



VNS Health EasyCare Plus (HMO D-SNP)

VNS Health Total (HMO D-SNP)

2024

FORMULARY (LIST OF COVERED DRUGS)

**FORMULARIO DE MEDICAMENTOS
(LISTADO DE MEDICAMENTOS CUBIERTOS)**

處方集 (承保藥物清單)

Approved Formulary Submission ID Number: 24160

Version: 08

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

This formulary was updated on 10/19/2023. For more recent information or other questions, please contact your Care Team at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.), and weekdays, 8 am – 8 pm (Apr. – Sept.) or visit vnshealthplans.org.

VNS Health Medicare (HMO)

2024 Formulary (List of Covered Drugs)

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

Includes members enrolled in VNS Health EasyCare Plus (HMO D-SNP)
and VNS Health Total (HMO D-SNP)

Approved Formulary File Submission ID Number: 24160, Version: 08

This formulary was updated on 10/19/23. For more recent information or other questions, please contact us at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.), and Weekdays, 8 am – 8 pm (Apr. – Sept.) or visit vnshealthplans.org.

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 VNS Health Health Plans. When it refers to “plan” or “our plan,” it means VNS Health EasyCare Plus and VNS Health Total.

This document includes a list of the drugs (formulary) for our plan, which is current as of 10/19/23. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover 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, 2024, and from time to time during the year.

What is the VNS Health Medicare Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but VNS Health EasyCare Plus and VNS Health Total may add or remove drugs on the Drug List during the year or add new restrictions. We must follow the Medicare rules in making these changes.

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/19/23. To get updated information about the drugs covered by VNS Health Medicare, please contact us. Our contact information appears on the front cover and back cover pages. If we update our printed formulary with non-maintenance formulary changes, we will send you a notice that includes this information.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page 3. Then look under the category name for your drug.

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** VNS Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from VNS Health Medicare before you fill your prescriptions. If you don't get approval, VNS Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, VNS Health Medicare limits the amount of the drug that VNS Health Medicare will cover. For example, VNS Health Medicare provides varying quantity limits, depending on strength, per prescription for Celecoxib. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, VNS Health Medicare 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, VNS Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, VNS Health Medicare 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 3. 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 cover and back cover pages.

You can ask VNS Health Medicare 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 VNS Health Medicare formulary?" on page VI 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. VNS Health Medicare pays for certain OTC drugs.

COVERED OVER-THE-COUNTER (OTC) DRUGS

DRUG		Dosage Form
Generic Name	(Reference Brand Name)	
<i>Cetirizine Hydrochloride</i>	(Zyrtec)	Chewable Tablets, Solution, Tablets
<i>Cetirizine Hydrochloride/Pseudoephedrine Hydrochloride</i>	(Zyrtec-D)	12-Hour Tablets
<i>Fexofenadine Hydrochloride</i>	(Allegra)	12 hour tablets, 24-hour tablets rapsdis, suspension
<i>Fexofenadine/Pseudoephedrine Hydrochloride</i>	(Allegra-D)	12-hour tablets, 24-Hour Tablet
<i>Ketotifen Fumarate</i>	(Zaditor)	Ophthalmic Drops
<i>Levocaberizine Dihydrochloride</i>	(Xyzal)	Solution, Tablets
<i>Loratadine</i>	(Claritin)	Solution, Tablets, tablets rapsdis, Chewable tablets
<i>Loratadine/Pseudoephedrine Hydrochloride</i>	(Claritin-D)	12-Hour Tablets 24-Hour Tablets
<i>Nicotine Gum</i>	<i>Nicorette, Quit 2, Quit 4</i>	<i>Buccal Gum</i>
<i>Nicotine Lozenges</i>	<i>Nicorette</i>	<i>Buccal Lozenge</i>
<i>Nicotine Patches</i>	<i>Nicoderm</i>	<i>Topical Patch</i>
<i>Olopatadine Hydrochloride</i>	<i>Pataday Once Daily Relief Pataday Twice Daily Relief Eye Allergy Itch Relief; Clear Eyes Once Daily Allergy</i>	Ophthalmic Drops

VNS Health Medicare will provide these OTC drugs at no cost to you. The cost to VNS Health EasyCare Plus and VNS Health Total of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap.)

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 your Care Team and ask if your drug is covered.

If you learn that VNS Health Medicare does not cover your drug, you have two options:

- You can ask your Care Team for a list of similar drugs that are covered by VNS Health Medicare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by VNS Health Medicare.
- You can ask VNS Health Medicare 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 VNS Health Medicare Formulary?

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

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

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

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

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

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

For each of your drugs that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility 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.

A transition fill is provided to current members that are in need of a one-time Emergency Fill that are prescribed a non-formulary drug as a result of a level of care change.

For more information

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

If you have questions about VNS Health Medicare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover 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 www.medicare.gov.

This information is available for free in other languages. Please call your Care Team at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.), and Weekdays, 8 am – 8 pm (Apr. – Sept.) for additional information. Your Care Team also has free language interpreter services available for non-English speakers.

VNS Health Medicare's Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by VNS Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

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

**The following Utilization Management abbreviations may be found
within the body of this document**

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from VNS Health Medicare before you fill your prescription for this drug. Without prior approval, VNS Health Medicare may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from VNS Health Medicare to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, VNS Health Medicare may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from VNS Health Medicare before you fill your prescription for this drug. Without prior approval, VNS Health Medicare may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member, you (or your physician) are required to get prior authorization from VNS Health Medicare before you fill your prescription for this drug. Without prior approval, VNS Health Medicare may not cover this drug.

ABBREVIATION	DESCRIPTION	EXPLANATION
QL	Quantity Limit Restriction	VNS Health Medicare limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before VNS Health Medicare will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

The following additional coverage note abbreviations may be found within the body of this document

OTHER SPECIAL REQUIREMENTS FOR COVERAGE

ABBREVIATION	DESCRIPTION	EXPLANATION
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your <i>Provider and Pharmacy Directory</i> or call your Care Team at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.), and Weekdays, 8 am – 8 pm (Apr. – Sept.).
NM	Non-Mail Order Drug	You may be able to receive greater than a 1-month supply of most of the drugs on your formulary via mail order at a reduced cost share. Drugs <u>not</u> available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary.
NDS	Non-Extended Day Supply	Those drugs that are limited to a 30-day supply are noted as ‘NDS’ (non-extended day supply) in the Requirements/Limits column of your formulary.

STRENGTH AND DOSAGE FORM ABBREVIATIONS

ABBREVIATION	DESCRIPTION
adh. patch	adhesive patch
aer br act	aerosol, breath activated
aer pow	aerosol, powder
aer pow ba	aerosol powder, breath activated
aer refill	aerosol refill
aer w/adap	aerosol with adapter
ampul	ampule
blkbaginj	bulk bag injection
cap dr mp	capsule, delayed release multiphasic
cap ds pk	capsule, dose pack
cap er 12h	capsule, 12 hour extended release
cap er 24h	capsule, 24 hour extended release
cap er deg	capsule, extended release degradable
cap er pel	capsule, extended release pellets
cap mphase	capsule, multiphasic
cap.sa 24h	capsule, 24 hour sustained action
cap.sr 12h	capsule, 12 hour sustained release
cap.sr 24h	capsule, 24 hour sustained release
cap24h pct	capsule, 24 hour controlled-onset pellets
cap24h pel	capsule, 24 hour sustained release pellets
cap sprink	capsule, sprinkle
cap sr pel	capsule sustained release pellets
cap w/dev	capsule with device
capsule dr	capsule, delayed release
capsule er	capsule, extended release
capsule sa	capsule, sustained action
cmb cappad	combination: capsule, pad
cmb ont fm	combination: ointment, foam
cmb ont lt	combination: ointment, lotion
cmb tabpad	combination: tablet, pad
combo. pkg	combination package
cpmp 12hr	capsule, 12 hour multiphasic
cpmp 24hr	capsule, 24 hour multiphasic

ABBREVIATION	DESCRIPTION
cpmp 30-70	capsule, multiphasic, 30%-70%
cpmp 50-50	capsule, multiphasic, 50%-50%
cream(g), cream(gm)	cream (grams)
cream(ml)	cream (milliliters)
cream/appl	cream with applicator
cream, er (g)	cream, extended release (grams)
cream pack	cream, package
dehp fr bg	di(2-ethylhexyl) phthalate free bag
dis needle	disposable needle
disk w/dev	disk with inhalation device
disp syrin	disposable syringe
drops susp	drops, suspension
drps hpvis	drops, hyperviscous
emul adhes	emulsion adhesive
emul packt	emulsion packet
emulsn(g)	emulsion (grams)
foam/appl.	foam with applicator
froz.piggy	frozen piggyback
g	gram
gel/pf app	gel with prefilled applicator
gel (gm)	gel (grams)
gel (ml)	gel (milliliters)
gel md pmp	gel in metered dose pump
gel w/appl	gel with applicator
gel w/pump	gel with pump
gran pack	granule pack
hfa aer ad	hfa aerosol adapter
infus. btl	infusion bottle
insuln pen	insulin pen
ip soln	intraperitoneal solution
irrig soln	irrigating solution
iv soln.	intravenous solution
jel	jelly
jelly/app	jelly with applicator

ABBREVIATION	DESCRIPTION
jel/pf app	jelly with pre-filled applicator
kit cl&crm	kit: cleanser and cream
kt.crm.le	kit: cream, lotion emollient
kt.lotn.ce	kit: lotion, cream emollient
kt.oint.le	kit: ointment, lotion emollient
lotion.er	lotion, extended release
lozenge.hd	lozenge handle
m.ht.patch	medicated heated patch
ma.buc.tab	mucoadhesive buccal tablet
mcg	microgram
med.pad	medicated pad
med.swab	medicated swab
med.tape	medicated tape
mg	milligram
ml	milliliter
muc.er.12h	mucoadhesive system, 12 hour extended release
ndl.fr.inj	needle for injection
nl.fm.susp	nail film suspension
oint.(g), oint.(gm)	ointment (grams)
oral.conc	oral concentrate
oral.susp	oral suspension
paste(g)	paste (grams)
patch.td24	patch, 24 hour transdermal
patch.td72	patch, 72 hour transdermal
patch.tdsbw	patch, biweekly transdermal
patch.tdwk	patch, weekly transdermal
pca.syring	patient-controlled analgesic syringe
pca.vial	patient-controlled analgesic vial
pellet(ea)	pellet (each)
pen.ij.kit	pen injector kit
pen.injctr	pen injector
pggybk.btl	piggyback bottle
plast.bag	plastic bag
powd.pack	powder pack

ABBREVIATION	DESCRIPTION
sol md pmp	solution with multi-dose pump
sol w/appl	solution with applicator
sol/pf app	solution with pre-filled applicator
sol-gel	solution, gel-forming
soln recon	solution, reconstituted
soln(gram)	solution (grams)
spray susp	spray, suspension
spray/pump	spray with pump
stick(ea)	stick (each)
supp.rect	suppository, rectal
supp.vag	suppository, vaginal
suppos.	suppository
sus er 24h	suspension, 24 hour extended release
sus er rec	suspension, extended release reconstituted
sus mc rec	suspension, microcapsule reconstituted
suspdr pkt	suspension, delayed release packet
susp recon	suspension, reconstituted
syringe kit	syringe kit
tab chew	tablet, chewable
tab er 12h	tablet, 12 hour extended release
tab er 24h	tablet, 24 hour extended release
tab er prt	tablet, extended release particles
tab er seq	tablet, extended release sequels
tab disper	tablet, dispersible
tab ds pk	tablet, dose pack
tab er 24	tablet, 24 hour extended release
tab mphase	tablet, multiphasic
tab part	tablet, particles
tab rap dr	tablet, rapid disintegrating delayed release
tab rapdis	tablet, rapid disintegrating
tab subl	tablet, sublingual
tab.sr 12h	tablet, 12 hour sustained release
tab.sr 24h	tablet, 24 hour sustained release
tabergr24hr	tablet, 24 hour gradual extended release

ABBREVIATION	DESCRIPTION
tablet dr	tablet, delayed release
tablet, er	tablet, extended release
tablet eff	tablet, effervescent
tablet sa	tablet, sustained action
tablet sol	tablet, soluble
tb er dspk	tablet, extended release dose pack
tb mp dspk	tablet, multiphasic dose pack
tb rd dspk	tablet, rapid disintegrating dose pack
tbdspk 3mo	tablet, 3-month dose pack
tbmp 12hr	tablet, 12 hour multiphasic
tbmp 24hr	tablet, 24 hour multiphasic
u	unit
vag ring	vaginal ring

VNS Health Medicare (HMO)

Formulario para 2024 (Listado de medicamentos cubiertos)

LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN

Incluye miembros inscritos en VNS Health EasyCare Plus (HMO D-SNP) y VNS Health Total (HMO D-SNP)

N.º de identificación de la presentación del archivo del formulario aprobado:
24160, versión: 08

Este formulario se actualizó el 10/19/23. Para obtener la información más actualizada o si tiene otras preguntas, comuníquese con nosotros al 1-866-783-1444 (TTY: 711), los 7 días de la semana, de 8 am a 8 pm (de octubre a marzo) y de lunes a viernes de 8 am a 8 pm (de abril a septiembre) o bien visite vnshealthplans.org.

Nota para miembros actuales: este formulario ha sido modificado desde el año pasado. Lea este documento y asegúrese de que en él aún figuran los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros”, “nos”, “nuestro”, hace referencia a los planes de salud de VNS Health. Cuando se refiere al “plan” o “nuestro plan”, hace referencia a VNS Health EasyCare Plus y VNS Health Total.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, vigente desde el 10/19/23. Para obtener un formulario más actualizado, comuníquese con nosotros. Nuestra información de contacto y la fecha de la última actualización del formulario aparecen en la portada y en la contraportada.

En general, usted deberá utilizar farmacias de la red de servicios para acceder a su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de servicios de farmacias o los copagos/coseguros pueden cambiar el 1 de enero de 2024 y en otras ocasiones durante el año.

¿Qué es el formulario de VNS Health Medicare?

Un formulario es una lista de los medicamentos cubiertos seleccionados por VNS Health Medicare, junto con un equipo de proveedores de atención médica, que muestra las terapias con medicamentos recetados que se consideran una parte integral de un programa de tratamiento de calidad. Por lo general, VNS Health Medicare cubre los medicamentos

que se detallan en nuestro formulario siempre que sean médicalemente necesarios. Las recetas se surten en una farmacia de la red de servicios de VNS Health Medicare y se deben cumplir otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas médicas, lea la *Evidencia de cobertura*.

¿El Formulario (lista de medicamentos) puede cambiar?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero VNS Health Medicare puede agregar o quitar medicamentos de la Lista de medicamentos o agregar restricciones durante el año. Debemos seguir las reglas de Medicare cuando se realizan estos cambios.

Cambios que pueden afectarlo este año: En los siguientes casos, usted se verá afectado por las modificaciones en la cobertura durante el año en curso:

- **Nuevos medicamentos genéricos.** Es posible que eliminemos un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico con las mismas restricciones o menos. Además, al agregar un nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos o agregar nuevas restricciones. Si usted está tomando ese medicamento de marca actualmente, es posible que no le informemos antes de realizar este cambio, pero luego le enviaremos información sobre los cambios específicos que hayamos realizado.
 - Si realizamos este cambio, usted o la persona autorizada a prescribir recetas pueden solicitar que realicemos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción. También puede encontrar información en la sección a continuación llamada “¿Cómo solicito una excepción al Formulario de VNS Health Medicare?”.

Medicamentos que fueron retirados del mercado. Si la Administración de Alimentos y Medicamentos (FDA) considera que un medicamento de nuestro formulario no es seguro o si el fabricante del medicamento lo retira del mercado, quitaremos de inmediato el medicamento de nuestro formulario y notificaremos a los miembros que estén tomando.

- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los miembros que estén tomando un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que se encuentra actualmente en el formulario o agregar nuevas restricciones al medicamento de marca. O podemos realizar cambios según nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario o agregamos la autorización previa, límites en la cantidad o restricciones en el tratamiento

escalonado de un medicamento, debemos notificar sobre dicho cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigencia o en el momento en que el miembro solicita un resurtido del medicamento, momento en que el miembro recibirá un suministro del medicamento para 30 días.

- Si realizamos estos cambios, usted o la persona autorizada a prescribir recetas pueden solicitar que realicemos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción. También puede encontrar información en la sección a continuación denominada “¿Cómo solicito una excepción al Formulario de VNS Health Medicare?”.

Cambios que no le afectarán si actualmente toma el medicamento. Por lo general, si toma un medicamento que se encuentra en nuestro formulario de 2023 que estaba cubierto al comienzo del año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, con excepción de lo descrito anteriormente. Esto significa que estos medicamentos estarán disponibles al mismo costo compartido y no habrá restricciones nuevas para los miembros que los toman por el resto del año de cobertura. Usted no recibirá un aviso directo este año sobre los cambios que no lo afecten. No obstante, las modificaciones lo afectarán a partir del 1 de enero del año siguiente, por lo que es importante que consulte la Lista de medicamentos del nuevo año de beneficios para conocer todos los cambios a los medicamentos.

El formulario adjunto está en vigencia desde el 10/19/23. Para obtener información actualizada sobre los medicamentos cubiertos por VNS Health Medicare, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada. Si actualizamos nuestro formulario impreso con cambios al formulario que no sean de mantenimiento, le enviaremos una notificación con dicha información.

¿Cómo uso el Formulario?

Usted puede encontrar su medicamento en el formulario de dos formas:

Afección médica

El formulario comienza en la página 3. Los medicamentos en este formulario están agrupados en categorías que dependen del tipo de afección médica para la cual se los suele utilizar. Por ejemplo, los medicamentos que se usan para tratar una enfermedad cardíaca se encuentran en la categoría “Cardiovascular”. Si usted sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 3. Luego busque su medicamento bajo dicha categoría.

Listado alfabético

Si no está seguro en qué categoría debe buscar, busque el medicamento en el Índice que comienza en la página I-1. En el Índice figura una lista alfabética de todos los medicamentos incluidos en este documento. El Índice incluye tanto medicamentos de marca como genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde podrá encontrar información sobre la cobertura. Busque la página indicada en el Índice y podrá encontrar el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

VNS Health Medicare cubre tanto medicamentos de marca como genéricos. Un medicamento genérico está aprobado por la FDA si tiene el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que un medicamento de marca.

¿Mi cobertura tiene alguna restricción?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites en su cobertura. Algunos de los requisitos y límites pueden ser los siguientes:

- **Autorización previa:** VNS Health Medicare requiere que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que deberá contar con la aprobación de VNS Health Medicare antes de surtir sus recetas médicas. Si no tiene la aprobación, es posible que VNS Health Medicare no cubra el medicamento.
- **Límites de cantidad:** para determinados medicamentos, VNS Health Medicare limita la cantidad de medicamentos que cubrirá. Por ejemplo, VNS Health Medicare proporciona límites variados en las cantidades, dependiendo de la concentración, por receta médica de celecoxib. Esto puede ser provisto además del suministro estándar de un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, VNS Health Medicare requiere que primero pruebe determinados medicamentos para tratar su afección médica antes de que cubramos otro medicamento para dicha afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que VNS Health Medicare no cubra el medicamento B si no prueba el medicamento A primero. Si el medicamento A no funciona para usted, entonces VNS Health Medicare cubrirá el medicamento B.

Puede confirmar si su medicamento tiene requisitos o límites adicionales consultando el formulario que comienza en la página 3. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestra página

web. En dicho sitio web publicamos documentos disponibles en línea que explican nuestro procedimiento de autorización previa y las restricciones en el tratamiento escalonado. También puede solicitarnos que le envíemos una copia. Nuestra información de contacto y la fecha de la última actualización del formulario aparecen en la portada y en la contraportada.

Puede pedirle a VNS Health Medicare que haga una excepción a estas restricciones o límites o respecto de una lista de otros medicamentos similares que pueden tratar su afección de salud. Consulte la sección “¿Cómo solicito una excepción al Formulario de VNS Health Medicare?” en la página VII para obtener información sobre cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos de venta libre (OTC) son medicamentos no recetados que normalmente no están cubiertos en un plan de medicamentos recetados de Medicare. VNS Health Medicare paga ciertos medicamentos de OTC.

MEDICAMENTOS DE VENTA LIBRE (OTC) CUBIERTOS

MEDICAMENTO		Forma de dosificación
Nombre genérico	(Marca de referencia)	
<i>Clorhidrato de cetirizina</i>	(Zyrtec)	Tabletas masticables, solución, tabletas
<i>Clorhidrato de cetirizina/ Clorhidrato de seudoefedrina</i>	(Zyrtec-D)	Tabletas cada 12 horas
<i>Clorhidrato de fexofenadina</i>	(Allegra)	tabletas cada 12 horas, tabletas de disolución rápida cada 24 horas, suspensión
<i>Fexofenadina/Clorhidrato de seudoefedrina</i>	(Allegra-D)	tabletas cada 12 horas, tabletas cada 24 horas
<i>Fumarato de ketotifeno</i>	(Zaditor)	Gotas oftalmológicas
<i>Clorhidrato de levocetirizina</i>	(Xyzal)	Solución, tabletas
<i>Loratadina</i>	(Claritin)	Solución, tabletas, tabletas de disolución rápida, tabletas masticables
<i>Loratadina/ Clorhidrato de seudoefedrina</i>	(Claritin-D)	Tabletas cada 12 horas Tabletas cada 24 horas
<i>Goma de mascar de nicotina</i>	<i>Nicorette, Quit 2, Quit 4</i>	<i>Goma de mascar</i>
<i>Comprimidos de nicotina</i>	<i>Nicorette</i>	<i>Comprimidos orales</i>
<i>Parches de nicotina</i>	<i>Nicoderm</i>	<i>Parche tópico</i>
<i>Clorhidrato de olopatadina</i>	<i>Pataday Once Daily Relief Pataday Twice Daily Relief Eye Allergy Itch Relief; Clear Eyes Once Daily Allergy</i>	Gotas oftalmológicas

VNS Health Medicare proporcionará estos medicamentos de OTC sin costo para usted. El costo para VNS Health Medicare de estos medicamentos de OTC no se tendrán en cuenta para sus costos totales de medicamentos de la Parte D (es decir, el costo de los medicamentos de OTC no cuenta para el período sin cobertura).

¿Qué sucede si mi medicamento no figura en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con su Equipo de atención y preguntarle si el medicamento está cubierto.

Si VNS VNS Health Medicare no cubre su medicamento, tiene dos opciones:

- Puede pedirle a su Equipo de atención una lista de los medicamentos similares que estén cubiertos por VNS Health Medicare. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por VNS Health Medicare.
- Puede pedirle a VNS Health Medicare que haga una excepción y cubra su medicamento. A continuación, se explica cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de VNS Health Medicare?

Puede pedirle a VNS Health Medicare que haga una excepción de nuestras reglas de cobertura. Existen distintos tipos de excepciones que usted puede solicitarnos.

- Puede pedirnos que el plan cubra un medicamento aunque no esté en nuestro formulario. Si su pedido se aprueba, este medicamento quedará cubierto en un nivel de costo compartido predeterminado y no podrá solicitarnos que brindemos el medicamento en un nivel de costo compartido inferior.
- Puede pedirnos que cubramos un medicamento del formulario con un nivel de costo compartido inferior. Si su pedido se aprueba, esto podría disminuir el monto que usted debe pagar por su medicamento.
- Asimismo, puede solicitarnos que anulemos las restricciones de cobertura o los límites para su medicamento. Por ejemplo, para determinados medicamentos, VNS Health Medicare limita la cantidad de un medicamento que cubrirá. Si su medicamento tiene un límite de cantidad, puede pedirnos que eliminemos ese límite y cubramos una cantidad mayor.

Generalmente, VNS Health Medicare solo aprobará su solicitud de una excepción si el medicamento alternativo incluido en el formulario del plan, el medicamento con un costo compartido inferior o las restricciones de uso adicionales no son tan eficaces para tratar su afección o podrían provocarle efectos médicos adversos.

Debe comunicarse con nosotros para pedirnos que tomemos una decisión de cobertura inicial para una excepción al formulario o una excepción de una restricción de uso.

Cuando solicita una excepción al formulario o de una restricción de uso, debe presentar una declaración de la persona autorizada a dar recetas o del médico que respalde su solicitud. Por lo general, debemos tomar una decisión dentro de las

72 horas luego de haber recibido la declaración de respaldo de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) en caso de que usted o su médico crean que su salud podría verse seriamente perjudicada si espera hasta 72 horas para que se tome una decisión. Si se le otorga el pedido de excepción acelerada, debemos informarle nuestra decisión, como máximo, 24 horas después de haber recibido la declaración de respaldo de su médico o la persona autorizada a recetar.

¿Qué debo hacer antes de consultar con mi médico sobre un cambio de medicamentos o solicitar una excepción?

Como miembro nuevo de nuestro plan, es posible que tome medicamentos que no se encuentran en nuestro formulario. O tal vez tome algún medicamento que se encuentra en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, puede que necesite una autorización previa de nuestra parte antes de obtener sus medicamentos recetados. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno adecuado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras consulta con su médico para decidir las medidas adecuadas para usted, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días en los que es miembro de nuestro plan.

Para cada uno de los medicamentos que no se encuentran en nuestro formulario, o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal para 31 días. Si su receta está indicada para menos días, permitiremos obtener varias veces los medicamentos hasta llegar a un máximo de un suministro para 31 días del medicamento. Luego de su primer suministro para 31 días, no pagaremos esos medicamentos, incluso si usted ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no se encuentra en nuestro formulario, o si su capacidad de obtener los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia para 31 días de ese medicamento mientras solicita una excepción al formulario.

Se proporciona un surtido de transición a los miembros actuales que necesitan un surtido de emergencia único a quienes se les recetó un medicamento que no está en el formulario como resultado de un cambio en el nivel de atención.

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos recetados de VNS Health Medicare, revise su *Evidencia de cobertura* y otros materiales del plan.

Si tiene preguntas sobre VNS Health Medicare, comuníquese con nosotros. Nuestra información de contacto y la fecha de la última actualización del formulario aparecen en la portada y en la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite www.medicare.gov.

Esta información está disponible sin cargo en otros idiomas. Llame a su Equipo de atención al 1-866-783-1444 (TTY: 711), los 7 días de la semana, de 8 am a 8 pm (de octubre a marzo) y de lunes a viernes, de 8 am a 8 pm (de abril a septiembre) para obtener información adicional. Su Equipo de atención también ofrece servicios gratuitos de intérpretes para las personas que no hablan inglés.

Formulario de VNS Health Medicare

El formulario que comienza en la página 3 brinda información de cobertura sobre los medicamentos cubiertos por VNS Health Medicare. Si tiene dificultades para encontrar su medicamento en la lista, consulte el índice que comienza en la página I-1.

En la primera columna de la tabla, se indica el nombre del medicamento. Los nombres de la marca del medicamento se escriben con mayúscula (p. ej.: CELEBREX) y los medicamentos genéricos se escriben con minúscula y bastardilla (p. ej.: *naproxen*).

La información que figura en la columna de Requerimientos/Limitaciones indica si VNS Health Medicare tiene algún requisito especial para cubrir su medicamento.

Consulte la siguiente información para obtener una explicación de las columnas de los niveles de medicamentos que se indican en su formulario. Consulte el capítulo 6 de la Evidencia de cobertura para conocer los copagos actuales.

Pueden encontrarse las siguientes abreviaturas de gestión de uso en el cuerpo de este documento

ABREVIATURAS DE LOS AVISOS DE COBERTURA

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
Restricciones en la gestión de uso		
PA	Restricciones de autorización previa	Usted (o su médico) deben obtener una autorización previa de VNS Health Medicare antes de obtener este medicamento con receta. Sin aprobación previa, es posible que VNS Health Medicare no cubra este medicamento.
PA BvD	Restricciones de autorización previa para la determinación de la Parte B frente a la Parte D	Puede que este medicamento sea elegible para el pago de acuerdo con la Parte B o la Parte D de Medicare. Se requiere que usted (o su médico) obtengan autorización previa de VNS Health Medicare para determinar si ese medicamento está cubierto por la Parte D de Medicare antes de obtener este medicamento con receta. Sin aprobación previa, es posible que VNS Health Medicare no cubra este medicamento.
PA-HRM	Restricciones de autorización previa para medicamentos de alto riesgo	Este medicamento se considera potencialmente peligroso de acuerdo con los centros de Servicios de Medicare y Medicaid (CMS), y, por lo tanto, es un medicamento de alto riesgo para los beneficiarios de Medicare de 65 años o mayores. Los miembros de 65 años o mayores deben obtener autorización previa de VNS Health Medicare antes de obtener este medicamento con receta. Sin aprobación previa, es posible que VNS Health Medicare no cubra este medicamento.

PA NSO	Restricciones de autorización previa para nuevos afiliados solamente	Si es un miembro nuevo, usted (o su médico) deben obtener una autorización previa de VNS Health Medicare antes de obtener este medicamento con receta. Sin aprobación previa, es posible que VNS Health Medicare no cubra este medicamento.
QL	Restricciones para los límites de cantidad	VNS Health Medicare limita la cantidad de este medicamento que está cubierta por receta o dentro de un plazo específico.
ST	Restricciones en el tratamiento escalonado	Antes de que VNS Health Medicare cubra este medicamento, usted primero debe probar otro medicamento para tratar su enfermedad. Es posible que este medicamento solo se cubra si los otros medicamentos no funcionan para usted.

Es posible que se encuentren las siguientes abreviaturas de aviso de cobertura adicional en el cuerpo de este documento

OTROS REQUISITOS ESPECIALES PARA LA COBERTURA

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
LA	Medicamentos de acceso limitado	Es posible que estos medicamentos con receta solo estén disponibles en determinadas farmacias. Para obtener más información, consulte su Directorio de proveedores y farmacias, o llame a Servicios para los miembros al 1-866-783-1444 (TTY: 711), los 7 días de la semana, 8:00 a. m. a 8:00 p. m. (oct. – mar.), y días laborables, 8 am – 9 pm (abr. – sep.)

NM	Medicamento no disponible para envíos por correo postal	Usted puede recibir más de un suministro de 1 mes de la mayoría de los medicamentos que figuran en el formulario por correo postal por un costo compartido reducido. Los medicamentos que <u>no</u> están disponibles para envíos por correo postal se marcan con las iniciales “NM” en la columna Requerimientos/Límites de su formulario.
NDS	Medicamentos de suministro diario no extendido	Los medicamentos que están limitados a un suministro diario por 30 días se marcan con las iniciales “NDS” (medicamentos de suministro diario no extendido) en la columna Requerimientos/Límites de su formulario.

ABREVIATURAS DE CONCENTRACIÓN Y PRESENTACIÓN

ABREVIATURA	DESCRIPCIÓN
adh. patch	parche adhesivo
aer br act	aerosol, activado por la respiración
aer pow	aerosol, polvo
aer pow ba	aerosol en polvo, activado por la respiración
aer refill	recarga de aerosol
aer w/adap	aerosol con adaptador
ampul	ampolla
blkbaginj	inyecciones de bolsa a granel
cap dr mp	cápsula de liberación prolongada multifásica
cap ds pk	cápsula, paquete de dosis
cap er 12h	cápsula, 12 horas de liberación extendida
cap er 24h	cápsula, 24 horas de liberación extendida
cap er deg	cápsula de liberación extendida degradable
cap er pel	cápsula de gránulos de liberación extendida
cap mphase	cápsula, multifásica
cap.sa 24h	cápsula, 24 horas de acción sostenida
cap.sr 12h	cápsula, 12 horas de liberación sostenida
cap.sr 24h	cápsula, 24 horas de liberación sostenida
cap24h pct	cápsula, gránulos de 24 horas de acción local controlada
cap24h pel	cápsula, gránulos de 24 horas de liberación sostenida
cap sprink	cápsula, dispersable
cap sr pel	cápsula de gránulos de liberación sostenida
cap w/dev	cápsula con dispositivo
capsule dr	cápsula de liberación prolongada
capsule er	cápsula de liberación extendida
capsule sa	cápsula de acción sostenida
cmb cappad	combinación: cápsula, almohadilla
cmb ont fm	combinación: ungüento, espuma
cmb ont lt	combinación: ungüento, loción
cmb tabpad	combinación: tableta, almohadilla
combo. pkg	paquete combinado

ABREVIATURA	DESCRIPCIÓN
cpmp 12hr	cápsula, 12 horas multifásica
cpmp 24hr	cápsula, 24 horas multifásica
cpmp 30-70	cápsula, multifásicas, 30 %-70 %
cpmp 50-50	cápsula, multifásicas, 50 %-50 %
cream(g), cream(gm)	crema (gramos)
cream(ml)	crema (mililitros)
cream/appl	crema con aplicador
cream, er (g)	crema, liberación extendida (gramos)
cream pack	crema, paquete
dehp fr bg	di(2-etilhexil)ftalato bolsa libre
dis needle	aguja desechable
disk w/dev	disco con dispositivo de inhalación
disp syrin	jeringa desechable
drops susp	gotas, suspensión
drps hpvis	gotas, hiperviscosas
emul adhes	emulsión adhesiva
emul packt	emulsión en paquete
emulsn(g)	emulsión (gramos)
foam/appl.	espuma con aplicador
froz.piggy	solución premezclada congelada
g	gramo
gel/pf app	gel con aplicador llenado previamente
gel (gm)	gel (gramos)
gel (ml)	gel (mililitros)
gel md pmp	gel en bomba de dosis medida
gel w/appl	gel con aplicador
gel w/pump	gel con bomba
gran pack	paquete de gránulos
hfa aer ad	adaptador de aerosoles hfa
infus. btl	frasco de infusión
insuln pen	pluma de insulina
ip soln	solución intraperitoneal
irrig soln	solución de irrigación
iv soln.	solución intravenosa

ABREVIATURA	DESCRIPCIÓN
jel	gel
jelly/app	gel con aplicador
jel/pf app	gel con aplicador llenado previamente
kit cl&crm	kit: limpiador y crema
kt crrm le	kit: crema, loción emoliente
kt lotn ce	kit: loción, crema emoliente
kt oint le	kit: ungüento, loción emoliente
lotion, er	loción, liberación extendida
lozenge hd	controlador de comprimidos
m.ht patch	parche de calor medicado
ma buc tab	tableta bucal mucoadhesiva
mcg	microgramo
med. pad	almohadilla medicada
med. swab	hisopo medicado
med. tape	cinta adhesiva medicada
mg	miligramo
ml	mililitro
muc er 12h	sistema mucoadhesivo, 12 horas de liberación extendida
ndl fr inj	aguja para inyección
nl fm susp	suspensión en película para uñas
oint. (g), oint.(gm)	ungüento (gramos)
oral conc	concentrado oral
oral susp	suspensión oral
paste (g)	pasta (gramos)
patch td24	parche, 24 horas transdérmico
patch td72	parche, 72 horas transdérmico
patch tds w	parche, transdérmico quincenal
patch tdkw	parche, transdérmico semanal
pca syring	jeringa de analgésico controlado por el paciente
pca vial	vial de analgésico controlado por el paciente
pellet(ea)	gránulos (cada uno)
pen ij kit	kit de pluma de inyección
pen injctr	pluma de inyección

ABREVIATURA	DESCRIPCIÓN
pggybk btl	frasco de solución premezclada
plast. bag	bolsa de plástico
powd pack	paquete de polvo
sol md pmp	solución con bomba multidosificadora
sol w/appl	solución con aplicador
sol/pf app	solución con aplicador llenado previamente
sol-gel	solución formadora de gel
soln recon	solución, reconstituida
soln(gram)	solución (gramos)
spray susp	atomizador, suspensión
spray/pump	atomizador con bomba
stick(ea)	barra (cada una)
supp.rect	suppositorio, rectal
supp.vag	suppositorio, vaginal
suppos.	suppositorio
sus er 24h	suspensión, 24 horas de liberación extendida
sus er rec	suspensión, liberación extendida reconstituida
sus mc rec	suspensión, microcápsula reconstituida
suspdr pkt	suspensión, paquete de liberación prolongada
susp recon	suspensión, reconstituida
syringeikit	kit de jeringas
tab chew	tableta, masticable
tab er 12h	tableta, 12 horas de liberación extendida
tab er 24h	tableta, 24 horas de liberación extendida
tab er prt	tableta, partículas de liberación extendida
tab er seq	tableta, hora liberación extendida
tab disper	tableta, dispersable
tab ds pk	tableta, paquete de dosis
tab er 24	tableta, 24 horas de liberación extendida
tab mphase	tableta, multifásica
tab part	tableta, partículas
tab rap dr	tableta, liberación prolongada de desintegración rápida
tab rapdis	tableta, desintegración rápida

ABREVIATURA	DESCRIPCIÓN
tab subl	tableta, sublingual
tab.sr 12h	tableta, 12 horas liberación sostenida
tab.sr 24h	tableta, 24 horas liberación sostenida
tabergr24hr	tableta, 24 horas liberación extendida gradual
tablet dr	tableta, liberación prolongada
tablet, er	tableta, liberación extendida
tablet eff	tableta, efervescente
tablet sa	tableta, acción sostenida
tablet sol	tableta, soluble
tb er dspk	tableta, paquete de dosis de liberación extendida
tb mp dspk	tableta, paquete de dosis multifásica
tb rd dspk	tableta, paquete de dosis de desintegración rápida
tbdspk 3mo	tableta, paquete de dosis para 3 meses
tbmp 12hr	tableta, 12 horas multifásica
tbmp 24hr	tableta, 24 horas multifásica
u	unidad
vag ring	anillo vaginal

VNS Health 富康醫療紅藍卡計劃 (Medicare) (HMO)

2024 年處方藥一覽表 (承保藥物清單)

請閱讀：本文件包含有關本計劃承保藥物的資訊

包括 VNS Health 富康醫療 EasyCare Plus (HMO D-SNP) 和

VNS Health 富康醫療 Total (HMO D-SNP) 的會員

核准處方藥一覽表檔案提交編號：24160，版本：08

本處方藥一覽表於 10/19/23 更新。如需最新資訊或有其他問題，請聯絡我們，電話：1-866-783-1444 (TTY: 711)，10 月至 3 月期間，辦公時間為每週七天，上午 8 點至晚上 8 點；4 月至 9 月期間，辦公時間為週一至週五，上午 8 點至晚上 8 點，或者瀏覽 vnshealthplans.org。

現有會員注意事項：本處方藥一覽表自去年已變更。請閱讀本文件，確保本處方藥一覽表仍然包含您使用的藥物。

本藥物清單（處方藥一覽表）中，凡提述「我們」或「我們的」均指 VNS Health 富康醫療健保計劃。提述「計劃」或「我們的計劃」時，是指 VNS Health 富康醫療 EasyCare Plus 和 VNS Health 富康醫療 Total。

本文件載有我們計劃截至 10/19/23 的藥物清單（處方藥一覽表）。如需最新處方藥一覽表，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

一般而言，您必須使用網絡內藥房才能享受處方藥福利。自 2023 年 1 月 1 日起和在該年內，福利、處方藥一覽表、藥房網絡和/或共付額/共同保險可能會不時有所調整。

什麼是 VNS Health 富康醫療紅藍卡計劃 (Medicare) 處方藥一覽表？

處方藥一覽表是 VNS Health 富康醫療紅藍卡計劃 (Medicare) 透過諮詢醫療提供者團隊所選出的承保藥物清單，是高品質治療計劃中不可或缺的處方藥治療。只要處方藥具有醫療必需性，且於 VNS Health 富康醫療紅藍卡計劃 (Medicare) 網絡內藥房配取，並遵守其他計劃規則，VNS Health 富康醫療紅藍卡計劃 (Medicare) 通常會承保

列於我們處方藥一覽表中的藥物。如需瞭解有關如何配取處方藥的更多資訊，請查閱您的「承保範圍說明書」。

處方藥一覽表（藥物清單）是否會變更？

藥物承保的變更多半會在 1 月 1 日開始，但 VNS Health 富康醫療紅藍卡計劃 (Medicare) 在該年內可能會新增藥物至藥物清單，或從中刪除藥物，或增設新的限制。進行變更時，我們必須遵守紅藍卡 (Medicare) 的規定。

今年可能會對您造成影響的變更：在下列情況中，您將受到當年承保範圍更改的影響：

- **新副廠藥。**如果替換藥物為一種具有相同或更少限制的新副廠藥，我們可能立即移除我們藥物清單上的原廠藥。此外，我們增加新的副廠藥時可能會決定保留我們藥物清單上的原廠藥，或增加新的限制。如果您目前正在服用該原廠藥，我們可能不會在做出該變更前通知您，但我們之後會將已做特定變更的相關資訊提供給您。
 - 如果我們進行這類變更，您或您的處方醫生可要求我們進行例外處理，繼續為您承保該原廠藥。我們提供給您的通知也會列出相關資訊，告訴您如何申請例外處理，您還可以在「如何申請 VNS Health 富康醫療紅藍卡計劃 (Medicare) 處方藥一覽表例外處理？」章節下找到資訊。

退出市場的藥物。若美國食品及藥物管理局認為我們處方藥一覽表上的某種藥物不安全，或藥物製造商從市場中撤除該藥物，我們會立即從我們的處方藥一覽表上刪除該藥物，並向使用該藥物的會員發出通知。

- **其他變更。**我們可能會進行其他變更，這些變更會影響目前使用某種藥物的會員。例如，我們可能會新增一種副廠藥以取代處方藥一覽表上現有的原廠藥，或對原廠藥增設新的限制條件。我們還可能會根據新的臨床指南進行變更。若我們從處方藥一覽表中刪除了藥物，對某種藥物新增了事先授權、數量限制和/或階段治療限制，則我們必須在該變更生效前至少 30 天，或在會員要求重新配藥時通知受影響的會員，屆時該名會員將收到 30 天份量的藥物。
 - 如果我們進行其他變更，您或您的處方醫生可以要求我們作出例外處理，繼續為您承保該原廠藥。我們提供給您的通知也會列出相關資訊，告訴您如何申請例外處理，您還可以在「如何申請 VNS Health

富康醫療紅藍卡計劃 (Medicare) 處方藥一覽表例外處理？」章節下找到資訊。

不會影響您目前所使用藥物的變更。一般而言，若您在使用從年初開始享受承保的 2023 年處方藥一覽表上的藥物，我們不會在 2024 年承保年度中終止或減少此藥物的承保，上述情況除外。換言之，在承保年度的剩餘時間內，此藥物將以相同的分攤費用向使用此藥物的會員提供，且不設新的限制。對於不會影響您的變更，今年內您不會收到有關直接通知。然而，自明年的 1 月 1 日起，此類變更將會影響到您，因此務必檢查新福利年度的藥物清單，瞭解藥物是否有任何變更。

本文件內附的處方藥一覽表最後更新於 10/19/23。如需獲取有關 VNS Health 富康醫療紅藍卡計劃 (Medicare) 承保之藥物的最新資訊，請聯絡我們。我們的聯絡資訊載於封面和封底。如果我們更新的處方藥一覽表印刷版本包含非維持性處方藥一覽表變更，我們將就此資訊向您發送通知。

如何使用處方藥一覽表？

有兩種方法在處方藥一覽表中查找您所需的藥物：

病症

處方藥一覽表從第 3 頁開始。本處方藥一覽表中的藥物按照所治療的病症類型分類。例如，用來治療心臟病的藥物列在「心血管藥物」類別。若您瞭解藥物的用途，請在從第 3 頁開始的清單中查找類別名稱。然後，在此類別名稱下查找所需的藥物。

按字母順序排列的清單

如果您不確定要尋找什麼類別，您可以利用自第 I-1. 頁開始的索引來尋找您的藥物。該索引提供一份按字母順序排列的清單，其中有本文件包含的所有藥物。原廠藥和副廠藥均列在該索引中。請在該索引中查找所需的藥物。在藥物旁邊，您將看到載有承保資訊的頁碼。轉到該索引中所列的頁碼，在清單的第一欄即可找到所需的藥物名稱。

什麼是副廠藥？

VNS Health 富康醫療紅藍卡計劃 (Medicare) 承保原廠藥和副廠藥。副廠藥是一種由美國食品及藥物管理局 (FDA) 核准，具有與原廠藥相同活性成分的藥物。通常，副廠藥的費用較原廠藥低。

對於我享受的承保範圍是否有任何限制？

某些承保藥物可能有其他要求或承保範圍限制。這些要求和限制可能包括：

- **預先授權**：對於某些藥物，VNS Health 富康醫療紅藍卡計劃 (Medicare) 要求您或您的醫生取得事先授權。這表示您將需要在配取處方藥前取得 VNS Health 富康醫療紅藍卡計劃 (Medicare) 的核准。如果您未就有關藥物取得核准，VNS Health 富康醫療紅藍卡計劃 (Medicare) 可能不會承保該藥物。
- **數量限制**：對於某些藥物，VNS Health 富康醫療紅藍卡計劃 (Medicare) 會限制其承保的藥物數量。例如，VNS Health 富康醫療紅藍卡計劃 (Medicare) 對每份 Celecoxib 處方設定不同的數量限制，具體取決於含量。這可以另外附加在標準的一個月或三個月的藥量上。
- **階段治療**：某些情況下，VNS Health 富康醫療紅藍卡計劃 (Medicare) 會要求您先嘗試使用某些藥物治療您的病症後，才會承保您使用另外一種藥物。例如：若藥物 A 和藥物 B 皆可治療您的病症，則 VNS Health 富康醫療紅藍卡計劃 (Medicare) 可能不會承保藥物 B，除非您先嘗試使用藥物 A。如果藥物 A 對您無效，則 VNS Health 富康醫療紅藍卡計劃 (Medicare) 將會承保藥物 B。

您可以透過從第 3 頁開始的處方藥一覽表查詢您的藥物是否有額外的要求或限制。您也可以透過瀏覽我們的網站，取得更多關於特定承保藥物適用之限制的資訊。我們已在網站發佈文件說明我們的預先授權和階段療法限制。您也可以要求我們寄一份給您。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

您可以要求 VNS Health 富康醫療紅藍卡計劃 (Medicare) 對此類限制或使用上限作出例外處理，或索取可能治療您的病症的其他相似藥物清單。請參見第 VI 頁的「如何申請 VNS Health 富康醫療紅藍卡計劃 (Medicare) 處方藥一覽表例外處理？」章節，瞭解如何申請例外處理的相關資訊。

什麼是非處方 (OTC) 藥物？

OTC 藥物是指紅藍卡處方藥計劃通常不承保的非處方藥。VNS Health 富康醫療紅藍卡計劃 (Medicare) 支付某些 OTC 藥物的費用。

承保的非處方 (OTC) 藥物

藥物		劑型
副廠藥	(參考原廠藥)	
<i>Cetirizine Hydrochloride</i> (鹽酸西替利嗪)	(Zyrtec (仙特明))	嚼錠劑、溶液劑、錠劑
<i>Cetirizine Hydrochloride</i> (鹽酸西替利嗪) / <i>Pseudoephedrine Hydrochloride</i> (鹽酸偽麻黃鹼)	(Zyrtec-D)	12 小時藥錠
<i>Fexofenadine Hydrochloride</i> (鹽酸非索非那定)	(Allegra (阿特拉))	12 小時藥錠、快速崩解 24 小時藥錠、混懸劑
<i>Fexofenadine</i> (鹽酸非索非那定) / <i>Pseudoephedrine Hydrochloride</i> (鹽酸偽麻黃鹼)	(Allegra-D)	12 小時藥錠、24 小時藥錠
<i>Ketotifen Fumarate</i> (富馬酸酮替芬)	(Zaditor)	滴眼劑
<i>Levocetirizine Dihydrochloride</i> (酸鹽左西替利嗪)	(Xyzal)	溶液劑、錠劑
<i>Loratadine</i> (氯雷他定)	(Claritin (開瑞坦))	溶液劑、錠劑、快速崩解錠劑、嚼錠劑
<i>Loratadine</i> (氯雷他定) / <i>Pseudoephedrine Hydrochloride</i> (鹽酸偽麻黃鹼)	(Claritin-D)	12 小時藥錠 24 小時藥錠
<i>Nicotine Gum</i> (尼古丁咀嚼膠)	<i>Nicorette</i> (尼古丁)、 <i>Quit 2</i> 、 <i>Quit 4</i>	咀嚼膠
<i>Nicotine Lozenges</i> (尼古丁含錠)	<i>Nicorette</i> (尼古清)	口含錠
<i>Nicotine Patches</i> (尼古丁貼劑)	<i>Nicoderm</i>	外用貼劑
<i>Olopatadine Hydrochloride</i> (鹽酸奧洛他定)	<i>Pataday Once Daily Relief</i> <i>Pataday Twice Daily Relief</i> <i>Eye Allergy Itch Relief; Clear Eyes Once Daily Allergy</i>	滴眼劑

VNS Health 富康醫療紅藍卡計劃 (Medicare) 將向您免費提供上述 OTC 藥物。VNS Health 富康醫療紅藍卡計劃 (Medicare) 為這些 OTC 藥物支付的費用不會計入您的 D 部分藥費總額（也就是說，非處方藥費用不會計入承保缺口階段須達到的金額。）

若我的藥物不在處方藥一覽表上，該怎麼辦？

若您的藥物不在此處方藥一覽表（承保藥物清單）上，那麼您首先應該聯絡您的護理團隊，詢問您的藥物是否在承保範圍內。

若您得知 VNS Health 富康醫療紅藍卡計劃 (Medicare) 並未承保您的藥物，則您有兩種選擇：

- 您可以向您的護理團隊索取一份 VNS Health 富康醫療紅藍卡計劃 (Medicare) 承保的相似藥物的清單。當您收到該清單時，請拿給您的醫生看，並要求其開立由 VNS Health 富康醫療紅藍卡計劃 (Medicare) 承保的相似藥物。
- 您可以要求 VNS Health 富康醫療紅藍卡計劃 (Medicare) 作出例外處理並承保您的藥物。請查看以下關於如何申請例外處理的資訊。

如何申請 VNS Health 富康醫療紅藍卡計劃 (Medicare) 處方藥一覽表例外處理？

您可以要求 VNS Health 富康醫療紅藍卡計劃 (Medicare) 針對我們的承保規則作出例外處理。您可以向我們提出數種例外處理申請。

- 您可以要求我們承保一種藥物，即使它不在我們的處方藥一覽表上。如獲批准，此藥物將按預定分攤費用等級獲得承保，且您不得要求我們以更低的分攤費用等級提供此藥物。
- 您可以要求我們按更低的分攤費用等級承保某種處方藥一覽表上的藥物。如獲批准，這會減少您必須為藥物支付的金額。
- 您可以要求我們撤銷對您的藥物的承保限制。例如，對於某些藥物，VNS Health 富康醫療紅藍卡計劃 (Medicare) 會限制我們承保的藥物數量。若您的藥物有數量限制，您可以要求我們撤銷限制並承保更多數量。

通常，只有在替代藥物包含在計劃的處方藥一覽表中時，較低的分攤費用藥物或額外的使用限制對於治療您的病症無法達到相同的效果時，和/或可能造成副作用時，VNS Health 富康醫療紅藍卡計劃 (Medicare) 才會批准您的例外處理申請。

您應當與我們聯絡，要求我們作出針對處方藥一覽表或使用限制例外處理的初始承保決定。在提出針對處方藥一覽表或使用限制例外處理申請時，您應提交一份處方醫生或醫生的聲明以支持您的申請。通常，我們在收到處方醫生的支持聲明後，必須在 72 小時內做出決定。若您或您的醫生認為等候 72 小時再做出決定會對您的健康造成嚴重傷害，您可以申請加急（快速）例外處理。如果您的加急申請獲得批准，我們在收到您的醫生或其他處方醫生的支持聲明後，必須在 24 小時內為您作出決定。

在向醫生提出變更藥物請求或提交例外處理申請之前，我應該做什麼？

作為我們計劃的新會員，您可能正在使用我們處方藥一覽表上沒有的藥物。或者，您正在使用一種在我們處方藥一覽表上的藥物，但您獲取該藥物的能力受到限制。例如，您可能需要向我們取得預先授權才能配取處方藥。您應當先和您的醫生談談，以決定您是否應該換用我們承保的適當藥物，或提出處方藥一覽表例外處理申請以使我們承保您使用的藥物。在您與醫生討論以確定何種措施對您合適的時候，我們會在您成為我們計劃會員的頭 90 天內針對某些情況為您的藥物提供承保。

對於所有不在我們處方藥一覽表上的藥物，或如果您獲取藥物的能力受到限制，我們將承保 31 天份量的臨時供藥。如果您處方的天數較少，我們將允許多次配藥，以提供最多達 31 天份量的供藥。在提供頭 31 天供藥之後，我們將不再為您支付這些藥物的費用，即使您成為計劃會員還不足 90 天。

如果您住在長期護理機構，並且需要不在我們處方藥一覽表上的藥物，或如果您獲取藥物的能力受到限制，但您成為我們計劃會員已超過 90 天，則在您尋求處方藥一覽表例外處理時，我們將對該藥物承保 31 天份量的緊急供藥。

對於因護理水平變更而需要緊急配取所開立的處方藥一覽表以外的藥物的當前會員，我們將為其提供過渡性配藥。

瞭解更多資訊

如需關於您的 VNS Health 富康醫療紅藍卡計劃 (Medicare) 處方配藥承保的更多詳細資訊，請查閱您的「承保範圍說明書」和其他計劃資料。

如果您對 VNS Health 富康醫療紅藍卡計劃 (Medicare) 有任何疑問，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

若您對紅藍卡處方藥承保範圍有任何疑問，請致電紅藍卡，電話：1-800-MEDICARE (1-800-633-4227)，每週 7 天，每天 24 小時提供服務。TTY 使用者請撥打 1-877-486-2048。或瀏覽網站 www.medicare.gov。

本資訊免費提供其他語言版本。請致電您的護理團隊瞭解更多資訊，電話：1-866-783-1444 (TTY: 711)，10月至3月期間，辦公時間為每週7天，早上8點至晚上8點；4月至9月期間，辦公時間為週一至週五，早上8點至晚上8點。您的護理團隊還為不說英語的人士提供免費的翻譯服務。

VNS Health 富康醫療紅藍卡計劃 (Medicare) 處方藥一覽表

從第 3 頁開始的處方藥一覽表介紹了 VNS Health 富康醫療紅藍卡計劃 (Medicare) 承保的藥物的承保資訊。如果您難以在清單中找到藥物，請查閱從第 I-1 頁開始的索引。

表格的第一欄列出了藥物名稱。原廠藥用大寫字母表示（如 CELEBREX），副廠藥則用小寫斜體字母表示（如 *naproxen*）。

「要求/限制」欄中的資訊表示 VNS Health 富康醫療紅藍卡計劃 (Medicare) 對於承保您的藥物是否有任何特殊的要求。

本文件的正文中存在下列使用管理縮寫詞

承保說明縮寫詞

縮寫詞	描述	解釋
使用管理限制		
PA	事先授權限制	在您按照處方配取該藥物之前，您（或您的醫生）需要獲得 VNS Health 富康醫療紅藍卡計劃 (Medicare) 的事先授權。未經事先批准，VNS Health 富康醫療紅藍卡計劃 (Medicare) 可能不會承保該藥物。
PA BvD	B 部分與 D 部分裁決的事先授權限制	該藥物可能有資格獲得紅藍卡 B 部分或 D 部分規定的付款。在您按照處方配取該藥物之前，您（或您的醫生）需要獲得 VNS Health 富康醫療紅藍卡計劃 (Medicare) 的事先授權，以確定該藥物受紅藍卡 D 部分承保。未經事先批准，VNS Health 富康醫療紅藍卡計劃 (Medicare) 可能不會承保該藥物。
PA-HRM	高風險藥物的事先授權限制	CMS 認為該藥物具有潛在危害，因此屬於年滿 65 歲的紅藍卡受益人的高風險藥物。在您按照處方配取該藥物之前，年滿 65 歲的受益人需要獲得 VNS Health 富康醫療紅藍卡計劃 (Medicare) 的事先授權。未經事先批准，VNS Health 富康醫療紅藍卡計劃 (Medicare) 可能不會承保該藥物。
PA NSO	僅針對新會員的事先授權限制	如果您是新會員，在您按照處方配取該藥物之前，您（或您的醫生）需要獲得 VNS Health 富康醫療紅藍卡計劃 (Medicare) 的事先授權。未經事先批准，VNS Health 富康醫療紅藍卡計劃 (Medicare) 可能不會承保該藥物。
QL	數量限制的限制	VNS Health 富康醫療紅藍卡計劃 (Medicare) 限制每份處方或特定期限內承保的該藥物數量。

縮寫詞	描述	解釋
ST	階段治療限制	在 VNS Health 富康醫療紅藍卡計劃 (Medicare) 為該藥物提供承保之前，您必須先嘗試另一種藥物來治療您的病症。僅當另一種藥物對您無效時，我們才能承保該藥物。

本文件的正文中還存在下列 承保說明縮寫詞

其他特殊承保要求

縮寫詞	描述	解釋
LA	限制取得藥物	本處方藥可能僅在某些藥房提供。如需更多資訊，請查詢您的「醫療服務提供者及查閱藥房目錄」，或致電您的護理團隊，電話：1-866-783-1444 (TTY: 711)。10 月至 3 月期間，辦公時間為每週 7 天，早上 8 點至晚上 8 點；4 月至 9 月期間，辦公時間為週一至週五，早上 8 點至晚上 8 點。
NM	非郵購藥物	您可以透過郵購以較低的分攤費用為處方藥一覽表上的大多數藥物取得超過 1 個月份量的供藥。在處方藥一覽表中， <u>無法</u> 透過郵購福利取得的藥物的「要求/限制」欄中會帶有「NM」標註。
NDS	不延長天數的供藥	在處方藥一覽表的「要求/限制」欄中，最多只能提供 30 天供藥的藥物會帶有「NDS」（不延長天數的供藥）的標注。

含量與劑型縮寫詞

縮寫詞	描述
adh. patch	黏性貼劑
aer br act	呼吸啟動式氣霧劑
aer pow	粉末狀氣霧劑
aer pow ba	呼吸啟動式粉末狀氣霧劑
aer refill	氣霧劑替換裝
aer w/adap	帶適配器的氣霧劑
ampul	安瓿
blkbaginj	散裝袋注射劑
cap dr mp	多相延遲釋放膠囊
cap ds pk	劑量包膠囊
cap er 12h	12 小時緩釋膠囊
cap er 24h	24 小時緩釋膠囊
cap er deg	緩釋可降解膠囊
cap er pel	緩釋小丸膠囊
cap mphase	多相膠囊
cap.sa 24h	24 小時持續作用膠囊
cap.sr 12h	12 小時持續釋放膠囊
cap.sr 24h	24 小時持續釋放膠囊
cap24h pct	24 小時擇時起釋膠囊
cap24h pel	24 小時持續釋放小丸膠囊
cap sprink	分散型膠囊
cap sr pel	持續釋放小丸膠囊
cap w/dev	帶裝置的膠囊
capsule dr	延遲釋放膠囊
capsule er	緩釋膠囊
capsule sa	持續作用膠囊
cmb cappad	組合：膠囊、棉片
cmb ont fm	組合：軟膏、泡沫
cmb ont lt	組合：軟膏、乳液

縮寫詞	描述
cmb tabpad	組合：錠劑、棉片
combo. pkg	組合包
cpmp 12hr	12 小時多相膠囊
cpmp 24hr	24 小時多相膠囊
cpmp 30-70	多相膠囊 (30%-70%)
cpmp 50-50	多相膠囊 (50%-50%)
cream(g), cream(gm)	霜劑 (克)
cream(ml)	霜劑 (毫升)
cream/appl	帶塗藥器的霜劑
cream, er (g)	緩釋霜劑 (克)
cream pack	袋裝霜劑
dehp fr bg	不含鄰苯二甲酸二 (2-乙基己基) 酯的包裝袋
dis needle	拋棄式針頭
disk w/dev	帶吸入裝置的圓盤
disp syrin	拋棄式注射器
drops susp	混懸型滴劑
drps hpvis	高黏度滴劑
emul adhes	乳液型黏合劑
emul packt	乳劑包
emulsn(g)	乳劑 (克)
foam/appl.	帶塗藥器的泡沫劑
froz.piggy	冷凍背負式輸液袋
g	克
gel/pf app	帶預裝塗藥器的凝膠劑
gel (gm)	凝膠劑 (克)
gel (ml)	凝膠劑 (毫升)
gel md pmp	劑量定量泵中的凝膠劑
gel w/appl	帶塗藥器的凝膠劑
gel w/pump	帶泵的凝膠劑
gran pack	盒裝顆粒劑

縮寫詞	描述
hfa aer ad	HFA 噴霧劑適配器
infus. btl	輸液瓶
insuln pen	胰島素筆
ip soln	腹腔內用溶液
irrig soln	沖洗液
iv soln.	靜脈注射液
jel	膠凍
jelly/app	帶塗藥器的膠凍
jel/pf app	帶預裝塗藥器的膠凍
kit cl&crm	套裝：清洗液和霜劑
kt ckm le	套裝：霜劑、乳液潤膚劑
kt lotn ce	套裝：乳液、潤膚霜劑
kt oint le	套裝：軟膏劑、乳液
lotion, er	緩釋乳液
lozenge hd	菱形手柄
m.ht patch	藥用加熱貼劑
ma buc tab	口腔黏膜黏附片劑
mcg	微克
med. pad	藥用棉片
med. swab	藥用棉棒
med. tape	藥用膠帶
mg	毫克
ml	毫升
muc er 12h	12 小時緩釋黏膜黏附系統
ndl fr inj	注射用針頭
nl fm susp	指甲膜混懸劑
oint. (g), oint. (gm)	軟膏劑（克）
oral conc	口服濃縮劑
oral susp	口服混懸劑
paste (g)	糊劑（克）

縮寫詞	描述
patch td24	24 小時經皮吸收貼片
patch td72	72 小時經皮吸收貼劑
patch tds w	雙週效經皮吸收貼劑
patch tdwk	每週經皮吸收貼劑
pca syring	患者自控鎮痛注射器
pca vial	患者自控鎮痛瓶
pellet(ea)	小丸（每個）
pen ij kit	注射筆套件
pen injctr	注射筆
pggybk btl	背負式輸液瓶
plast. bag	塑膠袋
powd pack	粉包
sol md pmp	帶多劑量泵的溶液
sol w/appl	帶塗藥器的溶液
sol/pf app	帶預裝塗藥器的溶液
sol-gel	凝膠溶液
soln recon	重組溶液
soln(gram)	溶液（克）
spray susp	混懸型噴霧劑
spray/pump	泵式噴霧劑
stick(ea)	棒劑（每根）
supp.rect	直腸栓劑
supp.vag	陰道栓劑
suppos.	栓劑
sus er 24h	24 小時緩釋混懸劑
sus er rec	緩釋重組混懸劑
sus mc rec	重組微囊混懸劑
suspdr pkt	盒裝延遲釋放混懸劑
susp recon	重組混懸劑
syringe kit	注射器套件

縮寫詞	描述
tab chew	嚼錠劑
tab er 12h	12 小時緩釋錠劑
tab er 24h	24 小時緩釋錠劑
tab er prt	緩釋顆粒錠劑
tab er seq	連續緩釋錠劑
tab disper	分散錠劑
tab ds pk	劑量包錠劑
tab er 24	24 小時緩釋錠劑
tab mphase	多相錠劑
tab part	顆粒錠劑
tab rap dr	快速崩解延遲釋放錠劑
tab rapdis	快速崩解錠劑
tab subl	舌下錠劑
tab.sr 12h	12 小時持續釋放錠劑
tab.sr 24h	24 小時持續釋放錠劑
tabergr24hr	24 小時逐步緩釋錠劑
tablet dr	延遲釋放錠劑
tablet, er	緩釋錠劑
tablet eff	發泡錠劑
tablet sa	持續作用錠劑
tablet sol	可溶性錠劑
tb er dspk	緩釋劑量包錠劑
tb mp dspk	多相劑量包錠劑
tb rd dspk	快速崩解劑量包錠劑
tbdspk 3mo	3 個月劑量包錠劑
tbmp 12hr	12 小時多相錠劑
tbmp 24hr	24 小時多相錠劑
u	單位
vag ring	陰道環

Table of Contents

Analgesics	3
Anesthetics	9
Anti-Addiction/Substance Abuse Treatment Agents	10
Antianxiety Agents	11
Antibacterials	12
Anticancer Agents	21
Anticonvulsants	37
Antidementia Agents	43
Antidepressants	43
Antidiabetic Agents	47
Antifungals	52
Antigout Agents	54
Antihistamines	55
Anti-Infectives (Skin And Mucous Membrane)	55
Antimigraine Agents	56
Antimycobacterials	57
Antinausea Agents	58
Antiparasite Agents	60
Antiparkinsonian Agents	61
Antipsychotic Agents	63
Antivirals (Systemic)	69
Blood Products/Modifiers/Volume Expanders	77
Caloric Agents	81
Cardiovascular Agents	83
Central Nervous System Agents	96
Contraceptives	101
Dental And Oral Agents	110
Dermatological Agents	111
Devices	118
Enzyme Replacement/Modifiers	162
Eye, Ear, Nose, Throat Agents	164
Gastrointestinal Agents	169
Genitourinary Agents	173
Heavy Metal Antagonists	174
Hormonal Agents, Stimulant/Replacement/Modifying	175
Immunological Agents	182

Inflammatory Bowel Disease Agents.....	194
Metabolic Bone Disease Agents.....	195
Miscellaneous Therapeutic Agents.....	196
Ophthalmic Agents.....	199
Replacement Preparations.....	200
Respiratory Tract Agents.....	203
Skeletal Muscle Relaxants.....	208
Sleep Disorder Agents.....	208
Vasodilating Agents.....	209
Vitamins And Minerals.....	210

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
acetaminophen-codeine 120-12 mg/5 ml cup outer 120 mg-12 mg /5 ml (5 ml)	1	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (180 per 30 days)
ascomp with codeine oral capsule (codeine-butalbital-asa-caff) 30-50-325-40 mg	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
buprenorphine hcl injection solution 0.3 mg/ml	1	
buprenorphine hcl injection syringe 0.3 mg/ml	1	
buprenorphine transdermal patch (Butrans) weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen oral tablet (Tencon) 50-325 mg	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	QL (5 per 28 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	QL (180 per 30 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	(Ascomp with Codeine)	1 PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>endocet oral tablet 10-325 mg</i>	(oxycodone-acetaminophen)	1 QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	(oxycodone-acetaminophen)	1 QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	(oxycodone-acetaminophen)	1 QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>		1 PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>		1 PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		1 QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>		1 QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>		1 QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>		1 QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>		1 QL (150 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	1	
hydromorphone oral liquid 1 mg/ml (Dilaudid)	1	QL (1200 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	1	QL (180 per 30 days)
methadone injection solution 10 mg/ml	1	QL (120 per 30 days)
methadone oral solution 10 mg/5 ml	1	QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	QL (1200 per 30 days)
methadone oral tablet 10 mg	1	QL (120 per 30 days)
methadone oral tablet 5 mg	1	QL (180 per 30 days)
methadose oral tablet,soluble 40 mg (methadone)	1	QL (30 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	PA; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml	1	QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	1	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	1	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	1	QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg (MS Contin)	1	QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg (MS Contin)	1	QL (90 per 30 days)
oxycodone oral capsule 5 mg	1	QL (180 per 30 days)
oxycodone oral concentrate 20 mg/ml	1	PA; QL (120 per 30 days)
oxycodone oral solution 5 mg/5 ml	1	QL (1300 per 30 days)
oxycodone oral tablet 10 mg, 5 mg	1	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg (Roxicodone)	1	QL (120 per 30 days)
oxycodone oral tablet 20 mg	1	QL (120 per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg (OxyContin)	1	QL (60 per 30 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	(Endocet)	1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	(Endocet)	1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	(Endocet)	1	QL (240 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	(oxycodone)	1	QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>		1	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>		1	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>		1	QL (60 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>		1	NDS; QL (60 per 30 days)
<i>tencon oral tablet 50-325 mg</i>	(butalbital-acetaminophen)	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>tramadol oral tablet 50 mg</i>		1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		1	QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG		1	QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG		1	QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG		1	NDS; QL (240 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	(butalbital-acetaminophen-caff)	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, extended release 24 hr 100 mg</i>	1	QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	1	QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	1	QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL (100 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i> (Pennsaid)	1	PA; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i>	1	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ec-naproxen dr 500 mg tablet</i> (naproxen)	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	1	
<i>etodolac oral tablet 500 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	1	
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis)	1	PA; QL (90 per 30 days)
<i>indomethacin oral capsule 25 mg</i>	1	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule 50 mg</i>	1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule, extended release 75 mg</i>	1	PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac injection solution 15 mg/ml</i>	1	PA-HRM; QL (40 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection solution 30 mg/ml, 30 mg/ml (1 ml)</i>	1	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection syringe 15 mg/ml</i>	1	PA-HRM; QL (40 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection syringe 30 mg/ml</i>	1	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac oral tablet 10 mg</i>	1	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg (Naprosyn)</i>	1	
<i>naproxen oral tablet, delayed release (dr/lec) 375 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/lec) 500 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg (Feldene)</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 % (lidocaine hcl)</i>	1	QL (30 per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %) (Xylocaine-MPF)</i>	1	
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %) (Xylocaine)</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 % (Glydo)</i>	1	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	PA
<i>lidocaine topical adhesive patch, medicated 5 % (DermacinRx Lidocan)</i>	1	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine topical ointment 5 %</i>	1	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	1	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (dr/lec) 333 mg</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	1	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	1	
NICOTROL INHALATION CARTRIDGE 10 MG	1	ST; QL (2688 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	1	NDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	1	NDS; QL (1.5 per 30 days)
<i>varenicline oral tablet 0.5 mg</i>	1	QL (336 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix)	1	QL (336 per 365 days)
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	1	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR)	1	QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	1	QL (90 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	1	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	1	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1200 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>estazolam oral tablet 1 mg</i>	1	QL (60 per 30 days)
<i>estazolam oral tablet 2 mg</i>	1	QL (30 per 30 days)
<i>flurazepam oral capsule 15 mg</i>	1	QL (60 per 30 days)
<i>flurazepam oral capsule 30 mg</i>	1	QL (30 per 30 days)
<i>lorazepam 2 mg/ml oral concnet</i> (Lorazepam Intensol)	1	QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i>	1	QL (10 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	1	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	1	QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	1	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	NDS; QL (224 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA BvD; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	PA BvD; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	
Antibacterials, Miscellaneous		
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>clindamycin hcl oral capsule 150 mg, (Cleocin HCl) 300 mg, 75 mg</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>(clindamycin palmitate hcl)</i>		
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	NDS
<i>Coly-Mycin M Parenteral)</i>		
<i>daptomycin intravenous recon soln 500 mg</i>	1	NDS
<i>(Cubicin RF)</i>		
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	
<i>(Zyvox)</i>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	NDS
<i>(Zyvox)</i>		
<i>linezolid oral tablet 600 mg</i>	1	
<i>(Zyvox)</i>		
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>(Hiprex)</i>		
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	
<i>(Metro I.V.)</i>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	1	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	1	QL (112 per 14 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	1	
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; NDS; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin intravenous recon soln 3 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefotaxime injection recon soln 1 gram</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	NDS
Macrolides		
<i>azithromycin intravenous recon soln (Zithromax) 500 mg</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg (Zithromax)</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	1	NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml (E.E.S. Granules)</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml (EryPed 400)</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	
<i>ampicillin-sulbactam injection recon (Unasyn) soln 1.5 gram, 15 gram, 3 gram</i>	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin 1 gml/ 50 ml inj 1 gram/50 ml</i>	1	
<i>nafcillin injection recon soln 1 gram</i>	1	
<i>nafcillin injection recon soln 10 gram, 2 gram</i>	1	
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit (penicillin g potassium)</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Quinolones		
ciprofloxacin hcl oral tablet 100 mg, 750 mg	1	
ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	
ciprofloxacin oral (Cipro) suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	1	
levofloxacin intravenous solution 25 mg/ml	1	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin 400 mg/250 ml bag	1	
moxifloxacin oral tablet 400 mg	1	
moxifloxacin-sod.chloride(iso) (Avelox in NaCl (iso- intravenous piggyback 400 mg/250 ml osmotic))	1	
Sulfonamides		
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral (Sulfatrim) suspension 200-40 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral (Bactrim) tablet 400-80 mg	1	
sulfamethoxazole-trimethoprim oral (Bactrim DS) tablet 800-160 mg	1	
Tetracyclines		
demeclocycline oral tablet 150 mg, 300 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxy-100 intravenous recon soln 100 mg (doxycycline hyclate)</i>	1	
<i>doxycycline hyclate intravenous recon soln 100 mg (Doxy-100)</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg (Morgidox)</i>	1	
<i>doxycycline hyclate oral tablet 100 mg (LymePak)</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg (Mondoxyne NL)</i>	1	
<i>doxycycline monohydrate oral capsule 50 mg (Monodox)</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg (Avidoxy)</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>monodoxyne nl oral capsule 100 mg (doxycycline monohydrate)</i>	1	
<i>monodoxyne nl oral capsule 75 mg (doxycycline monohydrate)</i>	1	QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tigecycline intravenous recon soln 50 mg (Tygacil)</i>	1	NDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 mg (Zytiga)</i>	1	PA NSO; NDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	PA BvD; NDS
<i>adrucil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml (fluorouracil)</i>	1	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA NSO; NDS; QL (60 per 30 days)
ALECensa ORAL CAPSULE 150 MG	1	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA NSO; NDS
<i>anastrozole oral tablet 1 mg (Arimidex)</i>	1	
AUGTYRO ORAL CAPSULE 40 MG	1	PA NSO; NDS; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg (Vidaza)</i>	1	NDS
BALVERSA ORAL TABLET 3 MG	1	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA NSO; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg (Treanda)</i>	1	PA NSO; NDS

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Drug Name		Drug Tier	Requirements/Limits
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	(Bendeka)	1	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	1	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i>	(Targretin)	1	PA NSO; NDS
<i>bexarotene topical gel 1 %</i>	(Targretin)	1	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i>	(Casodex)	1	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>		1	
<i>bortezomib injection recon soln 1 mg</i>		1	PA NSO
<i>bortezomib injection recon soln 2.5 mg</i>		1	PA NSO; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	(Velcade)	1	PA NSO; NDS
BOSULIF ORAL TABLET 100 MG		1	PA NSO; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG		1	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		1	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG		1	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG		1	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG		1	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG		1	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 (vandetanib) MG		1	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 (vandetanib) MG		1	PA NSO; NDS; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i>	(Paraplatin)	1	
<i>cladribine intravenous solution 10 mg/10 ml</i>		1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	1	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	PA BvD; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml, 500 mg/ml</i>	1	PA BvD; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	1	PA NSO; NDS; QL (120 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	1	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; LA; NDS
DAURISMO ORAL TABLET 100 MG	1	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg (Dacogen)</i>	1	NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	(Doxil)	1 PA BvD; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	1	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	1	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL 40 MG/ML	1	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	1	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	1	NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	1	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	1	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	1	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i>	(Tarceva)	1 PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	(Tarceva)	1 PA NSO; NDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	1	
<i>etoposide intravenous solution 20 mg/ml</i>	1	
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Afinitor)	1	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	1	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	1	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	
EXKIVITY ORAL CAPSULE 40 MG	1	PA NSO; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	1	PA NSO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	1	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA NSO; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	1	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
GAVRETO ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	1	PA NSO; NDS; QL (60 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	PA BvD
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	1	PA BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE (lomustine) 10 MG, 100 MG, 40 MG	1	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	1	PA NSO; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	1	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	1	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; NDS; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUICA ORAL SUSPENSION 70 MG/ML	1	PA NSO; NDS; QL (240 per 30 days)
IMBRUICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA NSO; NDS; QL (28 per 28 days)
IMBRUICA ORAL TABLET 560 MG	1	NDS; QL (28 per 28 days)
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	1	PA NSO; QL (4 per 365 days)
INLYTA ORAL TABLET 1 MG	1	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	1	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	1	PA NSO; NDS; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	1	PA NSO; NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	1	PA NSO; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	NDS
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	1	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	1	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	1	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	1	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA NSO; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	NDS
LYTGOBI ORAL TABLET 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB)	1	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	1	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL RECON SOLN 0.05 MG/ML	1	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	1	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	1	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA NSO; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA NSO; NDS; QL (14 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	1	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	1	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	1	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA NSO; NDS; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	1	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	PA BvD
<i>paclitaxel protein-bound intravenous (Abraxane) suspension for reconstitution 100 mg</i>	1	PA BvD; NDS
<i>pazopanib oral tablet 200 mg (Votrient)</i>	1	PA NSO; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous (Alimta) recon soln 100 mg, 500 mg</i>	1	NDS
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	1	NDS
<i>pemetrexed intravenous recon soln 1 gram</i>	1	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA NSO; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NDS; QL (21 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PURIXAN ORAL SUSPENSION 20 MG/ML	1	NDS
QINLOCK ORAL TABLET 50 MG	1	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA NSO; NDS; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA NSO; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	1	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	1	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (224 per 28 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA NSO; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	1	PA NSO; NDS; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	1	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA NSO; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	1	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	PA NSO; NDS
TABLOID ORAL TABLET 40 MG	1	
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	1	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA NSO; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	1	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	1	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	1	PA NSO; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	1	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	1	
<i>toremifene oral tablet 60 mg</i> (Fareston)	1	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	1	PA NSO
<i>tretinooin (antineoplastic) oral capsule 10 mg</i>	1	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA NSO; NDS; QL (64 per 28 days)
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	1	PA NSO; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	1	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	1	PA NSO; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA NSO; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NDS
VELCADE INJECTION RECON (bortezomib) SOLN 3.5 MG	1	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	1	PA BvD
<i>vincasar pfs intravenous solution 1 (vincristine) mg/ml, 2 mg/2 ml</i>	1	PA BvD
<i>vincristine intravenous solution 1 (Vincasar PFS) mg/ml, 2 mg/2 ml</i>	1	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200 (pazopanib) MG	1	PA NSO; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
WELIREG ORAL TABLET 40 MG	1	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	1	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	1	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	1	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	1	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	1	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	1	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	1	PA NSO; NDS
YONSA ORAL TABLET 125 MG	1	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; NDS; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	1	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	1	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	1	PA NSO; NDS; QL (20 per 28 days)
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	1	ST; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	ST; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	1	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	1	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	(Carbatrol)	1
<i>carbamazepine oral suspension 100 mg/5 ml</i>	(Tegretol)	1
<i>carbamazepine oral tablet 200 mg</i>	(Epitol)	1

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	1	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	1	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	1	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	1	PA NSO; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>	1	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	1	
DILANTIN ORAL CAPSULE 30 MG	1	
<i>divalproex oral capsule, delayed release 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA NSO; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	1	ST; QL (480 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA NSO; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	1	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	ST; NDS; QL (60 per 30 days)
<i> gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i> gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i> gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	QL (2160 per 30 days)
<i> gabapentin oral tablet 600 mg</i> (Neurontin)	1	QL (180 per 30 days)
<i> gabapentin oral tablet 800 mg</i> (Neurontin)	1	QL (120 per 30 days)
<i> lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	1	QL (200 per 5 days)
<i> lacosamide oral solution 10 mg/ml</i> (Vimpat)	1	QL (1200 per 30 days)
<i> lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	1	QL (60 per 30 days)
<i> lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i> lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i> (Lamictal ODT Starter Blue))	1	
<i> lamotrigine oral tablet disintegrating, dose pk 25 mg(14)- 50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter Orange))	1	
<i> lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i> (Lamictal ODT Starter Green))	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	1	
<i>methsuximide oral capsule 300 mg</i> (Celontin)	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	1	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	1	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	1	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	1	NDS
<i>rufinamide oral tablet 200 mg</i> (Banzel)	1	
<i>rufinamide oral tablet 400 mg</i> (Banzel)	1	NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	1	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	1	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	1	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA NSO; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 5 MG/SPRAY (0.1 ML)	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 20 MG/2 SPRAY (10MG/0.1ML X2)	1	NDS
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	1	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	1	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	1	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	1	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	1	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	ST; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA NSO; NDS; QL (1080 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)</i>	1	QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	1	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)</i>	1	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg (Namenda)</i>	1	QL (60 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	1	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch)</i>	1	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	1	ST; NDS
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	
citalopram oral solution 10 mg/5 ml	1	QL (600 per 30 days)
citalopram oral tablet 10 mg (Celexa)	1	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg (Celexa)	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)	1	
desipramine oral tablet 10 mg, 25 mg (Norpramin)	1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	ST; QL (30 per 30 days)
duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)	1	QL (60 per 30 days)
duloxetine oral capsule, delayed release (dr/ec) 40 mg	1	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	ST; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)</i>	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg (Prozac)</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	1	
<i>mirtazapine oral tablet 15 mg, 30 mg (Remeron)</i>	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5 ml (Paxil)</i>	1	PA NSO-HRM; AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg (Nardil)</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml (Zoloft)</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)</i>	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	1	PA NSO
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg (Parnate)</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	1	QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i>	1	QL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	1	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg (Viibryd)</i>	1	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA NSO; NDS; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)</i>	1	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	1	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	1	PA; NDS; QL (112 per 28 days)
<i>metformin oral solution 500 mg/5 ml (Riomet)</i>	1	QL (765 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (90 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	PA NSO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA NSO; QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	1	PA NSO; QL (1.5 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)</i>	1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	1	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg (Actoplus MET)</i>	1	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	QL (150 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA NSO; QL (30 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL (40 per 28 days)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	QL (24 per 28 days)	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70- 30FlexPen U-100)	1	QL (30 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U- 100 Insulin)	1	QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U- 100 Insulin)	1	QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U- 100 Insulin)	1	QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	1	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70- 30)	1	QL (40 per 28 days)	
NOVOLIN 70-30 FLEXPEN U- 100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	QL (30 per 28 days)	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
SEMLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
SEMLEE(INSULIN GLARGINE-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	1	QL (15 per 28 days)
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg	1	QL (30 per 30 days)
glimepiride oral tablet 4 mg	1	QL (60 per 30 days)
glipizide oral tablet 10 mg	1	QL (120 per 30 days)
glipizide oral tablet 2.5 mg, 5 mg	1	QL (60 per 30 days)
glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg	1	QL (60 per 30 days)
glipizide oral tablet extended release (Glucotrol XL) 24hr 2.5 mg, 5 mg	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA-HRM; AGE (Max 64 Years)
Antifungals		
Antifungals		
<i>ABELCET INTRAVENOUS SUSPENSION 5 MG/ML</i>	1	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	1	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	1	PA BvD; NDS
<i>caspofungin intravenous recon soln (Cancidas) 50 mg</i>	1	
<i>caspofungin intravenous recon soln (Cancidas) 70 mg</i>	1	NDS
<i>ciclopirox topical cream 0.77% (Ciclodan)</i>	1	QL (180 per 30 days)
<i>ciclopirox topical gel 0.77%</i>	1	QL (300 per 30 days)
<i>ciclopirox topical shampoo 1%</i>	1	
<i>ciclopirox topical solution 8% (Ciclodan)</i>	1	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77% (Loprox (as olamine))</i>	1	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1% (Antifungal (clotrimazole))</i>	1	
<i>clotrimazole topical solution 1%</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05%</i>	1	QL (90 per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05%</i>	1	QL (90 per 30 days)
<i>econazole topical cream 1%</i>	1	QL (170 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	(Sporanox)	1
<i>itraconazole oral solution 10 mg/ml</i>	(Sporanox)	1
<i>ketoconazole oral tablet 200 mg</i>		1
<i>ketoconazole topical cream 2 %</i>		1
<i>ketoconazole topical foam 2 %</i>	(Extina)	1
<i>ketoconazole topical shampoo 2 %</i>		1
<i>klayesta topical powder 100,000 unit/gram</i>	(nystatin)	1
<i>miconazole-3 vaginal suppository 200 mg</i>		1
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	(posaconazole)	1
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG		1
<i>nyamyc topical powder 100,000 unit/gram</i>	(nystatin)	1
<i>nystatin oral suspension 100,000 unit/ml</i>		1
<i>nystatin oral tablet 500,000 unit</i>		1

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical powder 100,000 (Klayesta) unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 (nystatin) unit/gram</i>	1	QL (60 per 30 days)
<i>posaconazole intravenous solution 300 mg/16.7 ml</i>	1	NDS
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	1	PA; NDS
<i>posaconazole oral tablet, delayed release (dr/lec) 100 mg</i>	1	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i>	1	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg (Zyloprim)</i>	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg (Colcrys)</i>	1	PA; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg (Uloric)</i>	1	ST; QL (30 per 30 days)
<i>MITIGARE ORAL CAPSULE 0.6 MG (colchicine)</i>	1	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
Antihistamines		
Antihistamines		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	PA-HRM; AGE (Max 64 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>clemastine oral tablet 2.68 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	PA-HRM; AGE (Max 64 Years)
<i>cyproheptadine oral tablet 4 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 (Diphen) mg/5 ml</i>	1	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg (24HR Allergy Relief)</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA-HRM; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2%</i>	(Cleocin)	1

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75 % (Vandazole) (37.5mg/5 gram)</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
Antimigraine Agents		
Antimigraine Agents		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML	1	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	1	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	NDS; QL (24 per 28 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	1	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg (Maxalt)</i>	1	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (12 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg (Maxalt-MLT)</i>	1	QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol (Imitrex) 20 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol (Imitrex) 5 mg/actuation</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet (Imitrex) 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (4 per 28 days)
<i>sumatriptan-naproxen oral tablet (TrexiMet) 85-500 mg</i>	1	QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (16 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (6 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg</i>	1	
<i>ethambutol oral tablet 400 mg (Myambutol)</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PRIFTIN ORAL TABLET 150 MG	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg (Mycobutin)</i>	1	
<i>rifampin intravenous recon soln 600 mg (Rifadin)</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; NDS
TRECATOR ORAL TABLET 250 MG	1	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	1	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	1	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	1	PA BvD
APONVIE INTRAVENOUS EMULSION 7.2 MG/ML	1	QL (4.4 per 28 days)
<i>aprepitant oral capsule 125 mg</i>	1	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg (Emend)</i>	1	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2) (Emend)</i>	1	PA BvD
<i>compro rectal suppository 25 mg (prochlorperazine)</i>	1	
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)</i>	1	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>droperidol injection solution 2.5 mg/ml</i>	1	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	1	PA BvD; NDS; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg (Emend (fosaprepitant))</i>	1	QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg (Dramamine (meclizine))</i>	1	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA BvD
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	
<i>prochlorperazine maleate oral tablet (Compazine) 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository (Compro) 25 mg</i>	1	
<i>promethazine injection solution 25 mg/ml (Phenergan)</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine injection solution 50 mg/ml (Phenergan)</i>	1	PA-HRM; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository (Promethegan) 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 (promethazine) mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch (Transderm-Skop) 3 day 1 mg over 3 days</i>	1	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	1	NDS
<i>atovaquone oral suspension 750 (Mepron) mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet (Malarone) 250-100 mg</i>	1	
<i>atovaquone-proguanil oral tablet (Malarone Pediatric) 62.5-25 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20- 120 MG	1	
<i>hydroxychloroquine oral tablet 200 (Plaquenil) mg</i>	1	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg (Stromectol)</i>	1	
KRINTAFEL ORAL TABLET 150 MG	1	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg (Alinia)</i>	1	NDS
<i>paromomycin oral capsule 250 mg (Humatin)</i>	1	
<i>pentamidine inhalation recon soln (Nebupent) 300 mg</i>	1	PA BvD
<i>pentamidine injection recon soln 300 (Pentam) mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE ORAL TABLET 26.3 MG	1	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	1	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	1	PA; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>apomorphine subcutaneous cartridge (APOKYN) 10 mg/ml</i>	1	PA; NDS; QL (60 per 30 days)
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	1	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 75) tablet 18.75-75-200 mg	1	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 100) tablet 25-100-200 mg	1	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 125) tablet 31.25-125-200 mg	1	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 150) tablet 37.5-150-200 mg	1	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 200) tablet 50-200-200 mg	1	
<i>entacapone oral tablet 200 mg</i> (Comtan)	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	1	PA; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	1	PA; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	1	ST; QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	1	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	1	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	1	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG	1	PA; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	1	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	1	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	NDS; QL (2.4 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	1	NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet (Saphris) 10 mg, 2.5 mg, 5 mg	1	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	ST; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	1	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet 100 mg, 200 (Clozaril) mg, 25 mg, 50 mg	1	
clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg	1	ST; QL (90 per 30 days)
clozapine oral tablet, disintegrating 150 mg	1	ST; QL (180 per 30 days)
clozapine oral tablet, disintegrating 200 mg	1	ST; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)- 2MG(2)- 4MG(2)-6MG(2)	1	ST
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml (1ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	NDS; QL (0.88 per 70 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg (Latuda)</i>	1	NDS; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg (Latuda)</i>	1	NDS; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA NSO; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	1	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	1	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg (Zyprexa)</i>	1	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)</i>	1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg (Zyprexa Zydis)</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg (Invega)</i>	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg (Invega)</i>	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	1	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)</i>	1	
<i>quetiapine oral tablet 150 mg</i>	1	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg (Seroquel XR)</i>	1	
REXULTI ORAL TABLET 0.25 MG	1	ST; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	1	ST; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	1	ST; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml (Risperdal)</i>	1	
<i>risperidone oral tablet 0.25 mg</i>	1	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)</i>	1	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	1	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	1	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	1	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	1	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	1	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	1	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	1	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	1	ST

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	1	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	1	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	1	NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	1	NDS
<i>atazanavir oral capsule 150 mg</i>	1	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	1	NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	1	NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i>	1	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	1	NDS
COMPLERA ORAL TABLET 200-25-300 MG	1	NDS
<i>darunavir ethanolate oral tablet 600 mg, 800 mg</i> (Prezista)	1	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	1	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	NDS
<i>didanosine oral capsule, delayed release (drlec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	1	NDS
EDURANT ORAL TABLET 25 MG	1	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	1	NDS
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg</i> (Symfi Lo)	1	NDS
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg</i> (Symfi)	1	NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	1	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	1	NDS
EVOTAZ ORAL TABLET 300-150 MG	1	NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	1	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	1	NDS
INTELENCE ORAL TABLET 25 MG	1	
INVIRASE ORAL TABLET 500 MG	1	NDS
ISENTRESS HD ORAL TABLET 600 MG	1	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	NDS
ISENTRESS ORAL TABLET 400 MG	1	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	1	
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine oral tablet</i> (Combivir) 150-300 mg	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
<i>lopinavir-ritonavir oral solution 400-</i> (Kaletra) 100 mg/5 ml	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25</i> (Kaletra) mg	1	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50</i> (Kaletra) mg	1	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300</i> (Selzentry) mg	1	NDS
<i>nevirapine oral suspension 50 mg/5</i> ml	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended</i> <i>release 24 hr 100 mg, 400 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	1	
NORVIR ORAL SOLUTION 80 MG/ML	1	
ODEFSEY ORAL TABLET 200- 25-25 MG	1	NDS
PIFELTRO ORAL TABLET 100 MG	1	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	1	NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL POWDER IN PACKET 50 MG	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	1	NDS
<i>ritonavir oral tablet 100 mg (Norvir)</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	1	NDS
SELZENTRY ORAL TABLET 25 MG	1	
SELZENTRY ORAL TABLET 75 MG	1	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	1	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	1	PA BvD; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	NDS
TEMIXYS ORAL TABLET 300-300 MG	1	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg (Viread)</i>	1	
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	1	NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	NDS
TRIZIVIR ORAL TABLET 300-150-300 MG	1	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	1	NDS
VEMLIDY ORAL TABLET 25 MG	1	ST; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	NDS
VOCABRIA ORAL TABLET 30 MG	1	
<i>zidovudine oral capsule 100 mg (Retrovir)</i>	1	
<i>zidovudine oral syrup 10 mg/ml (Retrovir)</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
Antivirals, Miscellaneous		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	1	PA
<i>foscarnet intravenous solution 24 mg/ml (Foscavir)</i>	1	PA BvD
<i>oseltamivir oral capsule 30 mg (Tamiflu)</i>	1	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg (Tamiflu)</i>	1	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg (Tamiflu)</i>	1	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)</i>	1	QL (540 per 180 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	1	QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	1	PA; NDS; QL (336 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	1	PA; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	1	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	1	PA; NDS
XOFLUZA ORAL TABLET 20 MG, 40 MG	1	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	1	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSIA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; NDS; QL (28 per 28 days)
EPCLUSIA ORAL PELLETS IN PACKET 200-50 MG	1	PA; NDS; QL (56 per 28 days)
EPCLUSIA ORAL TABLET 200-50 MG	1	PA; NDS; QL (28 per 28 days)
EPCLUSIA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	1	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	1	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	1	PA; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; NDS; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; NDS; QL (28 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	PA; NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	1	PA BvD
acyclovir sodium intravenous solution 50 mg/ml	1	PA BvD
adefovir oral tablet 10 mg (Hepsera)	1	
cidofovir intravenous solution 75 mg/ml	1	NDS
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
ganciclovir sodium intravenous recon soln 500 mg	1	PA BvD; NDS
ganciclovir sodium intravenous solution 50 mg/ml	1	PA BvD; NDS
lagevrio (eua) oral capsule 200 mg	1	QL (40 per 5 days)
ribavirin inhalation recon soln 6 gram (Virazole)	1	PA BvD; NDS
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	1	
valganciclovir oral recon soln 50 mg/ml (Valcyte)	1	NDS
valganciclovir oral tablet 450 mg (Valcyte)	1	
VEKLURY INTRAVENOUS RECON SOLN 100 MG	1	PA BvD; NDS

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Drug Name	Drug Tier	Requirements/Limits
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	(Pradaxa)	1 QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		1
ELIQUIS ORAL TABLET 2.5 MG		1 QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		1 QL (74 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	(Lovenox)	1 QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	(Lovenox)	1 QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	(Lovenox)	1 QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	(Lovenox)	1 QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	(Lovenox)	1 QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	(Lovenox)	1 QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	(Arixtra)	1 NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	(Arixtra)	1 QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	(Arixtra)	1 NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	(Arixtra)	1 NDS; QL (18 per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>		1
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>		1

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Drug Name	Drug Tier	Requirements/Limits
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	1	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; NDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	1	PA; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	1	PA; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	1	PA; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NDS
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	1	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	1	PA; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	1	NDS
MOZOBIL SUBCUTANEOUS (plerixafor) SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	NDS
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	1	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NDS
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	1	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NDS
<i>plerixafor subcutaneous solution 24 (Mozobil) mg/1.2 ml (20 mg/ml)</i>	1	NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	1	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	1	PA; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	1	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	1	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; QL (4 per 28 days)
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	1	PA; NDS
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NDS
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 6 MG/0.6 ML	1	PA; NDS
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	1	PA; NDS
<i>anagrelide oral capsule 0.5 mg</i> (Agylin)	1	
<i>anagrelide oral capsule 1 mg</i>	1	
CABLIVI INJECTION KIT 11 MG	1	PA; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>protamine intravenous solution 10 mg/ml</i>	1	
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution (Cyklokapron) 1,000 mg/10 ml (100 mg/ml)</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg (Plavix)</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg (Effient)</i>	1	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	1	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	1	PA BvD
CLINIMIX E 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	PA BvD

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

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Drug Name	Drug Tier	Requirements/Limits
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>phenylephrine hcl injection solution (Vazculep) 10 mg/ml</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg (Minipress)</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT)</i>	1	
<i>EDARBI ORAL TABLET 40 MG, 80 MG</i>	1	
<i>EDARBYCLOL ORAL TABLET 40-12.5 MG, 40-25 MG</i>	1	
<i>ENTRESTO ORAL TABLET 24-26 MG</i>	1	QL (180 per 30 days)
<i>ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG</i>	1	QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg (Avapro)</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg (Avalide)</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)</i>	1	
<i>olmesartanamlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg (Tribenzor)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>benazepril oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	ST; QL (1200 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	1	PA-HRM; AGE (Max 64 Years)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg (amiodarone)</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>procainamide intravenous syringe 100 mg/ml</i>	1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)</i>	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)</i>	1	
<i>labetalol intravenous solution 5 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet (Toprol XL) extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)</i>	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg (Corgard)</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg (sotalol)</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg (sotalol)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
sotalol oral tablet 120 mg, 160 mg, 80 mg (Sotalol AF)	1	
sotalol oral tablet 240 mg (Betapace)	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
Calcium-Channel Blocking Agents		
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (diltiazem hcl)	1	
diltiazem hcl intravenous solution 5 mg/ml	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral capsule,extended release 24 hr 360 mg (Taztia XT)	1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg (Tiadylt ER)	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cartia XT)	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)	1	
diltiazem hcl oral tablet 90 mg	1	
diltiazem hcl oral tablet extended release 24 hr 120 mg (Cardizem LA)	1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Matzim LA)	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg (diltiazem hcl)	1	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (diltiazem hcl)	1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (diltiazem hcl)	1	

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Drug Name		Drug Tier	Requirements/Limits
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	(diltiazem hcl)	1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>		1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	(Verelan PM)	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>		1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>		1	
<i>verapamil oral tablet extended release 120 mg</i>	(Calan SR)	1	
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>		1	
Cardiovascular Agents, Miscellaneous			
CORLANOR ORAL SOLUTION 5 MG/5 ML		1	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG		1	QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	(digoxin)	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	(digoxin)	1	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	(Lanoxin)	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	(Digitek)	1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	(Auvi-Q)	1	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	(EpiPen Jr)	1	QL (4 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	(Adrenalin)	1	
<i>hydralazine injection solution 20 mg/ml</i>		1	

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Drug Name	Drug Tier	Requirements/Limits
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
icatibant subcutaneous syringe 30 mg/3 ml (Sajazir)	1	PA; NDS; QL (18 per 30 days)
metyrosine oral capsule 250 mg (Demser)	1	NDS
ranolazine oral tablet extended release 12 hr 1,000 mg	1	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	1	QL (120 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml (icatibant)	1	PA; NDS; QL (18 per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	1	QL (4 per 30 days)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine)	1	QL (4 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA; QL (30 per 30 days)
Dihydropyridines		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)	1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg (Exforge HCT)	1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
KATERZIA ORAL SUSPENSION 1 MG/ML	1	ST; QL (300 per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, (Lasix) 80 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	1	PA; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	1	PA; NDS; QL (56 per 28 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, (Aldactone) 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>torsemide oral tablet 10 mg, 100 mg, 5 mg</i>	1	
<i>torsemide oral tablet 20 mg (Soaanz)</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral (Maxzide-25mg) tablet 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral (Maxzide) tablet 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet (Caduet) 10-10 mg, 5-10 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet (Caduet) 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	
<i>atorvastatin oral tablet 10 mg, 20 (Lipitor) mg, 40 mg, 80 mg</i>	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg (WelChol)</i>	1	

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Drug Name		Drug Tier	Requirements/Limits
<i>colestipol oral packet 5 gram</i>	(Colestid)	1	
<i>colestipol oral tablet 1 gram</i>	(Colestid)	1	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		1	ST; QL (30 per 30 days)
<i>ezetimibe oral tablet 10 mg</i>	(Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10- 10 mg</i>	(Vytorin 10-10)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10- 20 mg</i>	(Vytorin 10-20)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10- 40 mg</i>	(Vytorin 10-40)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10- 80 mg</i>	(Vytorin 10-80)	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>		1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	(Tricor)	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	(Trilipix)	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>		1	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	(Lescol XL)	1	
<i>gemfibrozil oral tablet 600 mg</i>	(Lopid)	1	
JUXTAPIID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG		1	PA; NDS; QL (28 per 28 days)
JUXTAPIID ORAL CAPSULE 20 MG, 30 MG		1	PA; NDS; QL (56 per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	(pitavastatin calcium)	1	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>		1	

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Drug Name	Drug Tier	Requirements/Limits
NEXLETOL ORAL TABLET 180 MG	1	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	1	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>niacor oral tablet 500 mg</i> (niacin)	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	1	ST; QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	1	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	1	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	1	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg (Tekturna)</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	1	ST; QL (600 per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg (Inspira)</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 per 30 days)
<i>spironolactone oral suspension 25 mg/5 ml (CaroSpir)</i>	1	ST; QL (600 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 5 mg (Isordil Titradoser)</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide-hydralazine oral tablet (BiDil) 20-37.5 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg (Strattera)</i>	1	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg (Strattera)</i>	1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 6 MG	1	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	1	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	1	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	1	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	1	PA BvD
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; QL (60 per 30 days)
<i>dextmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	1	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i>	(Zenzedi)	1	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	(Zenzedi)	1	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	(Adderall XR)	1	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	(Adderall XR)	1	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	(Adderall)	1	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	(Tecfidera)	1	PA; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	(Tecfidera)	1	PA; NDS
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	(Tecfidera)	1	PA; NDS; QL (60 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		1	PA; NDS
<i>fingolimod oral capsule 0.5 mg</i>	(Gilenya)	1	PA; NDS; QL (30 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>		1	
GILENYA ORAL CAPSULE 0.25 MG		1	PA; NDS; QL (60 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	(Glatopa)	1	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	(Glatopa)	1	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	(glatiramer)	1	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	(glatiramer)	1	PA; NDS; QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg (Intuniv ER)	1	
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	1	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg (Lithobid)</i>	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	1	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	1	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	1	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	1	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	1	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	1	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	1	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	1	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; NDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	1	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	1	PA; NDS
<i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl)	1	QL (90 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	1	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	1	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	1	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	1	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	1	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	1	QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	1	PA; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; NDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	1	PA; NDS; QL (2800 per 28 days)
<i>riluzole oral tablet 50 mg (Rilutek)</i>	1	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	
TASCENO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	1	PA; NDS; QL (30 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg (Aubagio)</i>	1	PA; NDS; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)</i>	1	PA; NDS; QL (112 per 28 days)
VUMERTY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)</i>	1	

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Drug Name		Drug Tier	Requirements/Limits
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol- e.estrad)	1	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>aranelle (28) oral tablet 0.5/1/0.5- 35 mg-mcg</i>		1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol- e.estrad)	1	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>aurovela 1.5/30 (21) oral tablet 1.5- 30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog- e.estradiol/e.estradiol)	1	
<i>balziva (28) oral tablet 0.4-35 mg- mcg</i>		1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	1	

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Drug Name		Drug Tier	Requirements/Limits
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estriadiol-iron)	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estriadiol-iron)	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		1	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		1	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinylestrad)	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinylestradiol)	1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinylestradiol)	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethinestradiol)	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estriadiol-e.estrad)	1	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>desog-e.estriadiolle.estriadiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Syeda)	1	
<i>elonest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinylestradiol)	1	
ELLA ORAL TABLET 30 MG		1	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinylestradiol)	1	QL (1 per 28 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>estarrylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	1	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	

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Drug Name		Drug Tier	Requirements/Limits
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(1 norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
jasmiel (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
kalliga oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	
kelnor 1-50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	1	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(LoJaimiess)	1	QL (91 per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	1	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	

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Drug Name		Drug Tier	Requirements/Limits
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	1	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>loaimies oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>lulera (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	

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Drug Name		Drug Tier	Requirements/Limits
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estriadiol-iron)	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estriadiol-iron)	1	
<i>milki oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	1	
<i>norethindrone-e.estriadiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Merzee)	1	
<i>norethindrone-e.estriadiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	1	
<i>norethindrone-e.estriadiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	1	
<i>norethindrone-e.estriadiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tri-Legest Fe)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nylia 1/35 (28) oral tablet 1-35 mg- mcg (norethindrone-ethin estradiol)</i>	1	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nymyo oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)</i>	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradol/e.estradol)</i>	1	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>pirmella oral tablet 1-35 mg-mcg (norethindrone-ethin estradiol)</i>	1	
<i>portia 28 oral tablet 0.15-0.03 mg (levonorgestrel-ethinyl estrad)</i>	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg (desogestrel-ethinyl estradiol)</i>	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) (levonorgestrel-ethinyl estrad)</i>	1	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg (norethindrone (contraceptive))</i>	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estradol/e.estradol)</i>	1	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7) (1 norgest/e.estradol-e.estrad)</i>	1	QL (91 per 84 days)
SLYND ORAL TABLET 4 MG (28)	1	

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Drug Name		Drug Tier	Requirements/Limits
sprintec (28) oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
syeda oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estriadiol-iron)	1	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estriadiol-iron)	1	
tri-estarrylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estriadiol-iron)	1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-lo-estarrylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tulana oral tablet 0.35 mg	(norethindrone (contraceptive))	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>vestura (28) oral tablet 3-0.02 mg (drospirenone-ethinyl estradiol)</i>	1	
<i>vienna oral tablet 0.1-20 mg-mcg (levonorgestrel-ethinyl estrad)</i>	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estriadiol/e.estriadiol)</i>	1	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (desog-e.estriadiol/e.estriadiol)</i>	1	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg (norgestimate-ethinyl estradiol)</i>	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg (drospirenone-ethinyl estradiol)</i>	1	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg (ethynodiol diac-eth estradiol)</i>	1	
<i>zumandimine (28) oral tablet 3-0.03 mg (drospirenone-ethinyl estradiol)</i>	1	
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg (Evoxac)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 % (fluoride (sodium))</i>	1	
<i>dentagel dental gel 1.1 % (fluoride (sodium))</i>	1	
<i>fluoride (sodium) dental solution 0.2 % (PreviDent)</i>	1	

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Drug Name		Drug Tier	Requirements/Limits
KOURZEQ DENTAL PASTE 0.1 %	(triamcinolone acetonide)	1	
oralone dental paste 0.1 %	(triamcinolone acetonide)	1	
paroex oral rinse mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	1	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Fluoridex Sensitivity Relief)	1	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	1	

Dermatological Agents

Dermatological Agents, Other

accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	1	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		1	
acyclovir topical cream 5 %	(Zovirax)	1	QL (5 per 4 days)
acyclovir topical ointment 5 %	(Zovirax)	1	QL (30 per 30 days)
ALCOHOL 70% SWABS	(Alcohol Pads)	1	
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	
ammonium lactate topical cream 12 %		1	
ammonium lactate topical lotion 12 %	(Skin Treatment)	1	
BD SINGLE USE SWAB	(alcohol swabs)	1	
calcipotriene scalp solution 0.005 %		1	QL (120 per 30 days)
calcipotriene topical cream 0.005 %		1	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CARETOUCH ALCOHOL 70% (alcohol swabs) PREP PAD	1	
CURITY ALCOHOL PREPS 2 PLY,MEDIUM (alcohol swabs)	1	
DROPSAFE ALCOHOL 70% (alcohol swabs) PREP PADS	1	
EASY COMFORT ALCOHOL 70% PAD (alcohol swabs)	1	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED (alcohol swabs)	1	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	1	NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
HEB INCONTROL ALCOHOL 70% PADS (alcohol swabs)	1	
<i>imiquimod topical cream in packet 5 %</i>	1	QL (24 per 30 days)
IV ANTISEPTIC WIPES (alcohol swabs)	1	
KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)	1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	1	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled,rapid rel 10 mg</i>	1	NDS
PANRETIN TOPICAL GEL 0.1 %	1	NDS; QL (180 per 30 days)
<i>penciclovir topical cream 1 %</i> (Denavir)	1	
<i>podoftilox topical solution 0.5 %</i>	1	
PRO COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	
RA ISOPROPYL ALCOHOL 70% WIPES (alcohol swabs)	1	
REGRANEX TOPICAL GEL 0.01 %	1	PA; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	QL (180 per 30 days)
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	1	
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	1	
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	
TRUE COMFORT PRO ALCOHOL PADS (alcohol swabs)	1	
ULTILET ALCOHOL STERL SWAB (alcohol swabs)	1	
VALCHLOR TOPICAL GEL 0.016%	1	PA NSO; NDS
WEBCOL ALCOHOL PREPS 20'S,LARGE (alcohol swabs)	1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	1	
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	1	QL (100 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	1	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Neuac)	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	
<i>ery pads topical swab 2 %</i> (erythromycin with ethanol)	1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	1	QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	1	QL (180 per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	1	
<i>gentamicin topical cream 0.1 %</i>	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin topical ointment 0.1 %</i>	1	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 % (Rosadan)</i>	1	
<i>metronidazole topical gel 0.75 % (Rosadan)</i>	1	
<i>metronidazole topical gel 1 % (Metrogel)</i>	1	
<i>metronidazole topical lotion 0.75 % (MetroLotion)</i>	1	
<i>mupirocin topical ointment 2 % (Centany)</i>	1	QL (220 per 30 days)
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
<i>rosadan topical cream 0.75 % (metronidazole)</i>	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>silver sulfadiazine topical cream 1 % (SSD)</i>	1	
<i>ssd topical cream 1 % (silver sulfadiazine)</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 % (hydrocortisone)</i>	1	
<i>ala-scalp topical lotion 2 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam (Luxiq) 0.12 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	1	
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	1	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	1	
<i>desonide topical cream 0.05 %</i> (DesOwen)	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	1	QL (120 per 30 days)
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	1	QL (120 per 30 days)
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	1	QL (120 per 30 days)
<i>diflorasone topical ointment 0.05 %</i>	1	QL (180 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	1	
<i>fluocinolone topical cream 0.01 %</i>	1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide-emollient topical cream (Fluocinonide-E) 0.05 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone 2.5% cream</i>	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion 0.1 % (Locoid)</i>	1	QL (236 per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	QL (120 per 30 days)
<i>hydrocortisone topical cream 1 % (Ala-Cort)</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 % (Anti-Itch (HC))</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>hydrocortisone-min oil-wht pet topical ointment 1 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>pimecrolimus topical cream 1 % (Elidel)</i>	1	QL (100 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>prednicarbate topical ointment 0.1 %</i>		1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	1	
<i>protozone-hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>		1	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>		1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	(Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>		1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>		1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	(Trianex)	1	
Dermatological Retinoids			
<i>adapalene topical cream 0.1 %</i>	(Differin)	1	
<i>adapalene topical gel 0.1 %</i>	(Differin)	1	
<i>ALTRENO TOPICAL LOTION 0.05 %</i>		1	PA
<i>tazarotene topical cream 0.1 %</i>	(Tazorac)	1	
<i>TAZORAC TOPICAL CREAM 0.05 %</i>		1	
<i>tretinoin topical cream 0.025 %</i>	(Avita)	1	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	(Retin-A)	1	PA
<i>tretinoin topical gel 0.01 %</i>	(Retin-A)	1	PA
<i>tretinoin topical gel 0.025 %</i>	(Avita)	1	PA
<i>tretinoin topical gel 0.05 %</i>	(Atralin)	1	PA
Scabicides And Pediculicides			
<i>malathion topical lotion 0.5 %</i>	(Ovide)	1	
<i>permethrin topical cream 5 %</i>	(Elimite)	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Devices		
Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE- USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	1
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1

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Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		1	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		1	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		1	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		1	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		1	

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Drug Name		Drug Tier	Requirements/Limits
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		1	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"		1	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		1	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		1	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		1	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "		1	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		1	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"		1	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"		1	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"		1	

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Drug Name		Drug Tier	Requirements/Limits
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"		1	
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	
BD INSULIN SYRINGE 1 ML W/O NEEDLE	(insulin syringe needleless)	1	
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	1	
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		1	
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		1	
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		1	
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		1	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		1	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"		1	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		1	
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		1	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		1	

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Drug Name		Drug Tier	Requirements/Limits
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		1	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	

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Drug Name		Drug Tier	Requirements/Limits
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		1	
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16		1	
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	1	

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Drug Name		Drug Tier	Requirements/Limits
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	1	
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	

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Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 6MM 32G 32 GAUGE X 1/4"	1	
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 6MM 33G 33 GAUGE X 1/4"	1	
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 8MM 31G SHORT 31 GAUGE X 5/16"	1	
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 8MM 32G 32 GAUGE X 5/16"	1	
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	1	
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	
COMFORT EZ PRO PEN NDL (pen needle, diabetic, 31G 4MM 31 GAUGE X 5/32" safety)	1	
COMFORT EZ PRO PEN NDL (pen needle, diabetic, 31G 5MM 31 GAUGE X 3/16" safety)	1	
COMFORT EZ SYR 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X u-100) 1/2"	1	
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X u-100) 1/2"	1	
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"	1	
COMFORT EZ SYR 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	1	
COMFORT EZ SYR 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X u-100) 1/2"	1	
COMFORT EZ SYR 1 ML (insulin syringe-needle 29GX1/2" 1 ML 29 GAUGE X u-100) 1/2"	1	
COMFORT EZ SYR 1 ML (insulin syringe-needle 30GX1/2" 1 ML 30 GAUGE X u-100) 1/2"	1	

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Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		1	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		1	
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	1	
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	1	
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		1	
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	(gauze bandage)	1	
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	1	

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Drug Name	Drug Tier	Requirements/Limits
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	1	
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	1	
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 (insulin syringe-needle u-100) GAUGE X 1/2"	1	
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 (insulin syringe-needle u-100) GAUGE X 1/2"	1	
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	1	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	1	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	1	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	1	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	1	
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X (insulin syringe-needle u-100) 5/16"	1	
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X (insulin syringe-needle u-100) 15/64"	1	

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

Drug Name		Drug Tier	Requirements/Limits
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		1	
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		1	
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		1	
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	

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Drug Name		Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	1	
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		1	
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		1	
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		1	
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"		1	
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"		1	
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"		1	
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"		1	
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		1	
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		1	
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	

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

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	1	
EASY COMFORT 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" u-100)	1	
EASY COMFORT 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X u-100) 5/16"	1	
EASY COMFORT 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	1	
EASY COMFORT 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	1	
EASY COMFORT 0.5 ML (insulin syringe-needle SYRINGE 0.5 ML 30 GAUGE X u-100) 5/16"	1	
EASY COMFORT 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X u-100) 5/16	1	
EASY COMFORT 1 ML (insulin syringe-needle 32GX5/16" 1 ML 32 GAUGE X u-100) 5/16"	1	
EASY COMFORT INSULIN 1 (insulin syringe-needle ML SYR 1 ML 30 GAUGE X 5/16 u-100)	1	
EASY COMFORT PEN NDL (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	1	
EASY COMFORT PEN NDL (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	1	
EASY COMFORT PEN NDL (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	1	
EASY COMFORT PEN NDL (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	1	
EASY COMFORT PEN NDL (pen needle, diabetic) 33G 4MM 33 GAUGE X 5/32"	1	
EASY COMFORT PEN NDL (pen needle, diabetic) 33G 5MM 33 GAUGE X 3/16"	1	

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Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	1	
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		1	
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		1	
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		1	

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	1	
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	1	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	1	
EASY TOUCH INSULIN SYR (insulin syringe-needle 0.3 ML 0.3 ML 30 GAUGE X u-100) 5/16", 0.3 ML 31 GAUGE X 5/16"	1	
EASY TOUCH INSULIN SYR (insulin syringe-needle 0.5 ML 0.5 ML 30 GAUGE X u-100) 5/16", 0.5 ML 31 GAUGE X 5/16"	1	
EASY TOUCH INSULIN SYR 1 (insulin syringe-needle ML 1 ML 30 GAUGE X 5/16, 1 u-100) ML 31 GAUGE X 5/16	1	
EASY TOUCH INSULIN SYR 1 (insulin syringe-needle ML RETRACTABLE 1 ML 30 u-100) GAUGE X 1/2"	1	
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	

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Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	1	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		1	
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		1	
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		1	
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"		1	
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH UNI-SLIP SYR 1 ML (insulin syringe needleless)	1	
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	1	
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	1	
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	1	
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30 (Ultra Comfort Insulin Syringe)	1	
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE (Lite Touch Insulin Syringe)	1	
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16" (Lite Touch Insulin Syringe)	1	
EXEL INSULIN SYRINGE 27G- 1 ML 1 ML 27 GAUGE X 1/2" u-100) (insulin syringe-needle)	1	
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16" (Advocate Syringes)	1	
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16" (Advocate Syringes)	1	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16" (pen needle, diabetic)	1	

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Drug Name		Drug Tier	Requirements/Limits
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Lite Touch Insulin Syringe)	1	
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1	
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		1	
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	1	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	1	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		1	
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	1	
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	

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Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		1	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		1	

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Drug Name		Drug Tier	Requirements/Limits
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		1	
INSULIN SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(UltiCare Insulin Syr(half unit))	1	
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	
INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	1	
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	1	
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	1	
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	1	
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	1	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		1	

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Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	1	
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	1	
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Lite Touch Insulin Syringe)	1	
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	1	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
LISCO SPONGES 100/BAG 2 X 2 "		1	
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	

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Drug Name		Drug Tier	Requirements/Limits
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	1	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	1	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		1	
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	

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Drug Name		Drug Tier	Requirements/Limits
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		1	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		1	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		1	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		1	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		1	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		1	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		1	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	

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Drug Name		Drug Tier	Requirements/Limits
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	1	
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	1	
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)	1	
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	1	
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	1	
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	1	
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	1	
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	

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

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	1	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	1	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	1	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	1	

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Drug Name		Drug Tier	Requirements/Limits
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	1	
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	1	
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	1	
PEN NEEDLES 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	1	
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	

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Drug Name		Drug Tier	Requirements/Limits
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		1	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		1	
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	

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Drug Name		Drug Tier	Requirements/Limits
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		1	
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	1	
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		1	
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	1	
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		1	
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		1	
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	1	
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	1	
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	1	
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Lite Touch Insulin Syringe)	1	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		1	

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Drug Name	Drug Tier	Requirements/Limits
RELION MINI PEN 31G X 1/4" (pen needle, diabetic) NDL 31 GAUGE X 1/4"	1	
RELION PEN NEEDLES (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	1	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	1	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	1	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	1	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	1	
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	1	
SAFETY PEN NEEDLE 31G (Comfort EZ PRO 4MM 31 GAUGE X 5/32" Safety Pen Ndl)	1	
SAFETY PEN NEEDLE 5MM X (pen needle, diabetic, 31G 31 GAUGE X 3/16" safety)	1	
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	1	
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	1	
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	1	
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	

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Drug Name		Drug Tier	Requirements/Limits
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	(gauze bandage)	1	
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"		1	
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		1	
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	1	
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	

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Drug Name		Drug Tier	Requirements/Limits
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		1	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"		1	

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Drug Name	Drug Tier	Requirements/Limits
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	1	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	1	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	1	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	1	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	1	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	1	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	1	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	1	
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	1	
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	1	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" (pen needle, diabetic)	1	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	1	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	1	

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Drug Name		Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	1	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	1	
TERUMO INS SYRINGE U100- 1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	
TERUMO INS SYRINGE U100- 1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		1	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		1	

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Drug Name		Drug Tier	Requirements/Limits
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	1	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		1	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TRUE CMFR PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUE CMFR PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUE CMFR PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		1	
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		1	
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	

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Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	1	
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	1	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		1	
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	

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Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS PEN NEEDLE 31G (pen needle, diabetic) X 1/4" 31 GAUGE X 1/4"	1	
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	1	
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X u-100) 1/2"	1	
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	1	
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	1	
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X u-100) 1/2"	1	
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"	1	
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	1	
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	1	
TRUEPLUS SYR 1 ML 28GX1/2" (insulin syringe-needle 1 ML 28 GAUGE X 1/2" u-100)	1	
TRUEPLUS SYR 1 ML 29GX1/2" (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	1	
TRUEPLUS SYR 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X u-100) 5/16	1	
TRUEPLUS SYR 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X u-100) 5/16	1	
ULTICAR INS 0.3 ML (insulin syr/ndl u100 31GX1/4(1/2) 0.3 ML 31 GAUGE half mark) X 1/4"	1	

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Drug Name		Drug Tier	Requirements/Limits
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		1	
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	

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Drug Name		Drug Tier	Requirements/Limits
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		1	
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"		1	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"		1	
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		1	
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		1	
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"		1	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"		1	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"		1	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"		1	
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"		1	
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		1	
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		1	
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	

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Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 u-100) ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	
ULTILET PEN NEEDLE 29 GAUGE	1	
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	1	
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	1	
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	1	
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	1	
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	1	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	1	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	

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Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO PEN NEEDLE 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	1	
ULTRA FLO PEN NEEDLES (pen needle, diabetic) 12MM 29G 29 GAUGE X 1/2"	1	
ULTRA FLO SYR 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X u-100) 1/2"	1	
ULTRA FLO SYR 0.3 ML 30G (insulin syringe-needle 5/16" 0.3 ML 30 GAUGE X 5/16" u-100)	1	
ULTRA FLO SYR 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" u-100)	1	
ULTRA FLO SYR 0.5 ML 29G (insulin syringe-needle 1/2" 0.5 ML 29 GAUGE X 1/2" u-100)	1	
ULTRA THIN PEN NDL 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	
ULTRACARE INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	1	
ULTRACARE INS 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	1	
ULTRACARE INS 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	1	
ULTRACARE INS 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	1	
ULTRACARE INS 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	1	
ULTRACARE INS 1 ML 30G X (insulin syringe-needle 5/16" 1 ML 30 GAUGE X 5/16 u-100)	1	
ULTRACARE INS 1 ML 30G X (insulin syringe-needle 30GX1/2" 1 ML 30 GAUGE X u-100) 1/2"	1	
ULTRACARE INS 1 ML 31G X (insulin syringe-needle 5/16" 1 ML 31 GAUGE X 5/16 u-100)	1	
ULTRACARE PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	1	

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Drug Name		Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	1	
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	1	

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS 31GX3/16" (pen needle, diabetic) 31GX5MM, STRL, MINI 31 GAUGE X 3/16"	1	
UNIFINE PENTIPS 32GX1/4" 32 (pen needle, diabetic) GAUGE X 1/4"	1	
UNIFINE PENTIPS 32GX5/32" (pen needle, diabetic) 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	1	
UNIFINE PENTIPS 33GX5/32" (pen needle, diabetic) 33 GAUGE X 5/32"	1	
UNIFINE PENTIPS 6MM 31G (pen needle, diabetic) 31 GAUGE X 1/4"	1	
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	1	
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	1	
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	1	
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	1	
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	1	
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	1	
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	1	
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	1	
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	1	
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	1	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	1	

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

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Drug Name	Drug Tier	Requirements/Limits
VERIFINE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	
VERIFINE SYRING 0.5 ML 29G (insulin syringe-needle 1/2" 0.5 ML 29 GAUGE X 1/2" u-100)	1	
VERIFINE SYRING 1 ML 31G (insulin syringe-needle 5/16" 1 ML 31 GAUGE X 5/16" u-100)	1	
VERIFINE SYRNG 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" u-100)	1	
VERIFINE SYRNG 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16" u-100)	1	
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	
V-GO 20 DEVICE	1	QL (30 per 30 days)
V-GO 30 DEVICE	1	QL (30 per 30 days)
V-GO 40 DEVICE	1	QL (30 per 30 days)

Enzyme Replacement/Modifiers

Enzyme Replacement/Modifiers

ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	1	NDS
CERDELGA ORAL CAPSULE 84 MG	1	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	1	NDS
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	1	PA; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	1	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	1	PA; NDS; QL (14 per 28 days)
<i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)	1	PA; NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	1	PA; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	1	PA BvD; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	1	PA; NDS
<i>miglustat oral capsule 100 mg</i> (Yargesa)	1	PA; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	NDS
<i>nitisinone oral capsule 10 mg, 2 mg,</i> (Orfadin) <i>20 mg, 5 mg</i>	1	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	1	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA BvD; NDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; NDS
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	1	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	1	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	1	PA; NDS
VPRIv INTRAVENOUS RECON SOLN 400 UNIT	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
yargesa oral capsule 100 mg (miglustat)	1	PA; NDS; QL (90 per 30 days)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	1	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
alcaine ophthalmic (eye) drops 0.5 % (proparacaine)	1	
apraclonidine ophthalmic (eye) drops 0.5 %	1	
atropine ophthalmic (eye) drops 1 % (Isopto Atropine)	1	
azelastine nasal aerosol,spray 137 mcg (0.1 %)	1	QL (30 per 25 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	1	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	1	
bepotastine besilate ophthalmic (eye) drops 1.5 % (Bepreve)	1	ST
cromolyn ophthalmic (eye) drops 4 %	1	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 % (Cyclogyl)	1	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	1	PA; NDS; QL (20 per 28 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	PA; NDS; QL (60 per 28 days)
epinastine ophthalmic (eye) drops 0.05 %	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	1	QL (30 per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	1	QL (15 per 10 days)
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>olopatadine nasal spray, non-aerosol 0.6 % (Patanase)</i>	1	QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 % (Eye Allergy Itch-Redness Rlf)</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.2 % (Eye Allergy Itch Relief)</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)</i>	1	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	1	PA; NDS
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	1	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	QL (3.5 per 4 days)
<i>gatifloxacin ophthalmic (eye) drops (Zymaxid) 0.5 %</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) (Vigamox) drops 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	1	
<i>neomycin-bacitracin-poly-hc (Neo-Polycin HC) ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g-1%</i>	1	
<i>neomycin-bacitracin-polymyxin (Neo-Polycin) ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin b-dexameth (Maxitrol) ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth (Maxitrol) ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg- 10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000- 10 mg-unit-mg/ml</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml- %</i>	1	
<i>neo-polycin hc ophthalmic (eye) (neomycin-bacitracin- ointment 3.5-400-10,000 mg-unit/g- 1%)</i>	1	
<i>neo-polycin ophthalmic (eye) (neomycin-bacitracin- ointment 3.5-400-10,000 mg-unit- unit/g)</i>	1	
<i>ofloxacin ophthalmic (eye) drops (Ocuflax) 0.3 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>(bacitracin-polymyxin b)</i>		
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %</i>	1	ST; QL (10 per 25 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %</i>	1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>disfluprednate ophthalmic (eye) (Durezol) drops 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	1	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) (DermOtic Oil) drops 0.01 %</i>	1	
<i>fluorometholone ophthalmic (eye) (FML Liquifilm) drops,suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation Relief)</i>	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	1	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops (Acular) 0.5 %</i>	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	1	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	1	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (Lotemax) (eye) drops,gel 0.5 %</i>	1	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (Lotemax) (eye) drops,suspension 0.5 %</i>	1	QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol (Nasonex 24hr Allergy) 50 mcg/actuation</i>	1	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (Pred Forte) (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	1	QL (5.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	1	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	1	ST; QL (32 per 30 days)
XXIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg (Acid Reducer (cimetidine))</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 20 mg</i> (Nexium)	1	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</i> (Nexium)	1	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	1	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	1	ST; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	1	
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
famotidine intravenous solution 10 mg/ml	1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 20 mg (Acid Controller)	1	
famotidine oral tablet 40 mg (Pepcid)	1	
lansoprazole oral capsule, delayed release(dr/lec) 15 mg (lansoprazole))	1	QL (30 per 30 days)
lansoprazole oral capsule, delayed release(dr/lec) 30 mg (Prevacid)	1	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg (Cytotec)	1	
nizatidine oral capsule 150 mg, 300 mg	1	
omeprazole oral capsule, delayed release(dr/lec) 10 mg, 20 mg, 40 mg (Zegerid)	1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	1	ST; QL (30 per 30 days)
pantoprazole intravenous recon soln 40 mg (Protonix)	1	
pantoprazole oral tablet, delayed release (dr/lec) 20 mg (Protonix)	1	QL (30 per 30 days)
pantoprazole oral tablet, delayed release (dr/lec) 40 mg (Protonix)	1	QL (60 per 30 days)
rabeprazole oral tablet, delayed release (dr/lec) 20 mg (AcipHex)	1	QL (30 per 30 days)
sucralfate oral tablet 1 gram (Carafate)	1	
Gastrointestinal Agents, Other		
carglumic acid oral tablet, dispersible 200 mg (Carbaglu)	1	PA; NDS
constulose oral solution 10 gram/15 ml (lactulose)	1	
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	PA-HRM; AGE (Max 64 Years)
diphenoxylate-atropine oral tablet (Lomotil) 2.5-0.025 mg	1	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml (lactulose)	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; NDS
generlac oral solution 10 gram/15 ml (lactulose)	1	
glycopyrrolate oral tablet 1 mg (Robinul)	1	
glycopyrrolate oral tablet 2 mg (Robinul Forte)	1	
lactulose oral solution 10 gram/15 ml (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	1	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	1	QL (30 per 30 days)
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	1	
lubiprostone oral capsule 24 mcg, 8 mcg (Amitiza)	1	QL (60 per 30 days)
methscopolamine oral tablet 2.5 mg, 5 mg	1	
metoclopramide hcl injection solution 5 mg/ml	1	
metoclopramide hcl injection syringe 5 mg/ml	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	1	PA; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR ORAL TABLET 150 MG	1	PA; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	1	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	PA; NDS; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral tablet</i> (Buphenyl) 500 mg	1	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i> 15-20 gram/60 ml	1	
<i>ursodiol oral capsule</i> 300 mg	1	
<i>ursodiol oral tablet</i> 250 mg (URSO 250)	1	
<i>ursodiol oral tablet</i> 500 mg (URSO Forte)	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	1	QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG	1	PA; NDS; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	1	
<i>gavilyte-c oral recon soln</i> 240-22.72- (peg 3350-electrolytes) 6.72 -5.84 gram	1	
<i>gavilyte-g oral recon soln</i> 236-22.74- (peg 3350-electrolytes) 6.74 -5.86 gram	1	
<i>peg-electrolyte soln oral recon soln</i> 420 gram	1	
<i>sodium,potassium,mag sulfates oral</i> (Suprep Bowel Prep <i>recon soln</i> 17.5-3.13-1.6 gram Kit)	1	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	1	

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Drug Name	Drug Tier	Requirements/Limits
Phosphate Binders		
calcium acetate(phosphat bind) oral capsule 667 mg	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	
lanthanum oral tablet,chewable (Fosrenol) 1,000 mg, 500 mg, 750 mg	1	NDS
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	1	
sevelamer carbonate oral powder in (Renvela) packet 0.8 gram, 2.4 gram	1	
sevelamer carbonate oral tablet 800 (Renvela) mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	1	
Genitourinary Agents		
Antispasmodics, Urinary		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
fesoterodine oral tablet extended (Toviaz) release 24 hr 4 mg, 8 mg	1	
flavoxate oral tablet 100 mg	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
tolterodine oral capsule,extended (Detrol LA) release 24hr 2 mg, 4 mg	1	
tolterodine oral tablet 1 mg, 2 mg (Detrol)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	(Avodart)	1
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	(Jalyn)	1
ENTADFI ORAL CAPSULE 5-5 MG	1	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	(Proscar)	1
<i>tamsulosin oral capsule 0.4 mg</i>	(Flomax)	1
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		1
<i>tiopronin oral tablet 100 mg</i>	(Thiola)	1
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	(Jadenu Sprinkle)	1
<i>deferasirox oral tablet 180 mg, 360 mg</i>	(Jadenu)	1
<i>deferasirox oral tablet 90 mg</i>	(Jadenu)	1
<i>deferasirox oral tablet, dispersible 125 mg</i>	(Exjade)	1
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	(Exjade)	1
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	(Ferriprox)	1
<i>deferoxamine injection recon soln 2 gram</i>		1
<i>deferoxamine injection recon soln 500 mg</i>	(Desferal)	1
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG		1
		PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
FERRIPROX ORAL SOLUTION 100 MG/ML	1	PA; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	1	PA; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	1	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying Agents		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	1	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i> (Vogelxo)	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	1	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1 % (50 mg/5 gram)</i> (AndroGel)	1	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	1	PA; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	1	PA-HRM; AGE (Max 64 Years)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG	1	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	PA-HRM; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	1	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	1	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)	1	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	1	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	1	PA-HRM; AGE (Max 64 Years)
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	1	PA-HRM; AGE (Max 64 Years)
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	1	PA-HRM; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	1	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	1	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET (conjugated estrogens) 0.625 MG, 1.25 MG	1	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	1	
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
HEMADY ORAL TABLET 20 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)	1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml (Depo-Medrol)	1	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg (Medrol)	1	
methylprednisolone oral tablet 32 mg	1	
methylprednisolone oral tablets, dose pack 4 mg (Medrol (Pak))	1	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	
methylprednisolone sodium succ intravenous recon soln 1,000 mg (Solu-Medrol)	1	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	1	PA BvD
prednisolone oral solution 15 mg/5 ml	1	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	1	PA BvD
prednisolone sodium phosphate oral solution 5 mg/5 ml (Pediapred)	1	PA BvD
prednisone oral solution 5 mg/5 ml	1	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	PA BvD
prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	1	
triamcinolone acetonide injection suspension 40 mg/ml (Kenalog)	1	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	1	PA; NDS; QL (35 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	1	PA; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin ac 4 mcg/ml ampul pl/f, (DDAVP) outer, sdv</i>	1	NDS
<i>desmopressin injection solution 4 mcg/ml (DDAVP)</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)</i>	1	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	1	PA; NDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml (Somatuline Depot)</i>	1	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	1	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	1	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN Injector 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; NDS
<i>octreotide acetate injection solution</i> 1,000 mcg/ml, 200 mcg/ml	1	
<i>octreotide acetate injection solution</i> (Sandostatin) 100 mcg/ml, 50 mcg/ml	1	
<i>octreotide acetate injection solution</i> (Sandostatin) 500 mcg/ml	1	NDS
<i>octreotide acetate injection syringe</i> 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	1	
ORGOVYX ORAL TABLET 120 MG	1	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	1	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	1	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	1	PA NSO; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	1	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	1	PA NSO; NDS; QL (0.3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	1	PA; NDS
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	1	PA; NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	1	PA; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	QL (1 per 84 days)
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	1	NDS
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	NDS
<i>medroxyprogesterone intramuscular (Depo-Provera) suspension 150 mg/ml</i>	1	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular (Depo-Provera) syringe 150 mg/ml</i>	1	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 (Provera) mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	
<i>progesterone micronized oral (Prometrium) capsule 100 mg, 200 mg</i>	1	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, (Euthyrox) 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine oral tablet 300 mcg (Levo-T)</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg (Cytomel)</i>	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	1	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	NDS
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	1	PA BvD
AVSOLA INTRAVENOUS RECON SOLN 100 MG	1	PA; NDS
<i>azathioprine oral tablet 50 mg (Imuran)</i>	1	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	1	PA BvD
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	1	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA NSO; NDS; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	1	PA; NDS
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	1	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	1	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	1	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	1	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 (Sandimmune) mg	1	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	1	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; NDS
everolimus (<i>immunosuppressive</i>) (Zortress) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PA BvD; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	1	PA BvD; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	1	PA; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	1	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	1	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	1	PA BvD; NDS
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	1	PA BvD
gengraf oral solution 100 mg/ml (cyclosporine modified)	1	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	1	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	1	PA; NDS
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	1	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NDS
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	1	PA; NDS
<i>infliximab intravenous recon soln</i> (Remicade) 100 mg	1	PA; NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/rec) 180 mg, 360 mg</i>	1	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	1	PA BvD; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	1	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	1	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	1	PA; NDS
OTEZLA ORAL TABLET 30 MG	1	PA; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	1	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO- INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	1	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	1	PA; NDS
REZUROCK ORAL TABLET 200 MG	1	PA NSO; NDS
RIDAURA ORAL CAPSULE 3 MG	1	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	1	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	1	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	1	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	1	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	1	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	1	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	1	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	1	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)</i>	1	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
Vaccines		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	
AREXVY ANTIGEN COMPONENT 120 MCG	1	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	1	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	1	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	PA BvD
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 48MCG-62DU -10 MCG/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
PREHEVBRIOPF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	PA BvD
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4- 4.2- 3.3CCID50/0.5ML	1	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3- 4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	1	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTAQUE VACCINE ORAL SOLUTION 2 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	QL (2 per 365 days)
TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 toxoids-td) ML	1	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	QL (0.75 per 365 days)
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	
TYPHIM VI (typhoid vi polysacch INTRAMUSCULAR SYRINGE vaccine) 25 MCG/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	1	

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Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	1	
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
alosetron oral tablet 0.5 mg (Lotronex)	1	
alosetron oral tablet 1 mg (Lotronex)	1	NDS
balsalazide oral capsule 750 mg (Colazal)	1	
budesonide oral capsule, delayed, extend.release 3 mg	1	
budesonide rectal foam 2 mg/actuation (Uceris)	1	
DIPENTUM ORAL CAPSULE 250 MG	1	ST; NDS
hydrocortisone rectal enema 100 mg/60 ml (Cortenema)	1	
mesalamine oral capsule (with del rel tablets) 400 mg (Delzicol)	1	
mesalamine oral capsule,extended release 24hr 0.375 gram (Apriso)	1	
mesalamine oral tablet,delayed release (dr/lec) 1.2 gram (Lialda)	1	QL (120 per 30 days)
mesalamine oral tablet,delayed release (dr/lec) 800 mg	1	
mesalamine rectal suppository 1,000 mg (Canasa)	1	
sulfasalazine oral tablet 500 mg (Azulfidine)	1	

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Drug Name	Drug Tier	Requirements/Limits
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate oral solution 70 mg/75 ml	1	QL (300 per 28 days)
alendronate oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
alendronate oral tablet 35 mg	1	QL (4 per 28 days)
alendronate oral tablet 70 mg (Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) injection solution 200 unit/ml (Miacalcin)	1	NDS
calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation	1	QL (3.7 per 28 days)
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)	1	
calcitriol oral solution 1 mcg/ml (Rocaltrol)	1	
cinacalcet oral tablet 30 mg, 60 mg (Sensipar)	1	QL (60 per 30 days)
cinacalcet oral tablet 90 mg (Sensipar)	1	QL (120 per 30 days)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) (teriparatide)	1	QL (2.4 per 28 days)
ibandronate intravenous solution 3 mg/3 ml	1	QL (3 per 84 days)
ibandronate intravenous syringe 3 mg/3 ml	1	QL (3 per 84 days)
ibandronate oral tablet 150 mg	1	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	1	PA; NDS; QL (2 per 28 days)
pamidronate intravenous recon soln 30 mg, 90 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	1	
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	1	
paricalcitol oral capsule 4 mcg	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	1	QL (60 per 30 days)
risedronate oral tablet 150 mg (Actonel)	1	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg	1	QL (30 per 30 days)
risedronate oral tablet 35 mg (Actonel)	1	QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)	1	QL (4 per 28 days)
risedronate oral tablet, delayed release (drlec) 35 mg (Atelvia)	1	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	1	QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	PA; NDS
zoledronic acid intravenous recon soln 4 mg	1	
zoledronic acid intravenous solution 4 mg/5 ml	1	
zoledronic acid-mannitol-water (Reclast) intravenous piggyback 5 mg/100 ml	1	QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; NDS
betaine oral powder 1 gram/scoop (Cystadane)	1	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	1	PA; NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	1	NDS
<i>diazoxide oral suspension 50 mg/ml (Proglycem)</i>	1	
ELMIRON ORAL CAPSULE 100 MG	1	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	1	PA; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	1	PA; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	1	PA; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	1	NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg (Vistaril)</i>	1	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)	1	NDS
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	1	
MESNEX ORAL TABLET 400 MG	1	NDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	1	PA; NDS
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	1	QL (30 per 30 days)
TAKHYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	1	PA; NDS; QL (4 per 28 days)
TAKHYRO SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; NDS; QL (2 per 28 days)
TAKHYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	1	PA; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NDS; QL (56 per 28 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	1	NDS
TYBOST ORAL TABLET 150 MG	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	1	NDS; QL (24 per 14 days)
VOWST ORAL CAPSULE	1	PA; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 0.6 MG/0.6 ML	1	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	1	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
ALPHAGAN P OPHTHALMIC (brimonidine) (EYE) DROPS 0.1 %	1	
AZOPT OPHTHALMIC (EYE) (brinzolamide) DROPS,SUSPENSION 1 %	1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops (Alphagan P) 0.1 %, 0.15 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>brimonidine-timolol ophthalmic (Combigan) (eye) drops 0.2-0.5 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	1	QL (5 per 30 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	

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

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

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Drug Name	Drug Tier	Requirements/Limits	
Respiratory Tract Agents			
Anti-Inflammatories, Inhaled			
Corticosteroids			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115- 21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion- salmeterol)	1	QL (12 per 30 days)
ARNUTITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		1	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate- vilanterol)	1	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		1	QL (60 per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(budesonide- formoterol)	1	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	(Pulmicort)	1	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	(Pulmicort)	1	PA BvD; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(Breyna)	1	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	(Flovent HFA)	1	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	(Flovent HFA)	1	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	(Flovent HFA)	1	QL (21.2 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	(Wixela Inhub)	1	QL (60 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	(fluticasone propion- salmeterol)	1	QL (60 per 30 days)
Antileukotrienes			
<i>montelukast oral tablet 10 mg</i>	(Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	(Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	(Accolate)	1	
Bronchodilators			
<i>AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION</i>		1	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	(Proventil HFA)	1	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>		1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>		1	PA BvD; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>		1	PA BvD; QL (120 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>		1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>		1	
<i>ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION</i>		1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	1	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
<i>elioxophyllin oral elixir 80 mg/15 ml (theophylline)</i>	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg (2.5 mg base)/3 ml</i>	1	PA BvD; QL (540 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	1	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	NDS
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	1	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote)	1	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	1	NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	1	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; LA; NDS; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	1	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	1	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	1	PA; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	1	PA; NDS; QL (90 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV	1	PA BvD; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	1	PA BvD; NDS
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	1	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	1	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	1	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	1	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; NDS; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	1	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg</i>	1	PA-HRM; NDS; QL (120 per 30 days); AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 750 mg (Lorzone)</i>	1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 50 mg</i>	1	
<i>dantrolene oral capsule 25 mg (Dantrium)</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>revonto intravenous recon soln 20 mg (dantrolene)</i>	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg (Zanaflex)</i>	1	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 (Nuvigil) mg, 250 mg, 50 mg</i>	1	PA; QL (30 per 30 days)
<i>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</i>	1	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 (Lunesta) mg</i>	1	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		1	PA; NDS; QL (150 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)		1	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)		1	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)		1	PA; LA; NDS; QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG		1	PA; QL (30 per 30 days)
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)		1	PA; NDS; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>		1	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)		1	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)		1	QL (30 per 30 days)

Vasodilating Agents

Vasodilating Agents

ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		1	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))		1	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)		1	PA; NDS; QL (30 per 30 days)
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> (Veletri)		1	PA; NDS
OPSUMIT ORAL TABLET 10 MG		1	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)		1	PA; NDS; QL (37.5 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)		1	PA; QL (360 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)		1	PA; QL (60 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis)		1	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRACLEER ORAL TABLET 125 (bosentan) MG, 62.5 MG	1	PA; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	1	PA; NDS; QL (112 per 28 days)
<i>treprostinil sodium injection solution</i> (Remodulin) 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	1	PA; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	1	PA; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	1	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	1	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	1	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	1	
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	1	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	1	
<i>folivane-ob capsule 85-1 mg</i>	1	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	1	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	1	
<i>m-natal plus tablet 27 mg iron- 1 mg (pny,calcium 72-iron-folic acid)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	1	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
<i>newgen tablet 32-1,000 mg-mcg</i>	1	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	1	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	1	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	1	
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	1	
<i>pnv prenatal plus multivit tab (pnv,calcium 72-iron-gluten-free (rx) 27 mg iron- 1 mg folic acid)</i>	1	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	
<i>pnv-omega softgel 28-1-300 mg</i>	1	
<i>pr natal 400 combo pack 29-1-400 mg</i>	1	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	1	
<i>prenatal true combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
prenaissance plus oral capsule 28-1-50-250 mg	1	
prenatabs fa tablet 29-1 mg	1	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg	1	
prenatal 19 chewable tablet 29 mg iron- 1 mg	1	
prenatal low iron tablet (rx) 27 mg iron- 1 mg	1	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg (pnv,calcium 72-iron,carb-folic)	1	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	1	
prenatal-u capsule 106.5-1 mg	1	
preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)	1	
pretab 29 mg-1 mg tablet (rx) 29-1 mg	1	
r-natal ob softgel 20 mg iron- 1 mg-320 mg	1	
select-ob chewable caplet 29 mg iron- 1 mg	1	
select-ob chewable caplet 29 mg iron- 1 mg	1	
se-natal 19 chewable tablet 29 mg iron- 1 mg	1	
taron-c dha capsule 35-1-200 mg	1	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	1	
triveen-duo dha combo pack 29-1-400 mg	1	
vinate care oral tablet,chewable 40 mg iron- 1 mg	1	
virt-c dha softgel (rx) 35-1-200 mg	1	
virt-nate dha softgel 28 mg iron-1 mg -200 mg	1	
virt-pn dha softgel (rx) 27 mg iron- 1 mg -300 mg	1	

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

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

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

INDEX

1ST TIER UNIFINE		ADVOCATE PEN NEEDLE	
PENTIPS.....	118	119
1ST TIER UNIFINE		ADVOCATE SYRINGES	
PENTIPS PLUS.....	118	118, 119
<i>abacavir</i>	69	<i>afirmelle</i>	101
<i>abacavir-lamivudine</i>	69	AIRSUPRA.....	204
ABELCET.....	52	AJOVY AUTOINJECTOR....	56
<i>abiraterone</i>	21	AJOVY SYRINGE.....	56
ABOUTTIME PEN		AKEEGA.....	21
NEEDLE.....	118	AKYNZEO	
ABRAXANE.....	21	(FOSNETUPITANT).....	58
ABRYSVO.....	189	AKYNZEO	
<i>acamprosate</i>	10	(NETUPITANT).....	58
<i>acarbose</i>	47	<i>ala-cort</i>	114
<i>accutane</i>	111	<i>ala-scalp</i>	114
<i>acebutolol</i>	87	<i>albendazole</i>	60
<i>acetaminophen-codeine</i>	3	<i>albuterol sulfate</i>	204
<i>acetazolamide</i>	199	<i>alcaine</i>	164
<i>acetazolamide sodium</i>	199	<i>alclometasone</i>	114
<i>acetic acid</i>	165	ALCOHOL PADS.....	111
<i>acetylcysteine</i>	206	ALCOHOL PREP PADS....	112
<i>acitretin</i>	111	ALCOHOL PREP SWABS..	111
ACTEMRA.....	182	ALCOHOL SWABS.....	111
ACTEMRA ACTPEN.....	182	ALCOHOL WIPES.....	112
ACTHAR.....	178	ALDURAZYME.....	162
ACTHIB (PF).....	189	ALECENSA.....	21
ACTIMMUNE.....	196	<i>alendronate</i>	195
<i>acyclovir</i>	76, 111	<i>alfuzosin</i>	174
<i>acyclovir sodium</i>	76	<i>aliskiren</i>	96
ADACEL(TDAP		<i>allopurinol</i>	54
ADOLESN/ADULT)(PF)....	189	<i>alosetron</i>	194
ADAKVEO.....	80	ALPHAGAN P.....	199
<i>adapalene</i>	117	<i>alprazolam</i>	11
<i>adefovir</i>	76	ALREX.....	167
ADEMPAS.....	209	<i>altavera</i> (28).....	102
<i>adrucil</i>	21	ALTRENO.....	117
ADVAIR HFA.....	203	ALUNBRIG.....	21
		<i>alyacen 1/35</i> (28)	102
		<i>alyacen 7/7/7</i> (28)	102
		<i>alyq</i>	209
		<i>amabelz</i>	176
		<i>amantadine hcl</i>	61
		<i>ambrisentan</i>	209
		<i>amethia</i>	102
		<i>amiloride</i>	92
		<i>amiloride-hydrochlorothiazide</i> ..	92
		<i>amiodarone</i>	86
		<i>amitriptyline</i>	43
		<i>amitriptyline-chlordiazepoxide</i> ..	43
		<i>amlodipine</i>	91
		<i>amlodipine-atorvastatin</i>	93
		<i>amlodipine-benazepril</i>	91
		<i>amlodipine-olmesartan</i>	91
		<i>amlodipine-valsartan</i>	91
		<i>amlodipine-valsartan-hcthiazid</i> ..	91
		<i>ammonium lactate</i>	111
		<i>amoxapine</i>	43
		<i>amoxicil-clarithromy-</i>	
		<i>lansopraz</i>	169
		<i>amoxicillin</i>	17
		<i>amoxicillin-pot clavulanate</i> ..	17, 18
		<i>amphotericin b</i>	52
		<i>amphotericin b liposome</i>	52
		<i>ampicillin</i>	18
		<i>ampicillin sodium</i>	18
		<i>ampicillin-sulbactam</i>	18
		<i>anagrelide</i>	80
		<i>anastrozole</i>	21
		ANORO ELLIPTA.....	204
		<i>apomorphine</i>	61
		APONVIE.....	58
		<i>apraclonidine</i>	164
		<i>aprepitant</i>	58
		APRETUDE.....	69
		<i>apri</i>	102
		APTIOM.....	37

APTIVUS.....	69	AUSTEDO.....	96, 97	BD NANO 2ND GEN PEN NEEDLE.....	121
AQINJECT PEN NEEDLE.	119	AUSTEDO XR.....	97	BD SAFETYGLIDE INSULIN SYRINGE.....	121
<i>aranelle</i> (28).....	102	AUSTEDO XR TITRATION KT(WK1-4).....	97	BD SAFETYGLIDE SYRINGE.....	121
ARCALYST.....	182	AUVELITY.....	44	BD ULTRA-FINE MICRO PEN NEEDLE.....	122
AREXVY (PF).....	189	<i>aviane</i>	102	BD ULTRA-FINE MINI PEN NEEDLE.....	122
AREXVY ANTIGEN COMPONENT.....	189	AVONEX.....	97	BD ULTRA-FINE NANO PEN NEEDLE.....	122
<i>aripiprazole</i>	63	AVSOLA.....	182	BD ULTRA-FINE ORIG PEN NEEDLE.....	122
ARISTADA.....	63, 64	<i>ayuna</i>	102	BD ULTRA-FINE SHORT PEN NEEDLE.....	122
ARISTADA INITIO.....	63	AYVAKIT.....	21	BD VEO INSULIN SYR (HALF UNIT).....	122
<i>armodafinil</i>	208	<i>azacitidine</i>	21	BD VEO INSULIN SYRINGE UF.....	122
ARNUITY ELLIPTA.....	203	<i>azathioprine</i>	182	BELSOMRA.....	208
<i>ascomp with codeine</i>	3	<i>azathioprine sodium</i>	182	<i>benazepril</i>	85
<i>asenapine maleate</i>	64	<i>azelastine</i>	164	<i>benazepril-hydrochlorothiazide</i>	85
<i>ashlyna</i>	102	<i>azithromycin</i>	16	<i>bendamustine</i>	21
<i>aspirin-dipyridamole</i>	81	AZOPT.....	199	BENDAMUSTINE.....	22
ASSURE ID DUO-SHIELD	119	<i>aztreonam</i>	17	BENDEKA.....	22
ASSURE ID INSULIN SAFETY.....	119, 120	<i>azurette</i> (28).....	102	BENLYSTA.....	182
ASSURE ID PEN NEEDLE	119, 120	<i>bacitracin</i>	13, 165	<i>benztropine</i>	61
ASSURE ID PRO PEN NEEDLE.....	120	<i>bacitracin-polymyxin b</i>	165	<i>bepotastine besilate</i>	164
ASTAGRAF XL.....	182	<i>baclofen</i>	208	BESREMI.....	182
<i>atazanavir</i>	69	<i>bal-care dha</i>	210	<i>betaine</i>	196
<i>atenolol</i>	87	<i>bal-care dha essential</i>	210	<i>betamethasone acet,sod phos..</i>	177
<i>atenolol-chlorthalidone</i>	87	<i>balsalazide</i>	194	<i>betamethasone dipropionate</i> ...	114
<i>atomoxetine</i>	96	BALVERSA.....	21	<i>betamethasone valerate</i>	114
<i>atorvastatin</i>	93	<i>balziva</i> (28).....	102	<i>betamethasone, augmented</i>	114, 115
<i>atovaquone</i>	60	BCG VACCINE, LIVE (PF)	189	BETASERON.....	97
<i>atovaquone-proguanil</i>	60	BD ALCOHOL SWABS.....	111	<i>betaxolol</i>	87, 199
<i>atropine</i>	164	BD AUTOSHIELD DUO PEN NEEDLE.....	120	<i>bethanechol chloride</i>	173
ATROVENT HFA.....	205	BD ECLIPSE LUER-LOK.....	120	<i>bexarotene</i>	22
<i>aubra eq</i>	102	BD INSULIN SYRINGE.....	120		
AUGTYRO.....	21	BD INSULIN SYRINGE (HALF UNIT).....	120		
<i>aurovela 1.5/30 (21)</i>	102	BD INSULIN SYRINGE SLIP TIP.....	121		
<i>aurovela 1/20 (21)</i>	102	BD INSULIN SYRINGE U-500.....	120		
<i>aurovela 24 fe</i>	102	BD INSULIN SYRINGE ULTRA-FINE.....	120		
<i>aurovela fe 1.5/30 (28)</i>	102				
<i>aurovela fe 1-20 (28)</i>	102				

BEXSERO	189	butalbital-acetaminophen	3	carglumic acid	170
BEYFORTUS	74	butalbital-acetaminophen-caff	3	CAROSPIR	96
bicalutamide	22	butalbital-aspirin-caffeine	4	carteolol	199
BICILLIN L-A	18	butorphanol	4	cartia xt	89
BIKTARVY	69	CABENUVA	70	carvedilol	87
bimatoprost	199	cabergoline	61	caspofungin	52
bisoprolol fumarate	87	CABLIVI	80	CAYSTON	17
bisoprolol-hydrochlorothiazide ..	87	CABOMETYX	22	caziant (28)	103
bleomycin	22	cabotegravir	70	cefaclor	14
blisovi 24 fe	102	caffeine citrate	97	cefadroxil	14
blisovi fe 1.5/30 (28)	103	calcipotriene	111	cefazolin	14, 15
blisovi fe 1/20 (28)	103	calcitonin (salmon)	195	cefazolin in dextrose (iso-os) ...	14
BOOSTRIX TDAP	189	calcitriol	195	cefdinir	15
BORDERED GAUZE	122	calcium acetate(phosphat		cefepime	15
bortezomib	22	bind)	173	cefixime	15
BOSULIF	22	calcium chloride	200	cefotaxime	15
BRAFTOVI	22	CALQUENCE		cefoxitin	15
BREO ELLIPTA	203	(ACALABRUTINIB MAL) ...	22	cefpodoxime	15
breyna	203	camila	103	cefprozil	15
BREZTRI AEROSPHERE..	205	candesartan	84	ceftazidime	15
briellyn	103	candesartan-		ceftriaxone	15
BRILINTA	81	hydrochlorothiazid	84	cefuroxime axetil	15
brimonidine	199	CAPLYTA	64	cefuroxime sodium	15
brimonidine-timolol	199	CAPRELSA	22	celecoxib	7
BRIVIACT	37	captotril	85	cephalexin	15, 16
bromfenac	167	captotril-hydrochlorothiazide ..	85	CERDELGA	162
bromocriptine	61	carbamazepine	37, 38	CEREZYME	162
BROMSITE	167	carbidopa	61	cevimeline	110
BRONCHITOL	206	carbidopa-levodopa	61	chateal eq (28)	103
BRUKINSA	22	carbidopa-levodopa-		chloramphenicol sod succinate ..	13
budesonide	194, 203	entacapone	61, 62	chlordiazepoxide hcl	11
budesonide-formoterol	203	carbinoxamine maleate	55	chlorhexidine gluconate	110
bumetanide	92	carboplatin	22	chloroquine phosphate	60
buprenorphine	3	CAREFINE PEN NEEDLE	122	chlorothiazide sodium	92
buprenorphine hcl	3, 10	CARETOUCH ALCOHOL		chlorpromazine	64
buprenorphine-naloxone	10	PREP PAD	112	chlorthalidone	92
bupropion hcl	44	CARETOUCH INSULIN		chlorzoxazone	208
bupropion hcl (smoking deter) .	10	SYRINGE	123	cholestyramine (with sugar)	93
buspirone	197	CARETOUCH PEN		cholestyramine light	93
butalbital-acetaminop-caf-cod....	3	NEEDLE	123	ciclopirox	52

<i>cidofovir</i>	76	CLINIMIX E 4.25%/D10W	COMFORT TOUCH PEN
<i>cilostazol</i>	81	SUL FREE	NEEDLE
CIMDUO	70	CLINIMIX E 4.25%/D5W	COMPLERA
<i>cimetidine</i>	169	SULF FREE	<i>completenate</i>
<i>cimetidine hcl</i>	169	CLINIMIX E 5%/D15W	58
<i>cinacalcet</i>	195	SULFIT FREE	<i>compro</i>
CINQAIR	206	CLINIMIX E 5%/D20W	<i>constulose</i>
CINRYZE	78	SULFIT FREE	COPIKTRA
<i>ciprofloxacin</i>	19	CLINIMIX E 8%-D10W	CORLANOR
<i>ciprofloxacin hcl</i>	19, 165	SULFITEFREE	CORTROPHIN GEL
<i>ciprofloxacin in 5 % dextrose</i>	19	CLINIMIX E 8%-D14W	COSENTYX
<i>ciprofloxacin-dexamethasone</i>	165	SULFITEFREE	COSENTYX (2 SYRINGES)
<i>citalopram</i>	44	<i>clobazam</i>	COSENTYX PEN (2 PENS)
<i>cladribine</i>	22	<i>clobetasol</i>	COSENTYX UNREADY
<i>clarithromycin</i>	16	<i>clobetasol-emollient</i>	PEN
<i>clemastine</i>	55	<i>clomipramine</i>	COTELLIC
CLENPIQ	172	<i>clonazepam</i>	CREON
CLICKFINE PEN NEEDLE	123, 124	<i>clonidine</i>	<i>cromolyn</i>
<i>clindamycin hcl</i>	13	<i>clonidine hcl</i>	164, 170, 206
<i>clindamycin in 5 % dextrose</i>	13	<i>clopidogrel</i>	<i>cryselle (28)</i>
<i>clindamycin pediatric</i>	13	<i>clorazepate dipotassium</i>	CURAD GAUZE PAD
<i>clindamycin phosphate</i>	13, 55, 113	<i>clotrimazole</i>	CURITY ALCOHOL
<i>clindamycin-benzoyl peroxide</i>	113	<i>clotrimazole-betamethasone</i>	SWABS
CLINIMIX 5%/D15W		<i>clozapine</i>	CURITY GAUZE
SULFITE FREE	81	<i>c-nate dha</i>	cyclobenzaprine
CLINIMIX 4.25%/D10W		COARTEM	cyclopentolate
SULF FREE	81	<i>codeine sulfate</i>	cyclophosphamide
CLINIMIX 4.25%/D5W		<i>codeine-butalbital-asa-caff</i>	cyclosporine
SULFIT FREE	81	<i>colchicine</i>	cyclosporine modified
CLINIMIX 5%- D20W(SULFITE-FREE)	81	<i>colesevelam</i>	cyproheptadine
CLINIMIX 6%-D5W (SULFITE-FREE)	82	<i>colestipol</i>	CYRAMZA
CLINIMIX 8%- D10W(SULFITE-FREE)	82	<i>colistin (colistimethate na)</i>	<i>cyred eq</i>
CLINIMIX 8%- D14W(SULFITE-FREE)	82	COMBIVENT RESPIMAT	CYSTADROPS
CLINIMIX E 2.75%/D5W		COMETRIQ	CYSTARAN
SULF FREE	82	COMFORT EZ INSULIN	<i>d5 % and 0.9 % sodium</i>
		SYRINGE	<i>chloride</i>
		COMFORT EZ PEN	<i>d5 %-0.45 % sodium chloride</i>
		NEEDLES	<i>dabigatran etexilate</i>
		COMFORT EZ PRO	<i>dalfampridine</i>
		SAFETY PEN NDL	<i>danazol</i>
			<i>dantrolene</i>

DANYELZA	23	dexamethylphenidate	97	DOPTELET (10 TAB PACK)	78
dapsone	57	dexrazoxane hcl	197	DOPTELET (15 TAB PACK)	78
DAPTACEL (DTAP PEDIATRIC) (PF)	190	dextroamphetamine sulfate	97, 98	DOPTELET (30 TAB PACK)	78
daptomycin	13	dextroamphetamine- amphetamine	98	dorzolamide	199
darunavir ethanolate	70	dextrose 10 % in water (d10w)	83	dorzolamide-timolol	200
DARZALEX	23	dextrose 5 % in water (d5w)	83	dotti	176
DARZALEX FASPRO	23	DIACOMIT	38	DOVATO	70
dasetta 1/35 (28)	103	diazepam	11, 12, 38	doxazosin	83
dasetta 7/7/7 (28)	103	diazepam intensol	11	doxepin	44
DAURISMO	23	diazoxide	197	doxercalciferol	195
daysee	103	diclofenac potassium	7	doxorubicin	24
deblitane	103	diclofenac sodium	7, 167	doxorubicin, peg-liposomal	24
decitabine	23	diclofenac-misoprostol	7	doxy-100	20
deferasirox	174	dicloxacillin	18	doxycycline hydiate	20
deferiprone	174	dicyclomine	170	doxycycline monohydrate	20
deferoxamine	174	didanosine	70	DRIZALMA SPRINKLE	44
DELSTRIGO	70	DIFICID	16	dronabinol	58
demeclocycline	19	diflorasone	115	droperidol	59
DENGVAXIA (PF)	190	diflunisal	7	DROPLET INSULIN SYR(HALF UNIT)	127
denta 5000 plus	110	disfluprednate	167	DROPLET INSULIN SYRINGE	127, 128
dentagel	110	digitek	90	DROPLET MICRON PEN NEEDLE	128
DEPO-SUBQ PROVERA 104	181	digox	90	DROPLET PEN NEEDLE	128, 129
DERMACEA	126, 127	digoxin	90	DROPSAFE ALCOHOL PREP PADS	112
DERMACEA NON- WOVEN	127	dihydroergotamine	56	DROPSAFE INSULIN SYRINGE	129
DESCOVY	70	DILANTIN	38	DROPSAFE PEN NEEDLE 129	129
desipramine	44	diltiazem hcl	89	drospirenone-ethinyl estradiol	103
desmopressin	179	dilt-xr	89	DROXIA	80
desog-e.estradiolle.estriadiol	103	dimenhydrinate	58	droxidopa	83
desogestrel-ethinyl estradiol	103	dimethyl fumarate	98	DUAVEE	176
desonide	115	DIPENTUM	194	duloxetine	44
desoximetasone	115	diphenhydramine hcl	55	DUPIXENT PEN	183
desvenlafaxine succinate	44	diphenoxylate-atropine	171	DUPIXENT SYRINGE	183
dexamethasone	177	dipyridamole	81	dutasteride	174
dexamethasone sodium phos (pf)	177	disopyramide phosphate	86	dutasteride-tamsulosin	174
dexamethasone sodium phosphate	167, 177	disulfiram	10		
		divalproex	38		
		docetaxel	23		
		dofetilide	86		
		donepezil	43		

EASY COMFORT	
ALCOHOL PAD.....	112
EASY COMFORT	
INSULIN SYRINGE....	130, 131
EASY COMFORT PEN	
NEEDLES.....	130, 131
EASY GLIDE INSULIN	
SYRINGE.....	131
EASY GLIDE PEN	
NEEDLE.....	131
EASY TOUCH.....	133
EASY TOUCH ALCOHOL	
PREP PADS.....	112
EASY TOUCH FLIPLOCK	
INSULIN.....	132
EASY TOUCH FLIPLOCK	
SYRINGE.....	132
EASY TOUCH INSULIN	
SAFETY SYR.....	131, 132
EASY TOUCH INSULIN	
SYRINGE.....	131, 132, 133
EASY TOUCH LUER	
LOCK INSULIN.....	133
EASY TOUCH PEN	
NEEDLE.....	133
EASY TOUCH SAFETY	
PEN NEEDLE.....	133, 134
EASY TOUCH	
SHEATHLOCK INSULIN..	132
EASY TOUCH UNI-SLIP ...	134
<i>ec-naproxen</i>	7
<i>econazole</i>	52
<i>EDARBI</i>	84
<i>EDARBYCLOR</i>	84
<i>EDURANT</i>	70
<i>efavirenz</i>	70
<i>efavirenz-emtricitabin-tenofov</i> ..	70
<i>efavirenz-lamivu-tenofov disop.</i> 70	
<i>EGRIFTA SV</i>	179
<i>ELAPRASE</i>	162
<i>electrolyte</i> -148	201
<i>ELFABRIO</i>	162
<i>ELIGARD</i>	24
<i>ELIGARD (3 MONTH)</i>	24
<i>ELIGARD (4 MONTH)</i>	24
<i>ELIGARD (6 MONTH)</i>	24
<i>elinest</i>	103
<i>ELIQUIS</i>	77
<i>ELIQUIS DVT-PE TREAT</i>	
<i>30D START</i>	77
<i>ELITEK</i>	162
<i>elixophyllin</i>	205
<i>ELLA</i>	103
<i>ELMIRON</i>	197
<i>ELREXFIO</i>	24
<i>eluryng</i>	103
<i>EMBRACE PEN NEEDLE.</i> 134	
<i>EMCYT</i>	24
<i>EMEND</i>	59
<i>EMGALITY PEN</i>	56
<i>EMGALITY SYRINGE</i>	56
<i>EMSAM</i>	44
<i>emtricitabine</i>	70
<i>emtricitabine-tenofovir (tdf)</i> ..	71
<i>EMTRIVA</i>	71
<i>enalapril maleate</i>	85
<i>enalaprilat</i>	85
<i>enalapril-hydrochlorothiazide</i>	85, 86
<i>ENBREL</i>	183, 184
<i>ENBREL MINI</i>	183
<i>ENBREL SURECLICK</i>	184
<i>ENDARI</i>	197
<i>endocet</i>	4
<i>ENGERIX-B (PF)</i>	190
<i>ENGERIX-B PEDIATRIC</i>	
<i>(PF)</i>	190
<i>enilloring</i>	104
<i>enoxaparin</i>	77
<i>enpresso</i>	104
<i>enskyce</i>	104
<i>ENSPRYNG</i>	98
<i>entacapone</i>	62
<i>ENTADFI</i>	174
<i>entecavir</i>	76
<i>ENTRESTO</i>	84
<i>enulose</i>	171
<i>EPCLUSA</i>	75
<i>EPIDIOLEX</i>	38
<i>epinastine</i>	164
<i>epinephrine</i>	90
<i>epitol</i>	38
<i>EPIVIR HBV</i>	71
<i>EPKINLY</i>	24
<i>eplerenone</i>	96
<i>epoprostenol</i>	209
<i>EPRONTIA</i>	38
<i>eprosartan</i>	84
<i>ERBITUX</i>	24
<i>ergoloid</i>	43
<i>ERIVEDGE</i>	24
<i>ERLEADA</i>	24
<i>erlotinib</i>	24
<i>errin</i>	104
<i>ertapenem</i>	17
<i>ery pads</i>	113
<i>erythromycin</i>	16, 165
<i>erythromycin ethylsuccinate</i>	16
<i>erythromycin with ethanol</i>	113
<i>erythromycin-benzoyl peroxide</i>	113
<i>escitalopram oxalate</i>	45
<i>esomeprazole magnesium</i>	169
<i>esomeprazole sodium</i>	169
<i>estarrylla</i>	104
<i>estazolam</i>	12
<i>estradiol</i>	176
<i>estradiol valerate</i>	176
<i>estradiol-norethindrone acet</i> ...	176
<i>eszopiclone</i>	208

<i>ethambutol</i>	57	<i>fenofibric acid (choline)</i>	94	<i>flurbiprofen</i>	7
<i>ethosuximide</i>	38	<i>fenoprofen</i>	7	<i>flurbiprofen sodium</i>	168
<i>ethynodiol diac-eth estradiol</i>	104	<i>fentanyl</i>	4	<i>fluticasone propionate</i>	
<i>etodolac</i>	7	<i>fentanyl citrate</i>	4		116, 168, 203
<i>etonogestrel-ethinyl estradiol</i>	104	FERRIPROX	175	<i>fluticasone propion-salmeterol</i>	204
ETOPOPHOS	25	FERRIPROX (2 TIMES A		<i>fluavastatin</i>	94
<i>etoposide</i>	25	DAY)	174	<i>fluvoxamine</i>	45
<i>etravirine</i>	71	<i>fesoterodine</i>	173	<i>folivane-ob</i>	210
EUCRISA	115	FETZIMA	45	<i>fomepizole</i>	197
<i>everolimus (antineoplastic)</i>	25	FIASP FLEXTOUCH U-100		<i>fondaparinux</i>	77
<i>everolimus</i>		INSULIN	49	FORTEO	195
<i>(immunosuppressive)</i>	184	FIASP PENFILL U-100		<i>fosamprenavir</i>	71
EVOTAZ	71	INSULIN	50	<i>fosaprepitant</i>	59
EVYNSDI	197	FIASP U-100 INSULIN	50	<i>foscarnet</i>	74
EXEL INSULIN	134	<i>finasteride</i>	174	<i>fosinopril</i>	86
<i>exemestane</i>	25	<i>fingolimod</i>	98	<i>fosinopril-hydrochlorothiazide</i>	86
EXKIVITY	25	FINTEPLA	39	<i>fosphenytoin</i>	39
EXONDYS-51	197	FIRMAGON KIT W		FOTIVDA	25
EYSUVIS	168	DILUENT SYRINGE	25	FREESTYLE PRECISION	135
EZALLOR SPRINKLE	94	<i>flavoxate</i>	173	FRUZAQLA	25
<i>ezetimibe</i>	94	FLEBOGAMMA DIF	184	FULPHILA	78
<i>ezetimibe-simvastatin</i>	94	<i>flecainide</i>	86	<i>fulvestrant</i>	25
FABRAZYME	163	<i>flouxuridine</i>	25	<i>furosemide</i>	92
<i>falmina (28)</i>	104	<i>fluconazole</i>	53	FUZEON	71
<i>famciclovir</i>	76	<i>fluconazole in nacl (iso-osm)</i>	53	FYARRO	25
<i>famotidine</i>	170	<i>flucytosine</i>	53	<i>fyavolv</i>	176
<i>famotidine (pf)</i>	169	<i>fludrocortisone</i>	177	FYCOMPA	39
<i>famotidine (pf)-nacl (iso-os)</i>	169	<i>flumazenil</i>	98	FYLNETRA	78
FANAPT	64	<i>flunisolide</i>	168	<i>gabapentin</i>	39
FARXIGA	47	<i>fluocinolone</i>	115	GALAFOLD	163
FARYDAK	25	<i>fluocinolone acetonide oil</i>	168	<i>galantamine</i>	43
FASENRA	206	<i>fluocinonide</i>	115	GAMIFANT	184
FASENRA PEN	206	<i>fluocinonide-emollient</i>	116	GAMMAGARD LIQUID	184
<i>febuxostat</i>	54	<i>fluoride (sodium)</i>	110	GAMMAGARD S-D (IGA <	
<i>felbamate</i>	38, 39	<i>fluorometholone</i>	168	1 MCG/ML)	184
<i>felodipine</i>	91	<i>fluorouracil</i>	25, 112	GAMMAPLEX	184
FEMRING	176	<i>fluoxetine</i>	45	GAMMAPLEX (WITH	
<i>fenofibrate</i>	94	<i>fluphenazine decanoate</i>	64	SORBITOL)	184
<i>fenofibrate micronized</i>	94	<i>fluphenazine hcl</i>	64	GAMUNEX-C	184
<i>fenofibrate nanocrystallized</i>	94	<i>flurazepam</i>	12	<i>ganciclovir sodium</i>	76

GARDASIL 9 (PF).....	190	GVOKE HYPOPEN 2- PACK.....	197	HUMIRA(CF) PEN.....	185
<i>gatifloxacin</i>	165	GVOKE PFS 1-PACK		HUMIRA(CF) PEN	
GATTEX 30-VIAL.....	171	SYRINGE.....	197	CROHNS-UC-HS.....	185
GAUZE PAD.....	135	HAEGARDA.....	79	HUMIRA(CF) PEN	
<i>gavilyte-c</i>	172	<i>hailey</i>	104	PEDIATRIC UC.....	185
<i>gavilyte-g</i>	172	<i>hailey 24 fe</i>	104	HUMIRA(CF) PEN PSOR- UV-ADOL HS.....	185
GAVRETO.....	26	<i>hailey fe 1.5/30 (28)</i>	104	HUMULIN R U-500 (CONC) INSULIN.....	50
gefitinib.....	26	<i>hailey fe 1/20 (28)</i>	104	HUMULIN R U-500 (CONC) KWIKPEN.....	50
gemcitabine.....	26	<i>halobetasol propionate</i>	116	<i>hydralazine</i>	90, 91
gemfibrozil.....	94	<i>haloette</i>	104	<i>hydrochlorothiazide</i>	92
generlac.....	171	<i>haloperidol</i>	65	<i>hydrocodone-acetaminophen</i>	4
gengraf.....	184	<i>haloperidol decanoate</i>	65	<i>hydrocodone-ibuprofen</i>	4
gentak.....	165	<i>haloperidol lactate</i>	65	<i>hydrocortisone</i>	116, 178, 194
gentamicin.....	12, 113, 114, 165	HARVONI.....	75	<i>hydrocortisone butyrate</i>	116
gentamicin sulfate (ped) (pf) ...	12	HAVRIX (PF).....	190	<i>hydrocortisone valerate</i>	116
gentamicin sulfate (pf)	12	HEALTHWISE INSULIN SYRINGE.....	135, 136	<i>hydrocortisone-acetic acid</i>	165
GENVOYA.....	71	HEALTHWISE PEN NEEDLE.....	136	<i>hydrocortisone-min oil-wht pet</i>	116
GILENYA.....	98	HEALTHY ACCENTS UNIFINE PENTIP.....	136	<i>hydromorphone</i>	5
GIOTRIF.....	26	<i>heather</i>	104	<i>hydromorphone (pf)</i>	5
GIVLAARI.....	80	HEMADY.....	177	<i>hydroxychloroquine</i>	60
<i>glatiramer</i>	98	<i>heparin (porcine)</i>	77	<i>hydroxyprogesterone cap(ppres)</i>	181
<i>glatopa</i>	98	<i>heparin, porcine (pf)</i>	78	<i>hydroxyprogesterone caproate</i>	181
GLEOSTINE.....	26	HEPLISAV-B (PF).....	190	<i>hydroxyurea</i>	26
glimepiride.....	51	HERCEPTIN HYLECTA.....	26	<i>hydroxyzine hcl</i>	55
glipizide.....	51	HERZUMA.....	26	<i>hydroxyzine pamoate</i>	197
glipizide-metformin.....	52	HETLIOZ LQ.....	209	HYQVIA.....	185
glyburide.....	52	HIBERIX (PF).....	190	<i>ibandronate</i>	195
glyburide micronized.....	52	HUMIRA.....	185	IBRANCE.....	26
glyburide-metformin.....	52	HUMIRA PEN.....	185	<i>ibu</i>	7
glycopyrrolate.....	171	HUMIRA PEN CROHNS- UC-HS START.....	184	<i>ibuprofen</i>	8
glydo.....	9	HUMIRA PEN PSOR- UVEITS-ADOL HS.....	185	<i>ibuprofen-famotidine</i>	8
GLYXAMBI.....	47	HUMIRA(CF).....	185	<i>icatibant</i>	91
<i>granisetron (pf)</i>	59	HUMIRA(CF) PEDI CROHNS STARTER.....	185	<i>iclevia</i>	104
<i>granisetron hcl</i>	59			ICLUSIG.....	26
GRANIX.....	78, 79			IDHIFA.....	26
griseofulvin microsize.....	53			<i>ifosfamide</i>	26
griseofulvin ultramicrosize.....	53				
guanfacine.....	83, 99				
GVOKE.....	197				

ILARIS (PF).....	185	INSULIN SYRINGE	121	JAKAFI.....	27
ILEVRO.....	168	INSULIN SYRINGE		jantoven.....	78
ILUMYA.....	186	MICROFINE.....	121	JANUMET	47
<i>imatinib</i>	26	INSULIN SYRINGE		JANUMET XR.....	47
IMBRUVICA.....	26, 27	NEEDLELESS.....	121	JANUVIA.....	47
<i>imipenem-cilastatin</i>	17	INSULIN SYRINGE-		JARDIANCE.....	47
<i>imipramine hcl</i>	45	NEEDLE U-100		<i>jasmiel</i> (28)	105
<i>imipramine pamoate</i>	45	121, 123, 134, 135, 137, 138, 146,		<i>javygtor</i>	163
<i>imiquimod</i>	112	151		JAYPIRCA	27
IMJUDO.....	27	INSUPEN PEN NEEDLE ...	138	JEMPERLI.....	27
IMLYGIC.....	27	INTELENCE.....	71	<i>jencycla</i>	105
IMOVAX RABIES		INTRALIPID.....	83	JENTADUETO.....	47
VACCINE (PF).....	190	INVEGA HAFYERA	65	JENTADUETO XR.....	47
IMPAVIDO.....	60	INVEGA SUSTENNA	65	<i>jinteli</i>	176
INBRIJA.....	62	INVEGA TRINZA.....	65, 66	<i>juleber</i>	105
<i>incassia</i>	104	INVELTYS.....	168	JULUCA.....	71
INCONTROL ALCOHOL		INVIRASE.....	71	<i>junel 1.5/30 (21)</i>	105
PADS.....	112	IPOL.....	191	<i>junel 1/20 (21)</i>	105
INCONTROL PEN		<i>ipratropium bromide</i>	165, 205	<i>junel fe 1.5/30 (28)</i>	105
NEEDLE.....	136	<i>ipratropium-albuterol</i>	205	<i>junel fe 1/20 (28)</i>	105
INCRELEX.....	179	<i>irbesartan</i>	84	<i>junel fe 24</i>	105
<i>indapamide</i>	92	<i>irbesartan-hydrochlorothiazide</i> ..	84	JUXTAPID	94
<i>indomethacin</i>	8	<i>irinotecan</i>	27	JYNARQUE	92, 93
INFANRIX (DTAP) (PF)....	191	ISENTRESS	71	JYNNEOS	
INFLECTRA.....	186	ISENTRESS HD	71	(PF)(STOCKPILE).....	191
<i>infliximab</i>	186	<i>isibloom</i>	104	<i>kalliga</i>	105
INGREZZA.....	99	ISOLYTE S PH 7.4.....	201	KALYDECO	206
INGREZZA INITIATION		ISOLYTE-P IN 5 %		KANJINTI	27
PACK.....	99	DEXTROSE	201	KANUMA	163
INLYTA.....	27	ISOLYTE-S	201	<i>kariva</i> (28)	105
INPEN (FOR HUMALOG)		<i>isoniazid</i>	57	KATERZIA	92
BLUE.....	136	<i>isosorbide dinitrate</i>	96	<i>kelnor 1/35 (28)</i>	105
INPEN (NOVOLOG OR		<i>isosorbide mononitrate</i>	96	<i>kelnor 1-50 (28)</i>	105
FIASP) BLUE.....	137	<i>isosorbide-hydralazine</i>	96	KERENDIA	96
INQOVI.....	27	<i>isradipine</i>	91	KESIMPTA PEN	99
INREBIC.....	27	<i>itraconazole</i>	53	<i>ketoconazole</i>	53
<i>insulin asp</i> <i>prt-insulin aspart</i>	50	IV PREP WIPES.....	112	<i>ketoprofen</i>	8
<i>insulin aspart u-100</i>	50	<i>ivermectin</i>	60	<i>ketorolac</i>	8, 9, 168
INSULIN SYR/NDL U100		IXIARO (PF).....	191	KEVZARA	186
HALF MARK.....	137	<i>jaimiess</i>	105	KEYTRUDA	27

KIMMTRAK	27	<i>lenalidomide</i>	28	<i>lithium citrate</i>	99
KINERET	186	LENVIMA	28	LIVALO	94
KINRIX (PF)	191	<i>lessina</i>	106	<i>lojaimiess</i>	106
KISQALI	28	<i>letrozole</i>	28	LOKELMA	171
KISQALI FEMARA CO- PACK	28	<i>leucovorin calcium</i>	197	LONSURF	29
<i>klayesta</i>	53	LEUKERAN	28	<i>loperamide</i>	171
KLISYRI	112	LEUKINE	79	<i>lopinavir-ritonavir</i>	72
<i>klor-con m10</i>	201	<i>leuprolide</i>	29	<i>lorazepam</i>	12
<i>klor-con m15</i>	201	<i>leuprolide (3 month)</i>	28	<i>lorazepam intensol</i>	12
<i>klor-con m20</i>	201	<i>levetiracetam</i>	40	LORBRENA	29
KLOXXADO	10	<i>levobunolol</i>	200	<i>loryna (28)</i>	106
KORLYM	47	<i>levocarnitine</i>	198	<i>losartan</i>	84
KOSELUGO	28	<i>levocarnitine (with sugar)</i>	198	<i>losartan-hydrochlorothiazide</i>	84
<i>kosher prenatal plus iron</i>	210	<i>levocetirizine</i>	55	LOTEMAX	168
KOURZEQ	111	<i>levofloxacin</i>	19, 165, 166	LOTEMAX SM	168
KRAZATI	28	<i>levofloxacin in d5w</i>	19	<i>loteprednol etabonate</i>	168
KRINTAFEL	60	<i>levoleucovorin calcium</i>	198	<i>lovastatin</i>	94
KRYSTEXXA	163	<i>levonest (28)</i>	106	<i>low-ogestrel (28)</i>	106
<i>kurvelo (28)</i>	105	<i>levonorg-eth estrad triphasic</i>	106	<i>loxapine succinate</i>	66
KYNMOBI	62	<i>levora-28</i>	106	<i>lo-zumandimine (28)</i>	106
<i>l norgestle.estradiol-e.estrad</i>	105	<i>levothyroxine</i>	181, 182	<i>lubiprostone</i>	171
<i>labetalol</i>	87, 88	LEXIVA	72	LUMAKRAS	29
<i>lacosamide</i>	39	<i>lidocaine</i>	9, 10	LUMIGAN	200
<i>lactulose</i>	171	<i>lidocaine (pf)</i>	9, 86	LUNSUMIO	29
<i>lagevrio (eua)</i>	76	<i>lidocaine hcl</i>	9	LUPRON DEPOT	179
<i>lamivudine</i>	71	<i>lidocaine viscous</i>	10	LUPRON DEPOT (3 MONTH)	29, 179
<i>lamivudine-zidovudine</i>	72	<i>lidocaine-prilocaine</i>	10	LUPRON DEPOT (4 MONTH)	29
<i>lamotrigine</i>	39, 40	<i>linezolid</i>	13	LUPRON DEPOT (6 MONTH)	179
<i>lanreotide</i>	179	<i>linezolid in dextrose 5%</i>	13	LUPRON DEPOT-PED	179
<i>lansoprazole</i>	170	LINZESS	171	LUPRON DEPOT-PED (3 MONTH)	29
<i>lanthanum</i>	173	<i>liothyronine</i>	182	<i>lupron depot-ped</i>	179
<i>lapatinib</i>	28	LISCO	138	LUPRON DEPOT-PED (3 MONTH)	29
<i>larin 1.5/30 (21)</i>	105	<i>lisinopril</i>	86	<i>lurasidone</i>	66
<i>larin 1/20 (21)</i>	106	<i>lisinopril-hydrochlorothiazide</i>	86	<i>lutea (28)</i>	106
<i>larin 24 fe</i>	106	LITE TOUCH INSULIN PEN NEEDLES	138, 139	LYBALVI	66
<i>larin fe 1.5/30 (28)</i>	106	LITE TOUCH INSULIN SYRINGE	139, 140	<i>lyeq</i>	106
<i>larin fe 1/20 (28)</i>	106	<i>lithium carbonate</i>	99	<i>lyllana</i>	176
<i>latanoprost</i>	200			LYNPARZA	29
<i>leflunomide</i>	186				

LYSODREN	29	MAYZENT	99	<i>methyldopa</i>	83
LYTGOBI	29	MAYZENT		<i>methylphenidate hcl</i>	100, 101
<i>lyza</i>	107	STARTER(FOR 1MG		<i>methylprednisolone</i>	178
MAGELLAN INSULIN		MAINT)	100	<i>methylprednisolone acetate</i>	178
SAFETY SYRNG	140	MAYZENT		<i>methylprednisolone sodium</i>	
MAGELLAN SYRINGE	140	STARTER(FOR 2MG		<i>succ</i>	178
<i>magnesium sulfate</i>	201	MAINT)	100	<i>metoclopramide hcl</i>	171
<i>magnesium sulfate in d5w</i>	201	<i>meclizine</i>	59	<i>metolazone</i>	93
<i>magnesium sulfate in water</i>	201	<i>medroxyprogesterone</i>	181	<i>metoprolol succinate</i>	88
<i>malathion</i>	117	<i>mefenamic acid</i>	9	<i>metoprolol ta-hydrochlorothiaz</i>	88
<i>maraviroc</i>	72	<i>mefloquine</i>	60	<i>metoprolol tartrate</i>	88
MARGENZA	29	<i>megestrol</i>	29, 181	<i>metronidazole</i>	14, 56, 114
<i>marlissa (28)</i>	107	MEKINIST	30	<i>metronidazole in nacl (iso-os)</i>	13
<i>marnatal-f</i>	210	MEKTOVI	30	<i>metyrosine</i>	91
MARPLAN	45	<i>meloxicam</i>	9	<i>mexiletine</i>	87
MATULANE	29	<i>memantine</i>	43	<i>miconazole-3</i>	53
<i>matzim la</i>	89	MENACTRA (PF)	191	MICRODOT INSULIN PEN	
MAVENCLAD (10 TABLET		MENQUADFI (PF)	191	NEEDLE	140, 141
PACK)	99	MENVEO A-C-Y-W-135-		<i>microgestin fe 1/20 (28)</i>	107
MAVENCLAD (4 TABLET		DIP (PF)	191	<i>midazolam</i>	12
PACK)	99	MEPSEVII	163	<i>midodrine</i>	84
MAVENCLAD (5 TABLET		<i>mercaptopurine</i>	30	<i>miglitol</i>	48
PACK)	99	<i>meropenem</i>	17	<i>miglustat</i>	163
MAVENCLAD (6 TABLET		<i>merzee</i>	107	<i>ili</i>	107
PACK)	99	<i>mesalamine</i>	194	<i>mimvey</i>	176
MAVENCLAD (7 TABLET		<i>mesna</i>	198	MINI ULTRA-THIN II	141
PACK)	99	MESNEX	198	<i>minocycline</i>	20
MAVENCLAD (8 TABLET		<i>metadate er</i>	100	<i>minoxidil</i>	96
PACK)	99	<i>metformin</i>	47, 48	<i>mirtazapine</i>	45
MAVENCLAD (9 TABLET		<i>methadone</i>	5	<i>misoprostol</i>	170
PACK)	99	<i>methadose</i>	5	MITIGARE	54
MAVYRET	75	<i>methazolamide</i>	200	<i>mitoxantrone</i>	30
MAXICOMFORT II PEN		<i>methenamine hippurate</i>	13	M-M-R II (PF)	191
NEEDLE	140	<i>methimazole</i>	182	<i>m-natal plus</i>	210
MAXICOMFORT INSULIN		<i>methocarbamol</i>	208	<i>modafinil</i>	209
SYRINGE	140	<i>methotrexate sodium</i>	30	<i>moexipril</i>	86
MAXI-COMFORT		<i>methotrexate sodium (pf)</i>	30	<i>molindone</i>	66
INSULIN SYRINGE	140	<i>methoxsalen</i>	112	<i>mometasone</i>	116, 168
MAXICOMFORT SAFETY		<i>methscopolamine</i>	171	<i>monodoxyne nl</i>	20
PEN NEEDLE	140	<i>methsuximide</i>	40		

MONOJECT INSULIN	
SAFETY SYRINGE	142
MONOJECT INSULIN	
SYRINGE	141, 142
MONOJECT SYRINGE	141
MONOJECT ULTRA	
COMFORT INSULIN	157
<i>mono-linyah</i>	107
montelukast	204
morphine	5
MORPHINE	5
<i>morphine concentrate</i>	5
MOUNJARO	48
MOVANTIK	171
<i>moxifloxacin</i>	19, 166
<i>moxifloxacin-sod.ace,sul-water</i>	19
<i>moxifloxacin-sod.chloride(iso)</i>	19
MOZOBIL	79
MULTAQ	87
<i>mupirocin</i>	114
MVASI	30
<i>mycophenolate mofetil</i>	186
<i>mycophenolate mofetil (hcl)</i>	186
<i>mycophenolate sodium</i>	186
<i>mynatal</i>	211
<i>mynatal advance</i>	211
<i>mynatal plus</i>	211
<i>mynatal-z</i>	211
<i>mynate 90 plus</i>	211
MYRBETRIQ	173
<i>nabumetone</i>	9
<i>nadolol</i>	88
<i>nafcillin</i>	18
<i>nafcillin in dextrose iso-osm</i>	18
NAGLAZYME	163
<i>naloxone</i>	10
<i>naltrexone</i>	10
NAMZARIC	43
<i>naproxen</i>	9
<i>naratriptan</i>	56
NATACYN	166
<i>nateglinide</i>	48
NATPARA	195
NAYZILAM	40
<i>nebivolol</i>	88
<i>necon 0.5/35 (28)</i>	107
<i>nefazodone</i>	45
<i>neomycin</i>	12
<i>neomycin-bacitracin-poly-hc</i>	166
<i>neomycin-bacitracin-polymyxin</i>	166
<i>neomycin-polymyxin b gu</i>	114
<i>neomycin-polymyxin b-dexameth</i>	166
<i>neomycin-polymyxin-gramicidin</i>	166
<i>neomycin-polymyxin-hc</i>	166
<i>neo-polycin</i>	166
<i>neo-polycin hc</i>	166
NERLYNX	30
NEULASTA ONPRO	79
NEUPRO	62
<i>nevirapine</i>	72
<i>newgen</i>	211
NEXLETOL	95
NEXLIZET	95
<i>niacin</i>	95
<i>niacor</i>	95
<i>nicardipine</i>	92
<i>nikki (28)</i>	107
<i>nilutamide</i>	30
NINLARO	30
<i>nitazoxanide</i>	60
<i>nitisinone</i>	163
<i>nitrofurantoin macrocrystal</i>	14
<i>nitrofurantoin monohyd/m-cryst</i>	14
<i>nitroglycerin</i>	96
<i>niva-plus</i>	211
NIVESTYM	79
<i>nizatidine</i>	170
NORDITROPIN FLEXPRO	
	180
<i>norethindrone (contraceptive)</i>	107
<i>norethindrone acetate</i>	181
<i>norethindrone ac-eth estradiol</i>	
	107, 177
<i>norethindrone-e.estradiol-iron</i>	107
<i>norgestimate-ethinyl estradiol</i>	
	107, 108
NORMOSOL-M IN 5 %	
DEXTROSE	201
<i>nortrel 0.5/35 (28)</i>	108
<i>nortrel 1/35 (21)</i>	108
<i>nortrel 1/35 (28)</i>	108
<i>nortrel 7/7/7 (28)</i>	108
<i>nortriptyline</i>	45
NORVIR	72
NOVOFINE 30	142
NOVOFINE 32	142
NOVOFINE PLUS	142
NOVOLIN 70/30 U-100	
INSULIN	50
NOVOLIN 70-30 FLEXPEN	
U-100	50
NOVOLIN N FLEXPEN	50
NOVOLIN N NPH U-100	
INSULIN	50
NOVOLIN R FLEXPEN	51
NOVOLIN R REGULAR	
U100 INSULIN	51
NOVOTWIST	142
NOXAFIL	53
NPLATE	79
NUBEQA	30
NUCALA	206, 207
NULOJIX	186
NUPLAZID	66

NURTEC ODT	56	OMNIPOD CLASSIC PODS (GEN 3)	143	<i>oseltamivir</i>	74
NUTRILIPID	83	OMNIPOD DASH INTRO KIT (GEN 4)	143	OSMOLEX ER	62
<i>nyamyc</i>	53	OMNIPOD DASH PDM KIT (GEN 4)	143	OTEZLA	187
<i>nylia 1/35 (28)</i>	108	OMNIPOD DASH PODS (GEN 4)	143	OTEZLA STARTER	187
<i>nylia 7/7/7 (28)</i>	108	OMNIPOD GO PODS	143	<i>oxaliplatin</i>	31
<i>nymyo</i>	108	OMNIPOD GO PODS 10	143	<i>oxandrolone</i>	175
<i>nystatin</i>	53, 54	UNITS/DAY	143	<i>oxazepam</i>	12
<i>nystatin-triamcinolone</i>	54	OMNIPOD GO PODS 15	143	<i>oxcarbazepine</i>	40
<i>nystop</i>	54	UNITS/DAY	143	OXLUMO	198
NYVEPRIA	79	OMNIPOD GO PODS 20	143	<i>oxybutynin chloride</i>	173
<i>obstetrix dha</i>	211	UNITS/DAY	143	<i>oxycodone</i>	5
<i>obstetrix dha prenatal duo</i>	211	OMNIPOD GO PODS 25	143	<i>oxycodone-acetaminophen</i>	6
<i>o-cal prenatal</i>	211	UNITS/DAY	143	OXYCONTIN	6
OCALIVA	171	OMNIPOD GO PODS 30	143	<i>oxymorphone</i>	6
OCREVUS	101	UNITS/DAY	143	OZEMPIC	48
OCTAGAM	186	OMNIPOD GO PODS 40	143	<i>pacerone</i>	87
<i>octreotide acetate</i>	180	UNITS/DAY	143	<i>paclitaxel</i>	31
ODEFSEY	72	ONTRUZANT	30	<i>paclitaxel protein-bound</i>	31
ODOMZO	30	ONUREG	30	<i>paliperidone</i>	66
OFEV	207	OPDIVO	31	PALYNZIQ	163
<i>ofloxacin</i>	166, 167	OPDUALAG	31	<i>pamidronate</i>	195, 196
OGIVRI	30	OPSUMIT	209	PANRETIN	112
OJJAARA	30	<i>oralone</i>	111	<i>pantoprazole</i>	170
<i>olanzapine</i>	66	ORENCIA	187	<i>paricalcitol</i>	196
<i>olmesartan</i>	84	ORENCIA (WITH MALTPOSE)	186	<i>paroex oral rinse</i>	111
<i>olmesartanamlodipin-</i> <i>hcthiazid</i>	84	ORENCIA CLICKJECT	186	<i>paramomycin</i>	60
<i>olmesartan-</i> <i>hydrochlorothiazide</i>	85	ORFADIN	163	<i>paroxetine hcl</i>	45, 46
<i>olopatadine</i>	165	ORGOVYX	180	PAXLOVID	74
OLUMIANT	186	ORILISSA	180	<i>pazopanib</i>	31
<i>omega-3 acid ethyl esters</i>	95	ORKAMBI	207	PEDIARIX (PF)	191
<i>omeprazole</i>	170	ORSERDU	31	PEDVAX HIB (PF)	191
<i>omeprazole-sodium</i> <i>bicarbonate</i>	170			PEGASYS	76
OMNIPOD 5 G6 INTRO KIT (GEN 5)	142			<i>peg-electrolyte soln</i>	172
OMNIPOD 5 G6 PODS (GEN 5)	143			PEMAZYRE	31

PEN NEEDLE, DIABETIC, SAFETY	147	PLASMA-LYTE A	201
<i>penciclovir</i>	112	PLEGRIDY	101
<i>penicillamine</i>	175	<i>plerixafor</i>	79
<i>penicillin g potassium</i>	18	<i>pnv 29-1</i>	211
<i>penicillin g procaine</i>	18	<i>pnv-dha + docusate</i>	211
<i>penicillin v potassium</i>	18	<i>pnv-omega</i>	211
PENTACEL (PF)	191	<i>podofilox</i>	112
<i>pentamidine</i>	60	<i>polycin</i>	167
PENTIPS	144	<i>polymyxin b sulfate</i>	14
<i>pentoxifylline</i>	81	<i>polymyxin b sulf-trimethoprim</i>	167
<i>perindopril erbumine</i>	86	POMALYST	31
<i>periogard</i>	111	<i>portia 28</i>	108
<i>permethrin</i>	117	<i>posaconazole</i>	54
<i>perphenazine</i>	67	<i>potassium chloride</i>	201, 202
<i>perphenazine-amitriptyline</i>	46	<i>potassium chloride-0.45 % nacl</i>	202
PERSERIS	67	<i>potassium citrate</i>	202
<i>pfiberpen-g</i>	18	<i>pr natal 400</i>	211
<i>phenelzine</i>	46	<i>pr natal 400 ec</i>	211
<i>phenobarbital</i>	40	<i>pr natal 430</i>	211
<i>phenylephrine hcl</i>	84	<i>pr natal 430 ec</i>	211
<i>phenytoin</i>	40	PRALUENT PEN	95
<i>phenytoin sodium</i>	41	<i>pramipexole</i>	62
<i>phenytoin sodium extended</i>	40	<i>prasugrel</i>	81
<i>philith</i>	108	<i>pravastatin</i>	95
PHOSLYRA	173	<i>prazosin</i>	84
PIFELTRO	72	<i>prednicarbate</i>	117
<i>pilocarpine hcl</i>	111, 200	<i>prednisolone</i>	178
<i>pimecrolimus</i>	116	<i>prednisolone acetate</i>	168
<i>pimozide</i>	67	<i>prednisolone sodium phosphate</i>	168, 178
<i>pimtrea (28)</i>	108	<i>prednisone</i>	178
<i>pindolol</i>	88	<i>pregabalin</i>	41
<i>pioglitazone</i>	48	PREHEVBRIO (PF)	192
<i>pioglitazone-metformin</i>	48	PREMARIN	177
PIP PEN NEEDLE	144	PREMPHASE	177
<i>piperacillin-tazobactam</i>	18	PREMPRO	177
PIQRAY	31	<i>prena1 true</i>	211
<i>pirfenidone</i>	207	<i>prenaissance</i>	211
<i>pirmella</i>	108	<i>prenaissance plus</i>	212
<i>piroxicam</i>	9		
		<i>prenatabs fa</i>	212
		<i>prenatal 19</i>	212
		<i>prenatal 19 (with docusate)</i>	212
		<i>prenatal low iron</i>	212
		<i>prenatal plus</i>	212
		<i>prenatal plus (calcium carb)</i>	211
		<i>prenatal vitamin plus low iron</i>	212
		<i>prenatal-u</i>	212
		<i>preplus</i>	212
		<i>pretab</i>	212
		PRETOMANID	57
		<i>prevalite</i>	95
		PREVENT DROPSAFE	
		PEN NEEDLE	145
		PREVYMIS	74, 75
		PREZCOBIX	72
		PREZISTA	72
		PRIFTIN	58
		PRIMAQUINE	61
		<i>primidone</i>	41
		PRIORIX (PF)	192
		PRIVIGEN	187
		PRO COMFORT	
		ALCOHOL PADS	112
		PRO COMFORT INSULIN	
		SYRINGE	145
		PRO COMFORT PEN	
		NEEDLE	145
		PROAIR RESPICLICK	205
		<i>probenecid</i>	54
		<i>probenecid-colchicine</i>	55
		<i>procainamide</i>	87
		<i>prochlorperazine</i>	59
		<i>prochlorperazine edisylate</i>	59
		<i>prochlorperazine maleate</i>	59
		<i>proctosol hc</i>	117
		<i>protozone-hc</i>	117
		PRODIGY INSULIN	
		SYRINGE	145
		<i>progesterone</i>	181

<i>progesterone micronized</i>	181	<i>raloxifene</i>	177	<i>riluzole</i>	101
PROGRAF	187	<i>ramipril</i>	86	<i>rimantadine</i>	75
PROLASTIN-C	207	<i>ranolazine</i>	91	RINVOQ	187
PROLENSA	168	<i>rasagiline</i>	62	<i>risedronate</i>	196
PROLIA	196	RASUVO (PF)	187	RISPERDAL CONSTA	67
PROMACTA	79	RAVICTI	171	<i>risperidone</i>	67
<i>promethazine</i>	55, 59, 60	RAYALDEE	196	<i>ritonavir</i>	73
<i>promethegan</i>	60	<i>reclipsen (28)</i>	108	RITUXAN HYCELA	32
<i>propafenone</i>	87	RECOMBIVAX HB (PF)	192	<i>rivastigmine</i>	43
<i>proparacaine</i>	165	RECTIV	198	<i>rivastigmine tartrate</i>	43
<i>propranolol</i>	88	REGRANEX	112	<i>rizatriptan</i>	56, 57
<i>propranolol-hydrochlorothiazid</i>	88	RELENZA DISKHALER	75	<i>r-natal ob</i>	212
<i>propylthiouracil</i>	182	RELEUKO	80	ROCKLATAN	200
PROQUAD (PF)	192	RELION NEEDLES	146	<i>roflumilast</i>	207
PROSOL 20 %	83	RELION PEN NEEDLES	147	ROLVEDON	80
<i>protamine</i>	81	RELISTOR	172	<i>ropinirole</i>	62, 63
<i>protriptyline</i>	46	RENFLEXIS	187	<i>rosadan</i>	114
PULMOZYME	163	<i>repaglinide</i>	48	<i>rosuvastatin</i>	95
PURE COMFORT		<i>repaglinide-metformin</i>	48	ROTARIX	192
ALCOHOL PADS	112	REPATHA PUSHTRONEX	95	ROTATEQ VACCINE	192
PURE COMFORT PEN		REPATHA SURECLICK	95	ROZLYTREK	32
NEEDLE	146	REPATHA SYRINGE	95	RUBRACA	32
PURE COMFORT SAFETY		RESTASIS	169	<i>rufinamide</i>	41
PEN NEEDLE	146	RESTASIS MULTIDOSE	168	RUKOBIA	73
PURIXAN	32	RETACRIT	80	RUXIENCE	32
<i>pyrazinamide</i>	58	RETEVMO	32	RYBELSUS	48
<i>pyridostigmine bromide</i>	198	RETROVIR	72	RYBREVANT	32
<i>pyrimethamine</i>	61	REVCovi	163	RYDAPT	32
QINLOCK	32	<i>revonto</i>	208	SAFESNAP INSULIN	
QUADRACEL (PF)	192	REXULTI	67	SYRINGE	147
<i>quetiapine</i>	67	REYATAZ	72	SAFETY PEN NEEDLE	147
<i>quinapril</i>	86	REZLIDHIA	32	<i>sajazir</i>	91
<i>quinapril-hydrochlorothiazide</i>	86	REZUROCK	187	SANTYL	113
<i>quinidine gluconate</i>	87	RHOPRESSA	200	<i>sapropterin</i>	163
<i>quinidine sulfate</i>	87	RIABNI	32	SAVELLA	101
<i>quinine sulfate</i>	61	<i>ribavirin</i>	76	SCEMBLIX	32
QULIPTA	56	RIDAURA	187	<i>scopolamine base</i>	60
RABAVERT (PF)	192	<i>rifabutin</i>	58	SECUADO	68
<i>rabeprazole</i>	170	<i>rifampin</i>	58	SECURESAFE INSULIN	
RADICAVA	101	<i>rilpivirine</i>	73	SYRINGE	147

SECURESAFE PEN	
NEEDLE.....	147
select-ob.....	212
select-ob (folic acid)	212
selegiline hcl.....	63
selenium sulfide.....	114
SELZENTRY.....	73
SEMGLEE(INSULIN GLARGINE-YFGN).....	51
SEMGLEE(INSULIN GLARG-YFGN)PEN.....	51
se-natal 19 chewable.....	212
SEREVENT DISKUS.....	205
SEROSTIM.....	180
sertraline.....	46
setlakin.....	108
sevelamer carbonate.....	173
sevelamer hcl.....	173
SEZABY.....	41
sf 5000 plus.....	111
sharobel.....	108
SHINGRIX (PF).....	193
SIGNIFOR.....	180
sildenafil (pulm.hypertension)	209
silver sulfadiazine	114
SIMBRINZA.....	200
simliya (28).....	108
simpesse.....	108
simvastatin.....	95
sirolimus.....	187
SIRTURO.....	58
SKY SAFETY PEN	
NEEDLE.....	147
SKYRIZI.....	187, 188
SLYND.....	108
sodium chloride 0.45 %.....	202
sodium chloride 0.9 %.....	202
sodium fluoride-pot nitrate.....	111
sodium oxybate.....	209
sodium phenylbutyrate.....	172
sodium polystyrene sulfonate ..	172
sodium,potassium,mag sulfates	172
SOLIQUA 100/33.....	51
SOLTAMOX.....	32
SOLU-CORTEF ACT-O-VIAL (PF).....	178
SOMATULINE DEPOT.....	180
SOMAVERT.....	181
sorafenib.....	32
sorine.....	88
sotalol.....	89
sotalol af.....	88
SPIRIVA RESPIMAT.....	205
SPIRIVA WITH HANDIHALER.....	205
spironolactone.....	93, 96
spironolacton-hydrochlorothiaz	93
SPRAVATO.....	46
sprintec (28).....	109
SPRITAM.....	41
SPRYCEL.....	33
sps (with sorbitol)	172
sronyx.....	109
ssd.....	114
stavudine.....	73
STELARA.....	188
STERILE PADS.....	148
STIMUFEND.....	80
STIOLTO RESPIMAT	205
STIVARGA.....	33
STRENSIQ.....	163
streptomycin.....	12
STRIBILD.....	73
STRIVERDI RESPIMAT	205
SUBLOCADE.....	11
subvenite.....	41
sucralfate.....	170
sulfacetamide sodium	167
sulfacetamide sodium (acne) ..	114
sulfacetamide-prednisolone	167
sulfadiazine.....	19
sulfamethoxazole-trimethoprim	19
sulfasalazine	194, 195
sulindac	9
sumatriptan	57
sumatriptan succinate	57
sumatriptan-naproxen	57
sunitinib malate	33
SUNLENCA.....	73
SUNOSI.....	209
SUPPRELIN LA.....	181
SURE COMFORT ALCOHOL PREP PADS.....	113
SURE COMFORT INS.	
SYR. U-100.....	148
SURE COMFORT INSULIN SYRINGE	148, 149
SURE COMFORT PEN NEEDLE	148, 149
SURE COMFORT SAFETY PEN NEEDLE	148
SURE-FINE PEN NEEDLES	149
SURE-JECT INSULIN SYRINGE	149
SURE-PREP ALCOHOL PREP PADS	113
SUTAB.....	172
syeda.....	109
SYMDEKO	207
SYMJEPI	91
SYMLINPEN 120	49
SYMLINPEN 60	49
SYMPAZAN	41
SYMTUZA	73
SYNAGIS	75
SYNAREL	181
SYNJARDY	49

SYNJARDY XR	49	TEFLARO	16	TIVDAK	34
SYNRIBO	33	telmisartan	85	TIVICAY	73
SYRINGE WITH NEEDLE,		telmisartan-amlodipine	85	TIVICAY PD	73
SAFETY	147	telmisartan-hydrochlorothiazid	85	tizanidine	208
TABLOID	33	temazepam	12	TOBI PODHALER	12
TABRECTA	33	TEMIXYS	73	tobramycin	13, 167
<i>tacrolimus</i>	117, 188	tencon	6	<i>tobramycin in 0.225 % nacl</i>	13
<i>tadalafil</i>	209	TENIVAC (PF)	193	<i>tobramycin sulfate</i>	13
<i>tadalafil (pulg. hypertension)</i>	209	<i>tenofovir disoproxil fumarate</i>	73	<i>tobramycin-dexamethasone</i>	167
TAFINLAR	33	TEPEZZA	165	tolmetin	9
<i>tafluprost (pf)</i>	200	TEPMETKO	34	<i>tolterodine</i>	173
TAGRISSO	33	terazosin	174	TOPCARE CLICKFINE	152
TAKHZYRO	198	<i>terbinafine hcl</i>	54	TOPCARE ULTRA	
TALTZ AUTOINJECTOR	188	<i>terbutaline</i>	205, 206	COMFORT	152
TALTZ SYRINGE	188	<i>terconazole</i>	56	<i>topiramate</i>	41
TALVEY	33	<i>teriflunomide</i>	101	<i>toposar</i>	34
TALZENNA	33	TERUMO INSULIN		<i>toremifene</i>	34
<i>tamoxifen</i>	33	SYRINGE	151	<i>torsemide</i>	93
<i>tamsulosin</i>	174	<i>testosterone</i>	175	TOTECT	198
<i>tarina 24 fe</i>	109	<i>testosterone cypionate</i>	175	TOUJEON MAX U-300	
<i>tarina fe 1-20 eq (28)</i>	109	<i>testosterone enanthate</i>	175	SOLOSTAR	51
<i>taron-c dha</i>	212	TETANUS,DIPHTHERIA		TOUJEON SOLOSTAR U-300	
<i>taron-prex prenatal-dha</i>	212	TOX PED(PF)	193	INSULIN	51
TASCENSO ODT	101	<i>tetrabenazine</i>	101	TRACLEER	210
TASIGNA	33	<i>tetracycline</i>	20	TRADJENTA	49
<i>tasimelteon</i>	209	THALOMID	198	<i>tramadol</i>	6
TAVALISSE	81	<i>theophylline</i>	206	<i>tramadol-acetaminophen</i>	6
<i>tazarotene</i>	117	THINPRO INSULIN		<i>trandolapril</i>	86
TAZORAC	117	SYRINGE	151, 152	<i>trandolapril-verapamil</i>	86
<i>taztia xt</i>	89	<i>thioridazine</i>	68	<i>tranexamic acid</i>	81
TAZVERIK	33	<i>thiothixene</i>	68	<i>tranylcypromine</i>	46
TDVAX	193	<i>tiadylt er</i>	90	TRAVASOL 10 %	83
TECENTRIQ	33	<i>tiagabine</i>	41	<i>travoprost</i>	200
TECHLITE INSULIN		TIBSOVO	34	TRAZIMERA	34
SYRINGE	150	TICE BCG	34	<i>trazodone</i>	46
TECHLITE INSULN		TICOVAC	193	TRECATOR	58
SYR(HALF UNIT)	149, 150	<i>tigecycline</i>	21	TRELEGY ELLIPTA	206
TECHLITE PEN NEEDLE		<i>timolol maleate</i>	89, 200	TRELSTAR	34
	150, 151	<i>tinidazole</i>	61	TREMFYA	188
TECVAYLI	34	<i>tiopronin</i>	174	<i>treprostин sodium</i>	210

<i>tretinoïn</i>	117	TRUE COMFORT PEN NEEDLE.....	153	ULTIGUARD SAFEPACK-PEN NEEDLE.....	156
<i>tretinoïn (antineoplastique)</i>	34	TRUE COMFORT PRO ALCOHOL PADS.....	113	ULTILET ALCOHOL SWAB.....	113
<i>triamcinolone acetonide</i>	111, 117, 178	TRUE COMFORT PRO INS SYRINGE.....	153	ULTILET INSULIN SYRINGE.....	137, 156, 157
<i>triamterène-hydrochlorothiazide</i>	93	TRUE COMFORT SAFETY PEN NEEDLE.....	152	ULTRA CMFT INS SYR (HALF UNIT).....	135, 148
<i>triazolam</i>	12	TRUEPLUS INSULIN.....	154	ULTRA COMFORT INSULIN SYRINGE.....	129, 135, 157
<i>trientine</i>	175	TRUEPLUS PEN NEEDLE.....	153, 154	ULTRA FLO INSUL SYR(HALF UNIT).....	157
<i>tri-estarrylla</i>	109	TRULICITY.....	49	ULTRA FLO INSULIN SYRINGE.....	158
<i>trifluoperazine</i>	68	TRUMENBA.....	193	ULTRA FLO PEN NEEDLE.....	157, 158
<i>trifluridine</i>	167	TRUQAP.....	34	ULTRA THIN PEN NEEDLE.....	158
<i>trihexyphenidyl</i>	63	TRUSELTIQ.....	34	ULTRACARE INSULIN SYRINGE.....	158
TRIJARDY XR.....	49	TRUXIMA.....	34	ULTRACARE PEN NEEDLE.....	159
TRIKAFTA.....	207	TUKYSA.....	34	ULTRA-THIN II (SHORT) NEEDLE.....	158, 159
<i>tri-legest fe</i>	109	tulana.....	109	ULTRA-THIN II (SHORT) INS SYR.....	159
<i>tri-linyah</i>	109	TURALIO.....	34	ULTRA-THIN II (SHORT) PEN NDL.....	159
<i>tri-lo-estarrylla</i>	109	TWINRIX (PF).....	193	ULTRA-THIN II INS PEN NEEDLES.....	159
<i>tri-lo-marzia</i>	109	tyblume.....	110	ULTRA-THIN II INSULIN SYRINGE.....	159
<i>tri-lo-mili</i>	109	TYBOST.....	198	UNIFINE PEN NEEDLE....	159
<i>tri-lo-sprintec</i>	109	TYMLOS.....	196	UNIFINE PENTIPS.....	143, 159, 160
<i>triméthoprim</i>	14	TYPHIM VI.....	193	UNIFINE PENTIPS MAXFLOW.....	160
<i>tri-mili</i>	109	TYSABRI.....	188	UNIFINE PENTIPS PLUS..	160
<i>trimipramine</i>	46	TYVASO.....	210	UNIFINE PENTIPS PLUS MAXFLOW.....	160
TRINTELLIX.....	46	UBRELVY.....	57		
<i>tri-nymyo</i>	109	UDENYCA.....	80		
TRIPTODUR.....	181	UDENYCA			
<i>tri-sprintec (28)</i>	109	AUTOINJECTOR.....	80		
TRIUMEQ.....	73	ULTICARE.....	155, 156		
TRIUMEQ PD.....	74	ULTICARE INSULIN SYRINGE.....	155		
<i>triveen-duo dha</i>	212	ULTICARE INSULN SYR(HALF UNIT).....	154		
<i>trivora (28)</i>	109	ULTICARE PEN NEEDLE	155		
<i>tri-vylibra</i>	109	ULTICARE SAFETY PEN NEEDLE.....	155		
<i>tri-vylibra lo</i>	109	ULTIGUARD SAFEPACK-INSULIN SYR.....	156		
TRIZIVIR.....	74				
TROGARZO.....	74				
TROPHAMINE 10 %.....	83				
<i>trospium</i>	174				
TRUE COMFORT ALCOHOL PADS.....	113				
TRUE COMFORT INSULIN SYRINGE.....	152				

UNIFINE SAFECONTROL	VERIFINE PEN NEEDLE	161
.....	VERIFINE PLUS PEN	
.....	NEEDLE	161, 162
UNIFINE ULTRA PEN	VERQUVO	91
NEEDLE	VERSACLOZ	68
.....	VERSALON	162
UPTRAVI	VERZENIO	35
.....	vestura (28)	110
ursodiol	V-GO 20	162
.....	V-GO 30	162
UZEDY	V-GO 40	162
.....	vienna	110
valacyclovir	vigabatrin	42
.....	vigadrone	42
VALCHLOR	vilazodone	47
.....	VIMIZIM	163
valganciclovir	vinate care	212
.....	vinblastine	35
valproate sodium	vincasar pfs	35
.....	vincristine	35
valproic acid	vinorelbine	35
.....	viorele (28)	110
valproic acid (as sodium salt)	VIRACEPT	74
.....	VIREAD	74
valsartan	virt-c dha	212
.....	virt-nate dha	212
valsartan-hydrochlorothiazide	virt-pn dha	212
.....	virt-pn plus	213
VALTOCO	VISTOGARD	199
.....	vitafol gummies	213
vancomycin	vitafol nano	213
.....	vitafol-ob+dha	213
VANFLYTA	VITRAKVI	35
.....	VIZIMPRO	35
VANISHPOINT INSULIN	VOCABRIA	74
SYRINGE	volnea (28)	110
.....	VONJO	35
VANISHPOINT SYRINGE	voriconazole	54
VAQTA (PF)	VOSEVI	75
.....	VOTRIENT	35
varenicline	VOWST	199
.....	vp-ch-pnv	213
VARIVAX (PF)	vp-pnv-dha	213
.....	VPRIV	163
VASCEPA	VRAYLAR	68
.....	VUMERITY	101
VEGZELMA	vyfemla (28)	110
.....	vylibra	110
VEKLURY	VYZULTA	200
.....	warfarin	78
VELCADE	WEBCOL	113
.....	WELIREG	36
velvet triphasic regimen (28)	wera (28)	110
VELPHORO	wixela inhub	204
.....	XADAGO	63
VELTASSA	XALKORI	36
.....	XARELTO	78
VEMLIDY	XARELTO DVT-PE TREAT	
.....	30D START	78
VENCLEXTA	XATMEP	36
.....	XCOPRI	42
VENCLEXTA STARTING	XCOPRI MAINTENANCE	
PACK	PACK	42
.....	XCOPRI TITRATION	
venlafaxine	PACK	42
.....	XELJANZ	188
venlafaxine besylate	XELJANZ XR	188
.....	XERMELO	172
verapamil	XGEVA	196
.....	XHANCE	169
VERIFINE INSULIN	XIFAXAN	14
SYRINGE	XIGDUO XR	49
.....	XIIDRA	169
.....	XOFLUZA	75
.....	XOLAIR	208
.....	XOSPATA	36
.....	XPOVIO	36
.....	XTAMPZA ER	6
.....	XTANDI	36
.....	xulane	110

XULTOPHY 100/3.6.....	51
XYOSTED.....	175
<i>yargesa</i>	164
YERVOY	36
YF-VAX (PF).....	194
YONSA.....	36
<i>yuvafem</i>	177
<i>zafemy</i>	110
<i>zafirlukast</i>	204
<i>zaleplon</i>	209
<i>zarah</i>	110
ZARXIO.....	80
<i>zatean-pn dha</i>	213
<i>zatean-pn plus</i>	213
<i>zebutal</i>	6
ZEGALOGUE	
AUTOINJECTOR	199
ZEGALOGUE SYRINGE...	199
ZEJULA.....	36, 37
ZELBORA <small>F</small>	37
<i>zenatane</i>	113
ZENPEP	164
<i>zidovudine</i>	74
ZIEXTENZO.....	80
<i>zingiber</i>	213
<i>ziprasidone hcl</i>	69
<i>ziprasidone mesylate</i>	69
ZIRABEV	37
ZIRGAN	167
ZOLADEX.....	37
<i>zoledronic acid</i>	196
<i>zoledronic acid-mannitol-water</i>	196
ZOLINZA.....	37
<i>zolmitriptan</i>	57
<i>zolpidem</i>	209
ZONISADE.....	42
<i>zonisamide</i>	42
<i>zovia 1-35 (28)</i>	110
ZTALMY	42
ZTLIDO	10
<i>zumandimine (28)</i>	110
ZURZUVAE.....	47
ZYDELIG	37
ZYKADIA.....	37
ZYLET	167
ZYNLONTA.....	37
ZYNYZ.....	37
ZYPREXA RELPREVV	69



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

This formulary was updated on 10/19/2023. For more recent information or other questions, please contact your Care Team at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.), and weekdays, 8 am – 8 pm (Apr. – Sept.) or visit vnshealthplans.org.