



2022 Formulary

(List of Covered Drugs)

Bright Advantage Classic Care Plan (HMO)
Bright Advantage Classic Choice Plan (HMO)
Bright Advantage Classic Plus Plan (HMO)
Bright Advantage Part B Savings Plan (HMO)
Bright Advantage Health Dollars Plan (HMO)
Bright Advantage Health Dollars Plan (PPO)
Bright Advantage Part B Savings Plan (PPO)
Bright Advantage Embrace Assist Plan (HMO C-SNP)
Bright Advantage Embrace Care Plan (HMO C-SNP)
Bright Advantage Embrace Choice Plan (HMO C-SNP)
Bright Advantage Harmony Choice Plan (HMO C-SNP)

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

HPMS Approved Formulary File Submission ID 22098, Version Number 16.

This formulary was updated on 12/01/2022.

For more recent information or other questions, please contact us, Bright HealthCare Member Service, at 1-833-726-0667 or, for TTY users should call 711, 24 hours a day, 7 days a week, or visit www.BrightHealthCare.com/Medicare.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Bright HealthCare. When it refers to “plan” or “our plan,” it means Bright HealthCare.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Bright HealthCare Formulary?

A formulary is a list of covered drugs selected by Bright HealthCare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Bright HealthCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Bright HealthCare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Bright HealthCare’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different

cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Bright HealthCare’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2022. To get updated information about the drugs covered by Bright HealthCare, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formulary will be updated and posted to our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Bright HealthCare requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Bright HealthCare before you fill your prescriptions. If you don't get approval, Bright HealthCare may not cover the drug.
- **Quantity Limits:** For certain drugs, Bright HealthCare limits the amount of the drug that Bright HealthCare will cover. For example, Bright HealthCare provides 30 capsules per prescription for Lansoprazole. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Bright HealthCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Bright HealthCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Bright HealthCare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online a document that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Bright HealthCare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Bright HealthCare formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by Bright HealthCare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Bright HealthCare.
- You can ask Bright HealthCare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Bright HealthCare Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Bright HealthCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Bright HealthCare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

For members who are experiencing a level of care change (being admitted to or discharged from a LTC facility), early refills and edits will not be used to limit appropriate and necessary access to their Part D benefit, and such enrollees will be allowed to access a refill upon admission or discharge.

For more information

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

If you have questions about Bright HealthCare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day / 7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Bright HealthCare's Formulary

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

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

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

Bright HealthCare plans are HMOs and PPOs with a Medicare contract. Bright HealthCare's New York D-SNP plan is an HMO with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Our plans are issued through Bright HealthCare Insurance Company or one of its affiliates. Bright HealthCare Insurance Company is a Colorado Life and Health company that issues indemnity products, including EPOs offered through Medicare Advantage. An EPO is an exclusive provider organization plan that may be written on an HMO license in some states and on a Life and Health license in some states, including Colorado. Enrollment in our plans depends on contract renewal.

Formulary Legend

The following may be found within the “Tier” or “Requirements/Limits” columns of the formulary:

Abbreviation	Description	Explanation
Drug Tier		
1	Tier 1	Preferred Generic
2	Tier 2	Generic
3	Tier 3	Preferred Brand
4	Tier 4	Non-Preferred Drug (brands & generics)
5	Tier 5	Specialty
6	Tier 6	Select Care Drug
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your provider) are required to get authorization from Bright HealthCare before you fill your prescription for this drug. Without prior approval, Bright HealthCare may not cover this drug.
PA BvD	Part D vs. Part B Only	This drug may be eligible for payment under Medicare Part B or Part D. You (or your provider) are required to get prior authorization from Bright HealthCare to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Bright HealthCare may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or if you have not taken this drug before, you (or your provider) are required to get prior authorization from Bright HealthCare before you fill your prescription for this drug. Without prior approval, Bright HealthCare may not cover this drug.
QL	Quantity Limit Restriction	Bright HealthCare limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Bright HealthCare will provide coverage for this drug, you must first try another drug(s) to treat your condition. This drug may only be covered if the other drug(s) does not work for you.
Other Special Requirements for Coverage		
EX	Excluded Part D Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
LA	Limited Access Drug	This drug may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 833-726-0667, 24 hours/365 days. TTY/TDD dial 711.

Abbreviation	Description	Explanation
GC	Gap Coverage	We provide coverage of this drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
NM	Non-Mail Order Drug	You may be able to receive greater than a 1-month supply of most of the drugs on your formulary via mail order at a reduced cost share. Drugs <u>not</u> available via mail order are noted with “NM” in the Requirements/Limits column of your formulary.
NDS	Non-Extended Days’ Supply	Bright HealthCare limits this drugs that is covered within a specific time frame. <i>(30 day supply Retail and 31 day supply Long Term Care).</i>
CB	Capped Benefit	This drug is part of a Capped Benefit
SI	Select Insulins	This insulin is part of the Senior Savings Model Program which lowers the cost of certain insulins up to and during the coverage gap.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	GC; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	4	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	3	QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i>	2	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	5	PA; NM; NDS; QL (30 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	QL (180 per 30 days)
<i>methadone oral tablet, soluble 40 mg</i>	2	QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	2	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	2	QL (90 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	4	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	2	QL (120 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	3	QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	QL (240 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (60 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	GC; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (300 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	3	QL (240 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	4	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i>	2	QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	2	QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; QL (100 per 28 days)
<i>diclofenac sodium topical solution in metered- dose pump 20 mg/gram lactuation(2 %)</i>	5	PA; NM; NDS; QL (224 per 28 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	4	
<i>etodolac oral tablet 400 mg, 500 mg</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>indomethacin oral capsule 25 mg</i>	1	GC; QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	GC; QL (120 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	GC
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	QL (30 per 30 days)
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	GC
<i>lidocaine hcl 1% 20 mg/2 ml vl sdv, pl/f 10 mg/ml (1 %)</i>	1	GC
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	GC
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PA
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	4	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	4	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse		
Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	3	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	4	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	4	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	QL (336 per 365 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	5	NM; NDS; QL (228 per 14 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	GC
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	NM; NDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	NM; NDS; QL (1.5 per 30 days)
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	2	QL (336 per 365 days)
<i>varenicline oral tablets, dose pack 0.5 mg (11) - 1 mg (42)</i>	2	

Antianxiety Agents

Benzodiazepines

<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	GC; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	GC; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	GC; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	GC; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	GC; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	QL (180 per 30 days)
<i>diazepam 25 mg/5 ml oral conc 5 mg/ml</i>	4	QL (1200 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam injection syringe 5 mg/ml</i>	3	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	4	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	4	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	GC; QL (120 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	GC; QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	GC; QL (2 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	GC; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	GC; QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	GC; QL (30 per 30 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NM; NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA BvD; NM; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	5	PA BvD; NM; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	4	
Antibacterials, Miscellaneous		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	GC
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	5	NM; NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	NM; NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML	4	
<i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i>	3	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	3	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	5	NM; NDS
<i>linezolid oral tablet 600 mg</i>	2	
<i>methenamine hippurate oral tablet 1 gram</i>	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	QL (120 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	4	QL (120 per 30 days)
<i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i>	2	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	NM; NDS
<i>trimethoprim oral tablet 100 mg</i>	1	GC
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg</i>	4	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i>	4	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	5	PA; NM; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NM; NDS; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	4	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	3	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefotaxime injection recon soln 1 gram</i>	2	
<i>cefoxitin 1 gm piggyback bag 1 gram/50 ml</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	4	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	4	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	GC
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i>	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	4	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	1	GC
<i>azithromycin oral tablet 600 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	NM; NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	5	NM; NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	4	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	4	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	3	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	4	
<i>meropenem-0.9% nacl 500 mg/50 500 mg/50 ml</i>	4	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	4	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	3	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin 1 gml 50 ml inj 1 gram/50 ml</i>	2	
<i>nafcillin 2 gml 100 ml inj 2 gram/100 ml</i>	2	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5	NM; NDS
<i>penicillin g potassium injection recon soln 20 million unit</i>	4	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
<i>pfizerpen-g injection recon soln 20 million unit</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	3	
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	4	
Quinolones		
BAXDELA ORAL TABLET 450 MG	5	PA; NM; NDS; QL (28 per 14 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	GC
<i>moxifloxacin oral tablet 400 mg</i>	4	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	GC
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i>	3	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>monodoxine nl oral capsule 100 mg</i>	2	QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	
<i>tigecycline intravenous recon soln 50 mg</i>	5	NM; NDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	5	PA NSO; NM; NDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA BvD; NM; NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	5	PA NSO; NM; NDS
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	PA BvD
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NM; NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NM; NDS
<i>alymys intravenous solution 25 mg/ml</i>	5	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg</i>	1	GC
<i>arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml</i>	5	NM; NDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	5	PA NSO; NM; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i>	5	NM; NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i>	5	PA NSO; NM; NDS
<i>bexarotene topical gel 1 %</i>	5	PA NSO; NM; NDS
<i>bicalutamide oral tablet 50 mg</i>	2	
BLENREP INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; NM; NDS
<i>bortezomib injection recon soln 1 mg</i>	4	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
<i>bortezomib injection recon soln 2.5 mg</i>	5	PA NSO; NM; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>clofarabine intravenous solution 1 mg/ml</i>	5	NM; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	5	PA BvD; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	4	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST

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Drug Name	Drug Tier	Requirements/Limits
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NM; NDS; QL (120 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; LA; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i>	5	NM; NDS
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	5	PA BvD; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	5	NM; NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NM; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i>	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	5	PA NSO; NM; NDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i>	2	
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	5	PA NSO; NM; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NSO; NM; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	5	PA NSO; NM; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i>	4	
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NM; NDS
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD
<i>flutamide oral capsule 125 mg</i>	3	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	5	NM; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO; NM; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NM; NDS; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA NSO; NM; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
<i>hydroxyurea oral capsule 500 mg</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i>	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i>	3	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	3	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NM; NDS; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	4	PA NSO; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NM; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NM; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA NSO; NM; NDS
<i>lapatinib oral tablet 250 mg</i>	5	PA NSO; NM; NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA NSO; NM; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NM; NDS
<i>letrozole oral tablet 2.5 mg</i>	1	GC
LEUKERAN ORAL TABLET 2 MG	5	NM; NDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA NSO; NM; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NM; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	NM; NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NM; NDS
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i>	5	PA BvD; NM; NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA NSO; NM; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NM; NDS
<i>pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg</i>	5	NM; NDS
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	5	PA NSO; NM; NDS; QL (2 per 28 days)
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML	5	PA NSO; NM; NDS; QL (15 per 21 days)
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG- 20000 UNIT/10ML	5	PA NSO; NM; NDS; QL (10 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	5	PA NSO; NM; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NM; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NM; NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PA NSO; NM; LA; NDS; QL (28 per 28 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RYBREVA INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA NSO; NM; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NM; NDS
<i>sorafenib oral tablet 200 mg</i>	5	PA NSO; NM; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA NSO; NM; NDS; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NM; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	5	NM; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NM; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i>	2	
<i>toremifene oral tablet 60 mg</i>	5	NM; NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	NM; NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NM; NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	QL (1 per 28 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA NSO; NM; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA NSO; NM; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NM; NDS
<i>valrubicin intravesical solution 40 mg/ml</i>	5	NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NM; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PA NSO; NM; NDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	5	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PA NSO; NM; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NM; NDS
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NM; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	4	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	4	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NM; NDS
<i>epitol oral tablet 200 mg</i>	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	QL (480 per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	3	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NM; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NM; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	GC; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	GC; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide intravenous solution 200 mg/20 ml</i>	2	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i>	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	ST
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	5	ST; NM; NDS
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	4	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	4	QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide oral suspension 40 mg/ml</i>	5	ST; NM; NDS
<i>rufinamide oral tablet 200 mg, 400 mg</i>	5	ST; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
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)	4	
<i>vigabatrin oral powder in packet 500 mg</i>	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	5	PA NSO; NM; NDS; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	QL (200 per 5 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)	4	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NM; NDS; QL (1080 per 30 days)

Antidementia Agents

Antidementia Agents

<i>donepezil oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	4	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	4	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	4	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	4	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	QL (60 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	4	QL (30 per 30 days)

Antidepressants

Antidepressants

<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	
<i>citalopram oral solution 10 mg/5 ml</i>	4	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	GC; QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i>	1	GC; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	4	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	1	GC
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	4	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	4	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	GC
<i>nortriptyline oral solution 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	GC
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i>	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	4	PA NSO
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NM; NDS
<i>tranlycypromine oral tablet 10 mg</i>	4	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>trazodone oral tablet 300 mg</i>	4	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	4	QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	2	QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i>	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (30 per 30 days)
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	5	NM; NDS
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NM; NDS; QL (112 per 28 days)
<i>metformin oral tablet 1,000 mg</i>	6	GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	GC; QL (60 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	6	GC; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	GC; QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	GC; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	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	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	SI; QL (40 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	SI; QL (24 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	SI; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	SI; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	SI; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	SI; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	SI; QL (40 per 28 days)
NOVOLOG MIX 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	SI; QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	SI; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	SI; QL (40 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	SI; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	SI; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	6	GC; QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	6	GC; QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	GC; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	GC; QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	6	GC
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	6	GC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	6	GC
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	PA BvD; NM; NDS
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	5	PA BvD; NM; NDS
<i>caspofungin intravenous recon soln 50 mg</i>	5	NM; NDS
<i>caspofungin intravenous recon soln 70 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical cream 0.77 %</i>	2	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i>	2	QL (19.8 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i>	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	4	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	4	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	2	
<i>ketconazole oral tablet 200 mg</i>	2	
<i>ketconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	PA; NM; NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystop topical powder 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i>	5	PA; NM; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	GC
<i>voriconazole intravenous recon soln 200 mg</i>	5	PA BvD; NM; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral tablet 200 mg, 50 mg</i>	3	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	GC
<i>colchicine oral tablet 0.6 mg</i>	4	PA; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	4	ST; QL (30 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	2	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
Antihistamines		
Antihistamines		
<i>ciproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	4	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GC
<i>levocetirizine oral tablet 5 mg</i>	1	GC
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	4	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	3	QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	5	NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	3	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>rifampin intravenous recon soln 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD
<i>aprepitant oral capsule 125 mg</i>	4	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	4	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	4	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)-80 mg (2)</i>	4	PA BvD; QL (6 per 28 days)
<i>compro rectal suppository 25 mg</i>	4	
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	2	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA BvD; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i>	4	QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	2	
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	
<i>granisetron hcl oral tablet 1 mg</i>	4	PA BvD
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	4	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>promethazine rectal suppository 50 mg</i>	4	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	4	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	5	NM; NDS
<i>atovaquone oral suspension 750 mg/5 ml</i>	3	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg</i>	4	QL (50 per 30 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	4	QL (25 per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NM; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i>	2	
KRINTAFEL ORAL TABLET 150 MG	4	
<i>mefloquine oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	5	NM; NDS
<i>paromomycin oral capsule 250 mg</i>	4	
<i>pentamidine inhalation recon soln 300 mg</i>	3	PA BvD
<i>pentamidine injection recon soln 300 mg</i>	4	
PRIMAQUINE ORAL TABLET 26.3 MG	4	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; NM; NDS
<i>quinine sulfate oral capsule 324 mg</i>	4	PA; QL (42 per 7 days)

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Drug Name	Drug Tier	Requirements/Limits
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	GC
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	5	PA; NM; NDS; QL (60 per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i>	4	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	3	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NM; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NM; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	GC
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	GC
XADAGO ORAL TABLET 100 MG	4	PA; QL (30 per 30 days)
XADAGO ORAL TABLET 50 MG	5	PA; NM; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	4	QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	4	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	5	ST; NM; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NM; NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NM; NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 28 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NM; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg</i>	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	3	QL (135 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet 25 mg</i>	3	QL (90 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	4	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	5	ST; NM; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	3	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml(1ml)</i>	3	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NM; NDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NM; NDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NM; NDS; QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NM; NDS; QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NM; NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NM; NDS; QL (2.63 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	3	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	4	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NM; NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 per 30 days)
<i>quetiapine oral tablet 150 mg</i>	2	QL (30 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST; NM; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NM; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NM; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	NM; NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	4	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i>	4	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NM; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	3	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NM; NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i>	4	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	NM; NDS
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	5	NM; NDS; QL (24 per 365 days)
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	NM; NDS
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	3	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; NDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NM; NDS
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml), 600 mg/3 ml (200 mg/ml)</i>	5	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS
CRIXIVAN ORAL CAPSULE 200 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NM; NDS
<i>didanosine oral capsule, delayed release (drlec) 250 mg, 400 mg</i>	3	
DOVATO ORAL TABLET 50-300 MG	5	NM; NDS
EDURANT ORAL TABLET 25 MG	5	NM; NDS
<i>efavirenz oral capsule 200 mg</i>	3	
<i>efavirenz oral capsule 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	3	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	5	NM; NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NM; NDS
<i>emtricitabine oral capsule 200 mg</i>	3	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	5	NM; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i>	3	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS
<i>lamivudine oral solution 10 mg/ml</i>	4	
<i>lamivudine oral tablet 100 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	5	NM; NDS; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	4	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NM; NDS
PREZISTA ORAL TABLET 75 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NM; NDS
<i>ritonavir oral tablet 100 mg</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NM; NDS
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NM; NDS
VEMLIDY ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 10 mg/ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i>	4	PA BvD
<i>oseltamivir oral capsule 30 mg</i>	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i>	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	QL (540 per 180 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG	4	QL (20 per 5 days)

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Drug Name	Drug Tier	Requirements/Limits
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	4	QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NM; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NM; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i>	3	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NM; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NM; NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	NM; NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	3	PA BvD
<i>adefovir oral tablet 10 mg</i>	3	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	5	PA BvD; NM; NDS
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	5	PA BvD; NM; NDS
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)
<i>ribavirin inhalation recon soln 6 gram</i>	5	PA BvD; NM; NDS
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	4	
<i>valganciclovir oral tablet 450 mg</i>	2	
VEKLURY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NM; NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	2	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	3	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	3	QL (48 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	3	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	3	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	3	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	NM; NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	NM; NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	NM; NDS; QL (18 per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NM; NDS; QL (20 per 30 days)
DOPTelet (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
DOPTelet (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NM; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NM; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NM; NDS
MULPLETA ORAL TABLET 3 MG	5	PA; NM; NDS; QL (7 per 7 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NM; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NM; NDS; QL (60 per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
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	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
CABLIVI INJECTION KIT 11 MG	5	PA; NM; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; NM; NDS
<i>protamine intravenous solution 10 mg/ml</i>	2	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	4	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	4	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	4	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Caloric Agents		
Caloric Agents		
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GC
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i>	4	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	4	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; NM; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>phenylephrine hcl injection solution 10 mg/ml</i>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	4	
Angiotensin II Receptor Antagonists		
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	6	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	6	GC
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	6	GC
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	6	GC
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	6	GC
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	GC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	6	GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	6	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	GC
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	GC
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	GC
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	GC
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	GC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	GC
Antiarrhythmic Agents		
<i>amiodarone oral tablet 200 mg</i>	1	GC
<i>amiodarone oral tablet 400 mg</i>	4	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	3	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %)</i>	1	GC
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	GC
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 200 mg</i>	1	GC
<i>pacerone oral tablet 400 mg</i>	4	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	
<i>procainamide intravenous syringe 100 mg/ml</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg</i>	1	GC
<i>quinidine sulfate oral tablet 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	GC
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	4	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	4	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	GC
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digoxin 250 mcg tablet 250 mcg (0.25 mg)</i>	2	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL (4 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine injection solution 20 mg/ml</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; NM; NDS; QL (18 per 30 days)
<i>metyrosine oral capsule 250 mg</i>	5	NM; NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	4	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	4	QL (120 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	5	PA; NM; NDS; QL (18 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NM; NDS; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; NM; NDS; QL (120 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	GC
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	GC
<i>nicardipine oral capsule 20 mg, 30 mg</i>	4	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	4	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	1	GC
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NM; NDS; QL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; NM; NDS; QL (56 per 28 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	GC
Dyslipidemics		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	GC; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i>	3	
<i>colesevelam oral tablet 625 mg</i>	2	
<i>colestipol oral packet 5 gram</i>	3	
<i>colestipol oral tablet 1 gram</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	2	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	4	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 160 mg, 48 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	GC
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	5	PA; NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NM; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NM; NDS; QL (45 per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i>	4	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	4	
<i>niacin oral tablet extended release 24 hr 500 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	6	GC
<i>pravastatin oral tablet 20 mg, 40 mg</i>	6	GC; QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	GC; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	2	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	2	QL (120 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	4	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	4	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	GC
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	2	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	2	PA BvD
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; NM; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; NM; NDS; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	2	PA; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i>	4	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	4	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	4	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(drlec) 120 mg</i>	5	PA; NM; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule,delayed release(drlec) 120 mg (14)- 240 mg (46)</i>	5	PA; NM; NDS
<i>dimethyl fumarate oral capsule,delayed release(drlec) 240 mg</i>	5	PA; NM; NDS; QL (60 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; NM; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NM; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NM; NDS
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	4	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	4	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	4	QL (60 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NM; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	5	PA; NM; NDS; QL (2800 per 28 days)
<i>riluzole oral tablet 50 mg</i>	2	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NM; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	2	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>amethia oral tablets,dose pack,3 month 0.15 mg- 30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg- 30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>ayuna oral tablet 0.15-0.03 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
<i>camila oral tablet 0.35 mg</i>	1	GC
<i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	2	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	1	GC
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	
ELLA ORAL TABLET 30 MG	4	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	4	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>errin oral tablet 0.35 mg</i>	1	GC
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	4	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	GC
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	2	
<i>heather oral tablet 0.35 mg</i>	1	GC
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	1	GC
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	1	GC
<i>juleber oral tablet 0.15-0.03 mg</i>	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>kalliga oral tablet 0.15-0.03 mg</i>	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	2	
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	2	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyleq oral tablet 0.35 mg</i>	1	GC
<i>lyza oral tablet 0.35 mg</i>	1	GC
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	GC
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) 1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	2	
<i>norlyda oral tablet 0.35 mg</i>	1	GC
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	GC
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>syeda oral tablet 3-0.03 mg</i>	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	GC
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	GC
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tulana oral tablet 0.35 mg</i>	1	GC
<i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>	2	
<i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	2	
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	4	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	4	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	2	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	2	
Dental And Oral Agents		
Dental And Oral Agents		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	GC
<i>denta 5000 plus dental cream 1.1 %</i>	1	GC
<i>dentagel dental gel 1.1 %</i>	1	GC
<i>fluoride (sodium) dental solution 0.2 %</i>	1	GC
<i>oralone dental paste 0.1 %</i>	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	GC
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>sf 5000 plus dental cream 1.1 %</i>	1	GC
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	GC
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
Dermatological Agents, Other		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>acyclovir topical ointment 5 %</i>	4	QL (30 per 30 days)
ALCOHOL 70% SWABS	1	GC
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	GC
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	1	GC
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i>	2	
BD SINGLE USE SWAB	1	GC
<i>calcipotriene scalp solution 0.005 %</i>	4	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	4	QL (120 per 30 days)
CARETOUCH ALCOHOL 70% PREP PAD	1	GC
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	1	GC
DROPSAFE ALCOHOL 70% PREP PADS	1	GC
EASY COMFORT ALCOHOL 70% PAD	1	GC
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	1	GC
<i>fluorouracil topical cream 0.5 %</i>	5	NM; NDS
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
HEB INCONTROL ALCOHOL 70% PADS	1	GC
<i>imiquimod topical cream in packet 5 %</i>	2	QL (24 per 30 days)
IV ANTISEPTIC WIPES	1	GC
KENDALL ALCOHOL 70% PREP PAD	1	GC
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	5	NM; NDS
PANRETIN TOPICAL GEL 0.1 %	5	NM; NDS; QL (180 per 30 days)
<i>podofilox topical solution 0.5 %</i>	2	
PRO COMFORT ALCOHOL 70% PADS	1	GC
PURE COMFORT ALCOHOL 70% PADS	1	GC

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Drug Name	Drug Tier	Requirements/Limits
RA ISOPROPYL ALCOHOL 70% WIPES	1	GC
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
SURE COMFORT ALCOHOL PREP PADS	1	GC
SURE-PREP ALCOHOL PREP PADS	1	GC
TRUE COMFORT ALCOHOL 70% PADS	1	GC
TRUE COMFORT PRO ALCOHOL PADS	1	GC
ULTILET ALCOHOL STERL SWAB	1	GC
VALCHLOR TOPICAL GEL 0.016 %	5	NM; NDS
WEBCOL ALCOHOL PREPS 20'S,LARGE	1	GC
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
Dermatological Antibacterials		
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	2	
<i>ery pads topical swab 2 %</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	4	QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	2	QL (180 per 30 days)
<i>gentamicin topical cream 0.1 %</i>	2	QL (120 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i>	4	
<i>metronidazole topical gel 0.75 %</i>	2	
<i>metronidazole topical gel 1 %</i>	4	
<i>metronidazole topical lotion 0.75 %</i>	4	
<i>mupirocin topical ointment 2 %</i>	1	GC; QL (220 per 30 days)
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	
<i>rosadan topical cream 0.75 %</i>	4	
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i>	2	
<i>ssd topical cream 1 %</i>	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	4	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i>	1	GC
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	3	
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>desoximetasone topical cream 0.25 %</i>	2	QL (120 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone topical ointment 0.025 %</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i>	4	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone 2.5% cream 2.5 %</i>	1	GC
<i>hydrocortisone topical cream 1 %</i>	1	GC
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	GC
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	GC
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>pimecrolimus topical cream 1 %</i>	4	QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	4	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %</i>	1	GC
<i>triamcinolone acetonide topical ointment 0.1 %, 0.5 %</i>	2	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i>	4	
<i>adapalene topical gel 0.1 %</i>	2	
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.1 %</i>	4	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	4	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i>	4	
<i>permethrin topical cream 5 %</i>	2	
Devices		
Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	2	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	2	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	2	
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNIFINE PNTD 29GX1/2" 29 GAUGE X 1/2"	2	
1ST TIER UNIFINE PNTD 31GX3/16 31 GAUGE X 3/16"	2	
1ST TIER UNIFINE PNTD 32GX5/32 32 GAUGE X 5/32"	2	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	2	
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	2	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	2	
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	2	
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	2	
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	2	
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	2	
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	2	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	2	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	2	
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	2	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	2	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	2	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	2	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	2	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	2	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	2	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	2	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	2	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	2	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	2	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	2	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	2	
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	2	

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE 1 ML W/O NEEDLE 1 ML	2	
BD LUER-LOK SYRINGE 1 ML 1 ML	2	
BD NANO 2 GEN PEN NDL 32GX4MM 32 GAUGE X 5/32"	2	
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	2	
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	2	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 "	2	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	2	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	2	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	2	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	2	
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	2	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	2	
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	2	
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	2	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	2	

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Drug Name	Drug Tier	Requirements/Limits
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	2	
BORDERED GAUZE 2"X2" 2 X 2 "	1	GC
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	2	
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	2	
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	2	
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	2	
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	2	
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	2	
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	2	
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	2	
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	2	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	2	
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	2	
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16	2	
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	2	
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	2	
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	2	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	2	
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	2	
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	2	
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	2	
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	2	
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	2	
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	2	
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	2	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE, MINI, HRI 32 GAUGE X 3/16"	2	
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	2	
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	2	
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	2	
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	2	
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	2	
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	2	
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	2	
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	2	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	2	
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	2	
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	2	
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL 33GX4MM 33 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	2	
CURAD GAUZE PADS 2" X 2" 2 X 2 "	1	GC
CURITY GAUZE SPONGES (12 PLY)- 200/BAG 2 X 2 "	1	GC
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	1	GC
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	1	GC
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	GC
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	GC
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	2	
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	2	
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	2	
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	2	
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	2	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	2	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	2	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	2	
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	2	
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	2	
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	2	
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	2	
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	2	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	2	
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16"	2	
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	2	
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16"	2	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	2	
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	2	
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	2	
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	2	
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	2	
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	2	
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	2	
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	2	
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	2	
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	2	
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	2	
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	2	
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	2	
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	2	
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	2	
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	2	
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	2	

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Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	2	
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	2	
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	2	
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	2	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	2	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	2	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	2	
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	2	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	2	
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	2	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	2	
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	2	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	2	
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	2	
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	2	
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	2	
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	2	
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	2	
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	2	
EASY TOUCH UNI-SLIP SYR 1 ML 1 ML	2	
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	2	
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	2	
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	2	
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	2	
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	2	
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	2	
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE 1 ML 31 GAUGE X 5/16	2	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	2	
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	2	
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	2	
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	2	
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	GC
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	2	
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	2	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	2	
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	2	
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	2	
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	2	
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	2	
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	2	
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"	2	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	2	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	2	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	2	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	2	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	2	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INSULIN SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	2	
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	2	
INSULIN SYRING 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	2	
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	2	
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	2	
INSULIN SYRINGE 0.5 ML 1/2 ML 29	2	
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	2	

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	2	
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	2	
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	2	
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	2	
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	2	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	2	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	2	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	2	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	2	
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	2	
LISCO SPONGES 100/BAG 2 X 2 "	1	GC
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	2	
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	2	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	2	
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	2	

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

Drug Name	Drug Tier	Requirements/Limits
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	2	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	2	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	2	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	2	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 X 1/2"	2	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	2	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	2	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	2	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	2	
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	2	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	2	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) 1 ML	2	
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	2	
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	2	
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	2	
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	2	
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	2	
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2", 29 GAUGE X 1/2"	2	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	2	
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	2	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	2	
NOVOFINE 30 NEEDLE	2	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	2	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	2	
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	2	
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	2	
PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	2	
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	2	
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	2	
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	2	
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	2	
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	2	
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	2	
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	2	
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	2	
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	2	

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

Drug Name	Drug Tier	Requirements/Limits
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	2	
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	2	
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	2	
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	2	
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	2	
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	2	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	2	
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	2	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	2	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	2	

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

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	2	
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4"	2	
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	2	
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	2	
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	2	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	2	
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	2	
RELION PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	2	
RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32"	2	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	2	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	2	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	2	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	2	
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	2	
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	2	
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	2	
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	2	
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	1	GC
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
NEEDLES, INSULIN DISP., SAFETY	2	
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"	2	
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	2	
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"	2	
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	2	
SURE COMFORT 31G PEN NEEDLE 31 GAUGE X 5/16"	2	
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	2	
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	2	
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	2	
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	2	
SURE COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	2	
SURE COMFORT PEN NDL 32GX1/4" 32 GAUGE X 1/4"	2	

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

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	2	
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	2	
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	2	
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	2	
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	2	
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"	2	
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	2	
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	2	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	2	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	2	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	2	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	2	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	2	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	2	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	2	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	2	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	2	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	2	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	2	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	2	
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	2	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	2	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	2	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	2	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	2	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	2	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	
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"	2	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	2	
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	2	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	2	
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"	2	

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

Drug Name	Drug Tier	Requirements/Limits
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"	2	
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"	2	
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"	2	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	2	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	2	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	2	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	2	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	2	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	2	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	2	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	2	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	2	
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	2	

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

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	2	
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	2	
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	2	
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	2	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	2	
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	2	
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	2	
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	2	
TRUE COMFORT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	2	
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	2	
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	2	
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	2	
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	2	
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"	2	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	2	
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	2	
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	2	
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	2	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	2	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	2	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	2	
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	2	
ULTIGUARD SAFE PK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	2	
ULTIGUARD SAFE PK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	2	
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"	2	
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"	2	

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

Drug Name	Drug Tier	Requirements/Limits
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	2	
ULTILET PEN NEEDLE 29 GAUGE	2	
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	2	
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	2	
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	2	
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	2	
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	2	
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	2	
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	2	
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	2	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	2	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	2	
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	2	
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	2	
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16"	2	
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16"	2	
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	2	
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	2	
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	2	
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	2	
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	2	
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	2	
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	2	
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	2	
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	2	
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	2	
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	2	
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	2	
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	2	
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	2	
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	2	
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	2	
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	2	
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	2	
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	2	
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	2	
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	2	
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	2	
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	2	

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	2	
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	2	
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	2	
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	2	
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	2	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	2	
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	2	
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	2	
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	2	
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	2	
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	2	
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	2	
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	2	
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	2	
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	2	
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	GC
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	

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Drug Name	Drug Tier	Requirements/Limits
V-GO 40 DEVICE	3	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NM; NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NM; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NM; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NM; NDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NM; NDS; QL (14 per 28 days)
<i>javygtor oral tablet, soluble 100 mg</i>	5	NM; NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NM; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
<i>miglustat oral capsule 100 mg</i>	5	PA; NM; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	PA; NM; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NM; NDS
ORFADIN ORAL CAPSULE 20 MG	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NM; NDS
<i>sapropterin oral tablet, soluble 100 mg</i>	5	NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; NM; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NM; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NM; 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	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>atropine ophthalmic (eye) drops 1 %</i>	4	
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NM; NDS; QL (60 per 28 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	4	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	4	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	2	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	4	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	3	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	4	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	4	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	GC
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	3	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	QL (50 per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	4	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>fluticasone propionate nasal spray,suspension 50 mcglactuation</i>	1	GC; QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	4	
<i>mometasone nasal spray,non-aerosol 50 mcglactuation</i>	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (60 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 20 mg</i>	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule, delayed release (drlec) 40 mg</i>	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	3	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	3	ST; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	GC
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	2	
<i>famotidine intravenous solution 10 mg/ml</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	GC
<i>lansoprazole oral capsule, delayed release (drlec) 15 mg</i>	4	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i>	4	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i>	1	GC
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	4	ST; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i>	2	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>	1	GC; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>	1	GC; QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i>	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i>	2	
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i>	5	NM; NDS
<i>constulose oral solution 10 gram/15 ml</i>	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	4	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	4	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>enulose oral solution 10 gram/15 ml</i>	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM; NDS
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i>	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	QL (60 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	4	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NM; NDS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	NM; NDS
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
XERMELO ORAL TABLET 250 MG	5	PA; NM; NDS; QL (90 per 30 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>gavilyte-n oral recon soln 420 gram</i>	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	3	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	5	NM; NDS
<i>sevelamer carbonate oral tablet 800 mg</i>	4	
<i>sevelamer hcl oral tablet 400 mg</i>	3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
<i>tropium oral tablet 20 mg</i>	4	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	GC; QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	GC
<i>tamsulosin oral capsule 0.4 mg</i>	1	GC
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	5	PA; NM; NDS
<i>tiopronin oral tablet 100 mg</i>	5	NM; NDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>clovique oral capsule 250 mg</i>	5	PA; NM; NDS; QL (240 per 30 days)
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	5	PA; NM; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; NM; NDS
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferasirox oral tablet, dispersible 125 mg</i>	2	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; NM; NDS
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	5	PA; NM; NDS
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	2	PA
FERRIPROX 1,000 MG TAB(2X/DAY) 1,000 MG	5	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NM; NDS
FERRIPROX ORAL TABLET 1,000 MG	5	PA; NM; NDS
<i>penicillamine oral capsule 250 mg</i>	5	PA; NM; NDS
<i>penicillamine oral tablet 250 mg</i>	5	PA; NM; NDS
<i>trientine oral capsule 250 mg</i>	5	PA; NM; NDS; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	5	PA; NM; NDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	3	
<i>oxandrolone oral tablet 10 mg</i>	2	
<i>oxandrolone oral tablet 2.5 mg</i>	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i>	4	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i>	2	
<i>yuvaferm vaginal tablet 10 mcg</i>	2	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	2	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	2	
<i>dexamethasone 0.5 mg/5 ml liq 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	GC
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NM; NDS; QL (91 per 28 days)
EMFLAZA ORAL TABLET 18 MG	5	PA; NM; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	2	
<i>prednisolone 15 mg/5 ml soln dlf 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	3	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	5	NM; NDS
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin injection solution 4 mcg/ml</i>	4	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NM; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NM; NDS
NORDITROPIN FLEXPPO 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)	5	PA; NM; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	3	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	3	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NM; NDS; QL (56 per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NM; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	NM; NDS; QL (1 per 360 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	NM; NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NM; NDS; QL (1 per 168 days)
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NM; NDS
Progestins		
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	5	NM; NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
Thyroid And Antithyroid Agents		
<i>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</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents		
Immunological Agents		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NM; NDS
<i>azathioprine oral tablet 50 mg</i>	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	2	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i>	3	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	3	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	4	PA BvD
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NM; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NM; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NM; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	3	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NM; NDS
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD; NM; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST

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Drug Name	Drug Tier	Requirements/Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NM; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i>	5	PA BvD; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	PA BvD
<i>sirolimus oral tablet 2 mg</i>	5	PA BvD; NM; NDS
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	2	PA BvD
<i>tacrolimus oral capsule 5 mg</i>	3	PA BvD
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; NM; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5- 3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58- 10 LF-MCG-LF/0.5ML	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID ₅₀ /0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF- 48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	QL (0.75 per 365 days)
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg</i>	3	
<i>alosetron oral tablet 1 mg</i>	5	NM; NDS
<i>balsalazide oral capsule 750 mg</i>	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	4	
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NM; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	4	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	4	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	4	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram, 800 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine rectal suppository 1,000 mg</i>	3	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	4	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	GC; QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	4	
<i>cinacalcet oral tablet 30 mg</i>	3	QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	5	NM; NDS; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	5	NM; NDS; QL (120 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	5	PA; NM; NDS; QL (2.34 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	3	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	4	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	4	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NM; NDS; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i>	4	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	4	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i>	4	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NM; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	4	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NM; NDS
<i>betaine oral powder 1 gram/scoop</i>	5	NM; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>diazoxide oral suspension 50 mg/ml</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NM; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NM; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NM; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	5	NM; NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	GC
KEVEYIS ORAL TABLET 50 MG	5	PA; NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	3	
<i>leucovorin calcium injection solution 10 mg/ml</i>	3	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg</i>	2	
<i>leucovorin calcium oral tablet 25 mg</i>	3	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	4	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	NM; NDS
<i>mesna intravenous solution 100 mg/ml</i>	2	
MESNEX ORAL TABLET 400 MG	5	NM; NDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NM; NDS
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	4	
<i>pyridostigmine bromide oral tablet 30 mg</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NM; NDS
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NM; NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NM; NDS; QL (120 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	GC
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	GC; QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	4	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	4	QL (2.5 per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	4	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	PA BvD
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	PA BvD
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	PA BvD
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	2	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % injection solution</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	

Respiratory Tract Agents

Anti-Inflammatories, Inhaled Corticosteroids

ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
ARNUTY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	3	PA BvD; QL (60 per 30 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (30.6 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i>	1	GC
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	GC
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	
Bronchodilators		
<i>albuterol 5 mg/ml solution 5 mg/ml</i>	2	PA BvD; QL (120 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	2	QL (36 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i>	2	PA BvD; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	2	PA BvD; QL (120 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	GC
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	4	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NM; NDS
<i>theophylline oral solution 80 mg/15 ml</i>	4	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	2	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
DALIRESP ORAL TABLET 250 MCG	3	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NM; NDS; QL (270 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NM; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone oral tablet 267 mg</i>	5	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; NM; NDS; QL (90 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV 1,000 MG (+/-)/20 ML	5	PA BvD; NM; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NM; NDS
<i>roflumilast oral tablet 500 mcg</i>	2	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NM; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NM; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>chlorzoxazone oral tablet 250 mg</i>	5	NM; NDS; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	GC
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>revonto intravenous recon soln 20 mg</i>	2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS; QL (150 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; NM; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	3	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; NM; NDS; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	5	PA; NM; NDS
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA; NM; NDS; QL (37.5 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	2	PA; QL (90 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	6	GC; EX; CB (6 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	3	PA; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; NM; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NM; NDS; QL (112 per 28 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	5	PA; NM; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NM; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	
<i>bal-care dha essential pack 27 mg iron-1 mg - 374 mg</i>	2	
<i>calcium pnv oral capsule 28-1-250 mg</i>	2	
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	2	
<i>dothelle dha oral capsule 35-1-200 mg</i>	2	
<i>extra-virt plus dha oral capsule 29 mg iron-1.25 mg-55 mg</i>	2	
<i>folivane-ob capsule 85-1 mg</i>	2	
<i>hemenatal ob + dha oral combo pack 28 mg iron-6 mg iron-1 mg</i>	2	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	2	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	2	
<i>m-natal plus tablet 27 mg iron- 1 mg</i>	2	
<i>mynatal advance oral tablet 90-1-50 mg</i>	2	
<i>mynatal capsule 65 mg iron- 1 mg</i>	2	
<i>mynatal oral tablet 90-1-50 mg</i>	2	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	2	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	2	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	2	
<i>newgen tablet 32-1,000 mg-mcg</i>	2	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	2	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	2	
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	2	
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	2	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	2	
<i>pnv-ferrous fumarate-docu-fa oral tablet 29 mg iron- 1 mg-25 mg</i>	2	
<i>pnv-omega softgel 28-1-300 mg</i>	2	
<i>pnv-vp-u oral capsule 106.5-1 mg</i>	2	
<i>pr natal 400 combo pack 29-1-400 mg</i>	2	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	2	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	2	
<i>prenal true combo pack 30 mg iron- 1.4 mg-300 mg</i>	2	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	2	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	2	
<i>prenatabs fa tablet 29-1 mg</i>	2	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	2	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	2	
<i>prenatal plus tablet (rx) 27 mg iron- 1 mg</i>	2	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	2	
<i>prenatal-u capsule 106.5-1 mg</i>	2	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	2	
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	
<i>purefe ob plus capsule 106 mg iron- 1 mg</i>	2	
<i>purefe plus capsule 106 mg iron- 1 mg</i>	2	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>taron-c dha capsule 35-1-200 mg</i>	2	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	2	
<i>triveen-duo dha combo pack 29-1-400 mg</i>	2	
<i>triveen-prx rnf oral capsule 26-1.2-55-300 mg</i>	2	
<i>vena-bal dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>	2	
<i>vinate care chewable tablet 40 mg iron- 1 mg</i>	2	
<i>vinate gt oral tablet 90-1-50 mg</i>	2	
<i>vinate ii oral tablet 29 mg iron- 1 mg</i>	2	
<i>vinate ultra oral tablet 90-1-50 mg</i>	2	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	2	
<i>virt-pn oral tablet 27-1 mg</i>	2	
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	2	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	2	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	2	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	2	
<i>viva dha oral capsule 28 mg iron-1 mg -200 mg</i>	2	
<i>vol-nate oral tablet 28 mg iron- 1 mg</i>	2	
<i>vp-ch plus oral capsule 29 mg iron-1 mg -50 mg-265 mg</i>	2	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	2	
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	2	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	2	
<i>zatean-pn plus softgel 28-1-300 mg</i>	2	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	2	

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