800-718-4347. This call is free.
FAX	(909) 890-5877
WRITE	IEHP DualChoice P.O. Box 1800 Rancho Cucamonga, CA 91729-1800

EMAIL	MemberServices@iehp.org

If you or your prescriber thinks your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

IEHP DualChoice covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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 forms 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 more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. Does IEHP DualChoice cover non-drug OTC products?

IEHP DualChoice covers some non-drug OTC products when they're written as prescriptions by your provider.

Examples of non-drug OTC products include alcohol pads.

You can read the IEHP DualChoice *Drug List* to find out what non-drug OTC products are covered.

B16. Does IEHP DualChoice cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered drugs. A 100-day supply has the same copay as a one-month supply.

B17. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B18. What's my copay?

IEHP DualChoice members have no copays for prescription and non-drug products if the member follows the plan's rules. Refer to questions B15 for more information about non-drug products.

Tiers are groups of drugs on our *Drug List*.

- Tier 1 Generic drugs have $0 copay.
- Tier 1 Brand name drugs have $0 copay.

If you have questions, call Member Services at the numbers in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by IEHP DualChoice. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by IEHP DualChoice.

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

Appeals Under Part D

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Medi-Cal.

- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the numbers in the footer of this document.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.
- Drugs that aren't a Part D drug have different rules for appeals.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That's where you'll find drugs that treat heart conditions.

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:

AGE: Age Limit. For certain drugs, IEHP DualChoice requires a Prior Authorization if over the specific age limit.

LA: Limited Access**.** This drug is only available at certain pharmacies.

NDS: Non-Extended Day Supply. This is a drug that is dispensed up to a 31-day supply.

PA: Prior Authorization. IEHP DualChoice requires you or your physician to get approval from us first before filling a certain drug. This extra step is called "prior authorization." If you don't get approval, IEHP DualChoice may not cover the drug.

PA NSO: Prior Authorization for New Starts Only. IEHP DualChoice requires you or your physician to get approval from us first before filling a certain drug if you have not taken this drug before. If you don't get approval, IEHP DualChoice may not cover the drug.

PA BvD: Part B vs D Prior Authorization. This is a drug that has a special "PA" requirement. It may be covered under one or two benefit programs: 1) Medicare Part B, and/or 2) Medicare Part D. This depends on many factors. Your physician may need to give us more details about the use and setting of the drug.

PA-HRM: Prior Authorization. This drug has been deemed by CMS to be potentially harmful and therefore a High-Risk Medication for Medicare beneficiaries 65 years or older. Without prior authorization, this drug may not be covered.

QL: Quantity Limit. For certain drugs, IEHP DualChoice limits the amount of the drug that it will cover. This may be in addition to a standard one month or three-month supply.

ST: Step Therapy. In some cases, IEHP DualChoice requires you to first try certain drugs to treat your medical condition. This is the process before we will cover another drug for that condition. For example, either Drug A or Drug B may treat your medical condition. IEHP DualChoice may not cover

Drug B unless you try Drug A first. If Drug A does not work for you, IEHP DualChoice will then cover Drug B.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *atorvastatin oral tablet 10 mg*), brand name drugs are capitalized (for example, ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML). The information in the "Necessary actions, restrictions, or limits on use" column tells you if IEHP DualChoice has any rules for covering your drug.

2027 Dosage Form Abbreviations

Dosage Form Abbreviation	Definition
8 hr	8 hour
12 hr or 12h	12 hour
24 hr or 24hr	24 hour
72 hr	72 hour
act	activated
admix	admixture
aero	aerosol
admin	administration
ampul	ampule
app	applicator
appl	applicator
auto	automatic
cap	capsule
chew	chewable
CT	Coated
comb	combo
del	delayed
diagn.	diagnostic
disinteg	disintegrating
disintegrat	disintegrating
dose	dosage
DR	delayed release
EC	Enteric-Coated
emolnt	emollient
ENFit	Enteral Nutrition Fit connector
er	extended release
ER	extended release
ext	extended
extnd	extended
extend	extended

Dosage Form Abbreviation	Definition
ext.rel	extended release
ext.rel.	extended release
extend.release	extended release
gast	gastric
HFA	hydrofluoroalkane
hi	high
IR	immediate release
liqd	liquid
loz	lozenge
lo	low
lozeng	lozenge
mini lozenge	miniature lozenge
misc	miscellaneous
MP	multiphase
muco-adhesive	mucosal adhesive
pak	packet
pack	packet
PCA	Patient Controlled Analgesia
pca	patient-controlled analgesia
pell	pellets
pk	pack
Powdr	powder
pt	patient
recon	reconstituted
rel	release
releas	release
soln	solution
sprink	sprinkle
sprinkl	sprinkle
susp	suspension
suspen	suspension
syring	syringe
tab	tablet
TD	transdermal
var	variable
w/	with

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml	1	NDS; QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	NDS; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	NDS; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	NDS; QL (180 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	NDS; QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	1	PA; NDS; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	PA; NDS; QL (180 per 30 days); AGE (Max 64 Years)
endocet oral tablet 10-325 mg	1	NDS; QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	NDS; QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	1	NDS; QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; NDS; 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	NDS; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml	1	NDS; QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	1	NDS; QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	1	NDS; QL (240 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	NDS; QL (180 per 30 days)
methadone oral solution 10 mg/5 ml	1	NDS; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	NDS; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	NDS; QL (120 per 30 days)
methadone oral tablet 5 mg	1	NDS; QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	PA; NDS; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml (2 mg/ml)	1	NDS; QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	1	NDS; QL (300 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
MORPHINE ORAL TABLET 15 MG	1	NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	1	NDS; QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg	1	NDS; QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	1	NDS; QL (90 per 30 days)
oxycodone oral capsule 5 mg	1	NDS; QL (180 per 30 days)
oxycodone oral tablet 10 mg, 5 mg	1	NDS; QL (180 per 30 days)
oxycodone oral tablet 15 mg, 20 mg, 30 mg	1	NDS; QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	1	NDS; QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	NDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	NDS; QL (240 per 30 days)
tramadol oral tablet 50 mg	1	NDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	NDS; QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	1	NDS; QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	NDS
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	1	NDS
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg	1	NDS; QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg	1	NDS; QL (60 per 30 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	NDS
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	PA; NDS; AGE (Max 64 Years)
ketorolac oral tablet 10 mg	1	PA; NDS; QL (20 per 30 days); AGE (Max 64 Years)

Drug Name	Drug Tier	Requirements/Limits
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	NDS
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	
sulindac oral tablet 150 mg, 200 mg	1	NDS
Anesthetics		
Local Anesthetics		
dermacinrx lidocan 5% patch outer	1	PA; NDS; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	1	NDS; QL (30 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	1	NDS; QL (30 per 30 days)
lidocaine hcl mucous membrane solution 2 %	1	NDS
lidocaine topical adhesive patch,medicated 5 %	1	PA; NDS; QL (90 per 30 days)
lidocaine topical ointment 5 %	1	PA; NDS; QL (240 per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %	1	PA; NDS; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	1	PA; NDS; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	NDS
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	NDS
disulfiram oral tablet 250 mg, 500 mg	1	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	1	NDS; QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml	1	NDS
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	1	NDS
naltrexone oral tablet 50 mg	1	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	1	NDS; QL (240 per 180 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	1	NDS; QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	1	NDS
Antianxiety Agents		
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	NDS; QL (120 per 30 days)
alprazolam oral tablet 2 mg	1	NDS; QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	NDS; QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	NDS; QL (180 per 30 days)
diazepam injection solution 5 mg/ml	1	NDS; QL (10 per 28 days)
diazepam injection syringe 5 mg/ml	1	NDS
diazepam intensol oral concentrate 5 mg/ml	1	NDS; QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	NDS; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	NDS; QL (120 per 30 days)
lorazepam 2 mg/ml oral concent	1	NDS; QL (150 per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml	1	NDS; QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml	1	NDS; QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	1	NDS; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	NDS; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	NDS; QL (150 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	1	NDS; QL (30 per 30 days)
temazepam oral capsule 7.5 mg	1	NDS; QL (120 per 30 days)
Antibacterials		
Aminoglycosides		
amikacin injection solution 500 mg/2 ml	1	NDS
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	1	PA; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml	1	NDS
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	1	NDS

Drug Name	Drug Tier	Requirements/Limits
neomycin oral tablet 500 mg	1	NDS
streptomycin intramuscular recon soln 1 gram	1	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	1	PA BvD; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	1	NDS
Antibacterials, Miscellaneous		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	NDS
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	1	NDS
colistin (colistimethate na) injection recon soln 150 mg	1	NDS
daptomycin intravenous recon soln 350 mg, 500 mg	1	PA BvD; NDS
fosfomycin tromethamine oral packet 3 gram	1	NDS
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	1	PA BvD; NDS
linezolid oral suspension for reconstitution 100 mg/5 ml	1	NDS
linezolid oral tablet 600 mg	1	NDS
methenamine hippurate oral tablet 1 gram	1	NDS
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	1	PA BvD; NDS
metronidazole oral tablet 250 mg, 500 mg	1	NDS
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	NDS; QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	NDS; QL (60 per 30 days)
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	1	PA BvD; NDS
SIVEXTRO ORAL TABLET 200 MG	1	NDS
trimethoprim oral tablet 100 mg	1	NDS
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg	1	PA BvD; NDS
vancomycin oral capsule 125 mg	1	NDS; QL (77 per 28 days)
vancomycin oral capsule 250 mg	1	NDS; QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	1	PA; NDS; QL (9 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 550 MG	1	PA; NDS; QL (90 per 30 days)
Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	1	NDS
cefadroxil oral capsule 500 mg	1	NDS
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	NDS
cefazolin injection recon soln 1 gram, 500 mg	1	NDS
cefazolin intravenous recon soln 10 gram	1	NDS
cefdinir oral capsule 300 mg	1	NDS
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	NDS
cefepime injection recon soln 1 gram, 2 gram	1	NDS
cefixime oral capsule 400 mg	1	NDS
cefixime oral tablet 400 mg	1	NDS
cefpodoxime oral tablet 100 mg, 200 mg	1	NDS
cefprozil oral tablet 250 mg, 500 mg	1	NDS
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	1	PA BvD; NDS
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	1	NDS
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	NDS
cefuroxime axetil oral tablet 250 mg, 500 mg	1	NDS
cefuroxime sodium injection recon soln 750 mg	1	NDS
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	1	PA BvD; NDS
cephalexin oral capsule 250 mg, 500 mg	1	NDS
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	NDS
tazicef injection recon soln 1 gram, 2 gram, 6 gram	1	NDS
Macrolides		
azithromycin intravenous recon soln 500 mg	1	NDS
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	NDS
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	1	NDS
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	NDS

Drug Name	Drug Tier	Requirements/Limits
clarithromycin oral tablet 250 mg, 500 mg	1	NDS
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1	NDS
erythromycin oral tablet 250 mg, 500 mg	1	NDS
fidaxomicin oral tablet 200 mg	1	NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics		
aztreonam injection recon soln 1 gram, 2 gram	1	NDS
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; LA; NDS
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	1	PA BvD; NDS
ertapenem injection recon soln 1 gram	1	NDS
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	1	PA BvD; NDS
meropenem intravenous recon soln 1 gram, 2 gram, 500 mg	1	PA BvD; NDS
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	1	NDS
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	NDS
amoxicillin oral tablet 500 mg, 875 mg	1	NDS
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	NDS
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1	NDS
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	NDS
ampicillin oral capsule 500 mg	1	NDS
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	1	NDS
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	1	NDS
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	NDS
dicloxacillin oral capsule 250 mg, 500 mg	1	NDS
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	1	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %	1	NDS
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	1	NDS
penicillin g potassium injection recon soln 20 million unit	1	NDS
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	NDS
penicillin v potassium oral tablet 250 mg, 500 mg	1	NDS
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1	PA BvD; NDS
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	NDS
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	PA BvD; NDS
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	1	PA BvD; NDS
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	NDS
moxifloxacin 400 mg/250 ml bag suv, p/f, inner	1	PA BvD; NDS
moxifloxacin oral tablet 400 mg	1	NDS
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	1	PA BvD; NDS
Sulfonamides		
sulfadiazine oral tablet 500 mg	1	NDS
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	NDS
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	NDS
Tetracyclines		
doxy-100 intravenous recon soln 100 mg	1	PA BvD; NDS
doxycycline hyclate intravenous recon soln 100 mg	1	PA BvD; NDS
doxycycline hyclate oral capsule 100 mg, 50 mg	1	NDS
doxycycline hyclate oral tablet 100 mg, 20 mg	1	NDS
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	NDS

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	NDS
doxycycline monohydrate oral tablet 100 mg, 50 mg	1	NDS
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	NDS
tetracycline oral capsule 250 mg, 500 mg	1	NDS
tigecycline intravenous recon soln 50 mg	1	PA BvD; NDS
Anticancer Agents		
Anticancer Agents		
abiraterone oral tablet 250 mg	1	PA NSO; QL (120 per 30 days)
abirtega oral tablet 250 mg	1	PA NSO; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml	1	PA BvD; NDS
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA NSO; NDS
anastrozole oral tablet 1 mg	1	
AUGTYRO ORAL CAPSULE 160 MG	1	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA NSO; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG	1	PA NSO; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	1	PA NSO; NDS; QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA NSO; NDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	1	NDS
BALVERSA ORAL TABLET 3 MG	1	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA NSO; NDS; QL (28 per 28 days)
bendamustine intravenous recon soln 25 mg	1	PA NSO; NDS
BEQALZI ORAL TABLET 1 MG, 20 MG, 5 MG, 80 MG	1	PA NSO; NDS
BEQALZI STARTER PACK ORAL TABLETS,DOSE PACK 1-5-20-80 MG	1	PA NSO; NDS
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	1	PA NSO; NDS; QL (1 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA NSO; NDS; QL (2 per 28 days)
bexarotene oral capsule 75 mg	1	PA NSO
bexarotene topical gel 1 %	1	PA NSO; NDS
bicalutamide oral tablet 50 mg	1	
bleomycin injection recon soln 15 unit, 30 unit	1	NDS
bortezomib injection recon soln 1 mg, 2.5 mg	1	PA NSO
bortezomib injection recon soln 3.5 mg	1	PA NSO; NDS
BOSULIF ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 500 MG	1	PA NSO; NDS; QL (30 per 30 days)
bosutinib oral tablet 100 mg	1	PA NSO; NDS; QL (180 per 30 days)
bosutinib oral tablet 400 mg, 500 mg	1	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA NSO; NDS; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG	1	PA NSO; NDS; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	1	PA NSO
CAPRELSA ORAL TABLET 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	1	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA NSO; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	1	PA BvD; NDS
cyclophosphamide intravenous solution 200 mg/ml	1	PA BvD; NDS
cyclophosphamide oral capsule 25 mg, 50 mg	1	PA BvD; ST; NDS
cyclophosphamide oral tablet 25 mg, 50 mg	1	PA BvD; ST; NDS

Drug Name	Drug Tier	Requirements/Limits
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA NSO; NDS; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	1	PA NSO; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg	1	PA NSO; NDS; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	1	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA NSO; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg	1	NDS
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	1	PA BvD; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	1	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	1	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	PA NSO
ENSACOVE ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (270 per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	1	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA NSO; NDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg	1	PA NSO; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg	1	PA NSO; NDS; QL (90 per 30 days)
erlotinib oral tablet 25 mg	1	PA NSO; QL (60 per 30 days)
etoposide intravenous solution 20 mg/ml	1	NDS
EULEXIN ORAL CAPSULE 125 MG	1	NDS
everolimus (antineoplastic) oral tablet 10 mg	1	PA NSO; NDS; QL (60 per 30 days)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg	1	PA NSO; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet 7.5 mg	1	PA NSO; QL (60 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	1	PA NSO; QL (112 per 28 days)
exemestane oral tablet 25 mg	1	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA BvD
floxuridine injection recon soln 0.5 gram	1	PA BvD; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml	1	PA BvD; NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA NSO; NDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	1	
GAVRETO ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg	1	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; NDS; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	1	PA NSO; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA NSO; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	1	PA NSO; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	1	PA NSO; NDS; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	1	PA NSO; NDS; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg	1	
HYRNUO ORAL TABLET 10 MG	1	PA NSO; NDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	1	PA NSO; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram	1	NDS
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	1	NDS
imatinib oral tablet 100 mg	1	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA NSO; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA NSO; NDS; QL (28 per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA NSO; NDS; QL (280 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INLEXZO INTRAVESICAL IMPLANT 225 MG	1	PA BvD; NDS
INLURIYO ORAL TABLET 200 MG	1	PA NSO; NDS; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	1	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	1	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NDS; QL (60 per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	1	PA NSO; NDS; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA NSO; NDS; QL (90 per 30 days)
JIDEYTRO ORAL TABLET 100 MG, 25 MG	1	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NDS
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	1	PA NSO; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA NSO; NDS; QL (63 per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	1	PA NSO; NDS
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	1	PA NSO; NDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	1	PA NSO; NDS; QL (390 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA NSO; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg	1	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	1	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA NSO; NDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	PA NSO; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA NSO; NDS
letrozole oral tablet 2.5 mg	1	
LEUKERAN ORAL TABLET 2 MG	1	NDS
leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg	1	PA NSO; NDS
leuprolide subcutaneous kit 1 mg/0.2 ml	1	PA NSO
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	1	PA NSO; NDS
lomustine oral capsule 10 mg, 100 mg, 40 mg	1	NDS
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	1	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA NSO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	1	PA BvD; NDS

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	1	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	1	PA NSO; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	1	PA NSO; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	1	PA NSO; NDS; QL (140 per 28 days)
MATULANE ORAL CAPSULE 50 MG	1	NDS
megestrol oral tablet 20 mg, 40 mg	1	PA NSO; NDS; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	1	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml	1	NDS
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium (pf) injection recon soln 1 gram	1	NDS
methotrexate sodium (pf) injection solution 25 mg/ml	1	NDS
methotrexate sodium injection solution 25 mg/ml	1	NDS
methotrexate sodium oral tablet 2.5 mg	1	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	1	
MODEYSO ORAL CAPSULE 125 MG	1	PA NSO; NDS; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	1	PA NSO; NDS; QL (180 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg	1	PA NSO; NDS; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg	1	PA NSO; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg	1	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; LA; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	1	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	1	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	1	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA NSO; NDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	1	PA NSO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	1	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	1	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA NSO; NDS; QL (90 per 30 days)
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	1	PA BvD; NDS
pazopanib oral tablet 200 mg	1	PA NSO; NDS; QL (120 per 30 days)
pazopanib oral tablet 400 mg	1	PA NSO; NDS; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; NDS; QL (30 per 30 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg	1	
pemetrexed disodium intravenous recon soln 500 mg, 750 mg	1	NDS
pemetrexed disodium intravenous solution 25 mg/ml	1	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA NSO; NDS; QL (56 per 28 days)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	1	PA NSO; NDS; QL (21 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	1	PA NSO; NDS; QL (90 per 30 days)
RASONQUE ORAL TABLET 100 MG, 150 MG	1	PA NSO; NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA NSO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA NSO; NDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA NSO; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA NSO; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA NSO; NDS; QL (60 per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	1	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; NDS; QL (120 per 30 days)
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	1	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (224 per 28 days)
SCEMBLIX ORAL TABLET 100 MG	1	PA NSO; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA NSO; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	NDS
sorafenib oral tablet 200 mg	1	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA NSO; NDS; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	1	NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA NSO; NDS; QL (900 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA NSO; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	1	
TEPMETKO ORAL TABLET 225 MG	1	PA NSO; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	NDS
toremifene oral tablet 60 mg	1	NDS
torpenz oral tablet 10 mg	1	PA NSO; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	1	PA NSO; NDS; QL (30 per 30 days)
tretinoin (antineoplastic) oral capsule 10 mg	1	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA NSO; NDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	1	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA NSO; LA; NDS
VEPPANU ORAL TABLET 100 MG, 200 MG	1	PA NSO; NDS; QL (30 per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NDS; QL (56 per 28 days)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	1	NDS
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	1	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; NDS; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XALKORI ORAL PELLET 150 MG	1	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	1	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	1	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	1	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	1	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	1	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	1	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA NSO; NDS; QL (60 per 30 days)
YONSA ORAL TABLET 125 MG	1	PA NSO; NDS; QL (120 per 30 days)
yulithira oral tablet 10 mg, 7.5 mg	1	PA NSO; QL (60 per 30 days)
yulithira oral tablet 2.5 mg, 5 mg	1	PA NSO; QL (30 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; NDS; QL (240 per 30 days)
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	1	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1	PA BvD; NDS
ZOLINZA ORAL CAPSULE 100 MG	1	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA NSO; NDS; QL (84 per 28 days)
Anticonvulsants		
Anticonvulsants		
brivaracetam intravenous solution 50 mg/5 ml	1	NDS; QL (80 per 30 days)
brivaracetam oral solution 10 mg/ml	1	QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	NDS; QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	
carbamazepine oral tablet,chewable 100 mg, 200 mg	1	
clobazam oral suspension 2.5 mg/ml	1	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	1	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	1	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	1	PA NSO; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	NDS
DILANTIN ORAL CAPSULE 30 MG	1	
divalproex oral capsule, delayed rel sprinkle 125 mg	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA NSO; NDS
epitol oral tablet 200 mg	1	
eslicarbazepine oral tablet 200 mg, 400 mg	1	ST; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	1	ST; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5 ml	1	
felbamate oral suspension 600 mg/5 ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA NSO; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	1	NDS
gabapentin oral capsule 100 mg, 300 mg	1	QL (360 per 30 days)
gabapentin oral capsule 400 mg	1	QL (270 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
gabapentin oral solution 250 mg/5 ml	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	QL (120 per 30 days)
lacosamide oral solution 10 mg/ml	1	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	
levetiracetam intravenous solution 500 mg/5 ml	1	NDS
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	
levetiracetam oral tablet for suspension 250 mg, 500 mg	1	ST
methsuximide oral capsule 300 mg	1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	NDS; QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
perampanel oral suspension 0.5 mg/ml	1	ST; NDS; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	1	ST; NDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	1	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	1	ST; NDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	PA NSO; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	PA NSO; AGE (Max 64 Years)
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
phenytoin sodium intravenous solution 50 mg/ml	1	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
phenytoin sodium intravenous syringe 50 mg/ml	1	NDS
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	1	QL (900 per 30 days)
primidone oral tablet 125 mg, 250 mg, 50 mg	1	
rufinamide oral suspension 40 mg/ml	1	NDS
rufinamide oral tablet 200 mg, 400 mg	1	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG	1	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML	1	PA NSO
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	PA NSO; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg	1	
topiramate oral solution 25 mg/ml	1	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	1	NDS
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	
valproic acid oral capsule 250 mg	1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	1	NDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	1	PA NSO; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	1	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	1	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	1	PA NSO; NDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	1	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	NDS; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	NDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	NDS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
donepezil oral tablet 10 mg, 23 mg, 5 mg	1	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg	1	
donepezil oral tablet,disintegrating 5 mg	1	QL (30 per 30 days)
ergoloid oral tablet 1 mg	1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	1	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	QL (60 per 30 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	1	PA; QL (7.2 per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 500 MG/2.5 ML (250MG/1.25MLX2)	1	PA; QL (10 per 28 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml	1	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	1	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1	QL (30 per 30 days)
Antidepressants		
Antidepressants		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	PA NSO; AGE (Max 64 Years)
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	PA NSO; AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	1	NDS
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG	1	NDS
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg	1	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	PA NSO; AGE (Max 64 Years)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	PA NSO; AGE (Max 64 Years)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	PA NSO; AGE (Max 64 Years)
doxepin oral concentrate 10 mg/ml	1	PA NSO; AGE (Max 64 Years)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg	1	QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	ST; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	1	PA NSO; NDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	1	PA NSO; NDS; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	ST; NDS
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	PA NSO; AGE (Max 64 Years)
MARPLAN ORAL TABLET 10 MG	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	1	
paroxetine hcl oral suspension 10 mg/5 ml	1	PA NSO; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	PA NSO; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1	PA NSO; AGE (Max 64 Years)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	PA NSO; AGE (Max 64 Years)
phenelzine oral tablet 15 mg	1	
protriptyline oral tablet 10 mg, 5 mg	1	
RALDESY ORAL SOLUTION 10 MG/ML	1	PA NSO; NDS; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	
tranylcypromine oral tablet 10 mg	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	1	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA NSO; NDS; 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	1	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg	1	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg	1	QL (60 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	1	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	QL (30 per 30 days)
metformin oral tablet 1,000 mg	1	QL (75 per 30 days)
metformin oral tablet 500 mg	1	QL (150 per 30 days)
metformin oral tablet 850 mg	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 per 30 days)
mifepristone oral tablet 300 mg	1	PA; NDS; QL (112 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	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)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	1	QL (60 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	1	QL (30 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	1	QL (60 per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	1	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	QL (24 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	1	QL (30 per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	1	QL (40 per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	1	QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	QL (15 per 25 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	1	QL (15 per 28 days)
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg	1	QL (30 per 30 days)
glimepiride oral tablet 4 mg	1	QL (60 per 30 days)
glipizide oral tablet 10 mg	1	QL (120 per 30 days)
glipizide oral tablet 2.5 mg	1	QL (90 per 30 days)
glipizide oral tablet 5 mg	1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	1	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	PA; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	PA; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	PA; AGE (Max 64 Years)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	PA BvD; NDS
amphotericin b injection recon soln 50 mg	1	PA BvD; NDS
amphotericin b liposome intravenous suspension for reconstitution 50 mg	1	PA BvD; NDS
ciclopirox topical cream 0.77 %	1	NDS; QL (180 per 30 days)
ciclopirox topical solution 8 %	1	NDS; QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	1	NDS; QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg	1	NDS
clotrimazole topical cream 1 %	1	NDS
clotrimazole topical solution 1 %	1	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
clotrimazole-betamethasone topical cream 1-0.05 %	1	NDS; QL (90 per 30 days)
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	1	NDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	1	PA; NDS
econazole nitrate topical cream 1 %	1	NDS; QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	NDS
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	NDS
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	NDS
flucytosine oral capsule 250 mg, 500 mg	1	NDS
griseofulvin microsize oral suspension 125 mg/5 ml	1	NDS
griseofulvin microsize oral tablet 500 mg	1	NDS
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	NDS
itraconazole oral capsule 100 mg	1	NDS
ketoconazole oral tablet 200 mg	1	NDS
ketoconazole topical cream 2 %	1	NDS; QL (180 per 30 days)
ketoconazole topical shampoo 2 %	1	NDS; QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg	1	NDS
miconazole-3 vaginal suppository 200 mg	1	NDS
nyamyc topical powder 100,000 unit/gram	1	NDS; QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml	1	NDS
nystatin oral tablet 500,000 unit	1	NDS
nystatin topical cream 100,000 unit/gram	1	NDS; QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram	1	NDS; QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	1	NDS; QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	NDS
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	NDS
nystop topical powder 100,000 unit/gram	1	NDS; QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	1	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
terbinafine hcl oral tablet 250 mg	1	NDS
voriconazole intravenous recon soln 200 mg	1	PA BvD; NDS
voriconazole intravenous solution 10 mg/ml	1	PA BvD; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	PA; NDS
voriconazole oral tablet 200 mg, 50 mg	1	NDS
Antigout Agents		
Antigout Agents, Other		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet 0.6 mg	1	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	1	QL (30 per 30 days)
probenecid oral tablet 500 mg	1	
probenecid-colchicine oral tablet 500-0.5 mg	1	
Antihistamines		
Antihistamines		
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	PA; NDS; AGE (Max 64 Years)
levocetirizine oral tablet 5 mg	1	
Antihypoglycemic Agents		
Antihypoglycemic Agents, Miscellaneous		
diazoxide oral suspension 50 mg/ml	1	NDS
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1	PA; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; NDS; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	1	NDS; QL (18 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	1	PA; NDS; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	1	NDS; QL (18 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	NDS; QL (18 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	1	NDS; QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	1	NDS; QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	1	NDS; QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	1	NDS; QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	NDS; QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; NDS; QL (16 per 30 days)
Antimycobacterials		
Antimycobacterials		
dapsone oral tablet 100 mg, 25 mg	1	
ethambutol oral tablet 100 mg, 400 mg	1	NDS
isoniazid oral tablet 100 mg, 300 mg	1	NDS
PRETOMANID ORAL TABLET 200 MG	1	NDS; QL (30 per 30 days)
pyrazinamide oral tablet 500 mg	1	NDS
rifabutin oral capsule 150 mg	1	NDS
rifampin intravenous recon soln 600 mg	1	NDS
rifampin oral capsule 150 mg, 300 mg	1	NDS
rifapentine oral tablet 150 mg	1	NDS
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; NDS
TRECATOR ORAL TABLET 250 MG	1	NDS
Antinausea Agents		
Antinausea Agents		
aprepitant oral capsule 125 mg	1	PA BvD; NDS; QL (2 per 28 days)
aprepitant oral capsule 40 mg	1	PA BvD; NDS; QL (1 per 28 days)
aprepitant oral capsule 80 mg	1	PA BvD; NDS; QL (8 per 30 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1	PA BvD; NDS
compro rectal suppository 25 mg	1	NDS
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	PA; NDS; QL (60 per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	1	NDS
ondansetron hcl oral tablet 4 mg, 8 mg	1	PA BvD; NDS
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	PA BvD; NDS
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	NDS
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	NDS

Drug Name	Drug Tier	Requirements/Limits
prochlorperazine rectal suppository 25 mg	1	NDS
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	PA; NDS; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	PA; NDS; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents		
Antiparasite Agents		
albendazole oral tablet 200 mg	1	NDS
atovaquone oral suspension 750 mg/5 ml	1	NDS
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	NDS
chloroquine phosphate oral tablet 250 mg, 500 mg	1	NDS
COARTEM ORAL TABLET 20-120 MG	1	NDS
hydroxychloroquine oral tablet 100 mg	1	QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	1	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg, 400 mg	1	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg, 6 mg	1	NDS
mefloquine oral tablet 250 mg	1	NDS
nitazoxanide oral tablet 500 mg	1	NDS; QL (60 per 30 days)
pentamidine inhalation recon soln 300 mg	1	PA BvD
pentamidine injection recon soln 300 mg	1	NDS
praziquantel oral tablet 600 mg	1	NDS
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	1	NDS
pyrimethamine oral tablet 25 mg	1	PA; NDS
quinine sulfate oral capsule 324 mg	1	PA; NDS
tinidazole oral tablet 250 mg, 500 mg	1	NDS
Antiparkinsonian Agents		
Antiparkinsonian Agents		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl oral tablet 100 mg	1	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine oral tablet 2.5 mg	1	
cabergoline oral tablet 0.5 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
entacapone oral tablet 200 mg	1	
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	1	PA; NDS; QL (600 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline oral tablet 0.5 mg, 1 mg	1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	PA; AGE (Max 64 Years)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	1	PA; NDS; QL (560 per 28 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	NDS; QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet,disintegrating 10 mg	1	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	1	ST; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	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 TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	1	ST; NDS
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	1	ST; NDS
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)	1	ST; NDS
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	ST; NDS; QL (30 per 30 days)
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	PA NSO; AGE (Max 64 Years)
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	PA NSO; AGE (Max 64 Years)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	PA NSO; AGE (Max 64 Years)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1	PA NSO; ST; QL (90 per 30 days); AGE (Max 64 Years)
clozapine oral tablet,disintegrating 150 mg	1	PA NSO; ST; QL (180 per 30 days); AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
clozapine oral tablet,disintegrating 200 mg	1	PA NSO; ST; QL (120 per 30 days); AGE (Max 64 Years)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	PA NSO; ST; NDS; QL (60 per 30 days); AGE (Max 64 Years)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	1	PA NSO; ST; NDS; AGE (Max 64 Years)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	1	ST; NDS
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	1	ST; NDS
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	1	ST; NDS
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	NDS
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	1	
haloperidol lactate injection solution 5 mg/ml	1	NDS
haloperidol lactate intramuscular syringe 5 mg/ml	1	NDS
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	NDS; QL (5 per 166 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	NDS; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA NSO; NDS; QL (30 per 30 days); AGE (Max 64 Years)
molindone oral tablet 10 mg	1	QL (120 per 30 days)
molindone oral tablet 25 mg	1	QL (270 per 30 days)
molindone oral tablet 5 mg	1	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg	1	NDS; QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	PA NSO; AGE (Max 64 Years)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	PA NSO; AGE (Max 64 Years)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	1	ST; NDS
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	PA NSO; AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
pimozide oral tablet 1 mg, 2 mg	1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	NDS; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	1	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	1	NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	1	QL (480 per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet,disintegrating 0.25 mg	1	
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	QL (120 per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	1	NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	ST; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	PA NSO; ST; NDS; QL (540 per 30 days); AGE (Max 64 Years)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	NDS; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
abacavir oral solution 20 mg/ml	1	
abacavir oral tablet 300 mg	1	
abacavir-lamivudine oral tablet 600-300 mg	1	
APTIVUS ORAL CAPSULE 250 MG	1	NDS
atazanavir oral capsule 150 mg, 200 mg, 300 mg	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	1	NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml), 600 mg/3 ml (200 mg/ml)	1	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	1	NDS
darunavir oral tablet 600 mg, 800 mg	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1	
DOVATO ORAL TABLET 50-300 MG	1	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	1	NDS
efavirenz oral capsule 200 mg, 50 mg	1	
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	1	NDS
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	1	
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	1	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
etravirine oral tablet 100 mg, 200 mg	1	
EVOTAZ ORAL TABLET 300-150 MG	1	NDS
fosamprenavir oral tablet 700 mg	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	NDS
IDVYNSO ORAL TABLET 100-0.25 MG	1	NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	NDS
ISENTRESS ORAL TABLET 400 MG	1	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	1	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	1	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	1	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	1	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	1	NDS
nevirapine oral suspension 50 mg/5 ml	1	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	1	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL POWDER IN PACKET 100 MG	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	NDS
PIFELTRO ORAL TABLET 100 MG	1	NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	1	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	NDS
PREZISTA ORAL TABLET 150 MG	1	NDS
PREZISTA ORAL TABLET 75 MG	1	
REYATAZ ORAL POWDER IN PACKET 50 MG	1	NDS
rilpivirine hcl oral tablet 25 mg	1	NDS
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	1	NDS
ritonavir oral tablet 100 mg	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	1	NDS
SELZENTRY ORAL TABLET 25 MG	1	
SELZENTRY ORAL TABLET 75 MG	1	NDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	1	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	NDS
tenofovir disoproxil fumarate oral tablet 300 mg	1	
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	1	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	
TYBOST ORAL TABLET 150 MG	1	QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	NDS
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 10 mg/ml	1	
zidovudine oral tablet 300 mg	1	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	1	PA; NDS
oseltamivir oral capsule 30 mg	1	NDS; QL (84 per 180 days)
oseltamivir oral capsule 45 mg	1	NDS; QL (48 per 180 days)
oseltamivir oral capsule 75 mg	1	NDS; QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	1	NDS; QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	1	NDS; QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	1	NDS; QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	NDS; QL (30 per 5 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	PA; NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	NDS; QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	1	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	1	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; NDS; QL (28 per 28 days)
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	

Drug Name	Drug Tier	Requirements/Limits
acyclovir sodium intravenous solution 50 mg/ml	1	PA BvD; NDS
adefovir oral tablet 10 mg	1	NDS
entecavir oral tablet 0.5 mg, 1 mg	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
ribavirin oral capsule 200 mg	1	NDS
ribavirin oral tablet 200 mg	1	NDS
valacyclovir oral tablet 1 gram, 500 mg	1	
valganciclovir oral recon soln 50 mg/ml	1	NDS
valganciclovir oral tablet 450 mg	1	
VEMLIDY ORAL TABLET 25 MG	1	NDS; QL (30 per 30 days)
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	1	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	NDS
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (74 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	1	QL (960 per 30 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	1	QL (120 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	NDS; QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	NDS; QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	1	NDS; QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	NDS; QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	1	NDS; QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	1	NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	NDS; QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	1	NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	1	NDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
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 for reconstitution 1 mg/ml	1	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	NDS
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	1	QL (60 per 30 days)
Blood Formation Modifiers		
eltrombopag olamine oral powder in packet 12.5 mg	1	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	1	PA; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	1	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg	1	PA; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	1	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	1	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	1	PA; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	1	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	1	PA; NDS
Hematologic Agents, Miscellaneous		
anagrelide oral capsule 0.5 mg, 1 mg	1	
tranexamic acid oral tablet 650 mg	1	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	PA; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg	1	
prasugrel hcl oral tablet 10 mg, 5 mg	1	
ticagrelor oral tablet 60 mg, 90 mg	1	
Caloric Agents		
Caloric Agents		
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	1	PA BvD; NDS
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	PA BvD; NDS
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	PA BvD; NDS
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	PA BvD; NDS
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	PA BvD; NDS
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	1	NDS
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1	NDS
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	NDS
dextrose 5 % in water (d5w) intravenous parenteral solution	1	PA BvD; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	PA BvD; NDS
Cardiovascular Agents		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	
guanfacine oral tablet 1 mg, 2 mg	1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	NDS
Alpha-Adrenergic Blocking Agents		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	
Angiotensin Ii Receptor Antagonists		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
sacubitril-valsartan oral tablet 24-26 mg	1	QL (180 per 30 days)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	1	QL (60 per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
Angiotensin-Converting Enzyme Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 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	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
moexipril oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
Antiarrhythmic Agents		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
MULTAQ ORAL TABLET 400 MG	1	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
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	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
Calcium-Channel Blocking Agents		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
Cardiovascular Agents, Miscellaneous		
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
icatibant subcutaneous syringe 30 mg/3 ml	1	PA; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	1	ST; QL (60 per 30 days)
metyrosine oral capsule 250 mg	1	PA; NDS
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; NDS; QL (30 per 30 days)
Diuretics		
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
furosemide injection solution 10 mg/ml	1	NDS
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	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	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	1	PA; NDS; QL (120 per 30 days)
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	1	PA; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
Dyslipidemics		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
cholestyramine (with sugar) oral powder in packet 4 gram	1	
cholestyramine light oral powder in packet 4 gram	1	
colesevelam oral tablet 625 mg	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	
ezetimibe oral tablet 10 mg	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fluvastatin oral capsule 20 mg, 40 mg	1	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	1	
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram	1	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	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 oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	
omega-3 acid ethyl esters oral capsule 1 gram	1	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
prevalite oral powder in packet 4 gram	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	1	ST; QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML	1	PA; NDS; QL (0.8 per 28 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
aliskiren oral tablet 150 mg, 300 mg	1	
eplerenone oral tablet 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	1	PA; QL (30 per 30 days)
Vasodilators		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA; QL (30 per 30 days)
Central Nervous System Agents		
Central Nervous System Agents		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	1	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	1	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	1	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	1	PA; NDS
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	1	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	QL (60 per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	1	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	1	PA; NDS; QL (30 per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	1	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	QL (90 per 30 days)
riluzole oral tablet 50 mg	1	
tetrabenazine oral tablet 12.5 mg, 25 mg	1	PA; QL (112 per 28 days)
VEOZAH ORAL TABLET 45 MG	1	PA; QL (30 per 30 days)
Contraceptives		
Contraceptives		
afirmelle oral tablet 0.1-20 mg-mcg	1	
altavera (28) oral tablet 0.15-0.03 mg	1	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
amethyst (28) oral tablet 90-20 mcg (28)	1	
apri oral tablet 0.15-0.03 mg	1	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
aubra eq oral tablet 0.1-20 mg-mcg	1	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	1	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
aviane oral tablet 0.1-20 mg-mcg	1	
ayuna oral tablet 0.15-0.03 mg	1	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
camila oral tablet 0.35 mg	1	
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
chateal eq (28) oral tablet 0.15-0.03 mg	1	
cryselle (28) oral tablet 0.3-30 mg-mcg	1	
cyred eq oral tablet 0.15-0.03 mg	1	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
dolishale oral tablet 90-20 mcg (28)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	
elinest oral tablet 0.3-30 mg-mcg	1	

Drug Name	Drug Tier	Requirements/Limits
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	QL (1 per 28 days)
emzahh oral tablet 0.35 mg	1	
enilloring vaginal ring 0.12-0.015 mg/24 hr	1	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
enskyce oral tablet 0.15-0.03 mg	1	
errin oral tablet 0.35 mg	1	
estarylla oral tablet 0.25-0.035 mg	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	1	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	1	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
haloette vaginal ring 0.12-0.015 mg/24 hr	1	QL (1 per 28 days)
heather oral tablet 0.35 mg	1	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	QL (91 per 84 days)
incassia oral tablet 0.35 mg	1	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	QL (91 per 84 days)
isibloom oral tablet 0.15-0.03 mg	1	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
jencycla oral tablet 0.35 mg	1	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	QL (91 per 84 days)
juleber oral tablet 0.15-0.03 mg	1	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	
junel 1/20 (21) oral tablet 1-20 mg-mcg	1	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	1	
kurvelo (28) oral tablet 0.15-0.03 mg	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	
larin 1/20 (21) oral tablet 1-20 mg-mcg	1	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
lessina oral tablet 0.1-20 mg-mcg	1	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
levora-28 oral tablet 0.15-0.03 mg	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	1	
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)

Drug Name	Drug Tier	Requirements/Limits
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	
lo-zumandimine (28) oral tablet 3-0.02 mg	1	
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	
lutera (28) oral tablet 0.1-20 mg-mcg	1	
lyleq oral tablet 0.35 mg	1	
lyza oral tablet 0.35 mg	1	
marlissa (28) oral tablet 0.15-0.03 mg	1	
meleya oral tablet 0.35 mg	1	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
mili oral tablet 0.25-0.035 mg	1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	1	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	1	
mono-linyah oral tablet 0.25-0.035 mg	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	NDS
nikki (28) oral tablet 3-0.02 mg	1	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	1	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	1	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
orquidea oral tablet 0.35 mg	1	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
portia 28 oral tablet 0.15-0.03 mg	1	
reclipsen (28) oral tablet 0.15-0.03 mg	1	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	QL (91 per 84 days)
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	QL (91 per 84 days)
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	1	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	1	
sprintec (28) oral tablet 0.25-0.035 mg	1	
sronyx oral tablet 0.1-20 mg-mcg	1	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	

Drug Name	Drug Tier	Requirements/Limits
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	
turqoz (28) oral tablet 0.3-30 mg-mcg	1	
tyblume oral tablet,chewable 0.1 mg- 20 mcg	1	
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	
vienva oral tablet 0.1-20 mg-mcg	1	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
vylibra oral tablet 0.25-0.035 mg	1	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	
xulane transdermal patch weekly 150-35 mcg/24 hr	1	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	1	QL (3 per 28 days)
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline oral capsule 30 mg	1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	NDS
periogard mucous membrane mouthwash 0.12 %	1	NDS
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
triamcinolone acetonide dental paste 0.1 %	1	NDS
Dermatological Agents		
Anti-Infectives (Skin And Mucous Membrane)		

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
acyclovir topical ointment 5 %	1	NDS; QL (30 per 30 days)
clindamycin phosphate vaginal cream 2 %	1	NDS
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	NDS
terconazole vaginal cream 0.4 %, 0.8 %	1	NDS
terconazole vaginal suppository 80 mg	1	NDS
Dermatological Agents, Other		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	NDS
ALTRENO TOPICAL LOTION 0.05 %	1	PA; NDS
ammonium lactate topical cream 12 %	1	NDS
ammonium lactate topical lotion 12 %	1	NDS
calcipotriene scalp solution 0.005 %	1	NDS; QL (120 per 30 days)
calcipotriene topical cream 0.005 %	1	NDS; QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	1	NDS; QL (120 per 30 days)
fluorouracil topical cream 5 %	1	NDS
fluorouracil topical solution 2 %, 5 %	1	NDS
imiquimod topical cream in packet 5 %	1	NDS; QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	1	ST; NDS; QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1	NDS
nitroglycerin rectal ointment 0.4 % (w/w)	1	NDS; QL (30 per 30 days)
PANRETIN TOPICAL GEL 0.1 %	1	NDS; QL (60 per 28 days)
podofilox topical solution 0.5 %	1	NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	NDS; QL (180 per 30 days)
selenium sulfide topical lotion 2.5 %	1	NDS
silver sulfadiazine topical cream 1 %	1	NDS
ssd topical cream 1 %	1	NDS
tazarotene topical cream 0.1 %	1	NDS
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA; NDS
VALCHLOR TOPICAL GEL 0.016 %	1	PA NSO; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	NDS
Dermatological Antibacterials		
clindamycin phosphate topical solution 1 %	1	NDS; QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	1	NDS
erythromycin with ethanol topical solution 2 %	1	NDS

Drug Name	Drug Tier	Requirements/Limits
gentamicin topical cream 0.1 %	1	NDS; QL (90 per 30 days)
metronidazole topical cream 0.75 %	1	NDS
metronidazole topical gel 0.75 %, 1 %	1	NDS
mupirocin topical ointment 2 %	1	NDS; QL (220 per 30 days)
rosadan topical cream 0.75 %	1	NDS
Dermatological Anti-Inflammatory Agents		
ala-cort topical cream 1 %	1	NDS
betamethasone dipropionate topical cream 0.05 %	1	NDS
betamethasone dipropionate topical lotion 0.05 %	1	NDS
betamethasone dipropionate topical ointment 0.05 %	1	NDS
betamethasone valerate topical cream 0.1 %	1	NDS
betamethasone valerate topical lotion 0.1 %	1	NDS
betamethasone valerate topical ointment 0.1 %	1	NDS
betamethasone, augmented topical cream 0.05 %	1	NDS
betamethasone, augmented topical gel 0.05 %	1	NDS
betamethasone, augmented topical lotion 0.05 %	1	NDS
betamethasone, augmented topical ointment 0.05 %	1	NDS
clobetasol scalp solution 0.05 %	1	NDS
clobetasol topical cream 0.05 %	1	NDS
clobetasol topical gel 0.05 %	1	NDS
clobetasol topical ointment 0.05 %	1	NDS
clobetasol topical shampoo 0.05 %	1	NDS
clobetasol-emollient topical cream 0.05 %	1	NDS
diclofenac sodium topical drops 1.5 %	1	QL (300 per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	1	PA; NDS; QL (224 per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	1	NDS
fluocinolone topical cream 0.01 %, 0.025 %	1	NDS
fluocinolone topical ointment 0.025 %	1	NDS
fluocinonide topical cream 0.05 %, 0.1 %	1	NDS
fluocinonide topical gel 0.05 %	1	NDS
fluocinonide topical ointment 0.05 %	1	NDS
fluocinonide topical solution 0.05 %	1	NDS
fluticasone propionate topical cream 0.05 %	1	NDS
halobetasol propionate topical cream 0.05 %	1	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
halobetasol propionate topical ointment 0.05 %	1	NDS
hydrocortisone 2.5% cream	1	NDS
hydrocortisone topical cream 1 %	1	NDS
hydrocortisone topical cream with perineal applicator 2.5 %	1	NDS
hydrocortisone topical lotion 2.5 %	1	NDS
hydrocortisone topical ointment 1 %, 2.5 %	1	NDS
hydrocortisone valerate topical cream 0.2 %	1	NDS
mometasone topical cream 0.1 %	1	NDS
mometasone topical ointment 0.1 %	1	NDS
mometasone topical solution 0.1 %	1	NDS
procto-med hc topical cream with perineal applicator 2.5 %	1	NDS
proctosol hc topical cream with perineal applicator 2.5 %	1	NDS
proctozone-hc topical cream with perineal applicator 2.5 %	1	NDS
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	NDS
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	NDS
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	NDS
Scabicides And Pediculicides		
malathion topical lotion 0.5 %	1	NDS
permethrin topical cream 5 %	1	NDS; QL (60 per 30 days)
Devices		
Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	1	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	1	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	1	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	1	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	1	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	1	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	1	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	1	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	1	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	1	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	PA; ST; NDS
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	1	PA; ST
AUTOKEEPER SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	1	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	1	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	1	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	1	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	1	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
BD SINGLE USE SWAB	1	PA; ST; NDS
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	1	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	1	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	1	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	1	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	1	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	1	PA; ST; NDS
CAREFINE PEN NEEDLE 12.7MM 29G HRI 29 GAUGE X 1/2"	1	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	1	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	1	PA; ST
CAREFINE PEN NEEDLE 6MM 31G HRI 31 GAUGE X 1/4"	1	PA; ST
CAREFINE PEN NEEDLE 8MM 30G HRI 30 GAUGE X 5/16"	1	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	1	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	1	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	1	PA; ST; NDS
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	1	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	1	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16	1	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	1	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	1	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	1	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	1	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	1	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	1	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	1	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	1	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	1	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	1	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	1	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	1	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	1	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	1	PA; ST
COMFORT EZ PLS PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	1	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	1	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 33G 5MM 33 GAUGE X 3/16"	1	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	1	PA; ST; NDS
CURITY GAUZE PADS 2 X 2 "	1	PA; ST; NDS
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST; NDS
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	1	PA; ST; NDS
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	PA; ST; NDS
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	PA; ST; NDS
DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	1	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16	1	PA; ST
DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	1	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	1	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"	1	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	1	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	1	PA; ST; NDS
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	1	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	1	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	1	PA; ST
DROPSAFE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	1	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	1	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	1	PA; ST
EASY COMFORT ALCOHOL 70% PAD	1	PA; ST; NDS
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	1	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"	1	PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"	1	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	1	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	1	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16	1	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	1	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	1	PA; ST
EASY TOUCH 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	1	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	1	PA; ST; NDS
EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4"	1	PA; ST
EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	1	PA; ST
EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	1	PA; ST
EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	1	PA; ST
EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	1	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH LUER LOK INSUL 1 ML	1	PA; ST
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	1	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	1	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	1	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	1	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	1	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	1	PA; ST
EASYLIFE ALCOHOL 70% PADS	1	PA; ST; NDS
EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2"	1	PA; ST
EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32"	1	PA; ST
EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16"	1	PA; ST
EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	PA; ST
EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16"	1	PA; ST
EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	1	PA; ST
EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	1	PA; ST
EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	1	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	1	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
FT STERILE PADS 2" X 2" 2 X 2 "	1	PA; ST; NDS
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	PA; ST; NDS
GNP ALCOHOL SWAB STERILE, TWO PLY	1	PA; ST; NDS
GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	1	PA; ST
GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE	1	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	1	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	1	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	1	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	1	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	1	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"	1	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	1	PA; ST; NDS
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	1	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	1	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	1	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	1	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	1	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	1	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	1	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	1	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	1	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	1	
INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16"	1	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 29 , 1/2 ML 30 GAUGE	1	PA; ST
INSULIN 3/10 ML SYRINGE 0.3 ML 30	1	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	1	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	1	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	1	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	1	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	1	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	1	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	1	PA; ST
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	1	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	1	PA; ST
INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE,THIN II (OTC) 1 ML 31 GAUGE X 5/16	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	PA; ST
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"	1	PA; ST; NDS
INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	1	PA; ST
IV ANTISEPTIC WIPES	1	PA; ST; NDS
KENDALL ALCOHOL 70% PREP PAD	1	PA; ST; NDS
LISCO SPONGES 100/BAG 2 X 2 "	1	PA; ST; NDS
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	1	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	1	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	1	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	1	PA; ST
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	1	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	1	PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	1	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	1	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	1	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	1	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	1	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	1	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	1	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	1	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	1	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	1	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	1	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	1	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	1	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	1	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	1	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	1	PA; ST
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"	1	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	1	NDS; QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	1	NDS; QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	1	NDS; QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	1	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	1	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	1	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	1	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4"	1	PA; ST
PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	1	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	1	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	1	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	1	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	1	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	1	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	1	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	1	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	1	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	1	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	1	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
PRO COMFORT ALCOHOL 70% PADS	1	PA; ST; NDS
PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	1	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	1	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	1	PA; ST
PRO-COMFORT ALCOHOL 70% PADS	1	PA; ST; NDS
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
PURE COMFORT ALCOHOL 70% PADS	1	PA; ST; NDS
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
RA ISOPROPYL ALCOHOL 70% WIPES	1	PA; ST; NDS
RA STERILE PADS 2"X 2" 2 X 2 "	1	PA; ST; NDS
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	1	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	1	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	1	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	1	PA; ST
RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	1	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	1	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	1	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	1	PA; ST
SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16"	1	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	1	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
NEEDLES, INSULIN DISP., SAFETY	1	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	PA; ST
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	1	PA; ST
SURE COMFORT ALCOHOL PREP PADS	1	PA; ST; NDS
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	1	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	1	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	1	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	1	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	1	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	1	PA; ST
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	1	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	1	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	1	PA; ST
SURE-PREP ALCOHOL PREP PADS	1	PA; ST; NDS
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	1	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	1	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	1	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	1	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	1	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	1	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	1	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	1	PA; ST
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	1	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	1	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8"	1	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	1	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8"	1	PA; ST
TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	1	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	1	PA; ST; NDS
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	1	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	1	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	1	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	1	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	1	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	1	PA; ST; NDS
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	1	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	1	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64"	1	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	1	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	1	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	1	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	1	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	1	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	1	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	1	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	1	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	1	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	1	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	1	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	1	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	1	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	1	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	1	PA; ST
ULTILET ALCOHOL STERL SWAB	1	PA; ST; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

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

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	1	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	1	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	1	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	1	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	1	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	1	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
ULTRA-FINE INS 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	1	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	1	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	1	PA; ST
ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	1	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	1	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	1	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	1	PA; ST
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	1	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	1	PA; ST
UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	1	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	1	PA; ST
UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16"	1	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	1	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
UNIFINE PENTIPS PLUS 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	1	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	1	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2"	1	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	1	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	1	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	1	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	1	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	1	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	1	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	1	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	1	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	PA; ST; NDS
WEBCOL ALCOHOL PREPS 20'S,LARGE	1	PA; ST; NDS
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	1	PA; ST
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	1	
javygtor oral tablet,soluble 100 mg	1	PA; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	1	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; NDS
sapropterin oral tablet,soluble 100 mg	1	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	1	PA; LA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	1	

Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
atropine ophthalmic (eye) drops 1 %	1	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	1	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	1	NDS
cromolyn ophthalmic (eye) drops 4 %	1	NDS
epinastine ophthalmic (eye) drops 0.05 %	1	NDS
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	1	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	NDS; QL (15 per 10 days)
olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %	1	NDS
Eye, Ear, Nose, Throat Anti-Infectives Agents		
acetic acid otic (ear) solution 2 %	1	NDS
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	NDS
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	NDS
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	NDS
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1	NDS; QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	NDS; QL (3.5 per 4 days)
gentamicin ophthalmic (eye) drops 0.3 %	1	NDS
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	NDS
moxifloxacin ophthalmic (eye) drops 0.5 %	1	NDS
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	1	NDS
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	NDS
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	NDS
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	NDS
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	NDS
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	NDS
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	NDS
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	NDS
ofloxacin ophthalmic (eye) drops 0.3 %	1	NDS
ofloxacin otic (ear) drops 0.3 %	1	NDS
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1	NDS
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	NDS
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	NDS
sulfacetamide sodium ophthalmic (eye) ointment 10 %	1	NDS
tobramycin ophthalmic (eye) drops 0.3 %	1	NDS
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	NDS
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	1	NDS
trifluridine ophthalmic (eye) drops 1 %	1	NDS
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	1	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	NDS
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
bromfenac ophthalmic (eye) drops 0.07 %	1	NDS
cyclosporine ophthalmic (eye) dropperette 0.05 %	1	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	NDS
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	NDS
difluprednate ophthalmic (eye) drops 0.05 %	1	NDS
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	1	NDS; QL (8.3 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	NDS
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1	NDS
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	NDS
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	1	NDS
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	NDS; QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 %	1	NDS; QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	1	NDS; QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	1	NDS; QL (5 per 16 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1	NDS; QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	1	ST; NDS
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	NDS; QL (15 per 19 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	1	NDS; QL (12 per 28 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	1	QL (34 per 30 days)
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	NDS
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1	NDS
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	NDS
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
cimetidine hcl oral solution 300 mg/5 ml	1	

Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	1	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	
sucralfate oral tablet 1 gram	1	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	1	NDS; QL (168 per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	1	PA; NDS
Gastrointestinal Agents, Other		
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	1	NDS
calcium acetate(phosphat bind) oral capsule 667 mg	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	
carglumic acid oral tablet, dispersible 200 mg	1	PA; NDS
constulose oral solution 10 gram/15 ml	1	
cromolyn oral concentrate 100 mg/5 ml	1	NDS
dicyclomine oral capsule 10 mg	1	PA; AGE (Max 64 Years)
dicyclomine oral solution 10 mg/5 ml	1	PA; AGE (Max 64 Years)
dicyclomine oral tablet 20 mg	1	PA; AGE (Max 64 Years)
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	PA; NDS; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	1	
generlac oral solution 10 gram/15 ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
kionex oral suspension 15 gram/60 ml	1	NDS
lactulose oral solution 10 gram/15 ml	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LOKELMA ORAL POWDER IN PACKET 10 GRAM	1	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	1	QL (30 per 30 days)
loperamide oral capsule 2 mg	1	
lubiprostone oral capsule 24 mcg	1	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	1	QL (120 per 30 days)
metoclopramide hcl oral solution 5 mg/5 ml	1	NDS
metoclopramide hcl oral tablet 10 mg, 5 mg	1	NDS
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	NDS; QL (30 per 30 days)
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
sodium polystyrene sulfonate oral powder 15 gram	1	NDS
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	1	NDS
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	NDS
TRULANCE ORAL TABLET 3 MG	1	QL (30 per 30 days)
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	1	
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	1	PA; NDS; QL (12 per 30 days)
XERMELO ORAL TABLET 250 MG	1	PA; NDS; QL (84 per 28 days)
Inflammatory Bowel Disease Agents		
alosetron oral tablet 0.5 mg, 1 mg	1	NDS
balsalazide oral capsule 750 mg	1	NDS
budesonide oral capsule,delayed,extend.release 3 mg	1	NDS
budesonide rectal foam 2 mg/actuation	1	NDS
hydrocortisone rectal enema 100 mg/60 ml	1	NDS
mesalamine oral capsule, extended release 500 mg	1	
mesalamine oral capsule,extended release 24hr 0.375 gram	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1	QL (120 per 30 days)
mesalamine rectal enema 4 gram/60 ml	1	
mesalamine rectal suppository 1,000 mg	1	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1	
Laxatives		
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	NDS
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	NDS
gavilyte-n oral recon soln 420 gram	1	NDS
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	NDS
peg-electrolyte soln oral recon soln 420 gram	1	NDS
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	1	NDS
Genitourinary Agents		
Antispasmodics, Urinary		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	1	
flavoxate oral tablet 100 mg	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
solifenacin oral tablet 10 mg, 5 mg	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	1	
tolterodine oral tablet 1 mg, 2 mg	1	
trospium oral tablet 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents, Miscellaneous		
alfuzosin oral tablet extended release 24 hr 10 mg	1	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	1	
finasteride oral tablet 5 mg	1	
tamsulosin oral capsule 0.4 mg	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	1	PA; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA
penicillamine oral tablet 250 mg	1	PA; NDS
trientine oral capsule 250 mg	1	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
danazol oral capsule 100 mg, 200 mg, 50 mg	1	NDS
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	1	PA
testosterone enanthate intramuscular oil 200 mg/ml	1	PA; NDS; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	PA; AGE (Max 64 Years)
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (4 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	
estradiol vaginal tablet 10 mcg	1	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	PA; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	1	PA; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	PA; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	PA; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	1	
yuvafem vaginal tablet 10 mcg	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
dexamethasone oral solution 0.5 mg/5 ml	1	NDS
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	NDS
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	1	NDS
fludrocortisone oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
ISTURISA ORAL TABLET 1 MG	1	PA; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	1	PA; QL (360 per 30 days)
methylprednisolone acetate injection suspension 40 mg/ml	1	NDS
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	NDS
methylprednisolone oral tablets,dose pack 4 mg	1	NDS
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	1	NDS
prednisolone oral solution 15 mg/5 ml	1	NDS
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	NDS
prednisone oral solution 5 mg/5 ml	1	PA BvD; NDS
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	PA BvD; NDS
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	1	NDS

Drug Name	Drug Tier	Requirements/Limits
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	1	PA; NDS; QL (120 per 30 days)
triamcinolone acetonide injection suspension 40 mg/ml	1	NDS
Incretin Mimetics		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	PA; QL (2 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	1	PA; NDS; QL (2 per 28 days)
OZEMPIC ORAL TABLET 1.5 MG	1	PA; NDS; QL (30 per 30 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	1	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL (3 per 28 days)
RYBELSUS ORAL TABLET 1.5 MG, 3 MG	1	PA; NDS; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 4 MG, 7 MG, 9 MG	1	PA; QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	1	PA; QL (2 per 28 days)
WEGOVY ORAL TABLET 1.5 MG, 4 MG, 9 MG	1	PA; NDS; QL (30 per 30 days)
WEGOVY ORAL TABLET 25 MG	1	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	1	PA; NDS; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	1	PA; QL (3 per 28 days)
Pituitary		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	1	PA; NDS; QL (35 per 28 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml	1	PA NSO; NDS; QL (0.5 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	1	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	1	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; NDS
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	
ORGOVYX ORAL TABLET 120 MG	1	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	1	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	1	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	1	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	1	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	1	
medroxyprogesterone intramuscular suspension 150 mg/ml	1	
medroxyprogesterone intramuscular syringe 150 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol 400 mg/10 ml susp cup outer 400 mg/10 ml (10 ml)	1	PA NSO; AGE (Max 64 Years)
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	PA NSO; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	1	
progesterone micronized oral capsule 100 mg, 200 mg	1	
Thyroid And Antithyroid Agents		
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	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		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; NDS
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	1	PA; NDS
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	1	PA; NDS
adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml	1	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; NDS; QL (1 per 28 days)
azathioprine oral tablet 50 mg	1	PA BvD
azathioprine sodium injection recon soln 100 mg	1	PA BvD; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; NDS; QL (8 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; NDS; QL (8 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; NDS; QL (15 per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; NDS
cyclosporine intravenous solution 250 mg/5 ml	1	PA BvD; NDS
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	PA BvD
cyclosporine modified oral solution 100 mg/ml	1	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	1	PA BvD
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; QL (60 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; NDS
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	1	PA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	1	PA BvD
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1	PA BvD
everolimus (immunosuppressive) oral tablet 1 mg	1	PA BvD; NDS
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	1	PA; NDS; QL (1 per 28 days)
fingolimod oral capsule 0.5 mg	1	PA; QL (30 per 30 days)
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	1	PA BvD; NDS
gengraf oral capsule 100 mg, 25 mg	1	PA BvD
gengraf oral solution 100 mg/ml	1	PA BvD
glatiramer subcutaneous syringe 20 mg/ml	1	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; NDS; QL (12 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	1	PA; NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	1	PA; NDS
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	1	PA; NDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NDS; Only NDCs starting with 00074

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	1	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	1	PA; NDS; Only NDCs starting with 00074
infliximab intravenous recon soln 100 mg	1	PA; NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; NDS; QL (1.2 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; NDS
leflunomide oral tablet 10 mg, 20 mg	1	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	1	PA BvD; NDS
mycophenolate mofetil oral capsule 250 mg	1	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1	PA BvD
mycophenolate mofetil oral tablet 500 mg	1	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	1	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NDS
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; LA; NDS; QL (0.4 per 28 days)
OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	1	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	1	PA; NDS
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	1	PA; NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	1	PA; NDS
OTULFI INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; NDS
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; NDS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	PA BvD
REZUROCK ORAL TABLET 200 MG	1	PA NSO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	1	PA; NDS
SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML	1	PA; NDS; QL (3.2 per 28 days)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; NDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
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 60 MG/ML	1	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML	1	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	1	PA; NDS
tacrolimus intravenous solution 5 mg/ml	1	PA BvD; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	PA BvD
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg	1	PA BvD
tacrolimus oral capsule,extended release 24hr 5 mg	1	PA BvD; NDS
tacrolimus topical ointment 0.03 %, 0.1 %	1	NDS; QL (100 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	1	PA; NDS; QL (180 per 30 days)
THALOMID ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA NSO; NDS; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG	1	PA NSO; NDS; QL (224 per 28 days)
tofacitinib oral solution 1 mg/ml	1	PA; NDS
tofacitinib oral tablet 10 mg, 5 mg	1	PA; NDS
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	1	PA; NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	1	PA; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; NDS
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	1	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	1	PA; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; NDS
VELSIPITY ORAL TABLET 2 MG	1	PA; QL (30 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA; NDS; QL (120 per 30 days)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; NDS
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	1	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	1	PA
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	NDS; $0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	NDS
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	NDS; $0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	NDS; $0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	NDS; $0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	NDS; $0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	NDS; $0 copay

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	NDS; $0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	NDS; $0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	NDS
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	1	NDS; QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	PA BvD; NDS; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD; NDS; $0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	PA BvD; NDS; $0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	NDS; $0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	NDS; $0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	NDS; $0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	NDS
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	PA BvD; NDS; $0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	NDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	PA BvD; NDS; $0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	NDS
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	NDS; $0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	NDS; $0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	NDS; $0 copay

Drug Name	Drug Tier	Requirements/Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	NDS
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	NDS; $0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	NDS; $0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	NDS; $0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	NDS; $0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	NDS
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	NDS
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	1	NDS; $0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	1	NDS; $0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	NDS; $0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	1	NDS; $0 copay
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	1	NDS; $0 copay
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	NDS; $0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	1	NDS
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	NDS; $0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	NDS
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	NDS
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	PA BvD; NDS; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	PA BvD; NDS; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	PA BvD; NDS; $0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	NDS
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	NDS
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	NDS; $0 copay; QL (2 per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	NDS; $0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	NDS; $0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	NDS; $0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	NDS; $0 copay
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	NDS
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	NDS; $0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	NDS; $0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	NDS; $0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	NDS; $0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	NDS; $0 copay

Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	NDS
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	NDS; $0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	NDS
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	NDS; $0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	NDS; $0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	1	NDS; $0 copay
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	1	NDS; $0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	1	NDS; $0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	1	NDS; $0 copay
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate oral tablet 10 mg	1	QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
cinacalcet oral tablet 30 mg, 60 mg	1	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	1	QL (120 per 30 days)
ibandronate oral tablet 150 mg	1	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	PA; NDS
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	1	NDS; QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	1	QL (1 per 180 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	1	PA; NDS; QL (2.24 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	1	PA; NDS; QL (1.56 per 30 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	1	NDS
betaine oral powder 1 gram/scoop	1	PA; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
dalfampridine oral tablet extended release 12 hr 10 mg	1	PA; QL (60 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	1	PA; QL (30 per 30 days)
glutamine (sickle cell) oral powder in packet 5 gram	1	PA; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	NDS
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	NDS
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	NDS
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	PA; NDS; AGE (Max 64 Years)
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	NDS
mesna oral tablet 400 mg	1	NDS
Ophthalmic Agents		
Antiglaucoma Agents		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
acetazolamide sodium injection recon soln 500 mg	1	NDS
betaxolol ophthalmic (eye) drops 0.5 %	1	
bimatoprost ophthalmic (eye) drops 0.01 %	1	
bimatoprost ophthalmic (eye) drops 0.03 %	1	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	1	

Drug Name	Drug Tier	Requirements/Limits
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	
brinzolamide ophthalmic (eye) drops,suspension 1 %	1	
carteolol ophthalmic (eye) drops 1 %	1	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
latanoprost ophthalmic (eye) drops 0.005 %	1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %	1	
methazolamide oral tablet 25 mg, 50 mg	1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol ophthalmic (eye) drops 0.5 %	1	
travoprost ophthalmic (eye) drops 0.004 %	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	1	QL (5 per 30 days)
Parasympathomimetic (Cholinergic Agents)		
Parasympathomimetic (Cholinergic Agents)		
pyridostigmine bromide oral tablet 60 mg	1	
Replacement Preparations		
Replacement Preparations		
klor-con m10 oral tablet,er particles/crystals 10 meq	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	1	
magnesium sulfate injection solution 500 mg/ml (50 %)	1	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate injection syringe 500 mg/ml (50 %)	1	NDS
potassium chloride intravenous solution 2 meq/ml	1	NDS
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	1	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	1	NDS
sodium chloride 0.9 % intravenous parenteral solution	1	NDS
sodium chloride 0.9% solution mini-bag, single use	1	NDS
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	1	PA BvD; QL (120 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	1	QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	1	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	1	QL (21.2 per 30 days)
Antileukotrienes		
montelukast oral tablet 10 mg	1	
montelukast oral tablet,chewable 4 mg, 5 mg	1	
zafirlukast oral tablet 10 mg, 20 mg	1	
Bronchodilators		

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	QL (12 per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	1	QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	1	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	1	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (30.9 per 30 days)
BREZTRI AEROSPHERE 160-18-4.8 MCG 160-18-4.8 MCG/ACTUATION	1	QL (5.9 per 7 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG 160-9-4.8 MCG/ACTUATION	1	QL (5.9 per 7 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	1	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	1	QL (60 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (60 per 30 days)
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	1	QL (25.8 per 28 days)
ipratropium bromide inhalation solution 0.02 %	1	PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	PA BvD; QL (540 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	QL (4 per 28 days)
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	1	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	1	QL (60 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	PA BvD; NDS
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	1	NDS; QL (560 per 28 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	PA BvD
JASCAYD ORAL TABLET 18 MG, 9 MG	1	PA; NDS; QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; NDS; QL (56 per 28 days)
nintedanib oral capsule 100 mg, 150 mg	1	PA; NDS; QL (60 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	1	PA; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	1	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg	1	PA; NDS; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
pirfenidone oral tablet 801 mg	1	PA; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	1	PA BvD; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA BvD; NDS
roflumilast oral tablet 250 mcg	1	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	1	QL (30 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	1	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; NDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	1	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	1	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	1	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	PA; NDS; AGE (Max 64 Years)
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	PA; NDS; AGE (Max 64 Years)
tizanidine oral tablet 2 mg, 4 mg	1	
Sleep Disorder Agents		
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	NDS; QL (30 per 30 days)
doxepin oral tablet 3 mg, 6 mg	1	NDS; QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	NDS; QL (30 per 30 days)
modafinil oral tablet 100 mg	1	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

Drug Name	Drug Tier	Requirements/Limits
sodium oxybate oral solution 500 mg/ml	1	PA; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg	1	NDS; QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	1	NDS; QL (30 per 30 days)
Sympathomimetic (Adrenergic) Agents		
Sympathomimetic (Adrenergic) Agents		
droxidopa oral capsule 100 mg, 300 mg	1	PA; QL (180 per 30 days)
droxidopa oral capsule 200 mg	1	PA; NDS; QL (180 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	NDS; QL (4 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; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	1	PA; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	1	PA; QL (30 per 30 days)
macitentan oral tablet 10 mg	1	PA; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	1	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 100 MCG	1	PA; NDS; QL (480 per 30 days)
UPTRAVI ORAL TABLET 150 MCG	1	PA; NDS; QL (300 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	1	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	1	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
bal-care dha combo pack 27-1-430 mg	1	
bal-care dha essential pack 27 mg iron-1 mg -374 mg	1	
c-nate dha softgel 28 mg iron-1 mg -200 mg	1	
folivane-ob capsule 85-1 mg	1	
marnatal-f capsule 60 mg iron-1 mg	1	
m-natal plus tablet 27 mg iron- 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
mynatal advance oral tablet 90-1-50 mg	1	
mynatal oral tablet 90-1-50 mg	1	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg	1	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg	1	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	1	
pnv-omega softgel 28-1-300 mg	1	
pnv-select tablet 27-1 mg	1	
pr natal 400 combo pack 29-1-400 mg	1	
pr natal 400 ec combo pack 29-1-400 mg	1	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg	1	
pr natal 430 ec combo pack 29-1-430 mg	1	
prenaissance oral capsule 29-1.25-55-325 mg	1	
prenaissance plus oral capsule 28-1-50-250 mg	1	
prenatabs fa tablet 29-1 mg	1	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg	1	
prenatal 19 chewable tablet 29 mg iron- 1 mg	1	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	1	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	1	
prenatal-u capsule 106.5-1 mg	1	
select-ob chewable caplet 29 mg iron- 1 mg	1	
select-ob chewable caplet 29 mg iron- 1 mg	1	
se-natal 19 chewable tablet 29 mg iron- 1 mg	1	
taron-c dha capsule 35-1-200 mg	1	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	1	
vitafol-ob+dha combo pack 65-1-250 mg	1	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	1	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	1	
zatean-pn plus softgel 28-1-300 mg	1	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 20.

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