ALTERWOOD ADVANTAGE
Quality Care. Better Health.

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

HPMS Approved Formulary File Submission ID: 00026375

This formulary was updated on 06/23/2026. For more recent information or other questions, please contact Alterwood Advantage at 1-866-267-3144 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.AlterwoodAdvantage.com.

# Alterwood Advantage Select (HMO) & Alterwood Advantage Choice (HMO) 2026 Formulary (List of Covered Drugs)

H9306_26_DRS_039_OE_C

**Alterwood Advantage Choice and Alterwood Advantage Select**

**2026 Formulary**

**List of Covered Drugs**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION**

**ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 00026375

This formulary was updated on 06/23/2026. For more recent information or other questions, please contact Alterwood Advantage Member Service at 1-8666-267-3144 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.AlterwoodAdvantage.com

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

When this Drug List (formulary) refers to "we," "us", or "our," it means Alterwood Advantage, Inc. When it refers to "plan" or "our plan," Alterwood Advantage Choice and Alterwood Advantage Select.

This document includes Drug List (formulary) for our plan which is current as of 06/23/2026. *For an* updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

**What is the Alterwood Advantage Choice and Alterwood Advantage Select formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Alterwood Advantage Choice and Alterwood Advantage Select 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. Alterwood Advantage Choice and Alterwood Advantage Select will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Alterwood Advantage Choice and Alterwood Advantage Select

network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

**Can the formulary change?**

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

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

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

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

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

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

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

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

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

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Alterwood Advantage Choice and Alterwood Advantage Select’s formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of <MM/DD/YYYY>. To get updated information about the drugs covered by Alterwood Advantage Choice and Alterwood Advantage Select please contact us. Our contact information appears on the front and back cover pages.

**How do I use the formulary?**

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

**Medical Condition**

The formulary begins on page 162. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR AGENTS. If you know what your drug is used for, look for the category name in the list that begins on page 12. 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 162. 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?**

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

**Are there any restrictions on my coverage?**

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

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

- **Quantity Limits:** For certain drugs, Alterwood Advantage Choice and Alterwood Advantage Select limits the amount of the drug that Alterwood Advantage Choice and Alterwood Advantage Select will cover. For example, Alterwood Advantage Choice and Alterwood Advantage Select provides 90 tablets per prescription for *valsartan tablet 80mg*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Alterwood Advantage Choice and Alterwood Advantage Select 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, Alterwood Advantage Choice and Alterwood Advantage Select may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Alterwood Advantage Choice and Alterwood Advantage Select 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 14. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our <prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Alterwood Advantage Choice and Alterwood Advantage Select 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 Alterwood Advantage Choice and Alterwood Advantage Select's formulary?" on page 6 for information about how to request an exception.

**What are over-the-counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Alterwood Advantage Choice and Alterwood Advantage Select pays for certain OTC drugs. Alterwood Advantage Choice and Alterwood Advantage Select will provide these OTC drugs at no cost to you. The cost to Alterwood Advantage Choice and Alterwood Advantage Select of these OTC drugs will not count toward your total Part D drug costs.

**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 Alterwood Advantage Choice and Alterwood Advantage Select does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Alterwood Advantage Choice and Alterwood Advantage Select When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Alterwood Advantage Choice and Alterwood Advantage Select.

- You can ask Alterwood Advantage Choice and Alterwood Advantage Select 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 Alterwood Advantage Choice and Alterwood Advantage Select's formulary?**

You can ask Alterwood Advantage Choice and Alterwood Advantage Select to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Alterwood Advantage Choice and Alterwood Advantage Select 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.

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

Generally, Alterwood Advantage Choice and Alterwood Advantage Select will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

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

If you experience a level of care change such as a move from a hospital to a home setting or a move from a skilled nursing facility to a home setting, we may cover a one-time temporary supply of drug(s) not on our formulary when filled at a network pharmacy. This temporary one-time supply must be for up to a 30-day supply (or up to a 31-day supply if you reside in a long-term care facility).

You and your provider will receive a letter in the mail indicating that you have received a temporary supply. Please discuss with your provider the drugs listed in the Alterwood Advantage Choice and Alterwood Advantage Select formulary. You or your provider may request continuation of coverage for the temporary drug supply through the plan's exception process before you run out of medication(s)

**For more information**

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

If you have questions about Alterwood Advantage Choice and Alterwood Advantage Select, 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.

**Alterwood Advantage Choice and Alterwood Advantage Select formulary**

The formulary provides coverage information about the drugs covered by Alterwood Advantage Choice and Alterwood Advantage Select. If you have trouble finding your drug in the list, turn to the Index that begins on page 162.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., DIGITEK ORAL TABLET 125MCG) and generic drugs are listed in lower-case italics (e.g., *digoxin oral tablet 125mcg*).

The information in the Requirements/Limits column tells you if Alterwood Advantage Choice and Alterwood Advantage Select has any special requirements for coverage of your drug.

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Your 2026 **Alterwood Advantage Select** Part D copays, co-insurance, and the Alterwood Advantage Select formulary tiers are described below. You have a ***$295 deductible applicable to drugs in Tiers 3, 4, and 5***.

| Formulary Tier | Retail (up to a 30 day supply) | Retail (up to a 60 day supply) | Retail (up to a 90 day supply) | Mail Order (up to a 30 day supply) | Mail Order (up to a 60 day supply) | Mail Order (up to a 90 day supply) | Long-Term Care (LTC) (up to a 31 day supply) | Out-of-Network (up to a 10 day supply) |
|---|---|---|---|---|---|---|---|---|
| Tier 1 *Preferred Generic* | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Tier 2 *Generic* | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Tier 3 *Preferred Brand* | $47 | $94 | $141 | $47 | $94 | $141 | $47 | $47 |
| Tier 4 *Non-Preferred Drug* | $100 | $200 | $300 | $100 | $200 | $300 | $100 | $100 |
| Tier 5 *Specialty* | 29% | Not Covered | Not Covered | 29% | Not Covered | Not Covered | 29% | 29% |

Note: LTC drugs greater than a 31-day supply and out-of-network (OON) drugs greater than a 10-day supply are not covered.
If you receive "Extra Help," your copay will vary by the type of drug and the allowed days supply will vary depending on where you get your medication(s). Please refer to Please refer to your Evidence of Coverage for more information regarding your copay and network pharmacy.

Your 2026 **Alterwood Advantage Choice** Part D copays, co-insurance, and the Alterwood Advantage Choice formulary tiers are described below.

| Formulary Tier | Retail (up to a 30 day supply) | Retail (up to a 60 day supply) | Retail (up to a 90 day supply) | Mail Order (up to a 30 day supply) | Mail Order (up to a 60 day supply) | Mail Order (up to a 90 day supply) | Long-Term Care (LTC) (up to a 31 day supply) | Out-of-Network (up to a 10 day supply) |
|---|---|---|---|---|---|---|---|---|
| Tier 1 *Preferred Generic* | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Tier 2 *Generic* | $8 | $8 | $8 | $8 | $8 | $8 | $8 | $8 |
| Tier 3 *Preferred Brand* | $47 | $94 | $141 | $47 | $94 | $141 | $47 | $47 |
| Tier 4 *Non-Preferred Drug* | $100 | $200 | $300 | $100 | $200 | $300 | $100 | $100 |
| Tier 5 *Specialty* | 33% | Not Covered | Not Covered | 33% | Not Covered | Not Covered | 33% | 33% |

Note: LTC drugs greater than a 31-day supply and out-of-network (OON) drugs greater than a 10-day supply are not covered.
If you receive "Extra Help," your copay will vary by the type of drug and the allowed days supply will vary depending on where you get your medication(s). Please refer to Please refer to your Evidence of Coverage for more information regarding your copay and network pharmacy.

The following abbreviations can be found in the Alterwood Advantage Choice and Alterwood Advantage Select formulary:

| Abbreviation/Symbol | Definition |
|---|---|
| PA BvD | Part B vs. Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. |
| PA | Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug. |
| PA NSO | A member new to drug therapy. The first time a member has taken a specific drug with utilization management (UM). You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug. |
| QL | Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame. |
| ST | Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. |
| EX | Excluded Drug - This prescription drug is not normally covered in a Medicare Prescription Drug Plan and is considered enhanced coverage. The amount you pay when you fill a prescription for this drug does not count toward 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. Quantity limits apply and this drug will not be covered during the gap period per individual plan design. |
| NDS | Plans can elect to limit specific drugs to a 30 day supply. |

**2026 Alterwood Advantage Choice and Alterwood Advantage Select Formulary**
**(List of Covered Drugs)**

**List of Drugs by Medical Condition**


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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANALGESICS** | | |
| ***Analgesics, Miscellaneous*** | | |
| *acetaminophen-codeine oral solution 120-12 mg/5ml* | 1 | QL (4500 per 30 days) |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | 2 | QL (360 per 30 days) |
| *acetaminophen-codeine oral tablet 300-60 mg* | 2 | QL (180 per 30 days) |
| *acetaminophen-codeine solution 300-30 mg/12.5ml oral* | 1 | QL (4500 per 30 days) |
| *buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr* | 2 | QL (4 per 28 days) |
| *butalbital-apap-caff-cod oral capsule 50-325-40-30 mg* | 2 | QL (180 per 30 days) |
| *butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg* | 4 | QL (180 per 30 days) |
| *butalbital-apap-caffeine oral tablet 50-325-40 mg* | 2 | QL (180 per 30 days) |
| *endocet oral tablet 10-325 mg* | 2 | QL (180 per 30 days) |
| *endocet oral tablet 2.5-325 mg, 5-325 mg* | 2 | QL (360 per 30 days) |
| *endocet oral tablet 7.5-325 mg* | 2 | QL (240 per 30 days) |
| *fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg* | 5 | PA; NDS; QL (120 per 30 days) |
| *fentanyl citrate buccal lozenge on a handle 200 mcg* | 2 | PA; QL (120 per 30 days) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | 2 | QL (10 per 30 days) |
| *hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml* | 2 | QL (2700 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg* | 2 | QL (180 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 5-325 mg* | 2 | QL (240 per 30 days) |
| *hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg* | 2 | QL (180 per 30 days) |
| *methadone hcl oral tablet 10 mg* | 2 | QL (120 per 30 days) |
| *methadone hcl oral tablet 5 mg* | 2 | QL (180 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *morphine sulfate (concentrate) oral solution 100 mg/5ml* | 2 | PA; QL (180 per 30 days) |
| *morphine sulfate er oral tablet extended release 100 mg, 60 mg* | 2 | QL (60 per 30 days) |
| *morphine sulfate er oral tablet extended release 15 mg, 30 mg* | 2 | QL (90 per 30 days) |
| *morphine sulfate er oral tablet extended release 200 mg* | 4 | QL (60 per 30 days) |
| MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML | 2 | QL (700 per 30 days) |
| MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML | 2 | QL (300 per 30 days) |
| MORPHINE SULFATE ORAL TABLET 15 MG | 4 | QL (180 per 30 days) |
| MORPHINE SULFATE ORAL TABLET 30 MG | 4 | QL (120 per 30 days) |
| *oxycodone hcl oral capsule 5 mg* | 2 | QL (180 per 30 days) |
| *oxycodone hcl oral tablet 10 mg, 5 mg* | 2 | QL (180 per 30 days) |
| *oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg* | 2 | QL (120 per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-325 mg* | 2 | QL (180 per 30 days) |
| *oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg* | 2 | QL (360 per 30 days) |
| *oxycodone-acetaminophen oral tablet 7.5-325 mg* | 2 | QL (240 per 30 days) |
| *tramadol hcl oral tablet 50 mg* | 1 | QL (240 per 30 days) |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | 2 | QL (300 per 30 days) |
| ***Nonsteroidal Anti-Inflammatory Agents*** | | |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | 2 | QL (60 per 30 days) |
| *diclofenac epolamine external patch 1.3 %* | 4 | PA; QL (60 per 30 days) |
| *diclofenac potassium oral tablet 50 mg* | 2 | QL (120 per 30 days) |
| *diclofenac sodium er oral tablet extended release 24 hour 100 mg* | 2 | |
| *diclofenac sodium external solution 1.5 %* | 2 | QL (300 per 30 days) |
| *diclofenac sodium external solution 2 %* | 5 | PA; NDS; QL (224 per 28 days) |
| *diclofenac sodium oral tablet delayed release 25 mg* | 2 | |
| *diclofenac sodium oral tablet delayed release 50 mg* | 2 | QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diclofenac sodium oral tablet delayed release 75 mg* | 2 | QL (60 per 30 days) |
| *diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg* | 2 | |
| *etodolac oral capsule 200 mg, 300 mg* | 2 | |
| *etodolac oral tablet 400 mg, 500 mg* | 2 | |
| *flurbiprofen oral tablet 100 mg* | 2 | |
| FLURBIPROFEN ORAL TABLET 50 MG | 2 | |
| *ibu oral tablet 400 mg* | 1 | QL (240 per 30 days) |
| *ibu oral tablet 600 mg, 800 mg* | 1 | |
| *ibuprofen oral tablet 400 mg* | 1 | QL (240 per 30 days) |
| *ibuprofen oral tablet 600 mg, 800 mg* | 1 | |
| *indomethacin oral capsule 25 mg, 50 mg* | 2 | |
| *ketorolac tromethamine oral tablet 10 mg* | 2 | QL (20 per 30 days) |
| *meloxicam oral tablet 15 mg, 7.5 mg* | 1 | |
| *nabumetone oral tablet 500 mg, 750 mg* | 2 | |
| *naproxen oral tablet 250 mg, 375 mg, 500 mg* | 1 | |
| *naproxen oral tablet delayed release 375 mg* | 2 | |
| *sulindac oral tablet 150 mg, 200 mg* | 2 | |
| **ANESTHETICS** | | |
| ***Local Anesthetics*** | | |
| *glydo external prefilled syringe 2 %* | 2 | QL (30 per 30 days) |
| *lidocaine external ointment 5 %* | 2 | PA; QL (240 per 30 days) |
| *lidocaine external patch 5 %* | 2 | PA; QL (90 per 30 days) |
| *lidocaine hcl urethral/mucosal external gel 2 %* | 2 | QL (30 per 30 days) |
| *lidocaine hcl urethral/mucosal external prefilled syringe 2 %* | 2 | QL (30 per 30 days) |
| *lidocaine viscous hcl mouth/throat solution 2 %* | 2 | |
| *lidocaine-prilocaine external cream 2.5-2.5 %* | 2 | PA; QL (30 per 30 days) |
| *lidocan external patch 5 %* | 2 | PA; QL (90 per 30 days) |
| *tridacaine ii external patch 5 %* | 2 | PA; QL (90 per 30 days) |
| ZTLIDO EXTERNAL PATCH 1.8 % | 3 | PA; QL (90 per 30 days) |
| **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Anti-Addiction/Substance Abuse Treatment Agents*** | | |
| *acamprosate calcium oral tablet delayed release 333 mg* | 2 | |
| *buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg* | 2 | |
| *buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg* | 4 | |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg* | 2 | |
| *bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg* | 2 | |
| *disulfiram oral tablet 250 mg, 500 mg* | 2 | |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML | 3 | QL (4 per 30 days) |
| *naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml* | 2 | |
| *naloxone hcl injection solution cartridge 0.4 mg/ml* | 2 | |
| *naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml* | 2 | |
| *naloxone hcl nasal liquid 4 mg/0.1ml* | 2 | QL (4 per 30 days) |
| *naltrexone hcl oral tablet 50 mg* | 2 | |
| NICOTROL NS NASAL SOLUTION 10 MG/ML | 4 | QL (240 per 180 days) |
| *varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42* | 2 | |
| *varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)* | 2 | QL (336 per 365 days) |
| **ANTIANXIETY AGENTS** | | |
| ***Benzodiazepines*** | | |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg* | 1 | QL (120 per 30 days) |
| *alprazolam oral tablet 2 mg* | 1 | QL (150 per 30 days) |
| *chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg* | 2 | QL (120 per 30 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | 1 | QL (90 per 30 days) |
| *clonazepam oral tablet 2 mg* | 1 | QL (300 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | 2 | QL (90 per 30 days) |
| *clonazepam oral tablet dispersible 2 mg* | 2 | QL (300 per 30 days) |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | 4 | QL (180 per 30 days) |
| *diazepam injection solution 5 mg/ml* | 2 | QL (10 per 28 days) |
| *diazepam intensol oral concentrate 5 mg/ml* | 2 | QL (1200 per 30 days) |
| *diazepam oral solution 5 mg/5ml* | 2 | QL (1200 per 30 days) |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | 1 | QL (120 per 30 days) |
| *diazepam solution 5 mg/ml injection* | 2 | |
| *lorazepam concentrate 2 mg/ml oral* | 2 | QL (150 per 30 days) |
| *lorazepam injection solution 2 mg/ml* | 1 | QL (2 per 30 days) |
| *lorazepam injection solution 4 mg/ml* | 4 | QL (2 per 30 days) |
| *lorazepam intensol oral concentrate 2 mg/ml* | 2 | QL (150 per 30 days) |
| *lorazepam oral tablet 0.5 mg, 1 mg* | 1 | QL (90 per 30 days) |
| *lorazepam oral tablet 2 mg* | 1 | QL (150 per 30 days) |
| *lorazepam solution 4 mg/ml injection* | 1 | QL (2 per 30 days) |
| *temazepam oral capsule 15 mg, 30 mg* | 1 | QL (30 per 30 days) |
| *temazepam oral capsule 22.5 mg* | 2 | QL (30 per 30 days) |
| *temazepam oral capsule 7.5 mg* | 2 | QL (120 per 30 days) |
| **ANTIBACTERIALS** | | |
| ***Aminoglycosides*** | | |
| *amikacin sulfate injection solution 500 mg/2ml* | 2 | |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML | 5 | PA; NDS; QL (235.2 per 28 days) |
| *gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml* | 2 | |
| *neomycin sulfate oral tablet 500 mg* | 2 | |
| *streptomycin sulfate intramuscular solution reconstituted 1 gm* | 5 | NDS |
| TOBI PODHALER INHALATION CAPSULE 28 MG | 5 | NDS; QL (224 per 28 days) |
| *tobramycin inhalation nebulization solution 300 mg/5ml* | 5 | PA BvD; NDS |
| *tobramycin pak inhalation nebulization solution 300 mg/5ml* | 5 | PA BvD; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml* | 2 | |
| ***Antibacterials, Miscellaneous*** | | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | 2 | |
| *clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml* | 2 | |
| *colistimethate sodium (cba) injection solution reconstituted 150 mg* | 5 | NDS |
| DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG | 5 | NDS |
| *daptomycin intravenous solution reconstituted 500 mg* | 5 | NDS |
| *fosfomycin tromethamine oral packet 3 gm* | 2 | |
| *linezolid intravenous solution 600 mg/300ml* | 2 | |
| *linezolid oral suspension reconstituted 100 mg/5ml* | 5 | NDS |
| *linezolid oral tablet 600 mg* | 2 | |
| *methenamine hippurate oral tablet 1 gm* | 2 | |
| *metronidazole intravenous solution 500 mg/100ml* | 2 | |
| *metronidazole oral tablet 250 mg, 500 mg* | 1 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | 2 | QL (120 per 30 days) |
| *nitrofurantoin monohyd macro oral capsule 100 mg* | 2 | QL (60 per 30 days) |
| *trimethoprim oral tablet 100 mg* | 2 | |
| *vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg* | 2 | |
| VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM | 2 | |
| *vancomycin hcl oral capsule 125 mg* | 2 | QL (56 per 14 days) |
| *vancomycin hcl oral capsule 250 mg* | 2 | QL (112 per 14 days) |
| XIFAXAN ORAL TABLET 200 MG | 3 | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 5 | PA; NDS; QL (90 per 30 days) |
| ***Cephalosporins*** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cefaclor oral capsule 250 mg, 500 mg* | 2 | |
| *cefadroxil oral capsule 500 mg* | 2 | |
| *cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml* | 2 | |
| *cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg* | 2 | |
| *cefdinir oral capsule 300 mg* | 2 | |
| *cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | 2 | |
| *cefepime hcl injection solution reconstituted 1 gm* | 2 | |
| *cefepime hcl intravenous solution reconstituted 2 gm* | 2 | |
| *cefixime oral capsule 400 mg* | 4 | |
| *cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm* | 2 | |
| *cefpodoxime proxetil oral tablet 100 mg, 200 mg* | 4 | |
| *cefprozil oral tablet 250 mg, 500 mg* | 2 | |
| *ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg* | 5 | NDS |
| *ceftazidime injection solution reconstituted 1 gm, 6 gm* | 2 | |
| *ceftazidime intravenous solution reconstituted 2 gm* | 2 | |
| *ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg* | 2 | |
| *ceftriaxone sodium intravenous solution reconstituted 10 gm* | 2 | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | 2 | |
| *cefuroxime sodium injection solution reconstituted 750 mg* | 2 | |
| *cefuroxime sodium intravenous solution reconstituted 1.5 gm* | 2 | |
| *cephalexin oral capsule 250 mg, 500 mg* | 1 | |
| *cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | 2 | |
| *tazicef injection solution reconstituted 1 gm* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tazicef intravenous solution reconstituted 2 gm* | 2 | |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM | 2 | |
| ***Macrolides*** | | |
| *azithromycin intravenous solution reconstituted 500 mg* | 2 | |
| *azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml* | 2 | |
| *azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg* | 1 | |
| *clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | 2 | |
| *clarithromycin oral tablet 250 mg, 500 mg* | 2 | |
| *erythromycin base oral tablet 250 mg, 500 mg* | 4 | |
| *erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml* | 4 | |
| *fidaxomicin oral tablet 200 mg* | 5 | NDS; QL (20 per 10 days) |
| ***Miscellaneous B-Lactam Antibiotics*** | | |
| *aztreonam injection solution reconstituted 1 gm, 2 gm* | 2 | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | 5 | PA; NDS |
| *ertapenem sodium injection solution reconstituted 1 gm* | 2 | |
| *imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg* | 2 | |
| *meropenem intravenous solution reconstituted 1 gm, 500 mg* | 2 | |
| MEROPENEM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM | 4 | |
| ***Penicillins*** | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | 1 | |
| *amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml* | 1 | |
| *amoxicillin oral tablet 500 mg, 875 mg* | 1 | |
| *amoxicillin oral tablet chewable 125 mg, 250 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml* | 2 | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg* | 2 | |
| *amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg* | 4 | |
| *ampicillin oral capsule 500 mg* | 2 | |
| *ampicillin sodium injection solution reconstituted 1 gm, 125 mg* | 2 | |
| *ampicillin sodium intravenous solution reconstituted 10 gm* | 2 | |
| *ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm* | 2 | |
| *ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm* | 2 | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML | 4 | |
| *dicloxacillin sodium oral capsule 250 mg, 500 mg* | 2 | |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT | 4 | |
| LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT | 4 | |
| *nafcillin sodium injection solution reconstituted 1 gm, 2 gm* | 2 | |
| *nafcillin sodium intravenous solution reconstituted 10 gm* | 2 | |
| *penicillin g potassium injection solution reconstituted 20000000 unit* | 2 | |
| *penicillin g procaine intramuscular suspension 600000 unit/ml* | 2 | |
| *penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *penicillin v potassium oral tablet 250 mg, 500 mg* | 1 | |
| *piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm* | 2 | |
| ***Quinolones*** | | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg* | 1 | |
| *ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml* | 2 | |
| *levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml* | 2 | |
| *levofloxacin oral solution 25 mg/ml* | 4 | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | 1 | |
| MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML | 2 | |
| *moxifloxacin hcl oral tablet 400 mg* | 2 | |
| MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS | 2 | |
| ***Sulfonamides*** | | |
| *sulfadiazine oral tablet 500 mg* | 2 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml* | 2 | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg* | 1 | |
| ***Tetracyclines*** | | |
| *demeclocycline hcl oral tablet 150 mg, 300 mg* | 4 | |
| *doxy 100 intravenous solution reconstituted 100 mg* | 2 | |
| *doxycycline hyclate intravenous solution reconstituted 100 mg* | 2 | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | 2 | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | 2 | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | 2 | |
| *doxycycline monohydrate oral suspension reconstituted 25 mg/5ml* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *doxycycline monohydrate oral tablet 100 mg, 50 mg* | 2 | |
| *minocycline hcl oral capsule 100 mg, 50 mg, 75 mg* | 2 | |
| *tetracycline hcl oral capsule 250 mg, 500 mg* | 4 | |
| *tigecycline intravenous solution reconstituted 50 mg* | 2 | |
| **ANTICANCER AGENTS** | | |
| ***Anticancer Agents*** | | |
| ABIRATERONE ACETATE MICRONIZED ORAL TABLET 125 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| *abiraterone acetate oral tablet 250 mg, 500 mg* | 5 | PA NSO; NDS; QL (120 per 30 days) |
| *abirtega oral tablet 250 mg* | 2 | PA NSO; QL (120 per 30 days) |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | 5 | PA NSO; NDS |
| *anastrozole oral tablet 1 mg* | 1 | |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML | 5 | PA NSO; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 160 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG | 5 | PA NSO; NDS; QL (66 per 28 days) |
| AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG | 5 | NDS |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| *azacitidine injection suspension reconstituted 100 mg* | 5 | NDS |
| BALVERSA ORAL TABLET 3 MG | 5 | PA NSO; NDS; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML | 5 | PA NSO; NDS |
| *bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg* | 5 | PA NSO; NDS |
| BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML | 5 | PA NSO; NDS |
| *bexarotene external gel 1 %* | 5 | PA NSO; NDS |
| *bexarotene oral capsule 75 mg* | 5 | PA NSO; NDS |
| *bicalutamide oral tablet 50 mg* | 2 | |
| BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML | 5 | PA NSO; NDS; QL (75 per 28 days) |
| *bleomycin sulfate injection solution reconstituted 15 unit, 30 unit* | 2 | |
| BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG | 4 | PA NSO |
| *bortezomib injection solution reconstituted 3.5 mg* | 5 | PA NSO; NDS |
| BORUZU INJECTION SOLUTION 3.5 MG/1.4ML | 4 | PA NSO |
| BOSULIF ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| BRUKINSA ORAL TABLET 160 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| CALQUENCE ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| CALQUENCE ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG | 4 | PA NSO |
| CAPRELSA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 5 | PA NSO; NDS |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 5 | PA NSO; NDS; QL (112 per 28 days) |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG | 5 | PA NSO; NDS |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | 5 | PA NSO; NDS; QL (63 per 28 days) |
| *cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg* | 5 | PA BvD; NDS |
| *cyclophosphamide intravenous solution 2 gm/4ml, 500 mg/5ml* | 5 | PA BvD; NDS |
| CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/2.5ML, 500 MG/ML | 5 | PA BvD; NDS |
| CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG | 2 | PA BvD; ST |
| *cyclophosphamide oral tablet 25 mg* | 3 | PA BvD; ST |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 3 | PA BvD; ST |
| DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML | 5 | PA NSO; NDS; QL (120 per 28 days) |
| DANZITEN ORAL TABLET 71 MG, 95 MG | 5 | PA NSO; NDS; QL (112 per 28 days) |
| *dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg* | 5 | PA NSO; NDS; QL (30 per 30 days) |
| *dasatinib oral tablet 20 mg* | 5 | PA NSO; NDS; QL (90 per 30 days) |
| DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 5 | PA NSO; NDS |
| DAURISMO ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| *decitabine intravenous solution reconstituted 50 mg* | 5 | NDS |
| *doxorubicin hcl liposomal intravenous suspension 2 mg/ml* | 5 | PA BvD; NDS |
| ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML | 5 | PA NSO; NDS |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG | 4 | PA NSO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML | 5 | PA NSO; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML | 5 | PA NSO; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | 5 | NDS |
| EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 20 MG | 5 | PA NSO; NDS |
| ENSACOVE ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| ENSACOVE ORAL CAPSULE 25 MG | 5 | PA NSO; NDS; QL (270 per 30 days) |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML | 5 | PA NSO; NDS |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML | 5 | PA NSO; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |
| ERLEADA ORAL TABLET 240 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| *erlotinib hcl oral tablet 100 mg, 25 mg* | 5 | PA NSO; NDS; QL (60 per 30 days) |
| *erlotinib hcl oral tablet 150 mg* | 5 | PA NSO; NDS; QL (90 per 30 days) |
| ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 4 | |
| *etoposide intravenous solution 100 mg/5ml* | 2 | |
| EULEXIN ORAL CAPSULE 125 MG | 5 | NDS |
| *everolimus oral tablet 10 mg* | 5 | PA NSO; NDS; QL (56 per 28 days) |
| *everolimus oral tablet 2.5 mg* | 5 | PA NSO; NDS; QL (28 per 28 days) |
| *everolimus oral tablet 5 mg* | 5 | PA NSO; NDS; QL (30 per 30 days) |
| *everolimus oral tablet 7.5 mg* | 5 | PA NSO; NDS; QL (60 per 30 days) |
| *everolimus oral tablet soluble 2 mg, 3 mg, 5 mg* | 5 | PA NSO; NDS; QL (112 per 28 days) |
| *exemestane oral tablet 25 mg* | 2 | |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL | 5 | PA BvD; NDS |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 3 | PA BvD |
| *floxuridine injection solution reconstituted 0.5 gm* | 2 | PA BvD |
| *fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml* | 2 | PA BvD |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FLUTAMIDE ORAL CAPSULE 125 MG | 2 | |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 5 | PA NSO; NDS; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| *fulvestrant intramuscular solution prefilled syringe 250 mg/5ml* | 5 | NDS |
| FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG | 5 | PA NSO; NDS |
| GAVRETO ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| *gefitinib oral tablet 250 mg* | 5 | PA NSO; NDS; QL (60 per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| GOMEKLI ORAL CAPSULE 1 MG | 5 | PA NSO; NDS; QL (224 per 28 days) |
| GOMEKLI ORAL CAPSULE 2 MG | 5 | PA NSO; NDS; QL (112 per 28 days) |
| GOMEKLI ORAL TABLET SOLUBLE 1 MG | 5 | PA NSO; NDS; QL (224 per 28 days) |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML | 5 | PA NSO; NDS; QL (5 per 21 days) |
| HERNEXEOS ORAL TABLET 60 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| *hydroxyurea oral capsule 500 mg* | 2 | |
| HYRNUO ORAL TABLET 10 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| IBTROZI ORAL CAPSULE 200 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| *ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml* | 2 | |
| *ifosfamide intravenous solution reconstituted 1 gm* | 2 | |
| *imatinib mesylate oral tablet 100 mg* | 2 | PA NSO; QL (180 per 30 days) |
| *imatinib mesylate oral tablet 400 mg* | 2 | PA NSO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 5 | PA NSO; NDS; QL (216 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |
| IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG | 5 | PA NSO; NDS |
| IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML | 5 | PA NSO; NDS |
| IMKELDI ORAL SOLUTION 80 MG/ML | 5 | PA NSO; NDS; QL (280 per 28 days) |
| INLEXZO INTRAVESICAL IMPLANT 225 MG | 5 | PA BvD; NDS |
| INLURIYO ORAL TABLET 200 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| INLYTA ORAL TABLET 1 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 5 | PA NSO; NDS; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| ITOVEBI ORAL TABLET 3 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| ITOVEBI ORAL TABLET 9 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| IWILFIN ORAL TABLET 192 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML | 5 | PA NSO; NDS |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 4 | PA BvD; ST |
| KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML | 5 | PA NSO; NDS |
| KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395-4800 MG -UNT/2.4ML, 790-9600 MG -UNT/4.8ML | 5 | PA NSO; NDS |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML | 5 | PA NSO; NDS; QL (2 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA NSO; NDS; QL (42 per 28 days) |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA NSO; NDS; QL (63 per 28 days) |
| KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA NSO; NDS; QL (49 per 28 days) |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA NSO; NDS; QL (70 per 28 days) |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA NSO; NDS; QL (91 per 28 days) |
| KOMZIFTI ORAL CAPSULE 200 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 5 | PA NSO; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| KOSELUGO ORAL CAPSULE SPRINKLE 5 MG | 5 | PA NSO; NDS; QL (600 per 30 days) |
| KOSELUGO ORAL CAPSULE SPRINKLE 7.5 MG | 5 | PA NSO; NDS; QL (390 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| *lapatinib ditosylate oral tablet 250 mg* | 5 | PA NSO; NDS |
| LAZCLUZE ORAL TABLET 240 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| *lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg* | 5 | PA NSO; NDS; QL (28 per 28 days) |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG | 5 | PA NSO; NDS |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG | 5 | PA NSO; NDS |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG | 5 | PA NSO; NDS |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | 5 | PA NSO; NDS |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG | 5 | PA NSO; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | 5 | PA NSO; NDS |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG | 5 | PA NSO; NDS |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG | 5 | PA NSO; NDS |
| *letrozole oral tablet 2.5 mg* | 2 | |
| LEUKERAN ORAL TABLET 2 MG | 5 | NDS |
| LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG | 4 | PA NSO |
| *leuprolide acetate injection kit 1 mg/0.2ml* | 2 | PA NSO |
| *lomustine oral capsule 10 mg* | 2 | |
| *lomustine oral capsule 100 mg, 40 mg* | 5 | NDS |
| LONSURF ORAL TABLET 15-6.14 MG | 5 | PA NSO; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | 5 | PA NSO; NDS; QL (80 per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML | 5 | PA NSO; NDS |
| LORBRENA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML | 5 | PA NSO; NDS |
| LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5ML | 5 | PA NSO; NDS |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG | 5 | PA NSO; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG | 4 | PA NSO |
| LYNOZYFIC INTRAVENOUS SOLUTION 200 MG/10ML | 5 | PA NSO; NDS; QL (40 per 28 days) |
| LYNOZYFIC INTRAVENOUS SOLUTION 5 MG/2.5ML | 5 | PA NSO; NDS; QL (15 per 8 days) |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 5 | NDS |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA NSO; NDS; QL (140 per 28 days) |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA NSO; NDS; QL (140 per 28 days) |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA NSO; NDS; QL (140 per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML | 5 | PA NSO; NDS |
| MATULANE ORAL CAPSULE 50 MG | 5 | NDS |
| *megestrol acetate oral tablet 20 mg, 40 mg* | 2 | |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML | 5 | PA NSO; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| *mercaptopurine oral suspension 2000 mg/100ml* | 5 | NDS |
| *mercaptopurine oral tablet 50 mg* | 2 | |
| *methotrexate (anti-rheumatic) oral tablet 2.5 mg* | 2 | PA BvD; ST |
| *methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml* | 2 | |
| METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML | 2 | |
| *methotrexate sodium injection solution reconstituted 1 gm* | 2 | |
| *methotrexate sodium oral tablet 2.5 mg* | 2 | PA BvD; ST |
| *mitoxantrone hcl intravenous concentrate 20 mg/10ml* | 2 | |
| MODEYSO ORAL CAPSULE 125 MG | 5 | PA NSO; NDS; QL (20 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NERLYNX ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| *nilotinib hcl oral capsule 150 mg, 200 mg* | 5 | PA NSO; NDS; QL (112 per 28 days) |
| *nilotinib hcl oral capsule 50 mg* | 5 | PA NSO; NDS; QL (120 per 30 days) |
| *nilutamide oral tablet 150 mg* | 5 | NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA NSO; NDS; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA NSO; NDS |
| OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | 5 | PA NSO; NDS |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML | 5 | PA NSO; NDS; QL (96 per 28 days) |
| OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK) | 5 | PA NSO; NDS; QL (24 per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ONUREG ORAL TABLET 200 MG, 300 MG | 5 | PA NSO; NDS; QL (14 per 28 days) |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML | 5 | PA NSO; NDS |
| OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300-5000 MG -UT/2.5ML, 600-10000 MG-UT/5ML | 5 | PA NSO; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML | 5 | PA NSO; NDS |
| ORSERDU ORAL TABLET 345 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG | 5 | PA BvD; NDS |
| *pazopanib hcl oral tablet 200 mg* | 5 | PA NSO; NDS; QL (120 per 30 days) |
| *pazopanib hcl oral tablet 400 mg* | 5 | PA NSO; NDS; QL (60 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML | 5 | NDS |
| *pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg* | 5 | NDS |
| PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | 5 | NDS |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| *pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg* | 5 | PA NSO; NDS; QL (21 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| QINLOCK ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| REVUFORJ ORAL TABLET 110 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 160 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| REVUFORJ ORAL TABLET 25 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML | 5 | PA NSO; NDS |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | 5 | PA NSO; NDS; QL (8 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| ROZLYTREK ORAL PACKET 50 MG | 5 | PA NSO; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1600-20000 MG-UT/10ML, 2240-28000 MG-UT/14ML, 2400-30000 MG-UT/15ML, 3520-44000 MG-UT/22ML | 5 | PA NSO; NDS |
| RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML | 5 | PA NSO; NDS |
| RYDAPT ORAL CAPSULE 25 MG | 5 | PA NSO; NDS; QL (224 per 28 days) |
| RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG | 5 | PA NSO; NDS |
| SCEMBLIX ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML | 5 | NDS |
| *sorafenib tosylate oral tablet 200 mg* | 5 | PA NSO; NDS; QL (120 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (84 per 28 days) |
| *sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* | 5 | PA NSO; NDS; QL (28 per 28 days) |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG | 5 | PA NSO; NDS |
| TABLOID ORAL TABLET 40 MG | 5 | NDS |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 5 | PA NSO; NDS; QL (112 per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG | 5 | PA NSO; NDS; QL (900 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML | 5 | PA NSO; NDS |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| *tamoxifen citrate oral tablet 10 mg, 20 mg* | 2 | |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 5 | PA NSO; NDS; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML | 5 | PA NSO; NDS |
| TEPMETKO ORAL TABLET 225 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML | 5 | PA NSO; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TIBSOVO ORAL TABLET 250 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG | 4 | |
| TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG | 5 | PA NSO; NDS; QL (5 per 21 days) |
| *toposar intravenous solution 100 mg/5ml* | 2 | |
| *toremifene citrate oral tablet 60 mg* | 5 | NDS |
| *torpenz oral tablet 10 mg* | 5 | PA NSO; NDS; QL (60 per 30 days) |
| *torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg* | 5 | PA NSO; NDS; QL (30 per 30 days) |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG | 4 | PA NSO |
| *tretinoin oral capsule 10 mg* | 5 | NDS |
| TRUQAP ORAL TABLET 200 MG | 5 | PA NSO; NDS; QL (64 per 28 days) |
| TRUQAP ORAL TABLET THERAPY PACK 160 MG | 5 | PA NSO; NDS; QL (64 per 28 days) |
| TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | 5 | PA NSO; NDS |
| TUKYSA ORAL TABLET 150 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG, 200 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 5 | PA NSO; NDS |
| VENCLEXTA ORAL TABLET 10 MG | 3 | PA NSO; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | 5 | PA NSO; NDS |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| *vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml* | 2 | |
| VITRAKVI ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 5 | PA NSO; NDS; QL (300 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VIVIMUSTA INTRAVENOUS SOLUTION 100 MG/4ML | 5 | PA NSO; NDS |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG, 40 MG | 5 | PA NSO; NDS |
| VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 300 MG | 5 | PA NSO; NDS |
| WELIREG ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 150 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 20 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 50 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | PA BvD; ST |
| XOSPATA ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 5 | PA NSO; NDS; QL (8 per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG | 5 | PA NSO; NDS; QL (16 per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA NSO; NDS; QL (4 per 28 days) |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA NSO; NDS; QL (8 per 28 days) |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 5 | PA NSO; NDS; QL (4 per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 5 | PA NSO; NDS; QL (24 per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG | 5 | PA NSO; NDS; QL (8 per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 5 | PA NSO; NDS; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML | 5 | PA NSO; NDS |
| YONSA ORAL TABLET 125 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG | 5 | PA NSO; NDS |
| ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML | 5 | PA NSO; NDS |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | 4 | PA NSO |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | 5 | PA NSO; NDS; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG | 5 | PA NSO; NDS |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML | 5 | PA NSO; NDS; QL (20 per 28 days) |
| **ANTICONVULSANTS** | | |
| ***Anticonvulsants*** | | |
| *brivaracetam intravenous solution 50 mg/5ml* | 5 | NDS; QL (80 per 30 days) |
| *brivaracetam oral solution 10 mg/ml* | 2 | QL (600 per 30 days) |
| *brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg* | 5 | NDS; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML | 5 | NDS; QL (80 per 30 days) |
| *carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg* | 2 | |
| *carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg* | 2 | |
| *carbamazepine oral suspension 100 mg/5ml* | 2 | |
| *carbamazepine oral tablet 200 mg* | 2 | |
| *carbamazepine oral tablet chewable 100 mg, 200 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clobazam oral suspension 2.5 mg/ml* | 2 | QL (480 per 30 days) |
| *clobazam oral tablet 10 mg, 20 mg* | 2 | QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | 5 | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL PACKET 250 MG | 5 | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL PACKET 500 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| *diazepam rectal gel 10 mg, 20 mg* | 2 | |
| *diazepam rectal gel 2.5 mg* | 4 | |
| DILANTIN ORAL CAPSULE 30 MG | 4 | |
| *divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg* | 2 | |
| *divalproex sodium oral capsule delayed release sprinkle 125 mg* | 2 | |
| *divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg* | 2 | |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG | 5 | ST; NDS; QL (90 per 30 days) |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG | 5 | ST; NDS; QL (60 per 30 days) |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 5 | PA NSO; NDS |
| *epitol oral tablet 200 mg* | 2 | |
| *eslicarbazepine acetate oral tablet 200 mg, 400 mg* | 5 | ST; NDS; QL (30 per 30 days) |
| *eslicarbazepine acetate oral tablet 600 mg, 800 mg* | 5 | ST; NDS; QL (60 per 30 days) |
| *ethosuximide oral capsule 250 mg* | 2 | |
| *ethosuximide oral solution 250 mg/5ml* | 2 | |
| *felbamate oral suspension 600 mg/5ml* | 2 | |
| *felbamate oral tablet 400 mg, 600 mg* | 2 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 5 | PA NSO; NDS |
| *fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml* | 2 | |
| *gabapentin oral capsule 100 mg, 300 mg* | 2 | QL (360 per 30 days) |
| *gabapentin oral capsule 400 mg* | 2 | QL (270 per 30 days) |
| *gabapentin oral solution 250 mg/5ml* | 2 | QL (2160 per 30 days) |
| *gabapentin oral tablet 600 mg* | 2 | QL (180 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *gabapentin oral tablet 800 mg* | 2 | QL (120 per 30 days) |
| *lacosamide intravenous solution 200 mg/20ml* | 2 | QL (200 per 5 days) |
| *lacosamide oral solution 10 mg/ml* | 2 | QL (1200 per 30 days) |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 2 | QL (60 per 30 days) |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | 1 | |
| *lamotrigine oral tablet chewable 25 mg, 5 mg* | 2 | |
| *lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg* | 2 | |
| *levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg* | 2 | |
| *levetiracetam intravenous solution 500 mg/5ml* | 2 | |
| *levetiracetam oral solution 100 mg/ml* | 2 | |
| *levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg* | 2 | |
| *levetiracetam oral tablet disintegrating soluble 250 mg* | 2 | ST |
| *levetiracetam oral tablet disintegrating soluble 500 mg* | 4 | ST |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | 4 | QL (10 per 30 days) |
| *methsuximide oral capsule 300 mg* | 2 | |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML | 4 | QL (10 per 30 days) |
| *oxcarbazepine oral suspension 300 mg/5ml* | 2 | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | 2 | |
| *perampanel oral suspension 0.5 mg/ml* | 5 | ST; NDS; QL (720 per 30 days) |
| *perampanel oral tablet 10 mg, 12 mg, 8 mg* | 5 | ST; NDS; QL (30 per 30 days) |
| *perampanel oral tablet 2 mg* | 2 | ST; QL (30 per 30 days) |
| *perampanel oral tablet 4 mg, 6 mg* | 5 | ST; NDS; QL (60 per 30 days) |
| *phenobarbital oral elixir 20 mg/5ml* | 2 | |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | 2 | |
| *phenytek oral capsule 200 mg, 300 mg* | 2 | |
| *phenytoin oral suspension 125 mg/5ml* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *phenytoin oral tablet chewable 50 mg* | 2 | |
| *phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg* | 2 | |
| *phenytoin sodium injection solution 50 mg/ml* | 2 | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg* | 2 | QL (90 per 30 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | 2 | QL (60 per 30 days) |
| *pregabalin oral solution 20 mg/ml* | 2 | QL (900 per 30 days) |
| *primidone oral tablet 125 mg, 250 mg, 50 mg* | 2 | |
| *rufinamide oral suspension 40 mg/ml* | 5 | ST; NDS |
| *rufinamide oral tablet 200 mg* | 2 | ST |
| *rufinamide oral tablet 400 mg* | 5 | ST; NDS |
| SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 5 | PA BvD; NDS |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG | 4 | ST |
| SUBVENITE ORAL SUSPENSION 10 MG/ML | 4 | PA NSO |
| *subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | 1 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| *tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | 2 | |
| *topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg* | 2 | |
| *topiramate oral solution 25 mg/ml* | 2 | ST |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *valproate sodium intravenous solution 100 mg/ml* | 2 | |
| *valproic acid oral capsule 250 mg* | 2 | |
| *valproic acid oral solution 250 mg/5ml* | 2 | |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML | 5 | NDS; QL (10 per 30 days) |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML | 5 | NDS; QL (10 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML | 5 | NDS; QL (10 per 30 days) |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML | 5 | NDS; QL (10 per 30 days) |
| *vigabatrin oral packet 500 mg* | 5 | PA NSO; NDS; QL (180 per 30 days) |
| *vigabatrin oral tablet 500 mg* | 5 | PA NSO; NDS; QL (180 per 30 days) |
| *vigadrone oral packet 500 mg* | 5 | PA NSO; NDS; QL (180 per 30 days) |
| *vigadrone oral tablet 500 mg* | 5 | PA NSO; NDS; QL (180 per 30 days) |
| *vigpoder oral packet 500 mg* | 5 | PA NSO; NDS; QL (180 per 30 days) |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 5 | NDS; QL (56 per 28 days) |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG | 5 | NDS; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 5 | NDS; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 5 | NDS; QL (60 per 30 days) |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG | 4 | |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | 5 | NDS |
| ZONISADE ORAL SUSPENSION 100 MG/5ML | 4 | |
| *zonisamide oral capsule 100 mg, 25 mg, 50 mg* | 2 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 5 | PA NSO; NDS; QL (1080 per 30 days) |
| **ANTIDEMENTIA AGENTS** | | |
| ***Antidementia Agents*** | | |
| *donepezil hcl oral tablet 10 mg, 5 mg* | 1 | QL (30 per 30 days) |
| *donepezil hcl oral tablet 23 mg* | 2 | QL (30 per 30 days) |
| *donepezil hcl oral tablet dispersible 10 mg* | 2 | |
| *donepezil hcl oral tablet dispersible 5 mg* | 2 | QL (30 per 30 days) |
| *ergoloid mesylates oral tablet 1 mg* | 2 | |
| *galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg* | 2 | QL (30 per 30 days) |
| *galantamine hydrobromide oral solution 4 mg/ml* | 2 | QL (200 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg* | 2 | QL (60 per 30 days) |
| *memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg* | 2 | ST; QL (30 per 30 days) |
| *memantine hcl oral solution 2 mg/ml* | 2 | QL (300 per 30 days) |
| *memantine hcl oral tablet 10 mg, 5 mg* | 2 | QL (60 per 30 days) |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | 2 | |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr* | 2 | QL (30 per 30 days) |
| **ANTIDEPRESSANTS** | | |
| ***Antidepressants*** | | |
| *amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 2 | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | 2 | |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG | 5 | NDS |
| *bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg* | 2 | |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg* | 2 | |
| *bupropion hcl oral tablet 100 mg, 75 mg* | 2 | |
| *citalopram hydrobromide oral solution 10 mg/5ml* | 2 | |
| *citalopram hydrobromide oral tablet 10 mg* | 1 | QL (120 per 30 days) |
| *citalopram hydrobromide oral tablet 20 mg, 40 mg* | 1 | QL (30 per 30 days) |
| *clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg* | 4 | |
| *desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 4 | |
| *desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg* | 2 | QL (30 per 30 days) |
| *doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *doxepin hcl oral concentrate 10 mg/ml* | 2 | |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG | 4 | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG | 4 | ST; QL (30 per 30 days) |
| *duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg* | 2 | QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | 5 | ST; NDS; QL (30 per 30 days) |
| *escitalopram oxalate oral solution 5 mg/5ml* | 2 | |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* | 1 | |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG | 5 | PA NSO; NDS |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG | 4 | ST; QL (30 per 30 days) |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG | 4 | ST |
| *fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg* | 1 | |
| *fluoxetine hcl oral solution 20 mg/5ml* | 2 | |
| *fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg* | 2 | |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | 2 | |
| MARPLAN ORAL TABLET 10 MG | 4 | |
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg* | 2 | |
| *mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg* | 2 | |
| *nefazodone hcl oral tablet 100 mg, 250 mg, 50 mg* | 2 | |
| NEFAZODONE HCL ORAL TABLET 150 MG, 200 MG | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nefazodone hcl tablet 150 mg oral* | 2 | |
| *nefazodone hcl tablet 200 mg oral* | 2 | |
| *nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | 1 | |
| *nortriptyline hcl oral solution 10 mg/5ml* | 4 | |
| *paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg* | 4 | |
| *paroxetine hcl oral suspension 10 mg/5ml* | 4 | |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| *perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg* | 2 | |
| *phenelzine sulfate oral tablet 15 mg* | 2 | |
| *protriptyline hcl oral tablet 10 mg, 5 mg* | 4 | |
| RALDESY ORAL SOLUTION 10 MG/ML | 5 | PA NSO; NDS; QL (1200 per 30 days) |
| *sertraline hcl oral concentrate 20 mg/ml* | 2 | |
| *sertraline hcl oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE | 5 | PA NSO; NDS |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE | 5 | PA NSO; NDS |
| *tranylcypromine sulfate oral tablet 10 mg* | 4 | |
| *trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg* | 1 | |
| *trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg* | 4 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | QL (30 per 30 days) |
| *venlafaxine hcl er oral capsule extended release 24 hour 150 mg* | 2 | QL (30 per 30 days) |
| *venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg* | 2 | QL (90 per 30 days) |
| *venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 2 | |
| *vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg* | 2 | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 5 | PA NSO; NDS; QL (28 per 14 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZURZUVAE ORAL CAPSULE 30 MG | 5 | PA NSO; NDS; QL (14 per 14 days) |
| **ANTIDIABETIC AGENTS** | | |
| ***Antidiabetic Agents, Miscellaneous*** | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* | 2 | |
| *dapagliflozin base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-1000 mg, 5-500 mg* | 2 | |
| *dapagliflozin oral tablet 10 mg, 5 mg* | 2 | QL (30 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 3 | QL (30 per 30 days) |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG | 3 | QL (60 per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG | 3 | QL (30 per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | 3 | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG | 3 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | 3 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG | 3 | QL (30 per 30 days) |
| *metformin hcl er oral tablet extended release 24 hour 500 mg* | 1 | QL (120 per 30 days) |
| *metformin hcl er oral tablet extended release 24 hour 750 mg* | 1 | QL (60 per 30 days) |
| *metformin hcl oral solution 500 mg/5ml* | 4 | QL (765 per 30 days) |
| *metformin hcl oral tablet 1000 mg* | 1 | QL (75 per 30 days) |
| *metformin hcl oral tablet 500 mg* | 1 | QL (150 per 30 days) |
| *metformin hcl oral tablet 750 mg, 850 mg* | 1 | QL (90 per 30 days) |
| *mifepristone oral tablet 300 mg* | 5 | PA; NDS; QL (112 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | 3 | PA; QL (2 per 28 days) |
| *nateglinide oral tablet 120 mg, 60 mg* | 2 | QL (90 per 30 days) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML | 3 | PA; QL (3 per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | 3 | PA; QL (3 per 28 days) |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML | 3 | PA; QL (3 per 28 days) |
| OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG | 3 | PA; QL (30 per 30 days) |
| *pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg* | 1 | QL (30 per 30 days) |
| *pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg* | 2 | QL (90 per 30 days) |
| *repaglinide oral tablet 0.5 mg, 1 mg* | 2 | QL (120 per 30 days) |
| *repaglinide oral tablet 2 mg* | 2 | QL (240 per 30 days) |
| RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG | 3 | PA; QL (30 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 3 | PA; QL (30 per 30 days) |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG | 3 | QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG | 3 | QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG | 3 | QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | 3 | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG | 3 | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG | 3 | QL (60 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | 3 | PA; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG | 3 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG | 3 | QL (60 per 30 days) |
| ***Insulins*** | | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | max $35 copay per month supply; QL (30 per 28 days) |
| FIASP INJECTION SOLUTION 100 UNIT/ML | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | max $35 copay per month supply; QL (30 per 28 days) |
| FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | max $35 copay per month supply |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML | 3 | max $35 copay per month supply; QL (24 per 28 days) |
| *insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml* | 3 | max $35 copay per month supply; QL (30 per 28 days) |
| INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | max $35 copay per month supply; QL (30 per 28 days) |
| INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | max $35 copay per month supply; QL (30 per 28 days) |
| *insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml* | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| *insulin glargine-yfgn subcutaneous solution 100 unit/ml* | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| *insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml* | 3 | max $35 copay per month supply; QL (30 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | max $35 copay per month supply; QL (30 per 28 days) |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | 3 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | max $35 copay per month supply; QL (30 per 28 days) |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML | 3 | max $35 copay per month supply; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 3 | max $35 copay per month supply; QL (18 per 28 days) |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 3 | max $35 copay per month supply; QL (13.5 per 28 days) |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML | 3 | max $35 copay per month supply; QL (15 per 28 days) |
| ***Sulfonylureas*** | | |
| *glimepiride oral tablet 1 mg, 2 mg* | 1 | QL (30 per 30 days) |
| *glimepiride oral tablet 4 mg* | 1 | QL (60 per 30 days) |
| *glipizide er oral tablet extended release 24 hour 10 mg* | 1 | QL (60 per 30 days) |
| *glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg* | 1 | QL (30 per 30 days) |
| *glipizide oral tablet 10 mg* | 1 | QL (120 per 30 days) |
| *glipizide oral tablet 2.5 mg* | 1 | QL (90 per 30 days) |
| *glipizide oral tablet 5 mg* | 1 | QL (240 per 30 days) |
| *glipizide-metformin hcl oral tablet 2.5-250 mg* | 2 | QL (240 per 30 days) |
| *glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg* | 2 | QL (120 per 30 days) |
| *glyburide micronized oral tablet 1.5 mg, 3 mg* | 1 | |
| *glyburide micronized oral tablet 6 mg* | 2 | |
| *glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg* | 1 | |
| *glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg* | 1 | |
| **ANTIFUNGALS** | | |
| ***Antifungals*** | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 4 | PA BvD |
| *amphotericin b intravenous solution reconstituted 50 mg* | 2 | PA BvD |
| *amphotericin b liposome intravenous suspension reconstituted 50 mg* | 5 | PA BvD; NDS |
| *ciclopirox external solution 8 %* | 2 | QL (19.8 per 30 days) |
| *ciclopirox olamine external cream 0.77 %* | 2 | QL (180 per 30 days) |
| *ciclopirox olamine external suspension 0.77 %* | 4 | QL (180 per 30 days) |
| *clotrimazole external cream 1 %* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clotrimazole external solution 1 %* | 2 | |
| *clotrimazole mouth/throat troche 10 mg* | 2 | |
| *clotrimazole-betamethasone external cream 1-0.05 %* | 2 | QL (90 per 30 days) |
| CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG | 5 | NDS |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | 5 | PA; NDS |
| *econazole nitrate external cream 1 %* | 2 | QL (170 per 30 days) |
| *fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%* | 2 | |
| *fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml* | 2 | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 2 | |
| *flucytosine oral capsule 250 mg, 500 mg* | 5 | NDS |
| *griseofulvin microsize oral suspension 125 mg/5ml* | 2 | |
| *griseofulvin microsize oral tablet 500 mg* | 4 | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg* | 4 | |
| *itraconazole oral capsule 100 mg* | 2 | |
| *ketoconazole external cream 2 %* | 2 | QL (180 per 30 days) |
| *ketoconazole external shampoo 2 %* | 2 | QL (360 per 30 days) |
| *ketoconazole oral tablet 200 mg* | 2 | |
| *micafungin sodium intravenous solution reconstituted 100 mg, 50 mg* | 2 | |
| MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG | 2 | |
| *nyamyc external powder 100000 unit/gm* | 2 | QL (60 per 30 days) |
| *nystatin external cream 100000 unit/gm* | 2 | QL (60 per 30 days) |
| *nystatin external ointment 100000 unit/gm* | 2 | QL (60 per 30 days) |
| *nystatin external powder 100000 unit/gm* | 2 | QL (60 per 30 days) |
| *nystatin mouth/throat suspension 100000 unit/ml* | 2 | |
| *nystatin oral tablet 500000 unit* | 2 | |

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nystatin-triamcinolone external cream 100000-0.1 unit/gm-%* | 2 | |
| *nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%* | 2 | |
| *nystop external powder 100000 unit/gm* | 2 | QL (60 per 30 days) |
| *posaconazole oral tablet delayed release 100 mg* | 5 | PA; NDS |
| *terbinafine hcl oral tablet 250 mg* | 1 | |
| *voriconazole intravenous solution 200 mg/20ml* | 5 | PA BvD; NDS |
| *voriconazole intravenous solution reconstituted 200 mg* | 5 | PA BvD; NDS |
| *voriconazole oral suspension reconstituted 40 mg/ml* | 5 | PA; NDS |
| *voriconazole oral tablet 200 mg, 50 mg* | 4 | |
| **ANTIGOUT AGENTS** | | |
| ***Antigout Agents, Other*** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | 1 | |
| *colchicine oral capsule 0.6 mg* | 2 | QL (60 per 30 days) |
| *colchicine oral tablet 0.6 mg* | 2 | QL (120 per 30 days) |
| *colchicine-probenecid oral tablet 0.5-500 mg* | 2 | |
| *febuxostat oral tablet 40 mg, 80 mg* | 4 | QL (30 per 30 days) |
| *probenecid oral tablet 500 mg* | 2 | |
| **ANTIHISTAMINES** | | |
| ***Antihistamines*** | | |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | 2 | |
| *levocetirizine dihydrochloride oral tablet 5 mg* | 1 | |
| **ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)** | | |
| ***Anti-Infectives (Skin And Mucous Membrane)*** | | |
| *clindamycin phosphate vaginal cream 2 %* | 4 | |
| *metronidazole vaginal gel 0.75 %* | 4 | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | 2 | |
| *terconazole vaginal suppository 80 mg* | 4 | |
| **ANTIMIGRAINE AGENTS** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Antimigraine Agents*** | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 3 | PA; QL (1 per 30 days) |
| *dihydroergotamine mesylate nasal solution 4 mg/ml* | 5 | ST; NDS; QL (8 per 28 days) |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | PA; QL (3 per 30 days) |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 3 | PA; QL (2 per 30 days) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | 3 | PA; QL (2 per 30 days) |
| *naratriptan hcl oral tablet 1 mg, 2.5 mg* | 2 | QL (18 per 30 days) |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG | 3 | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 3 | PA; QL (30 per 30 days) |
| *rizatriptan benzoate oral tablet 10 mg, 5 mg* | 2 | QL (18 per 30 days) |
| *rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg* | 2 | QL (18 per 30 days) |
| *sumatriptan nasal solution 20 mg/act, 5 mg/act* | 2 | QL (12 per 30 days) |
| *sumatriptan succinate oral tablet 100 mg* | 2 | QL (9 per 30 days) |
| *sumatriptan succinate oral tablet 25 mg, 50 mg* | 2 | QL (18 per 30 days) |
| *sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous* | 2 | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5ml* | 2 | QL (5 per 28 days) |
| *sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml* | 4 | QL (4 per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 3 | PA; QL (16 per 30 days) |
| **ANTIMYCOBACTERIALS** | | |
| ***Antimycobacterials*** | | |
| *dapsone oral tablet 100 mg, 25 mg* | 2 | |
| *ethambutol hcl oral tablet 100 mg, 400 mg* | 2 | |
| *isoniazid oral tablet 100 mg, 300 mg* | 1 | |
| PRIFTIN ORAL TABLET 150 MG | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pyrazinamide oral tablet 500 mg* | 2 | |
| *rifabutin oral capsule 150 mg* | 4 | |
| *rifampin intravenous solution reconstituted 600 mg* | 2 | |
| *rifampin oral capsule 150 mg, 300 mg* | 2 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 5 | PA; NDS |
| TRECATOR ORAL TABLET 250 MG | 4 | |
| **ANTINAUSEA AGENTS** | | |
| ***Antinausea Agents*** | | |
| *aprepitant oral capsule 125 mg* | 2 | PA BvD; QL (2 per 28 days) |
| *aprepitant oral capsule 40 mg* | 2 | PA BvD; QL (1 per 28 days) |
| *aprepitant oral capsule 80 mg* | 2 | PA BvD; QL (4 per 28 days) |
| *aprepitant oral capsule therapy pack 80 & 125 mg* | 2 | PA BvD |
| *compro rectal suppository 25 mg* | 2 | |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | 4 | PA; QL (60 per 30 days) |
| *meclizine hcl oral tablet 12.5 mg, 25 mg* | 1 | |
| *ondansetron hcl oral tablet 24 mg* | 4 | PA BvD |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 2 | PA BvD |
| *ondansetron oral tablet dispersible 4 mg, 8 mg* | 2 | PA BvD |
| *prochlorperazine edisylate injection solution 10 mg/2ml* | 2 | |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | 2 | |
| *prochlorperazine rectal suppository 25 mg* | 2 | |
| *promethazine hcl injection solution 25 mg/ml* | 2 | |
| *promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | |
| *promethazine hcl rectal suppository 25 mg* | 2 | |
| *promethegan rectal suppository 12.5 mg, 25 mg* | 2 | |
| *scopolamine transdermal patch 72 hour 1 mg/3days* | 4 | QL (10 per 30 days) |
| **ANTIPARASITE AGENTS** | | |
| ***Antiparasite Agents*** | | |
| *albendazole oral tablet 200 mg* | 2 | |
| *atovaquone oral suspension 750 mg/5ml* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg* | 2 | |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | 2 | |
| COARTEM ORAL TABLET 20-120 MG | 4 | |
| *hydroxychloroquine sulfate oral tablet 100 mg* | 2 | QL (180 per 30 days) |
| *hydroxychloroquine sulfate oral tablet 200 mg* | 2 | QL (90 per 30 days) |
| *hydroxychloroquine sulfate oral tablet 300 mg, 400 mg* | 2 | QL (60 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | 5 | PA; NDS; QL (84 per 28 days) |
| *ivermectin oral tablet 3 mg, 6 mg* | 2 | |
| *mefloquine hcl oral tablet 250 mg* | 2 | |
| *nitazoxanide oral tablet 500 mg* | 5 | NDS; QL (60 per 30 days) |
| *pentamidine isethionate inhalation solution reconstituted 300 mg* | 2 | PA BvD |
| *pentamidine isethionate injection solution reconstituted 300 mg* | 2 | |
| *praziquantel oral tablet 600 mg* | 2 | |
| PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG | 4 | |
| *pyrimethamine oral tablet 25 mg* | 5 | PA; NDS |
| *quinine sulfate oral capsule 324 mg* | 2 | PA |
| *tinidazole oral tablet 250 mg, 500 mg* | 2 | |
| **ANTIPARKINSONIAN AGENTS** | | |
| ***Antiparkinsonian Agents*** | | |
| *amantadine hcl oral capsule 100 mg* | 2 | |
| *amantadine hcl oral solution 50 mg/5ml* | 2 | |
| *amantadine hcl oral tablet 100 mg* | 2 | |
| *benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | |
| *bromocriptine mesylate oral tablet 2.5 mg* | 2 | |
| *cabergoline oral tablet 0.5 mg* | 2 | |
| *carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg* | 2 | |
| *carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *carbidopa-levodopa oral tablet dispersible 10-100 mg* | 2 | |
| *carbidopa-levodopa oral tablet dispersible 25-100 mg, 25-250 mg* | 4 | |
| *entacapone oral tablet 200 mg* | 2 | |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NDS; QL (150 per 30 days) |
| ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML | 5 | PA; NDS; QL (600 per 30 days) |
| *pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | 2 | |
| *rasagiline mesylate oral tablet 0.5 mg, 1 mg* | 4 | |
| *ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg* | 2 | |
| *ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | 2 | |
| *selegiline hcl oral capsule 5 mg* | 2 | |
| *selegiline hcl oral tablet 5 mg* | 4 | |
| *trihexyphenidyl hcl oral tablet 2 mg, 5 mg* | 2 | |
| VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML | 5 | PA; NDS; QL (560 per 28 days) |
| **ANTIPSYCHOTIC AGENTS** | | |
| ***Antipsychotic Agents*** | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML | 5 | NDS; QL (2.4 per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML | 5 | NDS; QL (3.2 per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG | 5 | NDS; QL (2 per 28 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | 5 | NDS; QL (2 per 28 days) |
| *aripiprazole oral solution 1 mg/ml* | 2 | |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* | 2 | |
| *aripiprazole oral tablet dispersible 10 mg* | 4 | ST; QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *aripiprazole oral tablet dispersible 15 mg* | 4 | ST; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML | 5 | NDS; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML | 5 | NDS; QL (3.9 per 14 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML | 5 | NDS; QL (1.6 per 14 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML | 5 | NDS; QL (2.4 per 14 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML | 5 | NDS; QL (3.2 per 14 days) |
| *asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg* | 4 | QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 5 | ST; NDS; QL (30 per 30 days) |
| *chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml* | 2 | |
| *chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml* | 2 | |
| *chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | 4 | |
| *clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 2 | |
| *clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg* | 4 | ST; QL (90 per 30 days) |
| *clozapine oral tablet dispersible 150 mg* | 4 | ST; QL (180 per 30 days) |
| *clozapine oral tablet dispersible 200 mg* | 4 | ST; QL (120 per 30 days) |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG | 5 | ST; NDS; QL (60 per 30 days) |
| COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG | 5 | ST; NDS |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | 5 | NDS; QL (0.75 per 21 days) |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML | 5 | NDS; QL (1 per 21 days) |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML | 5 | NDS; QL (1.5 per 21 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML | 5 | NDS; QL (2.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 5 | NDS; QL (0.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML | 5 | NDS; QL (0.5 per 21 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 5 | ST; NDS; QL (60 per 30 days) |
| FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG | 4 | ST |
| FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG | 4 | ST |
| FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG | 4 | ST |
| *fluphenazine decanoate injection solution 25 mg/ml* | 2 | |
| *fluphenazine hcl injection solution 2.5 mg/ml* | 2 | |
| *fluphenazine hcl oral concentrate 5 mg/ml* | 2 | |
| *fluphenazine hcl oral elixir 2.5 mg/5ml* | 2 | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | 4 | |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)* | 2 | |
| *haloperidol lactate injection solution 5 mg/ml* | 2 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | 2 | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | 2 | |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML | 5 | NDS; QL (3.5 per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML | 5 | NDS; QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | 5 | NDS; QL (0.75 per 21 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML | 5 | NDS; QL (1 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML | 5 | NDS; QL (1.5 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 3 | QL (0.25 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML | 5 | NDS; QL (0.5 per 21 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML | 5 | NDS; QL (0.88 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML | 5 | NDS; QL (1.32 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML | 5 | NDS; QL (1.75 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML | 5 | NDS; QL (2.63 per 70 days) |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | 2 | |
| *lurasidone hcl oral tablet 120 mg* | 4 | |
| *lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg* | 2 | |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 5 | NDS; QL (30 per 30 days) |
| *molindone hcl oral tablet 10 mg* | 2 | QL (240 per 30 days) |
| *molindone hcl oral tablet 25 mg* | 2 | QL (270 per 30 days) |
| *molindone hcl oral tablet 5 mg* | 5 | NDS; QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *olanzapine intramuscular solution reconstituted 10 mg* | 2 | QL (30 per 30 days) |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* | 2 | |
| *olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg* | 2 | |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG | 5 | ST; NDS |
| *paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg* | 4 | QL (30 per 30 days) |
| *paliperidone er oral tablet extended release 24 hour 6 mg* | 4 | QL (60 per 30 days) |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | 2 | |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG | 5 | NDS; QL (1 per 30 days) |
| *pimozide oral tablet 1 mg, 2 mg* | 2 | |
| *prochlorperazine edisylate solution 10 mg/2ml injection* | 2 | |
| *quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg* | 2 | |
| *quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | 2 | |
| *quetiapine fumarate oral tablet 150 mg* | 2 | QL (30 per 30 days) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 5 | NDS; QL (30 per 30 days) |
| *risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg* | 2 | QL (2 per 28 days) |
| *risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg* | 5 | NDS; QL (2 per 28 days) |
| *risperidone oral solution 1 mg/ml* | 2 | |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | 2 | |
| *risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | 4 | |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG | 5 | NDS; QL (2 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR | 5 | ST; NDS; QL (30 per 30 days) |
| *thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 2 | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 2 | |
| *trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | 2 | |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML | 5 | NDS; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML | 5 | NDS; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML | 5 | NDS; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML | 5 | NDS; QL (0.56 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML | 5 | NDS; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML | 5 | NDS; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML | 5 | NDS; QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 5 | ST; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG | 5 | ST; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG | 4 | ST |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* | 2 | |
| *ziprasidone mesylate intramuscular solution reconstituted 20 mg* | 2 | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG | 4 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG | 5 | NDS; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG | 5 | NDS; QL (1 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANTIVIRALS (SYSTEMIC)** | | |
| ***Antiretrovirals*** | | |
| *abacavir sulfate oral solution 20 mg/ml* | 2 | |
| *abacavir sulfate oral tablet 300 mg* | 2 | |
| *abacavir sulfate-lamivudine oral tablet 600-300 mg* | 2 | |
| APTIVUS ORAL CAPSULE 250 MG | 5 | NDS |
| *atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg* | 2 | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 5 | NDS; QL (30 per 30 days) |
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML | 5 | NDS |
| CIMDUO ORAL TABLET 300-300 MG | 5 | NDS |
| *darunavir oral tablet 600 mg* | 2 | |
| *darunavir oral tablet 800 mg* | 5 | NDS |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 5 | NDS |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | 5 | NDS |
| DOVATO ORAL TABLET 50-300 MG | 5 | NDS |
| EDURANT ORAL TABLET 25 MG | 5 | NDS |
| EDURANT PED ORAL TABLET SOLUBLE 2.5 MG | 5 | NDS |
| *efavirenz oral capsule 200 mg, 50 mg* | 2 | |
| *efavirenz oral tablet 600 mg* | 2 | |
| *efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg* | 2 | |
| *efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg* | 5 | NDS |
| *emtricitabine oral capsule 200 mg* | 2 | |
| *emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg* | 2 | |
| *emtricitabine-tenofovir df oral tablet 133-200 mg* | 5 | NDS |
| *emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg* | 5 | NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EMTRIVA ORAL SOLUTION 10 MG/ML | 4 | |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML | 4 | |
| *etravirine oral tablet 100 mg, 200 mg* | 5 | NDS |
| EVOTAZ ORAL TABLET 300-150 MG | 5 | NDS |
| *fosamprenavir calcium oral tablet 700 mg* | 5 | NDS |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG | 5 | NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 5 | NDS |
| IDVYNSO ORAL TABLET 100-0.25 MG | 5 | NDS; QL (30 per 30 days) |
| INTELENCE ORAL TABLET 25 MG | 4 | |
| ISENTRESS HD ORAL TABLET 600 MG | 5 | NDS |
| ISENTRESS ORAL PACKET 100 MG | 5 | NDS |
| ISENTRESS ORAL TABLET 400 MG | 5 | NDS |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG | 5 | NDS |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | 3 | |
| JULUCA ORAL TABLET 50-25 MG | 5 | NDS |
| KALETRA ORAL SOLUTION 400-100 MG/5ML | 4 | QL (480 per 30 days) |
| *lamivudine oral solution 10 mg/ml* | 2 | |
| *lamivudine oral tablet 100 mg, 150 mg, 300 mg* | 2 | |
| *lamivudine-zidovudine oral tablet 150-300 mg* | 2 | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 4 | |
| *lopinavir-ritonavir oral solution 400-100 mg/5ml* | 2 | QL (480 per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25 mg* | 2 | QL (300 per 30 days) |
| *lopinavir-ritonavir oral tablet 200-50 mg* | 2 | QL (120 per 30 days) |
| *maraviroc oral tablet 150 mg, 300 mg* | 5 | NDS |
| *nevirapine er oral tablet extended release 24 hour 100 mg* | 2 | QL (90 per 30 days) |
| *nevirapine er oral tablet extended release 24 hour 400 mg* | 2 | QL (30 per 30 days) |
| *nevirapine oral suspension 50 mg/5ml* | 2 | QL (1200 per 30 days) |
| *nevirapine oral tablet 200 mg* | 2 | QL (60 per 30 days) |
| NORVIR ORAL PACKET 100 MG | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NORVIR ORAL SOLUTION 80 MG/ML | 4 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | 5 | NDS |
| PIFELTRO ORAL TABLET 100 MG | 5 | NDS |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG | 5 | NDS |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 5 | NDS |
| PREZISTA ORAL TABLET 150 MG | 5 | NDS |
| PREZISTA ORAL TABLET 75 MG | 4 | |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | 4 | |
| REYATAZ ORAL PACKET 50 MG | 5 | NDS |
| *rilpivirine hcl oral tablet 25 mg* | 5 | NDS |
| *ritonavir oral tablet 100 mg* | 2 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | 5 | NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 5 | NDS |
| SELZENTRY ORAL TABLET 25 MG | 3 | |
| SELZENTRY ORAL TABLET 75 MG | 5 | NDS |
| *stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg* | 2 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 5 | NDS |
| SUNLENCA ORAL TABLET 300 MG | 5 | NDS |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG | 5 | NDS |
| SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML | 5 | PA BvD; NDS |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 5 | NDS |
| *tenofovir disoproxil fumarate oral tablet 300 mg* | 2 | |
| TIVICAY ORAL TABLET 10 MG | 4 | |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 5 | NDS |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG | 5 | NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 5 | NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRIZIVIR ORAL TABLET 300-150-300 MG | 5 | NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML | 5 | NDS |
| VEMLIDY ORAL TABLET 25 MG | 5 | NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 5 | NDS |
| VIREAD ORAL POWDER 40 MG/GM | 5 | NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | NDS |
| *zidovudine oral capsule 100 mg* | 2 | |
| *zidovudine oral syrup 50 mg/5ml* | 2 | |
| *zidovudine oral tablet 300 mg* | 2 | |
| ***Antivirals, Miscellaneous*** | | |
| LIVTENCITY ORAL TABLET 200 MG | 5 | PA; NDS |
| *oseltamivir phosphate oral capsule 30 mg* | 2 | QL (84 per 180 days) |
| *oseltamivir phosphate oral capsule 45 mg* | 2 | QL (48 per 180 days) |
| *oseltamivir phosphate oral capsule 75 mg* | 2 | QL (42 per 180 days) |
| *oseltamivir phosphate oral suspension reconstituted 6 mg/ml* | 2 | QL (540 per 180 days) |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG | 2 | QL (20 per 5 days) |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG | 2 | QL (11 per 28 days) |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG | 2 | QL (30 per 5 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 5 | PA; NDS; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 4 | QL (60 per 180 days) |
| ***Hcv Antivirals*** | | |
| EPCLUSA ORAL PACKET 150-37.5 MG | 5 | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PACKET 200-50 MG | 5 | PA; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG | 5 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PACKET 33.75-150 MG | 5 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PACKET 45-200 MG | 5 | PA; NDS; QL (56 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG | 5 | PA; NDS; QL (28 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | 5 | PA; NDS; QL (28 per 28 days) |
| ***Interferons*** | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | PA; NDS |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML | 5 | PA; NDS |
| ***Nucleosides And Nucleotides*** | | |
| *acyclovir oral capsule 200 mg* | 1 | |
| *acyclovir oral suspension 200 mg/5ml* | 4 | |
| *acyclovir oral tablet 400 mg, 800 mg* | 2 | |
| *acyclovir sodium intravenous solution 50 mg/ml* | 2 | PA BvD |
| *adefovir dipivoxil oral tablet 10 mg* | 2 | |
| *entecavir oral tablet 0.5 mg, 1 mg* | 2 | |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | 2 | |
| *ribavirin oral tablet 200 mg* | 2 | |
| *valacyclovir hcl oral tablet 1 gm, 500 mg* | 2 | |
| *valganciclovir hcl oral solution reconstituted 50 mg/ml* | 5 | NDS |
| *valganciclovir hcl oral tablet 450 mg* | 2 | |
| **BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS** | | |
| ***Anticoagulants*** | | |
| *dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg* | 3 | QL (60 per 30 days) |
| ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG | 3 | QL (960 per 30 days) |
| ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG | 3 | QL (960 per 30 days) |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG | 3 | |
| ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG | 3 | QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ELIQUIS ORAL TABLET 2.5 MG | 3 | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 3 | QL (74 per 30 days) |
| ELIQUIS ORAL TABLET SOLUBLE 0.5 MG | 3 | QL (960 per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml* | 2 | QL (60 per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml* | 2 | QL (48 per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml* | 2 | QL (18 per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml* | 2 | QL (24 per 30 days) |
| *enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml* | 2 | QL (36 per 30 days) |
| *fondaparinux sodium subcutaneous solution 10 mg/0.8ml* | 5 | NDS; QL (24 per 30 days) |
| *fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml* | 2 | QL (15 per 30 days) |
| *fondaparinux sodium subcutaneous solution 5 mg/0.4ml* | 5 | NDS; QL (12 per 30 days) |
| *fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml* | 5 | NDS; QL (18 per 30 days) |
| *heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml* | 2 | |
| *jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | 1 | |
| *rivaroxaban oral suspension reconstituted 1 mg/ml* | 2 | QL (600 per 30 days) |
| *rivaroxaban oral tablet 2.5 mg* | 2 | QL (60 per 30 days) |
| *warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | 1 | |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML | 3 | QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 3 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG | 3 | QL (60 per 30 days) |
| XARELTO ORAL TABLET 2.5 MG | 3 | ST; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | 3 | |
| ***Blood Formation Modifiers*** | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | 5 | PA; NDS; QL (60 per 30 days) |
| *eltrombopag olamine oral packet 12.5 mg* | 5 | PA; NDS; QL (90 per 30 days) |
| *eltrombopag olamine oral packet 25 mg* | 5 | PA; NDS; QL (180 per 30 days) |
| *eltrombopag olamine oral tablet 12.5 mg* | 5 | PA; NDS; QL (90 per 30 days) |
| *eltrombopag olamine oral tablet 25 mg* | 5 | PA; NDS; QL (30 per 30 days) |
| *eltrombopag olamine oral tablet 50 mg, 75 mg* | 5 | PA; NDS; QL (60 per 30 days) |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT | 5 | PA; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT | 5 | PA; NDS; QL (20 per 30 days) |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | 5 | PA; NDS |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 5 | PA; NDS |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA; NDS |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40000 UNIT/ML | 3 | PA; QL (4 per 28 days) |
| UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA; NDS |
| ***Hematologic Agents, Miscellaneous*** | | |
| *anagrelide hcl oral capsule 0.5 mg, 1 mg* | 2 | |
| *tranexamic acid oral tablet 650 mg* | 2 | |
| ***Platelet-Aggregation Inhibitors*** | | |
| *aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cilostazol oral tablet 100 mg, 50 mg* | 2 | |
| *clopidogrel bisulfate oral tablet 75 mg* | 1 | |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | 2 | |
| *pentoxifylline er oral tablet extended release 400 mg* | 2 | |
| *prasugrel hcl oral tablet 10 mg, 5 mg* | 2 | |
| *ticagrelor oral tablet 60 mg, 90 mg* | 2 | |
| **CALORIC AGENTS** | | |
| ***Caloric Agents*** | | |
| CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 % | 4 | PA BvD |
| CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 % | 4 | PA BvD |
| CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 % | 4 | PA BvD |
| CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 % | 4 | PA BvD |
| CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 % | 4 | PA BvD |
| *dextrose intravenous solution 5 %* | 2 | |
| **CARDIOVASCULAR AGENTS** | | |
| ***Alpha-Adrenergic Agents*** | | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | 1 | |
| *clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr* | 2 | |
| *doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | 1 | |
| *droxidopa oral capsule 100 mg* | 2 | PA; QL (180 per 30 days) |
| *droxidopa oral capsule 200 mg, 300 mg* | 5 | PA; NDS; QL (180 per 30 days) |
| *guanfacine hcl oral tablet 1 mg, 2 mg* | 2 | |
| *midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg* | 2 | |
| *prazosin hcl oral capsule 1 mg, 2 mg, 5 mg* | 2 | |
| ***Angiotensin Ii Receptor Antagonists*** | | |
| *candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | 2 | |
| ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG | 3 | QL (240 per 30 days) |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | 3 | QL (60 per 30 days) |
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | 2 | |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | 2 | |
| *losartan potassium oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | 1 | |
| *olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg* | 2 | |
| *olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | 2 | |
| *olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | 2 | |
| *sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg* | 2 | QL (60 per 30 days) |
| *telmisartan oral tablet 20 mg, 40 mg, 80 mg* | 2 | |
| *telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | 2 | |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | 2 | |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | 2 | |
| ***Angiotensin-Converting Enzyme Inhibitors*** | | |
| *benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | 2 | |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg* | 2 | |
| *fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg* | 2 | |
| *fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg* | 2 | |
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | 1 | |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | |
| *moexipril hcl oral tablet 15 mg, 7.5 mg* | 2 | |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | 2 | |
| *quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 2 | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | 1 | |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | 2 | |
| ***Antiarrhythmic Agents*** | | |
| *amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg* | 2 | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | 2 | |
| *flecainide acetate oral tablet 100 mg, 150 mg, 50 mg* | 2 | |
| MULTAQ ORAL TABLET 400 MG | 3 | |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* | 2 | |
| *propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg* | 2 | |
| *propafenone hcl oral tablet 150 mg, 225 mg, 300 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *quinidine sulfate oral tablet 200 mg, 300 mg* | 2 | |
| ***Beta-Adrenergic Blocking Agents*** | | |
| *acebutolol hcl oral capsule 200 mg, 400 mg* | 2 | |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | 2 | |
| *bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg* | 2 | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | 2 | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | 1 | |
| *labetalol hcl oral tablet 100 mg, 200 mg, 300 mg* | 2 | |
| *metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 1 | |
| *metoprolol-hydrochlorothiazide oral tablet 50-25 mg* | 4 | |
| *nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 2 | |
| *propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg* | 2 | |
| *propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | 2 | |
| *sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | 2 | |
| *sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg* | 2 | |
| *sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | 2 | |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | 4 | |
| ***Calcium-Channel Blocking Agents*** | | |
| *cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg* | 2 | |
| *diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg* | 2 | |
| *diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg* | 4 | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg* | 2 | |
| *dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg* | 2 | |
| *taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | 2 | |
| *tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 2 | |
| *verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg* | 2 | |
| *verapamil hcl er oral capsule extended release 24 hour 360 mg* | 4 | |
| *verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg* | 2 | |
| *verapamil hcl oral tablet 120 mg, 40 mg, 80 mg* | 1 | |
| ***Cardiovascular Agents, Miscellaneous*** | | |
| ATTRUBY ORAL TABLET THERAPY PACK 356 MG | 5 | PA; NDS; QL (112 per 28 days) |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | 5 | PA; NDS; QL (30 per 30 days) |
| CORLANOR ORAL SOLUTION 5 MG/5ML | 4 | QL (600 per 30 days) |
| *digoxin oral tablet 125 mcg, 250 mcg* | 2 | |
| *epinephrine injection solution 0.3 mg/0.3ml* | 3 | QL (4 per 30 days) |
| *epinephrine injection solution auto-injector 0.15 mg/0.15ml* | 3 | QL (4 per 30 days) |
| *epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml* | 2 | QL (4 per 30 days) |
| *hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 1 | |
| *icatibant acetate subcutaneous solution 30 mg/3ml* | 5 | PA; NDS; QL (18 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml* | 5 | PA; NDS; QL (18 per 30 days) |
| *ivabradine hcl oral tablet 5 mg, 7.5 mg* | 3 | QL (60 per 30 days) |
| *metyrosine oral capsule 250 mg* | 5 | PA; NDS |
| *ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg* | 2 | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 4 | PA; QL (30 per 30 days) |
| VYNDAMAX ORAL CAPSULE 61 MG | 5 | PA; NDS; QL (30 per 30 days) |
| ***Dihydropyridines*** | | |
| *amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg* | 1 | |
| *amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | 2 | |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | 2 | |
| *amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg* | 2 | |
| *felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg* | 2 | |
| *nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg* | 2 | |
| *nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg* | 2 | |
| ***Diuretics*** | | |
| *amiloride hcl oral tablet 5 mg* | 1 | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | 2 | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 2 | |
| *furosemide injection solution 10 mg/ml* | 1 | |
| *furosemide oral solution 10 mg/ml, 8 mg/ml* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | 1 | |
| *hydrochlorothiazide oral capsule 12.5 mg* | 1 | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | 1 | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | 5 | PA; NDS; QL (120 per 30 days) |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | 2 | |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *spironolactone-hctz oral tablet 25-25 mg* | 2 | |
| *tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg* | 5 | PA; NDS; QL (56 per 28 days) |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | 1 | |
| *triamterene-hctz oral capsule 37.5-25 mg* | 1 | |
| *triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg* | 1 | |
| ***Dyslipidemics*** | | |
| *amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg* | 2 | |
| *amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg* | 2 | QL (30 per 30 days) |
| *atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | |
| *cholestyramine light oral packet 4 gm* | 2 | |
| *cholestyramine oral packet 4 gm* | 2 | |
| *colesevelam hcl oral packet 3.75 gm* | 4 | |
| *colesevelam hcl oral tablet 625 mg* | 2 | |
| *colestipol hcl oral packet 5 gm* | 2 | |
| *colestipol hcl oral tablet 1 gm* | 2 | |
| *ezetimibe oral tablet 10 mg* | 2 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg* | 2 | QL (30 per 30 days) |
| *fenofibrate capsule 134 mg oral* | 2 | |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg* | 2 | |
| *fenofibrate oral tablet 145 mg, 48 mg, 54 mg* | 2 | |
| *fenofibrate oral tablet 160 mg* | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fenofibrate tablet 160 mg oral* | 2 | |
| *fluvastatin sodium er oral tablet extended release 24 hour 80 mg* | 2 | |
| *fluvastatin sodium oral capsule 20 mg, 40 mg* | 2 | QL (60 per 30 days) |
| *gemfibrozil oral tablet 600 mg* | 1 | |
| *icosapent ethyl oral capsule 0.5 gm* | 2 | QL (240 per 30 days) |
| *icosapent ethyl oral capsule 1 gm* | 2 | QL (120 per 30 days) |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | 1 | |
| NEXLETOL ORAL TABLET 180 MG | 3 | ST; QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | 3 | ST; QL (30 per 30 days) |
| *niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg* | 2 | |
| *niacin er (antihyperlipidemic) oral tablet extended release 750 mg* | 4 | |
| *omega-3-acid ethyl esters oral capsule 1 gm* | 2 | ST; QL (120 per 30 days) |
| *pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg* | 2 | QL (30 per 30 days) |
| *pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | |
| *prevalite oral packet 4 gm* | 2 | |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML | 3 | ST; QL (7 per 28 days) |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML | 3 | ST; QL (6 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 3 | ST; QL (6 per 28 days) |
| *rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg* | 1 | |
| ***Renin-Angiotensin-Aldosterone System Inhibitors*** | | |
| *aliskiren fumarate oral tablet 150 mg, 300 mg* | 2 | |
| *eplerenone oral tablet 25 mg, 50 mg* | 2 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | PA; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Vasodilators*** | | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | 2 | |
| *isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg* | 1 | |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | 2 | |
| *minoxidil oral tablet 10 mg, 2.5 mg* | 2 | |
| *nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg* | 2 | |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | 2 | |
| **CENTRAL NERVOUS SYSTEM AGENTS** | | |
| ***Central Nervous System Agents*** | | |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg* | 2 | QL (30 per 30 days) |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg* | 2 | QL (60 per 30 days) |
| *amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | 2 | QL (60 per 30 days) |
| *atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | 2 | QL (60 per 30 days) |
| *atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg* | 2 | QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 5 | PA; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 5 | PA; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG | 5 | PA; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG | 5 | PA; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG | 5 | PA; NDS; QL (30 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG | 5 | PA; NDS; QL (210 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG | 5 | PA; NDS |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML | 5 | PA; NDS; QL (1 per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | 5 | PA; NDS; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 5 | PA; NDS; QL (15 per 30 days) |
| *cladribine (10 tabs) tablet therapy pack 10 mg oral* | 5 | PA; NDS |
| *cladribine (8 tabs) oral tablet therapy pack 10 mg* | 5 | PA; NDS |
| *dalfampridine er oral tablet extended release 12 hour 10 mg* | 2 | PA; QL (60 per 30 days) |
| *dimethyl fumarate oral capsule delayed release 120 mg* | 2 | PA; QL (14 per 7 days) |
| *dimethyl fumarate oral capsule delayed release 240 mg* | 5 | PA; NDS; QL (60 per 30 days) |
| *dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg* | 2 | PA |
| *fingolimod hcl oral capsule 0.5 mg* | 5 | PA; NDS; QL (30 per 30 days) |
| *glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml* | 5 | PA; NDS; QL (30 per 30 days) |
| *glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml* | 5 | PA; NDS; QL (12 per 28 days) |
| *glatopa subcutaneous solution prefilled syringe 20 mg/ml* | 5 | PA; NDS; QL (30 per 30 days) |
| *glatopa subcutaneous solution prefilled syringe 40 mg/ml* | 5 | PA; NDS; QL (12 per 28 days) |
| *guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg* | 2 | |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 5 | PA; NDS; QL (30 per 30 days) |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG | 5 | PA; NDS; QL (30 per 30 days) |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG | 5 | PA; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML | 5 | PA; NDS; QL (1.2 per 28 days) |
| *lithium carbonate er oral tablet extended release 300 mg, 450 mg* | 2 | |
| *lithium carbonate oral capsule 150 mg, 300 mg* | 1 | |
| LITHIUM CARBONATE ORAL CAPSULE 600 MG | 1 | |
| *lithium carbonate oral tablet 300 mg* | 1 | |
| *lithium oral solution 8 meq/5ml* | 2 | |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAYZENT ORAL TABLET 0.25 MG | 5 | PA; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 5 | PA; NDS; QL (30 per 30 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | 5 | PA; NDS |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG | 3 | PA |
| *methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml* | 2 | QL (900 per 30 days) |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* | 2 | QL (90 per 30 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML | 5 | PA; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML | 5 | PA; NDS |
| PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML | 5 | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML | 5 | PA; NDS; QL (1 per 28 days) |
| *riluzole oral tablet 50 mg* | 2 | |
| *tetrabenazine oral tablet 12.5 mg* | 2 | PA; QL (112 per 28 days) |
| *tetrabenazine oral tablet 25 mg* | 5 | PA; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG | 5 | PA; NDS; QL (120 per 30 days) |
| **CONTRACEPTIVES** | | |
| ***Contraceptives*** | | |
| *afirmelle oral tablet 0.1-20 mg-mcg* | 2 | |
| *altavera oral tablet 0.15-30 mg-mcg* | 2 | |
| *alyacen 1/35 oral tablet 1-35 mg-mcg* | 2 | |
| *alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg* | 2 | |
| *amethyst oral tablet 90-20 mcg* | 2 | |
| *apri oral tablet 0.15-30 mg-mcg* | 2 | |
| *aubra eq oral tablet 0.1-20 mg-mcg* | 2 | |
| *aurovela 1.5/30 oral tablet 1.5-30 mg-mcg* | 2 | |
| *aurovela 1/20 oral tablet 1-20 mg-mcg* | 2 | |
| *aurovela 24 fe oral tablet 1-20 mg-mcg(24)* | 2 | |
| *aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg* | 2 | |
| *aurovela fe 1/20 oral tablet 1-20 mg-mcg* | 2 | |
| *aviane oral tablet 0.1-20 mg-mcg* | 2 | |
| *ayuna oral tablet 0.15-30 mg-mcg* | 2 | |
| *azurette oral tablet 0.15-0.02/0.01 mg (21/5)* | 2 | |
| *blisovi 24 fe oral tablet 1-20 mg-mcg(24)* | 2 | |
| *blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg* | 2 | |
| *blisovi fe 1/20 oral tablet 1-20 mg-mcg* | 2 | |
| *camila oral tablet 0.35 mg* | 2 | |
| *chateal eq oral tablet 0.15-30 mg-mcg* | 2 | |
| *cryselle oral tablet 0.3-30 mg-mcg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cyred eq oral tablet 0.15-30 mg-mcg* | 2 | |
| *dasetta 1/35 (28) oral tablet 1-35 mg-mcg* | 2 | |
| *dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg* | 2 | |
| *deblitane oral tablet 0.35 mg* | 2 | |
| *delyla oral tablet 0.1-20 mg-mcg* | 2 | |
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg* | 2 | |
| *dolishale oral tablet 90-20 mcg* | 2 | |
| *elinest oral tablet 0.3-30 mg-mcg* | 2 | |
| *eluryng vaginal ring 0.12-0.015 mg/24hr* | 2 | QL (1 per 28 days) |
| *emzahh oral tablet 0.35 mg* | 2 | |
| *enilloring vaginal ring 0.12-0.015 mg/24hr* | 4 | QL (1 per 28 days) |
| *enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg* | 2 | |
| *enskyce oral tablet 0.15-30 mg-mcg* | 2 | |
| *errin oral tablet 0.35 mg* | 2 | |
| *estarylla oral tablet 0.25-35 mg-mcg* | 2 | |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | 2 | |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr* | 2 | QL (1 per 28 days) |
| *falmina oral tablet 0.1-20 mg-mcg* | 2 | |
| *feirza 1.5/30 oral tablet 1.5-30 mg-mcg* | 2 | |
| *feirza 1/20 oral tablet 1-20 mg-mcg* | 2 | |
| *femynor oral tablet 0.25-35 mg-mcg* | 1 | |
| *hailey 24 fe oral tablet 1-20 mg-mcg(24)* | 2 | |
| *hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg* | 2 | |
| *hailey fe 1/20 oral tablet 1-20 mg-mcg* | 2 | |
| *haloette vaginal ring 0.12-0.015 mg/24hr* | 2 | QL (1 per 28 days) |
| *heather oral tablet 0.35 mg* | 2 | |
| *iclevia oral tablet 0.15-0.03 mg* | 2 | QL (91 per 84 days) |
| *incassia oral tablet 0.35 mg* | 2 | |
| *introvale oral tablet 0.15-0.03 mg* | 2 | QL (91 per 84 days) |
| *isibloom oral tablet 0.15-30 mg-mcg* | 2 | |
| *jencycla oral tablet 0.35 mg* | 1 | |
| *jolessa oral tablet 0.15-0.03 mg* | 4 | QL (91 per 84 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *juleber oral tablet 0.15-30 mg-mcg* | 2 | |
| *junel 1.5/30 oral tablet 1.5-30 mg-mcg* | 2 | |
| *junel 1/20 oral tablet 1-20 mg-mcg* | 2 | |
| *junel fe 1.5/30 oral tablet 1.5-30 mg-mcg* | 2 | |
| *junel fe 1/20 oral tablet 1-20 mg-mcg* | 2 | |
| *junel fe 24 oral tablet 1-20 mg-mcg(24)* | 2 | |
| *kariva oral tablet 0.15-0.02/0.01 mg (21/5)* | 2 | |
| *kelnor 1/35 oral tablet 1-35 mg-mcg* | 2 | |
| *kelnor 1/50 oral tablet 1-50 mg-mcg* | 2 | |
| *kurvelo oral tablet 0.15-30 mg-mcg* | 2 | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG | 4 | |
| *larin 1.5/30 oral tablet 1.5-30 mg-mcg* | 2 | |
| *larin 1/20 oral tablet 1-20 mg-mcg* | 2 | |
| *larin 24 fe oral tablet 1-20 mg-mcg(24)* | 2 | |
| *larin fe 1.5/30 oral tablet 1.5-30 mg-mcg* | 2 | |
| *larin fe 1/20 oral tablet 1-20 mg-mcg* | 2 | |
| *lessina oral tablet 0.1-20 mg-mcg* | 2 | |
| *levonest oral tablet 50-30/75-40/ 125-30 mcg* | 2 | |
| *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg* | 2 | QL (91 per 84 days) |
| *levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)* | 4 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg* | 2 | |
| *levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg* | 2 | |
| *levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg* | 2 | |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY | 3 | |
| *low-ogestrel oral tablet 0.3-30 mg-mcg* | 2 | |
| *luizza 1.5/30 oral tablet 1.5-30 mg-mcg* | 2 | |
| *luizza 1/20 oral tablet 1-20 mg-mcg* | 2 | |
| *lutera oral tablet 0.1-20 mg-mcg* | 2 | |
| *lyleq oral tablet 0.35 mg* | 2 | |
| *lyza oral tablet 0.35 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *marlissa oral tablet 0.15-30 mg-mcg* | 2 | |
| *meleya oral tablet 0.35 mg* | 2 | |
| *microgestin 1.5/30 oral tablet 1.5-30 mg-mcg* | 2 | |
| *microgestin 1/20 oral tablet 1-20 mg-mcg* | 2 | |
| *microgestin 24 fe oral tablet 1-20 mg-mcg* | 2 | |
| *microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg* | 2 | |
| *microgestin fe 1/20 oral tablet 1-20 mg-mcg* | 2 | |
| *mili oral tablet 0.25-35 mg-mcg* | 2 | |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY | 4 | |
| *mono-linyah oral tablet 0.25-35 mg-mcg* | 1 | |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG | 3 | |
| *norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr* | 2 | QL (3 per 28 days) |
| *norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | 2 | |
| *norethindrone oral tablet 0.35 mg* | 2 | |
| *norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg* | 2 | |
| *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg* | 2 | |
| *norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg* | 2 | |
| *norlyroc oral tablet 0.35 mg* | 1 | |
| *nortrel 1/35 (21) oral tablet 1-35 mg-mcg* | 2 | |
| *nortrel 1/35 (28) oral tablet 1-35 mg-mcg* | 2 | |
| *nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg* | 2 | |
| *nylia 1/35 oral tablet 1-35 mg-mcg* | 2 | |
| *nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg* | 2 | |
| *nymyo oral tablet 0.25-35 mg-mcg* | 2 | |
| *orquidea oral tablet 0.35 mg* | 2 | |
| *pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)* | 2 | |
| *portia-28 oral tablet 0.15-30 mg-mcg* | 2 | |
| *reclipsen oral tablet 0.15-30 mg-mcg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *setlakin oral tablet 0.15-0.03 mg* | 2 | QL (91 per 84 days) |
| *sharobel oral tablet 0.35 mg* | 2 | |
| *simliya oral tablet 0.15-0.02/0.01 mg (21/5)* | 2 | |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG | 4 | |
| *sprintec 28 oral tablet 0.25-35 mg-mcg* | 2 | |
| *sronyx oral tablet 0.1-20 mg-mcg* | 2 | |
| *tarina 24 fe oral tablet 1-20 mg-mcg(24)* | 2 | |
| *tarina fe 1/20 eq oral tablet 1-20 mg-mcg* | 2 | |
| *tilia fe oral tablet 1-20/1-30/1-35 mg-mcg* | 2 | |
| *tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg* | 2 | |
| *tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg* | 2 | |
| *tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg* | 2 | |
| *tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg* | 2 | |
| *tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg* | 2 | |
| *tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg* | 2 | |
| *tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg* | 2 | |
| *tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg* | 2 | |
| *tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg* | 2 | |
| *tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg* | 2 | |
| *trivora (28) oral tablet 50-30/75-40/ 125-30 mcg* | 2 | |
| *tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg* | 2 | |
| *tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg* | 2 | |
| *turqoz oral tablet 0.3-30 mg-mcg* | 2 | |
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG | 4 | |
| *valtya 1/35 oral tablet 1-35 mg-mcg* | 2 | |
| *valtya 1/50 oral tablet 1-50 mg-mcg* | 2 | |
| *vienva oral tablet 0.1-20 mg-mcg* | 2 | |
| *viorele oral tablet 0.15-0.02/0.01 mg (21/5)* | 2 | |

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *volnea oral tablet 0.15-0.02/0.01 mg (21/5)* | 2 | |
| *vylibra oral tablet 0.25-35 mg-mcg* | 2 | |
| *xarah fe oral tablet 1-20/1-30/1-35 mg-mcg* | 2 | |
| *xulane transdermal patch weekly 150-35 mcg/24hr* | 2 | QL (3 per 28 days) |
| *zafemy transdermal patch weekly 150-35 mcg/24hr* | 2 | QL (3 per 28 days) |
| *zovia 1/35 (28) oral tablet 1-35 mg-mcg* | 2 | |
| **DENTAL AND ORAL AGENTS** | | |
| ***Dental And Oral Agents*** | | |
| *cevimeline hcl oral capsule 30 mg* | 4 | |
| *chlorhexidine gluconate mouth/throat solution 0.12 %* | 1 | |
| *periogard mouth/throat solution 0.12 %* | 1 | |
| *pilocarpine hcl oral tablet 5 mg* | 2 | |
| *pilocarpine hcl oral tablet 7.5 mg* | 4 | |
| *sodium fluoride dental gel 1.1 %* | 1 | |
| *triamcinolone acetonide mouth/throat paste 0.1 %* | 2 | |
| **DERMATOLOGICAL AGENTS** | | |
| ***Dermatological Agents, Other*** | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | 2 | |
| *acyclovir external ointment 5 %* | 4 | QL (30 per 30 days) |
| *ammonium lactate external cream 12 %* | 2 | |
| *ammonium lactate external lotion 12 %* | 2 | |
| *calcipotriene external cream 0.005 %* | 2 | QL (120 per 30 days) |
| *calcipotriene external ointment 0.005 %* | 2 | QL (120 per 30 days) |
| *calcipotriene external solution 0.005 %* | 2 | QL (120 per 30 days) |
| *fluorouracil external cream 5 %* | 2 | |
| *fluorouracil external solution 2 %* | 2 | |
| *fluorouracil external solution 5 %* | 4 | |
| *imiquimod external cream 5 %* | 2 | QL (24 per 30 days) |
| KLISYRI (250 MG) EXTERNAL OINTMENT 1 % | 5 | ST; NDS; QL (5 per 5 days) |
| *methoxsalen rapid oral capsule 10 mg* | 5 | NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PANRETIN EXTERNAL GEL 0.1 % | 5 | NDS; QL (60 per 28 days) |
| *podofilox external solution 0.5 %* | 2 | |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | 4 | QL (180 per 30 days) |
| VALCHLOR EXTERNAL GEL 0.016 % | 5 | PA NSO; NDS |
| *zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 2 | |
| ***Dermatological Antibacterials*** | | |
| *clindamycin phos-benzoyl perox external gel 1-5 %* | 4 | |
| *clindamycin phosphate external solution 1 %* | 2 | QL (180 per 30 days) |
| *clindamycin phosphate external swab 1 %* | 2 | |
| *erythromycin external solution 2 %* | 2 | |
| *gentamicin sulfate external cream 0.1 %* | 2 | QL (90 per 30 days) |
| *gentamicin sulfate external ointment 0.1 %* | 2 | QL (120 per 30 days) |
| *metronidazole external cream 0.75 %* | 2 | |
| *metronidazole external gel 0.75 %* | 2 | |
| *metronidazole external gel 1 %* | 4 | |
| *mupirocin external ointment 2 %* | 1 | QL (220 per 30 days) |
| *rosadan external cream 0.75 %* | 2 | |
| *selenium sulfide external lotion 2.5 %* | 2 | |
| *silver sulfadiazine external cream 1 %* | 2 | |
| *ssd external cream 1 %* | 4 | |
| ***Dermatological Anti-Inflammatory Agents*** | | |
| *ala-cort external cream 1 %* | 2 | |
| *betamethasone dipropionate aug external cream 0.05 %* | 2 | |
| *betamethasone dipropionate aug external gel 0.05 %* | 2 | |
| *betamethasone dipropionate aug external lotion 0.05 %* | 2 | |
| *betamethasone dipropionate aug external ointment 0.05 %* | 2 | |
| *betamethasone dipropionate external cream 0.05 %* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *betamethasone dipropionate external lotion 0.05 %* | 2 | |
| *betamethasone dipropionate external ointment 0.05 %* | 2 | |
| *betamethasone valerate external cream 0.1 %* | 2 | |
| BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 % | 2 | |
| *betamethasone valerate external ointment 0.1 %* | 2 | |
| *clobetasol propionate e external cream 0.05 %* | 2 | |
| *clobetasol propionate emulsion external foam 0.05 %* | 4 | |
| *clobetasol propionate external cream 0.05 %* | 2 | |
| *clobetasol propionate external gel 0.05 %* | 4 | |
| *clobetasol propionate external lotion 0.05 %* | 4 | |
| *clobetasol propionate external ointment 0.05 %* | 2 | |
| *clobetasol propionate external shampoo 0.05 %* | 2 | |
| *clobetasol propionate external solution 0.05 %* | 2 | |
| EUCRISA EXTERNAL OINTMENT 2 % | 3 | |
| *fluocinolone acetonide external cream 0.01 %, 0.025 %* | 2 | |
| *fluocinolone acetonide external ointment 0.025 %* | 2 | |
| *fluocinonide external cream 0.05 %* | 2 | |
| *fluocinonide external gel 0.05 %* | 2 | |
| *fluocinonide external ointment 0.05 %* | 2 | |
| *fluocinonide external solution 0.05 %* | 2 | |
| *fluticasone propionate external cream 0.05 %* | 2 | |
| *halobetasol propionate external cream 0.05 %* | 2 | |
| *halobetasol propionate external ointment 0.05 %* | 2 | |
| *hydrocortisone (perianal) external cream 2.5 %* | 2 | |
| *hydrocortisone cream 2.5 % external* | 2 | |
| *hydrocortisone external cream 1 %* | 2 | |
| *hydrocortisone external lotion 2.5 %* | 2 | |
| *hydrocortisone external ointment 1 %, 2.5 %* | 1 | |
| *hydrocortisone valerate external cream 0.2 %* | 2 | |
| *mometasone furoate external cream 0.1 %* | 2 | |
| *mometasone furoate external ointment 0.1 %* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *mometasone furoate external solution 0.1 %* | 2 | |
| *pimecrolimus external cream 1 %* | 4 | QL (100 per 30 days) |
| *procto-med hc external cream 2.5 %* | 2 | |
| *proctosol hc external cream 2.5 %* | 2 | |
| *proctozone-hc external cream 2.5 %* | 2 | |
| *tacrolimus external ointment 0.03 %, 0.1 %* | 2 | QL (100 per 30 days) |
| *triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %* | 1 | |
| *triamcinolone acetonide external lotion 0.025 %, 0.1 %* | 2 | |
| *triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %* | 2 | |
| ***Dermatological Retinoids*** | | |
| *adapalene external cream 0.1 %* | 4 | |
| ALTRENO EXTERNAL LOTION 0.05 % | 4 | PA |
| *tazarotene external cream 0.1 %* | 2 | |
| *tretinoin external cream 0.025 %, 0.05 %, 0.1 %* | 2 | PA |
| ***Scabicides And Pediculicides*** | | |
| *malathion external lotion 0.5 %* | 4 | |
| *permethrin external cream 5 %* | 2 | QL (60 per 30 days) |
| **DEVICES** | | |
| ***Devices*** | | |
| ABOUTTIME PEN NEEDLE 30G X 8 MM | 2 | PA; ST |
| ABOUTTIME PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| ABOUTTIME PEN NEEDLE 31G X 8 MM | 2 | PA; ST |
| ABOUTTIME PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM | 2 | PA; ST |
| ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| ALCOHOL PREP PAD | 1 | PA; ST |
| ALCOHOL PREP PAD 70 % | 1 | PA; ST |
| ALCOHOL PREP PADS PAD 70 % | 1 | PA; ST |
| ALCOHOL SWABS PAD | 1 | PA; ST |
| ALCOHOL SWABS PAD 70 % | 1 | PA; ST |
| AQ INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| AQINJECT PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| AQINJECT PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML | 2 | PA; ST |
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM | 2 | PA; ST |
| AUM ALCOHOL PREP PADS PAD 70 % | 1 | PA; ST |
| AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM | 2 | PA; ST |
| AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AUM MINI INSULIN PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| AUM MINI INSULIN PEN NEEDLE 32G X 5 MM | 2 | PA; ST |
| AUM MINI INSULIN PEN NEEDLE 32G X 6 MM | 2 | PA; ST |
| AUM MINI INSULIN PEN NEEDLE 32G X 8 MM | 2 | PA; ST |
| AUM MINI INSULIN PEN NEEDLE 33G X 4 MM | 2 | PA; ST |
| AUM MINI INSULIN PEN NEEDLE 33G X 5 MM | 2 | PA; ST |
| AUM MINI INSULIN PEN NEEDLE 33G X 6 MM | 2 | PA; ST |
| AUM PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| AUM PEN NEEDLE 32G X 5 MM | 2 | PA; ST |
| AUM PEN NEEDLE 32G X 6 MM | 2 | PA; ST |
| AUM PEN NEEDLE 33G X 4 MM | 2 | PA; ST |
| AUM PEN NEEDLE 33G X 5 MM | 2 | PA; ST |
| AUM PEN NEEDLE 33G X 6 MM | 2 | PA; ST |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| AUM SAFETY PEN NEEDLE 31G X 4 MM | 2 | PA; ST |
| AURORA PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| AURORA PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| AURORA PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| BD AUTOSHIELD DUO 30G X 5 MM | 2 | PA; ST |
| BD ECLIPSE SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML | 2 | PA; ST |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML | 2 | PA; ST |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML | 2 | PA; ST |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML | 2 | PA; ST |
| BD INSULIN SYRINGE 27G X 1/2" 1 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC) | 2 | PA; ST |
| BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (RX) | 2 | PA; ST |
| BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC) | 2 | PA; ST |
| BD INSULIN SYRINGE 29G X 1/2" 1 ML (RX) | 2 | PA; ST |
| BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML | 2 | PA; ST |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML | 2 | PA; ST |
| BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (OTC) | 2 | PA; ST |
| BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX) | 2 | PA; ST |
| BD INSULIN SYRINGE U-100 1 ML | 2 | PA; ST |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML | 2 | PA; ST |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM | 2 | PA; ST |
| BD PEN NEEDLE MINI U/F 31G X 5 MM | 2 | PA; ST |
| BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM | 2 | PA; ST |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM | 2 | PA; ST |
| BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM | 2 | PA; ST |
| BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM | 2 | PA; ST |
| BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML | 2 | PA; ST |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML | 2 | PA; ST |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML | 2 | PA; ST |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML | 2 | PA; ST |
| BD SWAB SINGLE USE REGULAR PAD | 1 | PA; ST |
| BD SWABS SINGLE USE BUTTERFLY PAD | 1 | PA; ST |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML | 2 | PA; ST |
| BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML | 2 | PA; ST |
| BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML | 2 | PA; ST |
| BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML | 2 | PA; ST |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML | 2 | PA; ST |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML | 2 | PA; ST |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML | 2 | PA; ST |
| CAREFINE PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| CAREFINE PEN NEEDLES 30G X 8 MM | 2 | PA; ST |
| CAREFINE PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| CAREFINE PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| CAREFINE PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| CAREFINE PEN NEEDLES 32G X 5 MM | 2 | PA; ST |
| CAREFINE PEN NEEDLES 32G X 6 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | PA; ST |
| CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| CARETOUCH ALCOHOL PREP PAD 70 % | 1 | PA; ST |
| CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML | 2 | PA; ST |
| CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML | 2 | PA; ST |
| CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| CARETOUCH PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| CARETOUCH PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| CARETOUCH PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| CARETOUCH PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| CARETOUCH PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| CARETOUCH PEN NEEDLES 32G X 5 MM | 2 | PA; ST |
| CARETOUCH PEN NEEDLES 33G X 4 MM | 2 | PA; ST |
| CLEVER CHOICE COMFORT EZ 29G X 12MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CLEVER CHOICE COMFORT EZ 33G X 4 MM | 2 | PA; ST |
| CLICKFINE PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| CLICKFINE PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| CLICKFINE PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| COMFORT EZ PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| COMFORT EZ PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| COMFORT EZ PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| COMFORT EZ PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| COMFORT EZ PEN NEEDLES 32G X 5 MM | 2 | PA; ST |
| COMFORT EZ PEN NEEDLES 32G X 6 MM | 2 | PA; ST |
| COMFORT EZ PEN NEEDLES 32G X 8 MM | 2 | PA; ST |
| COMFORT EZ PEN NEEDLES 33G X 4 MM | 2 | PA; ST |
| COMFORT EZ PEN NEEDLES 33G X 5 MM | 2 | PA; ST |
| COMFORT EZ PEN NEEDLES 33G X 6 MM | 2 | PA; ST |
| COMFORT EZ PEN NEEDLES 33G X 8 MM | 2 | PA; ST |
| COMFORT EZ PRO PEN NEEDLES 30G X 8 MM | 2 | PA; ST |
| COMFORT EZ PRO PEN NEEDLES 31G X 4 MM | 2 | PA; ST |
| COMFORT EZ PRO PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM | 2 | PA; ST |
| COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM | 2 | PA; ST |
| COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM | 2 | PA; ST |
| COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM | 2 | PA; ST |
| COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM | 2 | PA; ST |
| COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM | 2 | PA; ST |
| COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM | 2 | PA; ST |
| CURITY ALCOHOL PREPS PAD 70 % | 1 | PA; ST |
| CURITY ALL PURPOSE SPONGES PAD 2"X2" | 1 | PA; ST |
| CURITY GAUZE PAD 2"X2" | 1 | PA; ST |
| CURITY GAUZE SPONGE PAD 2"X2" | 1 | PA; ST |
| CURITY SPONGES PAD 2"X2" | 1 | PA; ST |
| CVS ALCOHOL PREP PADS PAD 70 % | 1 | PA; ST |
| CVS GAUZE PAD 2"X2" | 1 | PA; ST |
| CVS GAUZE STERILE PAD 2"X2" | 1 | PA; ST |
| *cvs isopropyl alcohol wipes external 70 %* | 1 | PA; ST |
| CVS PREP PAD 70 % | 1 | PA; ST |
| DERMACEA GAUZE SPONGE PAD 2"X2" | 1 | PA; ST |
| DERMACEA IV DRAIN SPONGES PAD 2"X2" | 1 | PA; ST |
| DERMACEA NON-WOVEN SPONGES PAD 2"X2" | 1 | PA; ST |
| DERMACEA TYPE VII GAUZE PAD 2"X2" | 1 | PA; ST |
| DIATHRIVE PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| DIATHRIVE PEN NEEDLE 31G X 6 MM | 2 | PA; ST |
| DIATHRIVE PEN NEEDLE 31G X 8 MM | 2 | PA; ST |
| DIATHRIVE PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| DROPLET MICRON 34G X 3.5 MM | 2 | PA; ST |
| DROPLET PEN NEEDLES 29G X 10MM | 2 | PA; ST |
| DROPLET PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| DROPLET PEN NEEDLES 30G X 8 MM | 2 | PA; ST |
| DROPLET PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| DROPLET PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| DROPLET PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| DROPLET PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| DROPLET PEN NEEDLES 32G X 5 MM | 2 | PA; ST |
| DROPLET PEN NEEDLES 32G X 6 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DROPLET PEN NEEDLES 32G X 8 MM | 2 | PA; ST |
| DROPSAFE ALCOHOL PREP PAD 70 % | 1 | PA; ST |
| DROPSAFE AUTOPROTECT DUO 31G X 4 MM | 2 | PA; ST |
| DROPSAFE AUTOPROTECT DUO 31G X 8 MM | 2 | PA; ST |
| DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML | 2 | PA; ST |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML | 2 | PA; ST |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML | 2 | PA; ST |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML | 2 | PA; ST |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML | 2 | PA; ST |
| DRUG MART UNIFINE PENTIPS 31G X 5 MM | 2 | PA; ST |
| EASY COMFORT ALCOHOL PADS PAD | 1 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 29G X 5/16" 0.5 ML | 2 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML | 2 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML | 2 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML | 2 | PA; ST |
| EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML | 2 | PA; ST |
| EASY COMFORT PEN NEEDLES 29G X 4MM | 2 | PA; ST |
| EASY COMFORT PEN NEEDLES 29G X 5MM | 2 | PA; ST |
| EASY COMFORT PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| EASY COMFORT PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| EASY COMFORT PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| EASY COMFORT PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| EASY COMFORT PEN NEEDLES 33G X 4 MM | 2 | PA; ST |
| EASY COMFORT PEN NEEDLES 33G X 5 MM | 2 | PA; ST |
| EASY COMFORT PEN NEEDLES 33G X 6 MM | 2 | PA; ST |
| EASY GLIDE PEN NEEDLES 33G X 4 MM | 2 | PA; ST |
| EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % | 1 | PA; ST |
| EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML | 2 | PA; ST |
| EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML | 2 | PA; ST |
| EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML | 2 | PA; ST |
| EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML | 2 | PA; ST |
| EASY TOUCH INSULIN BARRELS U-100 1 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| EASY TOUCH PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| EASY TOUCH PEN NEEDLES 30G X 5 MM | 2 | PA; ST |
| EASY TOUCH PEN NEEDLES 30G X 6 MM | 2 | PA; ST |
| EASY TOUCH PEN NEEDLES 30G X 8 MM | 2 | PA; ST |
| EASY TOUCH PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| EASY TOUCH PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| EASY TOUCH PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| EASY TOUCH PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| EASY TOUCH PEN NEEDLES 32G X 5 MM | 2 | PA; ST |
| EASY TOUCH PEN NEEDLES 32G X 6 MM | 2 | PA; ST |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM | 2 | PA; ST |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM | 2 | PA; ST |
| EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM | 2 | PA; ST |
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EMBECTA AUTOSHIELD DUO 30G X 5 MM | 2 | PA; ST |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML | 2 | PA; ST |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML | 2 | PA; ST |
| EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML | 2 | PA; ST |
| EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML | 2 | PA; ST |
| EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML | 2 | PA; ST |
| EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML | 2 | PA; ST |
| EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML | 2 | PA; ST |
| EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | PA; ST |
| EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML (OTC) | 2 | PA; ST |
| EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML | 2 | PA; ST |
| EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML | 2 | PA; ST |
| EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM | 2 | PA; ST |
| EMBECTA PEN NEEDLE NANO 32G X 4 MM | 2 | PA; ST |
| EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM | 2 | PA; ST |
| EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM | 2 | PA; ST |
| EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM | 2 | PA; ST |
| EMBRACE PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| EMBRACE PEN NEEDLES 30G X 5 MM | 2 | PA; ST |
| EMBRACE PEN NEEDLES 30G X 8 MM | 2 | PA; ST |
| EMBRACE PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| EMBRACE PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| EMBRACE PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| EMBRACE PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| EQL ALCOHOL SWABS PAD 70 % | 1 | PA; ST |
| EQL GAUZE PAD 2"X2" | 1 | PA; ST |
| EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| EQL INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| EQL INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| EQL INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| EQL INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| EQL INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.3 ML | 2 | PA; ST |
| EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.3 ML | 2 | PA; ST |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM | 2 | PA; ST |
| FIFTY50 PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| FIFTY50 PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| FIFTY50 PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| FIFTY50 PEN NEEDLES 32G X 6 MM | 2 | PA; ST |
| GAUZE PADS PAD 2"X2" | 1 | PA; ST |
| GAUZE TYPE VII MEDI-PAK PAD 2"X2" | 1 | PA; ST |
| GLOBAL ALCOHOL PREP EASE PAD 70 % | 1 | PA; ST |
| GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML | 2 | PA; ST |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML | 2 | PA; ST |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML | 2 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML | 2 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML | 2 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML | 2 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML | 2 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML | 2 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML | 2 | PA; ST |
| GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML | 2 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| GNP ALCOHOL SWABS PAD | 1 | PA; ST |
| GNP CLICKFINE PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| GNP CLICKFINE PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | PA; ST |
| GNP INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | PA; ST |
| GNP INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| GNP INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| GNP INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| GNP INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| GNP INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML | 2 | PA; ST |
| GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML | 2 | PA; ST |
| GNP INSULIN SYRINGES 30G X 5/16" 1 ML | 2 | PA; ST |
| GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML | 2 | PA; ST |
| GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML | 2 | PA; ST |
| GNP PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| GNP PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| GNP PEN NEEDLES 32G X 6 MM | 2 | PA; ST |
| GNP STERILE GAUZE PAD 2"X2" | 1 | PA; ST |
| GOODSENSE ALCOHOL SWABS PAD 70 % | 1 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM | 2 | PA; ST |
| HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML | 2 | PA; ST |
| HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML | 2 | PA; ST |
| HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM | 2 | PA; ST |
| HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM | 2 | PA; ST |
| HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM | 2 | PA; ST |
| HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM | 2 | PA; ST |
| HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM | 2 | PA; ST |
| H-E-B INCONTROL ALCOHOL PAD | 1 | PA; ST |
| H-E-B INCONTROL PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| H-E-B INCONTROL PEN NEEDLES 31G X 5 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| H-E-B INCONTROL PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| H-E-B INCONTROL PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| H-E-B INCONTROL PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| HM STERILE ALCOHOL PREP PAD | 1 | PA; ST |
| HM STERILE PADS PAD 2"X2" | 1 | PA; ST |
| HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| INPEN 100-BLUE-LILLY-HUMALOG DEVICE | 3 | |
| INPEN 100-BLUE-NOVOLOG-FIASP DEVICE | 3 | |
| INPEN 100-GREY-LILLY-HUMALOG DEVICE | 3 | |
| INPEN 100-GREY-NOVOLOG-FIASP DEVICE | 3 | |
| INPEN 100-PINK-LILLY-HUMALOG DEVICE | 3 | |
| INPEN 100-PINK-NOVOLOG-FIASP DEVICE | 3 | |
| INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML | 2 | PA; ST |
| INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML | 2 | PA; ST |
| INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML | 2 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX) | 2 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX) | 2 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX) | 2 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX) | 2 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML | 2 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML | 2 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML | 2 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML | 2 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (OTC) | 2 | PA; ST |
| INSUPEN PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| INSUPEN PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| INSUPEN PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| INSUPEN PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| INSUPEN PEN NEEDLES 33G X 4 MM | 2 | PA; ST |
| INSUPEN SENSITIVE 32G X 6 MM | 2 | PA; ST |
| INSUPEN SENSITIVE 32G X 8 MM | 2 | PA; ST |
| INSUPEN ULTRAFIN 30G X 8 MM | 2 | PA; ST |
| INSUPEN ULTRAFIN 31G X 6 MM | 2 | PA; ST |
| INSUPEN ULTRAFIN 31G X 8 MM | 2 | PA; ST |
| INSUPEN32G EXTR3ME 32G X 6 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| J & J GAUZE PAD 2"X2" | 1 | PA; ST |
| KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2" | 1 | PA; ST |
| KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2" | 1 | PA; ST |
| KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| KINRAY INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| KINRAY INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML | 2 | PA; ST |
| KMART VALU INSULIN SYRINGE 29G U-100 1 ML | 2 | PA; ST |
| KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML | 2 | PA; ST |
| KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML | 2 | PA; ST |
| KMART VALU INSULIN SYRINGE 30G U-100 1 ML | 2 | PA; ST |
| KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| KROGER INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| KROGER INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| KROGER INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| KROGER INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KROGER INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| KROGER INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| KROGER PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| KROGER PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| KROGER PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | PA; ST |
| LEADER INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | PA; ST |
| LEADER INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| LEADER INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| LEADER INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| LEADER INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| LEADER INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| LEADER INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| LEADER INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| LEADER UNIFINE PENTIPS 31G X 5 MM | 2 | PA; ST |
| LEADER UNIFINE PENTIPS 32G X 4 MM | 2 | PA; ST |
| LEADER UNIFINE PENTIPS PLUS 31G X 5 MM | 2 | PA; ST |
| LEADER UNIFINE PENTIPS PLUS 31G X 8 MM | 2 | PA; ST |
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | PA; ST |
| LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| LITETOUCH PEN NEEDLES 29G X 12.7MM | 2 | PA; ST |
| LITETOUCH PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| LITETOUCH PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| LITETOUCH PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| LITETOUCH PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML | 2 | PA; ST |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML | 2 | PA; ST |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML | 2 | PA; ST |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML | 2 | PA; ST |
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML | 2 | PA; ST |
| MAXICOMFORT II PEN NEEDLE 31G X 6 MM | 2 | PA; ST |
| MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | PA; ST |
| MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | PA; ST |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM | 2 | PA; ST |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM | 2 | PA; ST |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML | 2 | PA; ST |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML | 2 | PA; ST |
| MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| MEDICINE SHOPPE PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| MEDPURA ALCOHOL PADS 70 % EXTERNAL | 1 | PA; ST |
| MEIJER ALCOHOL SWABS PAD 70 % | 1 | PA; ST |
| MEIJER PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| MEIJER PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| MEIJER PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| MICRODOT PEN NEEDLE 31G X 6 MM | 2 | PA; ST |
| MICRODOT PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| MICRODOT PEN NEEDLE 33G X 4 MM | 2 | PA; ST |
| MIRASORB SPONGES 2"X2" | 1 | PA; ST |
| MM PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| MM PEN NEEDLES 32G X 4 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML | 2 | PA; ST |
| MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC) | 2 | PA; ST |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX) | 2 | PA; ST |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC) | 2 | PA; ST |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX) | 2 | PA; ST |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX) | 2 | PA; ST |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX) | 2 | PA; ST |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (OTC) | 2 | PA; ST |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX) | 2 | PA; ST |
| MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| MONOJECT INSULIN SYRINGE U-100 1 ML | 2 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC) | 2 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX) | 2 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC) | 2 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC) | 2 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX) | 2 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (OTC) | 2 | PA; ST |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX) | 2 | PA; ST |
| MS INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| MS INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| MS INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| NOVOFINE AUTOCOVER 30G X 8 MM | 2 | PA; ST |
| NOVOFINE PEN NEEDLE 32G X 6 MM | 2 | PA; ST |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | 3 | QL (1 per 365 days) |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | 3 | QL (10 per 30 days) |
| OMNIPOD 5 G7 INTRO (GEN 5) KIT | 3 | QL (1 per 365 days) |
| OMNIPOD 5 G7 PODS (GEN 5) | 3 | QL (10 per 30 days) |
| OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT | 3 | QL (1 per 365 days) |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | 3 | QL (10 per 30 days) |
| OMNIPOD CLASSIC PDM (GEN 3) KIT | 3 | QL (1 per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) | 3 | QL (10 per 30 days) |
| OMNIPOD DASH INTRO (GEN 4) KIT | 3 | QL (1 per 365 days) |
| OMNIPOD DASH PDM (GEN 4) KIT | 3 | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) | 3 | QL (10 per 30 days) |
| PC UNIFINE PENTIPS 31G X 5 MM | 2 | PA; ST |
| PC UNIFINE PENTIPS 31G X 6 MM | 2 | PA; ST |
| PC UNIFINE PENTIPS 31G X 8 MM | 2 | PA; ST |
| PEN NEEDLE/5-BEVEL TIP 31G X 8 MM | 2 | PA; ST |
| PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| PEN NEEDLES 30G X 5 MM (OTC) | 2 | PA; ST |
| PEN NEEDLES 30G X 8 MM | 2 | PA; ST |
| PEN NEEDLES 32G X 5 MM | 2 | PA; ST |
| PENTIPS 29G X 12MM (RX) | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PENTIPS 31G X 5 MM (RX) | 2 | PA; ST |
| PENTIPS 31G X 8 MM (RX) | 2 | PA; ST |
| PENTIPS 32G X 4 MM (RX) | 2 | PA; ST |
| PENTIPS GENERIC PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| PENTIPS GENERIC PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| PENTIPS GENERIC PEN NEEDLES 32G X 6 MM | 2 | PA; ST |
| PHARMACIST CHOICE ALCOHOL PAD | 1 | PA; ST |
| PIP PEN NEEDLES 31G X 5MM 31G X 5 MM | 2 | PA; ST |
| PIP PEN NEEDLES 32G X 4MM 32G X 4 MM | 2 | PA; ST |
| PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | PA; ST |
| PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM | 2 | PA; ST |
| PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| PREVENT SAFETY PEN NEEDLES 31G X 6 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PREVENT SAFETY PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| PRO COMFORT ALCOHOL PAD 70 % | 1 | PA; ST |
| PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| PRO COMFORT PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| PRO COMFORT PEN NEEDLES 32G X 5 MM | 2 | PA; ST |
| PRO COMFORT PEN NEEDLES 32G X 6 MM | 2 | PA; ST |
| PRO COMFORT PEN NEEDLES 32G X 8 MM | 2 | PA; ST |
| PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | PA; ST |
| PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| PURE COMFORT ALCOHOL PREP PAD | 1 | PA; ST |
| PURE COMFORT PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| PURE COMFORT PEN NEEDLE 32G X 5 MM | 2 | PA; ST |
| PURE COMFORT PEN NEEDLE 32G X 6 MM | 2 | PA; ST |
| PURE COMFORT PEN NEEDLE 32G X 8 MM | 2 | PA; ST |
| PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM | 2 | PA; ST |
| PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM | 2 | PA; ST |

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PX EXTRA SHORT PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| PX PEN NEEDLE 29G X 12MM | 2 | PA; ST |
| PX PEN NEEDLE 31G X 8 MM | 2 | PA; ST |
| PX SHORTLENGTH PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| QC ALCOHOL EXTERNAL 70 % | 1 | PA; ST |
| QC ALCOHOL SWABS PAD 70 % | 1 | PA; ST |
| QC BORDER ISLAND GAUZE PAD 2"X2" | 1 | PA; ST |
| QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM | 2 | PA; ST |
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM | 2 | PA; ST |
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM | 2 | PA; ST |
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM | 2 | PA; ST |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM | 2 | PA; ST |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM | 2 | PA; ST |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM | 2 | PA; ST |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM | 2 | PA; ST |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM | 2 | PA; ST |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM | 2 | PA; ST |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM | 2 | PA; ST |
| RA ALCOHOL SWABS PAD 70 % | 1 | PA; ST |
| RA INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RA INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| RA INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| RA INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| *ra isopropyl alcohol wipes external 70 %* | 1 | PA; ST |
| RA PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| RA PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| RA STERILE PAD 2"X2" | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 29G X 12MM | 2 | PA; ST |
| RAYA SURE PEN NEEDLE 31G X 4 MM | 2 | PA; ST |
| RAYA SURE PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| RAYA SURE PEN NEEDLE 31G X 6 MM | 2 | PA; ST |
| RAYA SURE PEN NEEDLE 31G X 8 MM | 2 | PA; ST |
| REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | PA; ST |
| REALITY INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | PA; ST |
| REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| REALITY INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| REALITY SWABS PAD | 1 | PA; ST |
| RELION ALCOHOL SWABS PAD | 1 | PA; ST |
| RELION ALCOHOL SWABS PAD 70 % | 1 | PA; ST |
| RELI-ON INSULIN SYRINGE 29G 0.3 ML | 2 | PA; ST |
| RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML | 2 | PA; ST |
| RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML | 2 | PA; ST |
| RELION INSULIN SYRINGE 31G X 15/64" 1 ML | 2 | PA; ST |
| RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| RELION MINI PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| RELION PEN NEEDLES 29G X 12MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RELION PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| RELION PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| RELION PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| RESTORE CONTACT LAYER PAD 2"X2" | 1 | PA; ST |
| SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML | 2 | PA; ST |
| SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML | 2 | PA; ST |
| SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML | 2 | PA; ST |
| SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML | 2 | PA; ST |
| SAFETY PEN NEEDLES 30G X 5 MM | 2 | PA; ST |
| SAFETY PEN NEEDLES 30G X 8 MM | 2 | PA; ST |
| SB ALCOHOL PREP PAD 70 % | 1 | PA; ST |
| SB INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| SB INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| SB INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| SB INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| SB INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM | 2 | PA; ST |
| SM ALCOHOL PREP PAD | 1 | PA; ST |
| SM ALCOHOL PREP PAD 6-70 % EXTERNAL | 1 | PA; ST |
| SM ALCOHOL PREP PAD 70 % | 1 | PA; ST |
| SM GAUZE PAD 2"X2" | 1 | PA; ST |
| STERILE GAUZE PAD 2"X2" | 1 | PA; ST |
| SURE COMFORT ALCOHOL PREP PAD 70 % | 1 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | PA; ST |

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| SURE COMFORT PEN NEEDLES 29G X 12.7MM | 2 | PA; ST |
| SURE COMFORT PEN NEEDLES 30G X 8 MM | 2 | PA; ST |
| SURE COMFORT PEN NEEDLES 31G X 5 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SURE COMFORT PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| SURE COMFORT PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC) | 2 | PA; ST |
| SURE COMFORT PEN NEEDLES 32G X 4 MM (RX) | 2 | PA; ST |
| SURE COMFORT PEN NEEDLES 32G X 6 MM | 2 | PA; ST |
| SURGICAL GAUZE SPONGE PAD 2"X2" | 1 | PA; ST |
| THERAGAUZE PAD 2"X2" | 1 | PA; ST |
| TODAYS HEALTH PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM | 2 | PA; ST |
| TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML | 2 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML | 2 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML | 2 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML | 2 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML | 2 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML | 2 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML | 2 | PA; ST |
| TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML | 2 | PA; ST |
| TRUE COMFORT ALCOHOL PREP PADS PAD 70 % | 1 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML | 2 | PA; ST |
| TRUE COMFORT PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| TRUE COMFORT PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| TRUE COMFORT PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| TRUE COMFORT PRO ALCOHOL PREP PAD 70 % | 1 | PA; ST |
| TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML | 2 | PA; ST |
| TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML | 2 | PA; ST |
| TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML | 2 | PA; ST |
| TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML | 2 | PA; ST |
| TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML | 2 | PA; ST |
| TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML | 2 | PA; ST |
| TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML | 2 | PA; ST |
| TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM | 2 | PA; ST |
| TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM | 2 | PA; ST |
| TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM | 2 | PA; ST |
| TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM | 2 | PA; ST |
| TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM | 2 | PA; ST |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM | 2 | PA; ST |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| TRUEPLUS PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| TRUEPLUS PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| TRUEPLUS PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| TRUEPLUS PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| TRUEPLUS PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML | 2 | PA; ST |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC) | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX) | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC) | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (RX) | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC) | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (RX) | 2 | PA; ST |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| ULTICARE MICRO PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| ULTICARE MINI PEN NEEDLES 30G X 5 MM | 2 | PA; ST |
| ULTICARE MINI PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| ULTICARE MINI PEN NEEDLES 32G X 6 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ULTICARE PEN NEEDLES 29G X 12.7MM (OTC) | 2 | PA; ST |
| ULTICARE PEN NEEDLES 29G X 12.7MM (RX) | 2 | PA; ST |
| ULTICARE PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| ULTICARE SHORT PEN NEEDLES 30G X 8 MM | 2 | PA; ST |
| ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC) | 2 | PA; ST |
| ULTICARE SHORT PEN NEEDLES 31G X 8 MM (RX) | 2 | PA; ST |
| ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM | 2 | PA; ST |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM | 2 | PA; ST |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM | 2 | PA; ST |
| ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM | 2 | PA; ST |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML | 2 | PA; ST |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML | 2 | PA; ST |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML | 2 | PA; ST |
| ULTILET ALCOHOL SWABS PAD | 1 | PA; ST |
| ULTILET PEN NEEDLE 29G X 12.7MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ULTILET PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| ULTILET PEN NEEDLE 31G X 8 MM | 2 | PA; ST |
| ULTILET PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM | 2 | PA; ST |
| ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM | 2 | PA; ST |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML | 2 | PA; ST |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML | 2 | PA; ST |
| ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML | 2 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML | 2 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| ULTRA THIN PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML | 2 | PA; ST |
| ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML | 2 | PA; ST |
| ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| ULTRACARE PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| ULTRACARE PEN NEEDLES 31G X 6 MM | 2 | PA; ST |
| ULTRACARE PEN NEEDLES 31G X 8 MM | 2 | PA; ST |
| ULTRACARE PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| ULTRACARE PEN NEEDLES 32G X 5 MM | 2 | PA; ST |
| ULTRACARE PEN NEEDLES 32G X 6 MM | 2 | PA; ST |
| ULTRACARE PEN NEEDLES 33G X 4 MM | 2 | PA; ST |
| ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML | 2 | PA; ST |
| ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML | 2 | PA; ST |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML | 2 | PA; ST |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML | 2 | PA; ST |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML | 2 | PA; ST |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM | 2 | PA; ST |
| ULTRA-THIN II PEN NEEDLES 29G X 12.7MM | 2 | PA; ST |
| UNIFINE OTC PEN NEEDLES 31G X 5 MM | 2 | PA; ST |
| UNIFINE OTC PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| UNIFINE PEN NEEDLES 32G X 4 MM | 2 | PA; ST |
| UNIFINE PENTIPS 29G X 12MM | 2 | PA; ST |
| UNIFINE PENTIPS 31G X 6 MM | 2 | PA; ST |
| UNIFINE PENTIPS 31G X 8 MM | 2 | PA; ST |
| UNIFINE PENTIPS 32G X 4 MM | 2 | PA; ST |
| UNIFINE PENTIPS PLUS 29G X 12MM | 2 | PA; ST |
| UNIFINE PENTIPS PLUS 31G X 6 MM | 2 | PA; ST |
| UNIFINE PENTIPS PLUS 32G X 4 MM | 2 | PA; ST |
| UNIFINE PROTECT PEN NEEDLE 30G X 5 MM | 2 | PA; ST |
| UNIFINE PROTECT PEN NEEDLE 30G X 8 MM | 2 | PA; ST |
| UNIFINE PROTECT PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM | 2 | PA; ST |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM | 2 | PA; ST |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM | 2 | PA; ST |
| UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| UNIFINE ULTRA PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| UNIFINE ULTRA PEN NEEDLE 31G X 6 MM | 2 | PA; ST |
| UNIFINE ULTRA PEN NEEDLE 31G X 8 MM | 2 | PA; ST |
| UNIFINE ULTRA PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML | 2 | PA; ST |
| VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML | 2 | PA; ST |
| VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML | 2 | PA; ST |
| VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| VERIFINE INSULIN PEN NEEDLE 29G X 12MM | 2 | PA; ST |
| VERIFINE INSULIN PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| VERIFINE INSULIN PEN NEEDLE 32G X 6 MM | 2 | PA; ST |
| VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML | 2 | PA; ST |
| VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML | 2 | PA; ST |
| VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML | 2 | PA; ST |
| VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML | 2 | PA; ST |
| VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML | 2 | PA; ST |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | PA; ST |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML | 2 | PA; ST |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML | 2 | PA; ST |
| VERIFINE PLUS PEN NEEDLE 31G X 5 MM | 2 | PA; ST |
| VERIFINE PLUS PEN NEEDLE 31G X 8 MM | 2 | PA; ST |
| VERIFINE PLUS PEN NEEDLE 32G X 4 MM | 2 | PA; ST |
| V-GO 20 KIT 20 UNIT/24HR | 3 | QL (30 per 30 days) |
| V-GO 30 KIT 30 UNIT/24HR | 3 | QL (30 per 30 days) |
| V-GO 40 KIT 40 UNIT/24HR | 3 | QL (30 per 30 days) |
| VP INSULIN SYRINGE 29G X 1/2" 0.3 ML | 2 | PA; ST |
| WEBCOL ALCOHOL PREP LARGE PAD 70 % | 1 | PA; ST |
| WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM | 2 | PA; ST |
| ZEVRX STERILE ALCOHOL PREP PAD PAD 70 % | 1 | PA; ST |
| **ENZYME COFACTORS/CHAPERONES** | | |
| ***Enzyme Cofactors/Chaperones*** | | |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG | 5 | PA; NDS; QL (90 per 30 days) |
| **ENZYME REPLACEMENT/MODIFIERS** | | |
| ***Enzyme Replacement/Modifiers*** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | 3 | |
| *javygtor oral tablet 100 mg* | 5 | PA; NDS |
| *nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg* | 5 | PA; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 5 | PA; NDS |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 5 | PA BvD; NDS |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML | 5 | PA; NDS |
| *sapropterin dihydrochloride oral tablet 100 mg* | 5 | PA; NDS |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML | 5 | PA; NDS |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | 3 | |
| **EYE, EAR, NOSE, THROAT AGENTS** | | |
| ***Eye, Ear, Nose, Throat Agents, Miscellaneous*** | | |
| *atropine sulfate ophthalmic solution 1 %* | 2 | |
| *azelastine hcl nasal solution 0.1 %* | 2 | QL (60 per 30 days) |
| *azelastine hcl nasal solution 0.15 %* | 2 | QL (30 per 25 days) |
| *azelastine hcl ophthalmic solution 0.05 %* | 2 | |
| *azelastine hcl solution 137 mcg/spray nasal* | 2 | QL (60 per 30 days) |
| *cromolyn sodium ophthalmic solution 4 %* | 2 | |
| *epinastine hcl ophthalmic solution 0.05 %* | 4 | |
| *ipratropium bromide nasal solution 0.03 %* | 2 | QL (30 per 28 days) |
| *ipratropium bromide nasal solution 0.06 %* | 2 | QL (15 per 10 days) |
| MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML | 3 | QL (12 per 28 days) |
| *olopatadine hcl ophthalmic solution 0.1 %, 0.2 %* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Eye, Ear, Nose, Throat Anti-Infectives Agents*** | | |
| *acetic acid otic solution 2 %* | 2 | |
| *ak-poly-bac ophthalmic ointment 500-10000 unit/gm* | 2 | |
| *bacitracin ophthalmic ointment 500 unit/gm* | 2 | |
| *bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm* | 2 | |
| *bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %* | 2 | |
| *ciprofloxacin hcl ophthalmic solution 0.3 %* | 2 | |
| *ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %* | 2 | QL (7.5 per 7 days) |
| *erythromycin ophthalmic ointment 5 mg/gm* | 2 | QL (3.5 per 4 days) |
| GENTAK OPHTHALMIC OINTMENT 0.3 % | 2 | |
| *gentamicin sulfate ophthalmic solution 0.3 %* | 2 | |
| *hydrocortisone-acetic acid otic solution 1-2 %* | 2 | |
| *loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %* | 2 | |
| *moxifloxacin hcl ophthalmic solution 0.5 %* | 2 | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | 4 | |
| *neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000* | 2 | |
| *neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1* | 2 | |
| *neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1* | 2 | |
| *neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025* | 2 | |
| *neomycin-polymyxin-hc otic solution 1 %* | 2 | |
| *neomycin-polymyxin-hc otic suspension 3.5-10000-1* | 2 | |
| *neo-polycin hc ophthalmic ointment 1 %* | 2 | |
| *neo-polycin ophthalmic ointment 3.5-400-10000* | 2 | |
| *ofloxacin ophthalmic solution 0.3 %* | 2 | |
| *ofloxacin otic solution 0.3 %* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *polycin ophthalmic ointment 500-10000 unit/gm* | 2 | |
| *polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%* | 1 | |
| *sulfacetamide sodium ophthalmic ointment 10 %* | 2 | |
| *sulfacetamide sodium ophthalmic solution 10 %* | 2 | |
| *sulfacetamide-prednisolone ophthalmic solution 10-0.23 %* | 2 | |
| *tobramycin ophthalmic solution 0.3 %* | 1 | |
| *tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %* | 2 | |
| *trifluridine ophthalmic solution 1 %* | 4 | |
| XDEMVY OPHTHALMIC SOLUTION 0.25 % | 5 | PA; NDS; QL (10 per 42 days) |
| ZIRGAN OPHTHALMIC GEL 0.15 % | 4 | |
| ***Eye, Ear, Nose, Throat Anti-Inflammatory Agents*** | | |
| *bromfenac sodium ophthalmic solution 0.07 %* | 2 | |
| *cyclosporine (pf) ophthalmic emulsion 0.05 %* | 2 | QL (60 per 30 days) |
| *dexamethasone sodium phosphate ophthalmic solution 0.1 %* | 2 | |
| *diclofenac sodium ophthalmic solution 0.1 %* | 2 | |
| *difluprednate ophthalmic emulsion 0.05 %* | 4 | |
| EYSUVIS OPHTHALMIC SUSPENSION 0.25 % | 3 | QL (8.3 per 14 days) |
| *flunisolide nasal solution 25 mcg/act (0.025%)* | 4 | QL (50 per 25 days) |
| *fluocinolone acetonide otic oil 0.01 %* | 2 | |
| *fluorometholone ophthalmic suspension 0.1 %* | 2 | |
| *flurbiprofen sodium ophthalmic solution 0.03 %* | 2 | |
| *fluticasone propionate nasal suspension 50 mcg/act* | 1 | QL (16 per 30 days) |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % | 3 | |
| INVELTYS OPHTHALMIC SUSPENSION 1 % | 3 | QL (5.6 per 14 days) |
| *ketorolac tromethamine ophthalmic solution 0.5 %* | 2 | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % | 3 | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC GEL 0.38 % | 3 | QL (5 per 16 days) |
| *loteprednol etabonate ophthalmic gel 0.5 %* | 4 | QL (10 per 14 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *loteprednol etabonate ophthalmic suspension 0.2 %* | 2 | ST |
| *loteprednol etabonate ophthalmic suspension 0.5 %* | 4 | QL (15 per 19 days) |
| *mometasone furoate nasal suspension 50 mcg/act* | 4 | QL (34 per 30 days) |
| *prednisolone acetate ophthalmic suspension 1 %* | 4 | |
| XIIDRA OPHTHALMIC SOLUTION 5 % | 3 | QL (60 per 30 days) |
| **GASTROINTESTINAL AGENTS** | | |
| ***Antiulcer Agents And Acid Suppressants*** | | |
| *amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg* | 4 | |
| *cimetidine hcl oral solution 300 mg/5ml* | 2 | |
| *esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg* | 2 | |
| *esomeprazole magnesium oral packet 10 mg, 20 mg* | 4 | ST; QL (30 per 30 days) |
| *esomeprazole magnesium oral packet 40 mg* | 4 | ST; QL (60 per 30 days) |
| *famotidine oral tablet 20 mg, 40 mg* | 1 | |
| *lansoprazole oral capsule delayed release 15 mg* | 2 | QL (30 per 30 days) |
| *lansoprazole oral capsule delayed release 30 mg* | 2 | QL (60 per 30 days) |
| *misoprostol oral tablet 100 mcg, 200 mcg* | 2 | |
| *omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg* | 1 | |
| *pantoprazole sodium oral tablet delayed release 20 mg, 40 mg* | 1 | |
| *rabeprazole sodium oral tablet delayed release 20 mg* | 2 | |
| *sucralfate oral tablet 1 gm* | 2 | |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | 4 | PA |
| ***Gastrointestinal Agents, Other*** | | |
| *carglumic acid oral tablet soluble 200 mg* | 5 | PA; NDS |
| *constulose oral solution 10 gm/15ml* | 2 | |
| *cromolyn sodium oral concentrate 100 mg/5ml* | 2 | |
| *dicyclomine hcl oral capsule 10 mg* | 2 | |
| *dicyclomine hcl oral solution 10 mg/5ml* | 2 | |
| *dicyclomine hcl oral tablet 20 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | 2 | |
| *enulose oral solution 10 gm/15ml* | 2 | |
| *generlac oral solution 10 gm/15ml* | 2 | |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 2 | |
| *kionex combination suspension 15 gm/60ml* | 2 | |
| *lactulose oral solution 10 gm/15ml* | 2 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | QL (30 per 30 days) |
| LOKELMA ORAL PACKET 10 GM, 5 GM | 3 | |
| *loperamide hcl oral capsule 2 mg* | 2 | |
| *lubiprostone oral capsule 24 mcg* | 2 | QL (60 per 30 days) |
| *lubiprostone oral capsule 8 mcg* | 2 | QL (120 per 30 days) |
| *metoclopramide hcl oral solution 5 mg/5ml* | 2 | |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | 1 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 3 | QL (30 per 30 days) |
| *sodium polystyrene sulfonate combination suspension 15 gm/60ml* | 2 | |
| *sodium polystyrene sulfonate oral powder* | 2 | |
| *sps (sodium polystyrene sulf) combination suspension 15 gm/60ml* | 2 | |
| TRULANCE ORAL TABLET 3 MG | 3 | QL (30 per 30 days) |
| URSODIOL ORAL CAPSULE 200 MG, 400 MG | 5 | NDS |
| *ursodiol oral capsule 300 mg* | 2 | |
| *ursodiol oral tablet 250 mg, 500 mg* | 2 | |
| VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM | 3 | |
| XERMELO ORAL TABLET 250 MG | 5 | PA; NDS; QL (84 per 28 days) |
| ***Laxatives*** | | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM | 2 | |
| *gavilyte-g oral solution reconstituted 236 gm* | 2 | |
| *gavilyte-n with flavor pack oral solution reconstituted 420 gm* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)* | 2 | |
| *peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm* | 2 | |
| *peg-3350/electrolytes oral solution reconstituted 236 gm* | 2 | |
| ***Phosphate Binders*** | | |
| *calcium acetate (phos binder) oral capsule 667 mg* | 2 | |
| *calcium acetate (phos binder) oral tablet 667 mg* | 2 | |
| *calcium acetate tablet 667 mg oral* | 2 | |
| *sevelamer carbonate oral packet 0.8 gm, 2.4 gm* | 2 | |
| *sevelamer carbonate oral tablet 800 mg* | 2 | |
| *sevelamer hcl oral tablet 400 mg, 800 mg* | 2 | |
| **GENITOURINARY AGENTS** | | |
| ***Antispasmodics, Urinary*** | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | 2 | |
| *fesoterodine fumarate er oral tablet extended release 24 hour 4 mg* | 4 | |
| *fesoterodine fumarate er oral tablet extended release 24 hour 8 mg* | 2 | |
| *flavoxate hcl oral tablet 100 mg* | 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | 2 | |
| *oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg* | 2 | |
| *oxybutynin chloride oral solution 5 mg/5ml* | 2 | |
| *oxybutynin chloride oral tablet 5 mg* | 2 | |
| *solifenacin succinate oral tablet 10 mg, 5 mg* | 2 | |
| *tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg* | 2 | |
| *tolterodine tartrate oral tablet 1 mg, 2 mg* | 2 | |
| *trospium chloride oral tablet 20 mg* | 2 | |
| ***Genitourinary Agents, Miscellaneous*** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *alfuzosin hcl er oral tablet extended release 24 hour 10 mg* | 2 | QL (30 per 30 days) |
| *dutasteride oral capsule 0.5 mg* | 2 | |
| *finasteride oral tablet 5 mg* | 1 | |
| *tamsulosin hcl oral capsule 0.4 mg* | 1 | |
| *terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 1 | |
| **HEAVY METAL ANTAGONISTS** | | |
| ***Heavy Metal Antagonists*** | | |
| *deferasirox granules oral packet 180 mg, 360 mg, 90 mg* | 5 | PA; NDS |
| *deferasirox oral tablet 180 mg, 360 mg, 90 mg* | 2 | PA |
| *penicillamine oral tablet 250 mg* | 5 | PA; NDS |
| *trientine hcl oral capsule 250 mg* | 5 | PA; NDS; QL (240 per 30 days) |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING** | | |
| ***Androgens*** | | |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | 2 | |
| *oxandrolone oral tablet 10 mg, 2.5 mg* | 2 | PA |
| *testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)* | 2 | PA |
| *testosterone enanthate intramuscular solution 200 mg/ml* | 2 | PA; QL (5 per 28 days) |
| *testosterone gel 1.62 % transdermal* | 4 | PA; QL (150 per 30 days) |
| *testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)* | 4 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel 20.25 mg/act (1.62%)* | 4 | PA; QL (150 per 30 days) |
| ***Estrogens And Antiestrogens*** | | |
| *abigale lo oral tablet 0.5-0.1 mg* | 1 | |
| *abigale oral tablet 1-0.5 mg* | 2 | |
| *dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | 2 | QL (8 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| *estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | 2 | QL (8 per 28 days) |
| *estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | 2 | QL (4 per 28 days) |
| *estradiol vaginal cream 0.01 %* | 2 | |
| *estradiol vaginal tablet 10 mcg* | 4 | QL (18 per 28 days) |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg* | 2 | |
| *estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg* | 2 | |
| *mimvey oral tablet 1-0.5 mg* | 2 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GM | 3 | |
| PREMPHASE ORAL TABLET 0.625-5 MG | 3 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 3 | |
| *raloxifene hcl oral tablet 60 mg* | 2 | |
| *yuvafem vaginal tablet 10 mcg* | 4 | QL (18 per 28 days) |
| ***Glucocorticoids/Mineralocorticoids*** | | |
| *dexamethasone oral solution 0.5 mg/5ml* | 2 | |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | 2 | |
| *dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 4 mg/ml* | 1 | |
| *fludrocortisone acetate oral tablet 0.1 mg* | 2 | |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | 2 | |
| *methylprednisolone acetate injection suspension 40 mg/ml* | 2 | |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 2 | |
| *methylprednisolone oral tablet therapy pack 4 mg* | 1 | |
| *prednisolone oral solution 15 mg/5ml* | 2 | PA BvD |
| *prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml* | 2 | PA BvD |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *prednisolone sodium phosphate solution 15 mg/5ml oral* | 2 | PA BvD |
| *prednisone oral solution 5 mg/5ml* | 2 | PA BvD |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | 1 | PA BvD |
| *prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)* | 2 | |
| *triamcinolone acetonide injection suspension 40 mg/ml* | 2 | |
| ***Pituitary*** | | |
| CORTROPHIN INJECTION GEL 80 UNIT/ML | 5 | PA; NDS; QL (35 per 28 days) |
| *desmopressin ace spray refrig nasal solution 0.01 %* | 2 | |
| *desmopressin acetate oral tablet 0.1 mg, 0.2 mg* | 2 | |
| *desmopressin acetate spray solution 0.01 % nasal* | 2 | |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | 5 | PA; NDS |
| LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML | 5 | PA NSO; NDS; QL (0.5 per 28 days) |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG | 5 | PA; NDS |
| LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG | 5 | PA; NDS |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML | 5 | PA; NDS |
| *octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml* | 4 | |
| *octreotide acetate injection solution 1000 mcg/ml* | 5 | NDS |
| ORGOVYX ORAL TABLET 120 MG | 5 | PA NSO; NDS |
| ORILISSA ORAL TABLET 150 MG | 5 | PA; NDS; QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG | 5 | PA; NDS; QL (56 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | 5 | PA; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | 5 | PA; NDS; QL (60 per 30 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML | 5 | PA NSO; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML | 5 | PA NSO; NDS; QL (0.3 per 28 days) |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NDS |
| ***Progestins*** | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML | 3 | QL (0.65 per 84 days) |
| *gallifrey oral tablet 5 mg* | 2 | |
| *medroxyprogesterone acetate intramuscular suspension 150 mg/ml* | 2 | |
| *medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml* | 2 | |
| *medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml* | 2 | |
| *norethindrone acetate oral tablet 5 mg* | 2 | |
| *progesterone oral capsule 100 mg, 200 mg* | 2 | |
| ***Thyroid And Antithyroid Agents*** | | |
| *levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg* | 1 | |
| *liomny oral tablet 25 mcg, 5 mcg, 50 mcg* | 2 | |
| *liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg* | 2 | |
| *methimazole oral tablet 10 mg, 5 mg* | 1 | |
| *propylthiouracil oral tablet 50 mg* | 2 | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | 5 | PA; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **IMMUNOLOGICAL AGENTS** | | |
| ***Immunological Agents*** | | |
| *adalimumab-aaty (1 pen) auto-injector kit 40 mg/0.4ml subcutaneous* | 5 | PA; NDS |
| *adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml* | 5 | PA; NDS |
| *adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml* | 5 | PA; NDS |
| *adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml* | 5 | PA; NDS |
| *adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml* | 5 | PA; NDS |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG | 5 | PA; NDS |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG | 4 | PA BvD |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG | 5 | PA BvD; NDS |
| *azathioprine oral tablet 50 mg* | 2 | PA BvD |
| *azathioprine sodium injection solution reconstituted 100 mg* | 2 | PA BvD |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML | 5 | PA; NDS; QL (8 per 28 days) |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | 5 | PA; NDS; QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML | 5 | PA NSO; NDS; QL (2 per 28 days) |
| CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | 5 | PA; NDS |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | 5 | PA; NDS |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | 5 | PA; NDS |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | 5 | PA; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | PA; NDS |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | PA; NDS |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 5 | PA; NDS |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 5 | PA; NDS |
| *cyclosporine intravenous solution 50 mg/ml* | 2 | PA BvD |
| *cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg* | 2 | PA BvD |
| *cyclosporine modified oral solution 100 mg/ml* | 2 | PA BvD |
| *cyclosporine oral capsule 100 mg, 25 mg* | 2 | PA BvD |
| CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | 5 | PA; NDS |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML | 5 | PA; NDS |
| CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | 5 | PA; NDS |
| CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | 5 | PA; NDS |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML | 5 | PA; NDS |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML | 5 | PA; NDS |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML | 5 | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 5 | PA; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML | 5 | PA; NDS |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML | 5 | PA; NDS |
| *everolimus oral tablet 0.25 mg* | 2 | PA BvD |
| *everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg* | 5 | PA BvD; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML | 5 | PA BvD; NDS |
| *gengraf oral capsule 100 mg, 25 mg* | 2 | PA BvD |
| *gengraf oral solution 100 mg/ml* | 2 | PA BvD |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML | 5 | PA; NDS |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML | 5 | PA; NDS |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| *infliximab intravenous solution reconstituted 100 mg* | 5 | PA; NDS |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | 5 | PA; NDS |
| *leflunomide oral tablet 10 mg, 20 mg* | 2 | |
| *mycophenolate mofetil hcl intravenous solution reconstituted 500 mg* | 2 | PA BvD |
| *mycophenolate mofetil oral capsule 250 mg* | 2 | PA BvD |
| *mycophenolate mofetil oral suspension reconstituted 200 mg/ml* | 5 | PA BvD; NDS |
| *mycophenolate mofetil oral tablet 500 mg* | 2 | PA BvD |
| *mycophenolate sodium oral tablet delayed release 180 mg, 360 mg* | 4 | PA BvD |
| NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML | 5 | PA NSO; NDS |
| NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG | 5 | PA BvD; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML | 5 | PA; NDS |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG | 5 | PA; NDS |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML | 5 | PA; NDS |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 5 | PA; NDS |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG | 5 | PA; NDS |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG | 5 | PA; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG | 5 | PA; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | 4 | PA BvD |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG | 4 | PA BvD |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 4 | ST |
| REZUROCK ORAL TABLET 200 MG | 5 | PA NSO; NDS |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 5 | PA; NDS; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG | 5 | PA; NDS |
| SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML | 5 | PA; NDS |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 3 | PA |
| SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | 3 | PA |
| SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | 5 | PA; NDS |
| *sirolimus oral solution 1 mg/ml* | 2 | PA BvD |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | PA BvD |
| SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML | 5 | PA; NDS |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML | 5 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | PA; NDS |
| *tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg* | 2 | PA BvD |
| *tacrolimus er oral capsule extended release 24 hour 5 mg* | 5 | PA BvD; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tacrolimus intravenous solution 5 mg/ml* | 2 | PA BvD |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | 2 | PA BvD |
| TAVNEOS ORAL CAPSULE 10 MG | 5 | PA; NDS; QL (180 per 30 days) |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML | 5 | PA; NDS |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML | 5 | PA; NDS |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | 5 | PA; NDS |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML | 5 | PA; NDS |
| TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | 5 | PA; NDS |
| TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML | 5 | PA; NDS |
| TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML | 5 | PA; NDS |
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML | 5 | PA; NDS |
| *ustekinumab-aauz subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml* | 3 | PA |
| XELJANZ ORAL SOLUTION 1 MG/ML | 5 | PA; NDS |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 5 | PA; NDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG | 5 | PA; NDS |
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML | 5 | PA; NDS |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 3 | PA |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | 3 | PA |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | 5 | PA; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML | 5 | PA; NDS |
| YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML | 5 | PA; NDS |
| YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 5 | PA; NDS |
| ***Vaccines*** | | |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML | 3 | $0 copay |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 | 3 | $0 copay |
| ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 | 3 | $0 copay |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML | 3 | $0 copay |
| BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG | 3 | $0 copay |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 3 | $0 copay |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | 3 | $0 copay |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 | 3 | $0 copay |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 3 | |
| DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | QL (3 per 365 days) |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 3 | PA BvD; $0 copay |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML | 3 | PA BvD; $0 copay |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML | 3 | $0 copay |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 3 | $0 copay |
| HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML | 3 | |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML | 3 | $0 copay |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML | 3 | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML | 3 | PA BvD; $0 copay |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG | 3 | |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML | 3 | PA BvD; $0 copay |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 | 3 | |
| IPOL INJECTION SUSPENSION | 3 | $0 copay |
| IXIARO INTRAMUSCULAR SUSPENSION | 3 | $0 copay |
| JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML | 3 | $0 copay |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 3 | |
| MENACTRA INTRAMUSCULAR SOLUTION | 3 | $0 copay |
| MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML | 3 | $0 copay |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | $0 copay |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | 3 | $0 copay |
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | 3 | $0 copay |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML | 3 | |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | $0 copay |
| PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | $0 copay |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | $0 copay |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | |
| QUADRACEL INTRAMUSCULAR SUSPENSION | 3 | |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 3 | |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | PA BvD; $0 copay |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | 3 | PA BvD; $0 copay |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML | 3 | PA BvD; $0 copay |
| ROTARIX ORAL SUSPENSION | 3 | |
| ROTARIX ORAL SUSPENSION RECONSTITUTED | 3 | |
| ROTATEQ ORAL SOLUTION | 3 | |
| SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | 3 | $0 copay; QL (2 per 365 days) |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 3 | $0 copay; QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML | 3 | $0 copay |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION) | 3 | $0 copay |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TENIVAC SUSPENSION 5-2 LF/0.5ML INTRAMUSCULAR | 3 | $0 copay |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML | 3 | |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML | 3 | $0 copay |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 3 | $0 copay |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML | 3 | $0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | 3 | $0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML | 3 | $0 copay |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML | 3 | |
| VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 3 | $0 copay |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML | 3 | |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML | 3 | $0 copay |
| VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML | 3 | $0 copay |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED | 3 | $0 copay |
| VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML | 3 | $0 copay |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE | 3 | $0 copay |
| YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | $0 copay |
| **INFLAMMATORY BOWEL DISEASE AGENTS** | | |
| ***Inflammatory Bowel Disease Agents*** | | |
| *alosetron hcl oral tablet 0.5 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *alosetron hcl oral tablet 1 mg* | 5 | NDS |
| *balsalazide disodium oral capsule 750 mg* | 2 | |
| *budesonide oral capsule delayed release particles 3 mg* | 4 | |
| *budesonide rectal foam 2 mg* | 2 | |
| *hydrocortisone rectal enema 100 mg/60ml* | 2 | |
| *mesalamine er oral capsule extended release 24 hour 0.375 gm* | 4 | |
| *mesalamine er oral capsule extended release 500 mg* | 2 | |
| *mesalamine oral tablet delayed release 1.2 gm* | 4 | QL (120 per 30 days) |
| *sulfasalazine oral tablet 500 mg* | 2 | |
| *sulfasalazine oral tablet delayed release 500 mg* | 4 | |
| **METABOLIC BONE DISEASE AGENTS** | | |
| ***Metabolic Bone Disease Agents*** | | |
| *alendronate sodium oral solution 70 mg/75ml* | 4 | QL (300 per 28 days) |
| *alendronate sodium oral tablet 10 mg* | 1 | QL (30 per 30 days) |
| *alendronate sodium oral tablet 35 mg, 70 mg* | 1 | QL (4 per 28 days) |
| *calcitonin (salmon) nasal solution 200 unit/act* | 2 | |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | 2 | |
| *cinacalcet hcl oral tablet 30 mg, 60 mg* | 2 | QL (60 per 30 days) |
| *cinacalcet hcl oral tablet 90 mg* | 2 | QL (120 per 30 days) |
| *ibandronate sodium oral tablet 150 mg* | 2 | QL (1 per 28 days) |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML | 5 | PA; NDS |
| *paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg* | 4 | |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG | 5 | NDS; QL (60 per 30 days) |
| STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML | 3 | QL (1 per 180 days) |
| *teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml* | 5 | PA; NDS; QL (2.24 per 28 days) |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML | 5 | PA; NDS; QL (1.56 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **MISCELLANEOUS THERAPEUTIC AGENTS** | | |
| ***Miscellaneous Therapeutic Agents*** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML | 5 | PA; NDS |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE | 3 | |
| BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL | 3 | |
| *betaine oral powder* | 5 | PA; NDS |
| *buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 1 | |
| *diazoxide oral suspension 50 mg/ml* | 5 | NDS |
| *glucagon emergency injection solution reconstituted 1 mg* | 3 | |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML | 3 | |
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML | 3 | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML | 3 | |
| *hydroxyzine pamoate oral capsule 100 mg* | 2 | |
| *hydroxyzine pamoate oral capsule 25 mg, 50 mg* | 1 | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | 2 | |
| *l-glutamine oral packet 5 gm* | 5 | PA; NDS; QL (180 per 30 days) |
| *mesna oral tablet 400 mg* | 5 | NDS |
| *nitroglycerin rectal ointment 0.4 %* | 2 | QL (30 per 30 days) |
| *pyridostigmine bromide oral tablet 60 mg* | 2 | |
| THALOMID ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| THALOMID ORAL CAPSULE 150 MG, 200 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| THALOMID ORAL CAPSULE 50 MG | 5 | PA NSO; NDS; QL (224 per 28 days) |
| TYBOST ORAL TABLET 150 MG | 3 | QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VEOZAH ORAL TABLET 45 MG | 4 | PA; QL (30 per 30 days) |
| VOWST ORAL CAPSULE | 5 | PA; NDS; QL (12 per 30 days) |
| **OPHTHALMIC AGENTS** | | |
| ***Antiglaucoma Agents*** | | |
| *acetazolamide er oral capsule extended release 12 hour 500 mg* | 2 | |
| *acetazolamide oral tablet 125 mg, 250 mg* | 2 | |
| *acetazolamide sodium injection solution reconstituted 500 mg* | 2 | |
| *betaxolol hcl ophthalmic solution 0.5 %* | 4 | |
| *brimonidine tartrate ophthalmic solution 0.1 %* | 4 | |
| *brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %* | 2 | |
| *brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %* | 4 | |
| *brinzolamide ophthalmic suspension 1 %* | 2 | |
| *carteolol hcl ophthalmic solution 1 %* | 2 | |
| *dorzolamide hcl ophthalmic solution 2 %* | 2 | |
| *dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %* | 2 | |
| *latanoprost ophthalmic solution 0.005 %* | 1 | QL (2.5 per 25 days) |
| *levobunolol hcl ophthalmic solution 0.5 %* | 2 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 3 | QL (2.5 per 25 days) |
| *methazolamide oral tablet 25 mg, 50 mg* | 4 | |
| *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %* | 2 | |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % | 3 | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % | 3 | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | 3 | |
| *timolol hemihydrate ophthalmic solution 0.5 %* | 1 | |
| *timolol maleate ophthalmic solution 0.25 %, 0.5 %* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *travoprost (bak free) ophthalmic solution 0.004 %* | 4 | QL (2.5 per 25 days) |
| VYZULTA OPHTHALMIC SOLUTION 0.024 % | 4 | QL (5 per 30 days) |
| **REPLACEMENT PREPARATIONS** | | |
| ***Replacement Preparations*** | | |
| *dextrose-nacl intravenous solution 5-0.9 %* | 2 | |
| *dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %* | 2 | |
| *klor-con m10 oral tablet extended release 10 meq* | 2 | |
| *klor-con m15 oral tablet extended release 15 meq* | 2 | |
| *klor-con m20 oral tablet extended release 20 meq* | 2 | |
| MAGNESIUM SULFATE INJECTION SOLUTION 50 % | 4 | |
| *magnesium sulfate injection solution 50 % (10ml syringe)* | 2 | |
| *potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq* | 2 | |
| *potassium chloride er oral capsule extended release 10 meq, 8 meq* | 2 | |
| *potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq* | 2 | |
| *potassium chloride intravenous solution 2 meq/ml* | 2 | |
| *potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)* | 4 | |
| *potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)* | 2 | |
| *sodium chloride intravenous solution 0.45 %, 0.9 %* | 2 | |
| **RESPIRATORY TRACT AGENTS** | | |
| ***Anti-Inflammatories, Inhaled Corticosteroids*** | | |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT | 3 | QL (12 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT | 3 | QL (32.1 per 30 days) |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 3 | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH | 3 | QL (60 per 30 days) |
| *breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act* | 4 | QL (30.9 per 30 days) |
| *budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml* | 2 | PA BvD; QL (120 per 30 days) |
| *budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act* | 4 | QL (30.6 per 30 days) |
| *fluticasone propionate hfa inhalation aerosol 110 mcg/act* | 4 | QL (12 per 30 days) |
| *fluticasone propionate hfa inhalation aerosol 220 mcg/act* | 4 | QL (24 per 30 days) |
| *fluticasone propionate hfa inhalation aerosol 44 mcg/act* | 4 | QL (21.2 per 30 days) |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act* | 2 | QL (60 per 30 days) |
| *wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act* | 2 | QL (60 per 30 days) |
| ***Antileukotrienes*** | | |
| *montelukast sodium oral tablet 10 mg* | 1 | |
| *montelukast sodium oral tablet chewable 4 mg, 5 mg* | 2 | |
| *zafirlukast oral tablet 10 mg, 20 mg* | 4 | |
| ***Bronchodilators*** | | |
| AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION | 3 | QL (32.1 per 30 days) |
| *albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act* | 2 | QL (17 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)* | 2 | QL (13.4 per 30 days) |
| *albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)* | 2 | QL (36 per 30 days) |
| *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml* | 2 | PA BvD |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 3 | QL (60 per 30 days) |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | 4 | QL (25.8 per 28 days) |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT | 3 | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | 3 | QL (8 per 30 days) |
| *ipratropium bromide hfa inhalation aerosol solution 17 mcg/act* | 2 | QL (25.8 per 28 days) |
| *ipratropium bromide inhalation solution 0.02 %* | 2 | PA BvD |
| *ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml* | 2 | PA BvD; QL (540 per 30 days) |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 3 | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 3 | QL (4 per 30 days) |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 3 | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT | 3 | QL (4 per 28 days) |
| *theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg* | 4 | |
| *theophylline er oral tablet extended release 24 hour 400 mg, 600 mg* | 2 | |
| *theophylline oral solution 80 mg/15ml* | 2 | |
| *tiotropium bromide inhalation capsule 18 mcg* | 2 | QL (30 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 11 of the introduction.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 3 | QL (60 per 30 days) |
| ***Respiratory Tract Agents, Other*** | | |
| *acetylcysteine inhalation solution 10 %, 20 %* | 2 | PA BvD |
| ALYFTREK ORAL TABLET 10-50-125 MG | 5 | PA; NDS; QL (60 per 30 days) |
| ALYFTREK ORAL TABLET 4-20-50 MG | 5 | PA; NDS; QL (90 per 30 days) |
| BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG | 5 | NDS; QL (560 per 28 days) |
| *cromolyn sodium inhalation nebulization solution 20 mg/2ml* | 2 | PA BvD |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML | 5 | PA; NDS; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML | 5 | PA; NDS; QL (1 per 28 days) |
| JASCAYD ORAL TABLET 18 MG, 9 MG | 5 | PA; NDS; QL (60 per 30 days) |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 5 | PA; NDS; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 5 | PA; NDS; QL (56 per 28 days) |
| *nintedanib esylate oral capsule 100 mg, 150 mg* | 5 | PA; NDS; QL (60 per 30 days) |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 5 | PA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 5 | PA; NDS; QL (0.4 per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG | 5 | PA; NDS; QL (3 per 28 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA; NDS; QL (112 per 28 days) |
| *pirfenidone oral capsule 267 mg* | 5 | PA; NDS; QL (270 per 30 days) |
| *pirfenidone oral tablet 267 mg* | 5 | PA; NDS; QL (270 per 30 days) |
| *pirfenidone oral tablet 534 mg, 801 mg* | 5 | PA; NDS; QL (90 per 30 days) |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML | 5 | PA BvD; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *roflumilast oral tablet 250 mcg* | 2 | QL (28 per 28 days) |
| *roflumilast oral tablet 500 mcg* | 2 | QL (30 per 30 days) |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG | 5 | PA; NDS; QL (84 per 28 days) |
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG | 5 | PA; NDS; QL (56 per 28 days) |
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG | 5 | PA; NDS; QL (1 per 21 days) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | 5 | PA; NDS |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | 5 | PA; NDS |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | 5 | PA; NDS |
| **SKELETAL MUSCLE RELAXANTS** | | |
| ***Skeletal Muscle Relaxants*** | | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | 2 | |
| *cyclobenzaprine hcl oral tablet 10 mg, 5 mg* | 1 | |
| *dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg* | 4 | |
| *methocarbamol oral tablet 500 mg, 750 mg* | 2 | |
| *tizanidine hcl oral tablet 2 mg, 4 mg* | 2 | |
| **SLEEP DISORDER AGENTS** | | |
| ***Sleep Disorder Agents*** | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg* | 2 | PA; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | QL (30 per 30 days) |
| *doxepin hcl oral tablet 3 mg, 6 mg* | 2 | QL (30 per 30 days) |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | 2 | QL (30 per 30 days) |
| *modafinil oral tablet 100 mg* | 2 | PA; QL (30 per 30 days) |
| *modafinil oral tablet 200 mg* | 2 | PA; QL (60 per 30 days) |
| *sodium oxybate oral solution 500 mg/ml* | 5 | PA; NDS; QL (540 per 30 days) |
| *zaleplon oral capsule 10 mg, 5 mg* | 2 | QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *zolpidem tartrate oral tablet 10 mg, 5 mg* | 1 | QL (30 per 30 days) |
| **VASODILATING AGENTS** | | |
| ***Vasodilating Agents*** | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 5 | PA; NDS; QL (90 per 30 days) |
| *alyq oral tablet 20 mg* | 2 | PA; QL (60 per 30 days) |
| *bosentan oral tablet 125 mg, 62.5 mg* | 5 | PA; NDS; QL (60 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | 5 | PA; NDS; QL (30 per 30 days) |
| *sildenafil citrate oral tablet 20 mg* | 2 | PA; QL (360 per 30 days) |
| *tadalafil oral tablet 2.5 mg, 5 mg* | 2 | PA; QL (30 per 30 days) |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG | 5 | PA; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | 5 | PA; NDS; QL (240 per 30 days) |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG | 5 | PA; NDS |
| YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG | 5 | PA; NDS |
| **VITAMINS AND MINERALS** | | |
| ***Vitamins And Minerals*** | | |
| C-NATE DHA CAPSULE 28-1-200 MG ORAL | 1 | |
| COMPLETENATE TABLET CHEWABLE 29-1 MG ORAL | 1 | |
| FOLIVANE-OB CAPSULE 85-1 MG ORAL | 1 | |
| KOSHER PRENATAL PLUS IRON TABLET 30-1 MG ORAL | 1 | |
| M-NATAL PLUS TABLET 27-1 MG ORAL | 1 | |
| NIVA-PLUS TABLET 27-1 MG ORAL | 1 | |
| OBSTETRIX DHA 29-1 & 350 MG ORAL | 1 | |
| PNV 27-CA/FE/FA TABLET 60-1 MG ORAL | 1 | |
| PNV-DHA+DOCUSATE CAPSULE 27-1.25-300 MG ORAL | 1 | |
| PNV-OMEGA CAPSULE 28-0.6-0.4-340 MG ORAL | 1 | |
| PRENA 1 TRUE 30-1.4 & 300 MG ORAL | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PRENAISSANCE CAPSULE 29-1.25-325 MG ORAL | 1 | |
| PRENAISSANCE PLUS CAPSULE 28-1-250 MG ORAL | 1 | |
| PRENATABS FA TABLET 29-1 MG ORAL | 1 | |
| PRENATAL ORAL TABLET 27-1 MG | 1 | |
| PRENATAL VITAMIN PLUS LOW IRON TABLET 27-1 MG ORAL | 1 | |
| PRENATAL-U CAPSULE 106.5-1 MG ORAL | 1 | |
| PREPLUS TABLET 27-1 MG ORAL | 1 | |
| SELECT-OB TABLET CHEWABLE 29-0.6-0.4 MG ORAL | 1 | |
| SELECT-OB TABLET CHEWABLE 29-1 MG ORAL | 1 | |
| SE-NATAL 19 TABLET CHEWABLE 29-1 MG ORAL | 1 | |
| TARON-C DHA CAPSULE 35-1 MG ORAL | 1 | |
| VIRT-C DHA CAPSULE 53.5-38-1 MG ORAL | 1 | |
| VIRT-NATE DHA CAPSULE 28-1-200 MG ORAL | 1 | |
| VIRT-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL | 1 | |
| VITAFOL GUMMIES TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL | 1 | |
| VITAFOL-OB+DHA 65-1 & 250 MG ORAL | 1 | |
| VP-PNV-DHA CAPSULE 28-1-215.8 MG ORAL | 1 | |
| ZATEAN-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL | 1 | |

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This information is available for free in other languages. Please call our Member Services number at 1-866-267-3144 or (TTY users should call 711), 24 hours a day, 7 days a week. Member Services also has free language interpreter services available for non-English speakers.

You must generally use network pharmacies to use your prescription drug benefit.