VNS Health

# VNS Health EasyCare Plus (HMO D-SNP)
# VNS Health Total (HMO D-SNP)

2026

## FORMULARY (LIST OF COVERED DRUGS OR "DRUG LIST")

## FORMULARIO (LISTA DE MEDICAMENTOS CUBIERTOS O "LISTA DE MEDICAMENTOS")

## 處方藥一覽表 (承保藥物清單或「藥物清單」)

HPMS Approved Formulary File Submission ID: 26372

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

This formulary was updated on 10/20/2026. 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)

## 2026 Formulary
## (List of Covered Drugs or "Drug List")

**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)

HPMS Approved Formulary File Submission ID: 26372

This formulary was updated on 10/20/26. For more recent information or other questions, please contact VNS Health Medicare 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 Drug List (formulary) for our plan, which is current as of 10/20/26. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front 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, 2026, and from time to time during the year.

## What is the VNS Health Medicare formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by 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 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 formulary during the year, move them to different cost sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: vnshealthplans.org/formulary.

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

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

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

  If you are currently taking that brand name drug or original biological product, 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the VNS Health Medicare formulary?”

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

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

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

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the 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 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/20/26. 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 work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** VNS Health Medicare requires you or your prescriber 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 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 VII 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)** | |
| *Cetirizine Hydrochloride* | (Zyrtec) | Chewable Tablets, Solution, Tablets |
| *Cetirizine Hydrochloride/ Pseudoephedrine Hydrochloride* | (Zyrtec-D) | 12-Hour Tablets |
| *Fexofenadine Hydrochloride* | (Allegra) | 12 hour tablets, 24-hour tablets rapdis, suspension |
| *Fexofenadine/Pseudoephedrine Hydrochloride* | (Allegra-D) | 12-hour tablets, 24-Hour Tablet |
| *Ketotifen Fumarate* | (Zaditor) | Ophthalmic Drops |
| *Levocetirizine Dihydrochloride* | (Xyzal) | Solution, Tablets |
| *Loratadine* | (Claritin) | Solution, Tablets, tablets rapdis, Chewable tablets |
| *Loratadine/ Pseudoephedrine Hydrochloride* | (Claritin-D) | 12-Hour Tablets 24-Hour Tablets |
| *Nicotine Gum* | *Nicorette, Quit 2, Quit 4* | *Buccal Gum* |
| *Nicotine Lozenges* | *Nicorette* | *Buccal Lozenge* |
| *Nicotine Patches* | *Nicoderm* | *Topical Patch* |
| *Olopatadine Hydrochloride* | *Pataday Once Daily Relief Pataday Twice Daily Relief Eye Allergy Itch Relief; Clear Eyes Once Daily Allergy* | 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.

## 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for tiering or, a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and

we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 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. If coverage is not approved, 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 and back cover pages.

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

# 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., BIKTARVY) 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.

**Please see the following for an explanation of the Drug Tier columns listed in your formulary. See Chapter 6 of your Evidence of Coverage for actual copayments.**

Tier 1: Generic Drugs
Tier 2: Preferred Brand Drugs
Tier 3: Non-Preferred Brand Drugs
Tier 4: Specialty Drugs
Tier 5: Select Care Drugs

**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 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. |
| 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 *Provider and Pharmacy Directory* 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 not 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 |
|---|---|
| 8 hr | 8 hour |
| 12 hr or 12h | 12 hour |
| 24 hr or 24hr | 24 hour |
| 72 hr | 72 hour |
| act | activated |
| admix | admixture |
| aero | aerosol |
| admin | administration |
| ampul | ampule |
| app | applicator |
| appl | applicator |
| auto | automatic |
| cap | capsule |
| chew | chewable |
| CT | count |
| comb | combo |
| del | delayed |
| delayed | delayed |
| disinteg | disintegrating |
| disintegrat | disintegrating |
| dose | dosage |
| DR | delayed release |
| EC | Enteric-Coated |
| emolnt | emollient |
| ENFit | enteral feeding connector |
| er | extended release |
| ER | extended release |
| ext | extended |
| extnd | extended |
| extend | extended |

| ABBREVIATION | DESCRIPTION |
|---|---|
| gast | gastric |
| HFA | hydrofluoroalkane |
| hi | high |
| IR | immediate release |
| liqd | liquid |
| loz | lozenge |
| lo | low |
| lozeng | lozenge |
| mini lozenge | miniature lozenge |
| misc | miscellaneous |
| MP | Metered Pump |
| muco | mucous |
| pak | packet |
| pack | packet |
| PCA | Patient Controlled Administration |
| pell | pellet |
| pk | package |
| Powdr | powder |
| pt | patient |
| recon | reconstituted |
| rel | release |
| releas | release |
| soln | solution |
| sprink | sprinkle |
| sprinkl | sprinkle |
| susp | suspension |
| suspen | suspension |
| syring | syringe |
| tab | tablet |
| TD | transdermal |
| var | variable |
| w/ | with |

# VNS Health Medicare (HMO)

## Formulario para 2026
## (Lista de medicamentos cubiertos o Lista de medicamentos)

**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 de HPMS: 26372

Este formulario se actualizó el 10/20/26. Para obtener la información más actualizada o si tiene otras preguntas, comuníquese con nosotros al 1-866-783-1444 (TTY: 711), 7 días de la semana, 8 am – 8 pm (oct. – mar.) y días laborables, 8 am – 8 pm (abr. – set.), o visite vnshealthplans.org.

**Nota para miembros actuales:** Este formulario ha sido modificado desde el año pasado. Lea este documento para asegurarse de que aún figuran los medicamentos que 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 medicamentos (formulario) de nuestro plan, vigente a partir de 10/20/26. Para obtener una Lista de medicamentos (formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos (formulario), aparece 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 2026 y en otras ocasiones durante el año.

## ¿Qué es el formulario de VNS Health Medicare?

En este documento, usamos los términos Lista de medicamentos y formulario para hacer referencia a lo mismo. 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 médicamente 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*.

## ¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero VNS Health EasyCare Plus y VNS Health Total pueden agregar o quitar medicamentos del formulario o agregar restricciones durante el año. Debemos seguir las reglas de Medicare cuando se realizan estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí: vnshealthplans.org/formulary.

**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:

- **Sustitución inmediata de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos retirar inmediatamente un medicamento de nuestro formulario si lo reemplazamos con una determinada versión nueva de ese medicamento que aparecerá en el mismo nivel de gasto compartido o en uno menor y con las mismas restricciones o menos. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero cambiarlo inmediatamente a un nivel de gastos compartidos diferente o agregar nuevas restricciones.

  Podemos hacer estos cambios inmediatos solo si agregamos una nueva versión genérica de un medicamento de marca, o si agregamos ciertas versiones biosimilares nuevas de un producto biológico original, que ya estaba en el formulario (por ejemplo, al agregar un biosimilar intercambiable que puede ser sustituido por un producto biológico original en una farmacia sin una nueva receta).

Si actualmente toma el medicamento de marca o el producto biológico original, es posible que no le informemos por adelantado antes de hacer el cambio, pero luego le brindaremos información sobre los cambios específicos que hemos hecho.

Si implementamos dicho cambio, usted u otra persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo para usted el medicamento que se está cambiando. Para obtener más información, consulte la sección a continuación titulada "¿Cómo solicito una excepción para el Formulario de VNS Health Medicare?"

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?"

- **Medicamentos que fueron retirados del mercado.** Si un medicamento es retirado de la venta por el fabricante, o la Administración de Alimentos y Medicamentos (FDA) determina su retiro por motivos de seguridad o eficacia, podemos retirar inmediatamente el medicamento de nuestro formulario y luego notificar a los miembros que lo toman.

- **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 un nuevo biosimilar para reemplazar un producto biológico original actualmente en el formulario, o agregar nuevas restricciones o mover un medicamento que mantenemos en el formulario a un nivel de costo compartido más alto, o ambas cosas después de agregar un medicamento correspondiente. Podemos realizar cambios según nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario o agregamos una autorización previa, límites de cantidad o restricciones de terapia escalonada a un medicamento, debemos notificar a los miembros afectados sobre el cambio, al menos 30 días antes de que el cambio esté vigente. O bien, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro del medicamento para 30 días y un aviso del cambio.

  Si implementamos estos cambios, usted u otra persona autorizada a dar recetas pueden solicitarle que hagamos una excepción para usted y que sigamos cubriendo el medicamento que ha estado tomando. 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 2026 que estaba cubierto al comienzo del año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, excepto en los casos que se describieron 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 las modificaciones que no lo afecten. Sin embargo, dichos cambios podrían afectarle a partir del 1 de enero del año siguiente, y es importante que revise el formulario del nuevo año de beneficios para ver los cambios en los medicamentos.

El formulario adjunto está vigente desde 10/20/26. 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. La Administración de Alimentos y Medicamentos (FDA) aprueba un medicamento genérico cuando considera que contiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien que los medicamentos de marca y, en general, cuestan menos. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Por lo general, los medicamentos genéricos pueden sustituir al medicamento de marca en la farmacia sin necesidad de una nueva receta, según las leyes estatales.

## ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando hablamos de medicamentos, podríamos hacer referencia a un medicamento o un producto biológico. Los productos biológicos son medicamentos que son más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se llaman biosimilares. En general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden ser sustituidos por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden ser sustituidos por medicamentos de marca.

- Para obtener información sobre los tipos de medicamentos, consulte la Evidencia de cobertura, Sección 3.1 del Capítulo 5, “La 'Lista de medicamentos' indica qué medicamentos de la Parte D están cubiertos”.

## ¿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 la persona autorizada a dar recetas 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 los medicamentos cubiertos específicos en nuestro sitio 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 enviemos 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 XXI 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)** | |
| *Clorhidrato de cetirizina* | (Zyrtec) | Tabletas masticables, solución, tabletas |
| *Clorhidrato de cetirizina/ Clorhidrato de seudoefedrina* | (Zyrtec-D) | Tabletas cada 12 horas |
| *Clorhidrato de fexofenadina* | (Allegra) | tabletas cada 12 horas, tabletas de disolución rápida cada 24 horas, suspensión |
| *Fexofenadina/Clorhidrato de seudoefedrina* | (Allegra-D) | tabletas cada 12 horas, tabletas cada 24 horas |
| *Fumarato de ketotifeno* | (Zaditor) | Gotas oftalmológicas |
| *Clorhidrato de levocetirizina* | (Xyzal) | Solución, tabletas |
| *Loratadina* | (Claritin) | Solución, tabletas, tabletas de disolución rápida, tabletas masticables |
| *Loratadina/ Clorhidrato de seudoefedrina* | (Claritin-D) | Tabletas cada 12 horas Tabletas cada 24 horas |
| *Goma de mascar de nicotina* | *Nicorette, Quit 2, Quit 4* | *Goma de mascar* |
| *Comprimidos de nicotina* | *Nicorette* | *Comprimidos orales* |
| *Parches de nicotina* | *Nicoderm* | *Parche tópico* |
| *Clorhidrato de olopatadina* | *Pataday Once Daily Relief Pataday Twice Daily Relief Eye Allergy Itch Relief; Clear Eyes Once Daily Allergy* | Gotas oftalmológicas |

VNS Health Medicare proporcionará estos medicamentos de OTC sin costo para usted. El costo para VNS Health EasyCare Plus y VNS Health Total de estos medicamentos

de OTC no se tendrá en cuenta para los costos totales de sus medicamentos de la Parte D.

## ¿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 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 no apliquemos una restricción de cobertura que incluya una autorización previa, un tratamiento escalonado o un límite de cantidad 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.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, a menos que el medicamento esté en el nivel de especialidad. Si se aprueba, esto reduciría la cantidad que usted debe pagar por su medicamento.

Por lo general, VNS Health Medicare solo aprobará su solicitud de una excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento con

menor gasto compartido o la aplicación de la restricción no resultaran tan eficaces para usted ni provocaran efectos adversos.

Usted o la persona autorizada a recetar deben comunicarse con nosotros para solicitarnos una excepción por niveles o una excepción al formulario, incluida una excepción a una restricción de cobertura. **Cuando solicite una excepción, la persona autorizada a dar recetas deberá explicarle los motivos médicos por los que necesita la excepción.** 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 decisión acelerada (rápida) si cree, y estamos de acuerdo, que su salud podría verse gravemente perjudicada si espera hasta 72 horas por una decisión. Si estamos de acuerdo, o si la persona autorizada a dar recetas solicita una decisión rápida, debemos comunicarle una decisión en un plazo máximo de 24 horas después de recibir la declaración de apoyo de la persona autorizada a dar recetas.

## ¿Qué puedo hacer si mi medicamento no está en el formulario o tiene una restricción?

Como miembro nuevo o actual de nuestro plan, es posible que esté tomando medicamentos que no estén en nuestro formulario. O bien, puede estar tomando un medicamento que está en nuestro formulario, pero que tiene una restricción de cobertura, como una autorización previa. Debe hablar con la persona autorizada a dar recetas sobre solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico/a determinan el curso de acción correcto para usted, podemos cubrir el medicamento en ciertos casos durante los primeros 90 días tras convertirse en miembro de nuestro plan.

Para cada uno de sus medicamentos que no estén en nuestro formulario o que tengan una restricción de cobertura, cubriremos un suministro temporal de 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. Si no se aprueba la cobertura, 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 http://www.medicare.gov.

# Formulario de VNS Health Medicare

El formulario que comienza en la página 3 proporciona 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 medicamentos de marca están en mayúscula (p. ej., BIKTARVY) y los medicamentos genéricos aparecen en minúscula y cursiva (p. ej., naproxeno).

La información en la columna Requerimientos/Límites le indica si VNS Health Medicare tiene algún requisito de cobertura especial para su medicamento.

**Consulte lo siguiente para obtener una explicación de las columnas de Niveles de medicamentos que figuran en su formulario. Consulte el Capítulo 6 de su evidencia de cobertura para conocer los copagos reales.**

Nivel 1: Medicamentos genéricos
Nivel 2: Medicamentos de marca preferidos
Nivel 3: Medicamentos de marca no preferidos
Nivel 4: Medicamentos especializados
Nivel 5: Medicamentos selectos

**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) debe obtener una autorización previa de VNS Health Medicare antes de surtir su receta para este medicamento. Sin la autorización 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 | Este medicamento puede ser elegible para los pagos de la Parte B o la Parte D de Medicare. Usted (o su médico) debe obtener una autorización previa de VNS Health Medicare que determine que este medicamento está cubierto por la Parte D de Medicare antes de que surta las recetas médicas de este medicamento. Sin la autorización previa, es posible que VNS Health Medicare no cubra este medicamento. |
| PA NSO | Restricciones de autorización previa para nuevos afiliados solamente | Si usted es un miembro nuevo, usted (o su médico) debe obtener una autorización previa de VNS Health Medicare antes de surtir su receta para este medicamento. Sin la autorización previa, es posible que VNS Health Medicare no cubra este medicamento. |
| QL | Restricciones para los límites de cantidad | VNS Health Medicare limita la cantidad cubierta de este medicamento por receta, o dentro de un plazo determinado. |

| ABREVIATURA | DESCRIPCIÓN | EXPLICACIÓN |
|---|---|---|
| ST | Restricciones en el tratamiento escalonado | Antes de que VNS Health Medicare proporcione cobertura para este medicamento, primero debe probar otros medicamentos para tratar su afección médica. 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 el *Directorio de proveedores y farmacias* o llame a su Equipo de atención al 1-866-783-1444 (TTY: 711), los 7 días de la semana, de 8:00 a. m. a 8:00 p. m (de octubre a marzo) y de lunes a viernes, de 8:00 a. m. a 8:00 p. m (de abril a septiembre). |
| 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 no están disponibles para envíos por correo postal se marcan con las iniciales "NM" en la columna Requerimientos/Límites de su formulario. |

| ABREVIATURA | DESCRIPCIÓN | EXPLICACIÓN |
|---|---|---|
| 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 PARA LA CONCENTRACIÓN Y LA FORMA DE DOSIFICACIÓN

| ABREVIATURA | DESCRIPCIÓN |
|---|---|
| 8 hr | 8 horas |
| 12 hr or 12h | 12 horas |
| 24 hr or 24hr | 24 horas |
| 72 hr | 72 horas |
| act | activado |
| admix | mezcla |
| aero | aerosol |
| admin | administración |
| ampul | ampolleta |
| app | aplicador |
| appl | aplicador |
| auto | automático |
| cap | cápsula |
| chew | masticable |
| CT | recuento |
| comb | combinación |
| del | retrasado |
| delayed | retrasado |
| disinteg | desintegrable |
| disintegrat | desintegrable |
| dose | dosificación |
| DR | liberación retrasada |
| EC | con recubrimiento entérico |
| emolnt | emoliente |
| ENFit | conector de alimentación enteral |
| er | liberación prolongada |
| ER | liberación prolongada |
| ext | extendido |
| extnd | extendido |

| ABREVIATURA | DESCRIPCIÓN |
|---|---|
| extend | extendido |
| gast | gástrico |
| HFA | hidrofluoroalcano |
| hi | alto |
| IR | liberación inmediata |
| liqd | líquido |
| loz | pastilla para chupar |
| lo | baja |
| lozeng | pastilla para chupar |
| mini lozenge | pastilla para chupar en miniatura |
| misc | diverso |
| MP | bomba dosificada |
| muco | mucoso |
| pak | paquete |
| pack | paquete |
| PCA | administración controlada por el paciente |
| pell | pellet |
| pk | caja |
| Powdr | polvo |
| pt | paciente |
| recon | reconstituido |
| rel | liberación |
| releas | liberación |
| soln | solución |
| sprink | espolvorear |
| sprinkl | para espolvorear |
| susp | suspensión |
| suspen | suspensión |
| syring | jeringa |
| tab | comprimido |
| TD | transdérmico |
| var | variable |
| w/ | con |

# VNS Health 富康醫療紅藍卡計劃 (Medicare) (HMO)

## 2026 年處方藥一覽表
## （承保藥物清單或藥物清單）

**請閱讀：本文件包含有關**
**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

HPMS 核准的處方藥一覽表檔案提交 ID：26372

本處方藥一覽表於 10/20/26 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以來已變更。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 10/20/26 日的藥物清單（處方藥一覽表）。如需最新藥物清單（處方藥一覽表），請聯絡我們。我們的聯絡資訊連同最後更新藥物清單（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 2026 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？

在本文件中，術語「藥物清單」和「處方藥一覽表」表示同一清單。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 EasyCare Plus 和 VNS Health 富康醫療 Total (HMO D-SNP) 在該年內可能會新增藥物至處方藥一覽表，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。我們的網站上每月會發佈一次處方藥一覽表的更新：vnshealthplans.org/formulary。

**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：

- **立即使用某些新藥替代品牌藥和原研生物製品。**如果我們要以某種新藥取代我們處方藥一覽表上的某種藥物，同時新藥會列在相同或更低的分攤費用等級且限制規定將會相同或更少，我們可能會立即刪除處方藥一覽表上的該藥物。當我們向處方藥一覽表中添加新藥時，我們可能決定保留處方藥一覽表上的品牌藥或原研生物製品，但會立即將其移到不同的分攤費用等級或增加新的限制規定。

  只有當我們計劃為某種品牌藥新增某種普通藥，或為處方藥一覽表上已有的某種原研生物製品新增某些生物仿製藥時，我們才能立即進行這些變更（例如，添加可互換生物仿製藥時，藥房無需新處方即可用其替代原研生物製品）。

  如果您目前正在使用該品牌藥或原研生物製品，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，繼續為您承保正在變更的藥物。如需瞭解更多資訊，請參見後文的「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。

其中一些藥物類型對您來說可能是陌生的。如需瞭解更多資訊，請參見後文的「什麼是原研生物製品，它們與生物仿製藥有何關係？」章節。

- **退出市場的藥物。**如果某種藥物被製造商撤出市場，或者美國食品及藥物管理局 (FDA) 出於安全或有效性原因要求其退市，我們會立即從我們的處方藥一覽表上刪除該藥物，並在之後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普通藥以取代處方藥一覽表上現有的品牌藥，或新增一種生物仿製葯以取代處方藥一覽表上現有的原研生物製品，或者在新增一種相應藥物後對處方藥一覽表上現有的藥物增設新的限制條件，或將其轉移到更高的分攤費用等級，或者同時作出這兩種變更。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，繼續為您承保您一直以來使用的藥物。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 2026 年處方藥一覽表上的藥物，我們不會在 2026 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處方藥一覽表，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 10/20/26。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。品牌藥和普通藥均列在該索引中。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。

## 甚麼是普通藥？

VNS Health 富康醫療紅藍卡計劃 (Medicare) 承保品牌藥和普通藥。普通藥是一種由 FDA 核准，具有與品牌藥相同活性成分的藥物。一般而言，普通藥的效果與品牌藥無異，而且通常費用更低。許多品牌藥皆有普通藥可供替代。普通藥通常可替代品牌藥，且無需新處方即可在藥房獲取，具體取決於州法律。

## 什麼是原研生物製品，它們與生物仿製藥有何關係？

當我們提到處方藥一覽表上的藥物時，可能是指某種典型藥物，也可能是指某種生物製品。生物製品是比典型藥物更為複雜的藥物。生物製品比典型藥物更複雜，因此它們沒有通用形態，而是具有稱為生物仿製藥的替代藥物。一般而言，生物仿製藥的效果與原研生物製品無異，而且費用更低。部分原研生物製品有生物仿製藥可供替代。某些生物仿製藥是可互換生物仿製藥，根據州法律，藥房無需新處方即可用其替代原研生物製品，這一點與用普通藥替代品牌藥類似。

- 有關藥物類型的討論，請參見「承保範圍說明書」第 5 章第 3.1 節「『藥物清單』說明何種 D 部分藥物有承保」。

## 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) 要求您或您的處方醫生取得事先授權。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) 針對每份 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事前授權和循序用藥限制規定。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 XXXVI 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？

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

| 藥物 | | 劑型 |
|---|---|---|
| 普通藥 | （參考品牌藥） | |
| | *Pataday Twice Daily Relief; Eye Allergy Itch Relief; Clear Eyes Once Daily Allergy* | |

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 EasyCare Plus 和 VNS Health 富康醫療 Total (HMO D-SNP) 為這些 OTC 藥物支付的費用不會計入您的 D 部分藥費總額。

## 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。

- 您可以要求我們撤銷對您的藥物的承保限制，包括預先授權、階段治療或數量限制。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。
- 您可以要求我們以較低費用分攤等級承保處方藥一覽表中的藥物，除非該藥物在特殊等級中。如經批准，您為藥物支付的費用也會更低。

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施加限制對您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。

您或您的處方醫生應聯絡我們請求層級或處方藥一覽表例外處理，包括承保範圍限制的例外。**當您申請例外處理時，您的處方醫生需要解釋您需要例外處理的醫療理由。**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。如果您認為等候 72 小時再做出決定會對您的健康造成嚴重傷害，並且我們同意這一觀點，那麼您可以申請加急（快速）裁決。如果我們同意，或者您的處方醫生要求快速決定，我們必須在收到處方醫生的支持聲明後 24 小時內為您作出決定。

## 如果我的藥物不在處方藥一覽表上或有限制，該怎麼辦？

身為我們計劃的新會員或續約會員，您可能正使用我們處方藥一覽表以外的藥物。或者，我們的處方藥一覽表上包含您正在使用的藥物，但有承保範圍限制，例如事先授權。您應該和您的處方醫生討論以下問題：是否申請承保範圍裁決以表明您符合批准標準、是否改用我們承保的替代藥物，或是否申請處方藥一覽表例外處理以便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或有承保限制的藥物，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。如果承保未獲得批准，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。

## 查詢詳細資訊

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。

有關紅藍卡 (Medicare) 處方藥承保範圍的常見問題，請致電紅藍卡專線 1-800-MEDICARE (1-800-633-4227)，服務時間為每週七天，每天 24 小時。
TTY 使用者請撥打 1-877-486-2048。或瀏覽網站 http://www.medicare.gov。

# 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。品牌藥用大寫字母表示（如 BIKTARVY），普通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。

**請參閱下文，瞭解處方藥一覽表中所列的藥物等級的說明。請參閱「承保範圍說明書」的第 6 章，瞭解實際的共付額。**

第 1 級：普通藥
第 2 級：首選原廠藥
第 3 級：非首選品牌藥
第 4 級：特殊藥物
第 5 級：精選護理藥物

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<br>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 NSO | 僅針對新會員的<br>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，無法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 |
|---|---|
| 8 hr | 8 小時 |
| 12 hr or 12h | 12 小時 |
| 24 hr or 24hr | 24 小時 |
| 72 hr | 72 小時 |
| act | 啟用 |
| admix | 混合劑 |
| aero | 氣霧劑 |
| admin | 給藥 |
| ampul | 安瓿 |
| app | 塗敷劑 |
| appl | 塗敷劑 |
| auto | 自動 |
| cap | 膠囊 |
| chew | 咀嚼劑 |
| CT | 數量 |
| comb | 組合 |
| del | 延遲 |
| delayed | 延遲 |
| disinteg | 崩解劑 |
| disintegrat | 崩解劑 |
| dose | 劑量 |
| DR | 延遲釋放劑 |
| EC | 腸溶衣劑 |
| emolnt | 潤膚劑 |
| ENFit | 腸內餵養連接器 |
| er | 延時釋放劑 |

| 縮寫詞 | 描述 |
|---|---|
| ER | 延時釋放劑 |
| ext | 延時 |
| extnd | 延時 |
| extend | 延時 |
| gast | 胃內 |
| HFA | 氫氟烷烴 |
| hi | 偏高 |
| IR | 快速釋放劑 |
| liqd | 液體 |
| loz | 錠劑 |
| lo | 偏低 |
| lozeng | 錠劑 |
| mini lozenge | 迷你錠劑 |
| misc | 其他 |
| MP | 定量泵 |
| muco | 黏液 |
| pak | 包 |
| pack | 包 |
| PCA | 患者自控給藥 |
| pell | 小丸 |
| pk | 包 |
| Powdr | 粉末 |
| pt | 患者 |
| recon | 重組 |
| rel | 釋放 |
| releas | 釋放 |
| soln | 溶液 |
| sprink | 灑 |
| sprinkl | 顆粒 |

| 縮寫詞 | 描述 |
| --- | --- |
| susp | 混懸劑 |
| suspen | 混懸劑 |
| syring | 注射器 |
| tab | 錠劑 |
| TD | 經皮 |
| var | 可調整 |
| w/ | 聯合 |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Analgesics** | | | |
| **Analgesics, Miscellaneous** | | | |
| *acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml* | | 1 | 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 30-50-325-40 mg* | (codeine-butalbital-asa-caff) | 1 | QL (180 per 30 days) |
| *buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour* | (Butrans) | 1 | QL (4 per 28 days) |
| *butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg* | | 1 | QL (180 per 30 days) |
| *butalbital-acetaminophen-caff oral capsule 50-300-40 mg* | (Fioricet) | 1 | QL (180 per 30 days) |
| *butalbital-acetaminophen-caff oral capsule 50-325-40 mg* | | 1 | QL (180 per 30 days) |
| *butalbital-acetaminophen-caff oral tablet 50-325-40 mg* | | 1 | QL (180 per 30 days) |
| *butalbital-aspirin-caffeine oral capsule 50-325-40 mg* | | 1 | QL (180 per 30 days) |
| *butorphanol nasal spray,non-aerosol 10 mg/ml* | | 1 | QL (5 per 28 days) |
| *codeine sulfate oral tablet 15 mg, 60 mg* | | 3 | QL (180 per 30 days) |
| *codeine sulfate oral tablet 30 mg* | | 1 | QL (180 per 30 days) |
| *codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg* | (Ascomp with Codeine) | 1 | QL (180 per 30 days) |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *endocet oral tablet 10-325 mg* | (oxycodone-acetaminophen) | 1 | QL (180 per 30 days) |
| *endocet oral tablet 2.5-325 mg, 5-325 mg* | (oxycodone-acetaminophen) | 1 | QL (360 per 30 days) |
| *endocet oral tablet 7.5-325 mg* | (oxycodone-acetaminophen) | 1 | QL (240 per 30 days) |
| *fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg* | | 4 | PA; NDS; QL (120 per 30 days) |
| *fentanyl citrate buccal lozenge on a handle 200 mcg* | | 1 | PA; QL (120 per 30 days) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | | 1 | QL (10 per 30 days) |
| *fioricet oral capsule 50-300-40 mg* | (butalbital-acetaminophen-caff) | 1 | QL (180 per 30 days) |
| *hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml* | | 1 | QL (2700 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg* | | 1 | QL (180 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg* | | 1 | QL (240 per 30 days) |
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg* | | 1 | QL (150 per 30 days) |
| *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 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) |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 (2 mg/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 | 3 | QL (180 per 30 days) |
| MORPHINE ORAL TABLET 30 MG | 3 | QL (120 per 30 days) |
| *morphine oral tablet extended release 100 mg, 200 mg* | 1 | QL (60 per 30 days) |
| *morphine oral tablet extended release 15 mg, 30 mg* (MS Contin) | 1 | QL (90 per 30 days) |
| *morphine oral tablet extended release 60 mg* (MS Contin) | 1 | QL (60 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-acetaminophen oral tablet 10-325 mg* (Endocet) | 1 | QL (180 per 30 days) |
| *oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg* (Endocet) | 1 | QL (360 per 30 days) |
| *oxycodone-acetaminophen oral tablet 7.5-325 mg* (Endocet) | 1 | QL (240 per 30 days) |
| *oxymorphone oral tablet 10 mg* | 1 | QL (120 per 30 days) |
| *oxymorphone oral tablet 5 mg* | 1 | QL (180 per 30 days) |
| *oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg* | 1 | QL (60 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *tencon oral tablet 50-325 mg* | (butalbital-acetaminophen) | 1 | QL (180 per 30 days) |
| *tramadol oral tablet 50 mg* | | 1 | QL (240 per 30 days) |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | | 1 | QL (300 per 30 days) |
| *zebutal oral capsule 50-325-40 mg* | (butalbital-acetaminophen-caff) | 1 | QL (180 per 30 days) |
| **Nonsteroidal Anti-Inflammatory Agents** | | | |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | (Celebrex) | 1 | QL (60 per 30 days) |
| *diclofenac epolamine transdermal patch 12 hour 1.3 %* | (Flector) | 3 | PA; QL (60 per 30 days) |
| *diclofenac potassium oral tablet 50 mg* | | 1 | QL (120 per 30 days) |
| *diclofenac sodium oral tablet extended release 24 hr 100 mg* | | 1 | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg* | | 1 | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg* | | 1 | QL (120 per 30 days) |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg* | | 1 | QL (60 per 30 days) |
| *diclofenac sodium topical drops 1.5 %* | | 1 | QL (300 per 30 days) |
| *diclofenac sodium topical gel 3 %* | | 1 | |
| *diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)* | | 4 | PA; NDS; QL (224 per 28 days) |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg* | (Arthrotec 50) | 1 | |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg* | (Arthrotec 75) | 1 | |
| *diflunisal oral tablet 500 mg* | | 1 | |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *etodolac oral capsule 200 mg, 300 mg* | | 1 | |
| *etodolac oral tablet 400 mg* | (Lodine) | 1 | |
| *etodolac oral tablet 500 mg* | | 1 | |
| *fenoprofen oral tablet 600 mg* | (Nalfon) | 1 | |
| *flurbiprofen oral tablet 100 mg* | (Lurbiro) | 1 | |
| *ibu oral tablet 400 mg* | (ibuprofen) | 1 | QL (240 per 30 days) |
| *ibu oral tablet 600 mg, 800 mg* | (ibuprofen) | 1 | |
| *ibuprofen oral suspension 100 mg/5 ml* | (Children's Advil) | 1 | |
| *ibuprofen oral tablet 400 mg* | (IBU) | 1 | QL (240 per 30 days) |
| *ibuprofen oral tablet 600 mg, 800 mg* | (IBU) | 1 | |
| *ibuprofen-famotidine oral tablet 800-26.6 mg* | | 1 | PA; QL (90 per 30 days) |
| *indomethacin oral capsule 25 mg, 50 mg* | | 1 | |
| *indomethacin oral capsule, extended release 75 mg* | | 1 | |
| *ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg* | | 1 | |
| *ketorolac oral tablet 10 mg* | | 1 | QL (20 per 30 days) |
| *mefenamic acid oral capsule 250 mg* | | 1 | |
| *meloxicam oral tablet 15 mg, 7.5 mg* | | 1 | |
| *nabumetone oral tablet 500 mg, 750 mg* | | 1 | |
| *naproxen oral tablet 250 mg, 375 mg* | | 1 | |
| *naproxen oral tablet 500 mg* | (Naprosyn) | 1 | |
| *naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg* | (EC-Naprosyn) | 1 | |
| *piroxicam oral capsule 10 mg, 20 mg* | | 1 | |
| *sulindac oral tablet 150 mg, 200 mg* | | 1 | |
| **Anesthetics** | | | |
| **Local Anesthetics** | | | |
| *dermacinrx lidocan 5% patch outer* | (lidocaine) | 1 | PA; QL (90 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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *glydo mucous membrane jelly in applicator 2 %* | (lidocaine hcl) | 1 | QL (30 per 30 days) |
| *lidocaine hcl mucous membrane jelly in applicator 2 %* | (Glydo) | 1 | QL (30 per 30 days) |
| *lidocaine hcl mucous membrane solution 2 %* | | 1 | |
| *lidocaine hcl mucous membrane solution 4 % (40 mg/ml)* | | 1 | PA |
| *lidocaine topical adhesive patch,medicated 5 %* | (DermacinRx Lidocan) | 1 | PA; QL (90 per 30 days) |
| *lidocaine topical ointment 5 %* | | 1 | PA; QL (240 per 30 days) |
| *lidocaine-prilocaine topical cream 2.5-2.5 %* | | 1 | PA; QL (30 per 30 days) |
| *lidocan iii topical adhesive patch,medicated 5 %* | (lidocaine) | 1 | PA; QL (90 per 30 days) |
| *tridacaine iii topical adhesive patch,medicated 5 %* | (lidocaine) | 1 | PA; QL (90 per 30 days) |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % | | 2 | PA; QL (90 per 30 days) |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | | |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | | |
| *acamprosate oral tablet,delayed release (dr/ec) 333 mg* | | 1 | |
| *buprenorphine hcl sublingual tablet 2 mg, 8 mg* | | 1 | |
| *buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg* | (Suboxone) | 1 | |
| *buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg* | | 1 | |
| *bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg* | | 1 | |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *disulfiram oral tablet 250 mg, 500 mg* | | 1 | |
| KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION | | 2 | QL (4 per 30 days) |
| *naloxone injection solution 0.4 mg/ml* | | 1 | |
| *naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml* | | 1 | |
| *naloxone nasal spray,non-aerosol 4 mg/actuation* | (Narcan) | 1 | QL (4 per 30 days) |
| *naltrexone oral tablet 50 mg* | | 1 | |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML | | 3 | ST; QL (240 per 180 days) |
| *varenicline tartrate oral tablet 0.5 mg, 1 mg* | (Chantix) | 1 | QL (336 per 365 days) |
| *varenicline tartrate oral tablet 1 mg (56 pack)* | | 1 | QL (336 per 365 days) |
| *varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)* | (Chantix Starting Month Box) | 1 | |
| **Antianxiety Agents** | | | |
| **Benzodiazepines** | | | |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg* | (Xanax) | 1 | QL (120 per 30 days) |
| *alprazolam oral tablet 2 mg* | (Xanax) | 1 | QL (150 per 30 days) |
| *alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg* | | 1 | QL (120 per 30 days) |
| *alprazolam oral tablet extended release 24 hr 3 mg* | | 1 | QL (90 per 30 days) |
| *chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg* | | 1 | QL (120 per 30 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | (Klonopin) | 1 | QL (90 per 30 days) |
| *clonazepam oral tablet 2 mg* | (Klonopin) | 1 | QL (300 per 30 days) |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | | 1 | QL (90 per 30 days) |
| *clonazepam oral tablet,disintegrating 2 mg* | | 1 | QL (300 per 30 days) |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | | 1 | QL (180 per 30 days) |
| *diazepam injection solution 5 mg/ml* | | 1 | QL (10 per 28 days) |
| *diazepam injection syringe 5 mg/ml* | | 1 | |
| *diazepam intensol oral concentrate 5 mg/ml* | (diazepam) | 1 | QL (1200 per 30 days) |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | | 1 | QL (1200 per 30 days) |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | (Valium) | 1 | QL (120 per 30 days) |
| *estazolam oral tablet 1 mg* | | 1 | QL (60 per 30 days) |
| *estazolam oral tablet 2 mg* | | 1 | QL (30 per 30 days) |
| *flurazepam oral capsule 15 mg* | | 1 | QL (60 per 30 days) |
| *flurazepam oral capsule 30 mg* | | 1 | QL (30 per 30 days) |
| *lorazepam 2 mg/ml oral concent* | (Lorazepam Intensol) | 1 | QL (150 per 30 days) |
| *lorazepam 4 mg/ml vial inner* | (Ativan) | 1 | QL (2 per 30 days) |
| *lorazepam injection solution 2 mg/ml* | (Ativan) | 1 | QL (2 per 30 days) |
| *lorazepam injection solution 4 mg/ml* | (Ativan) | 3 | QL (2 per 30 days) |
| *lorazepam injection syringe 2 mg/ml* | | 1 | QL (2 per 30 days) |
| *lorazepam intensol oral concentrate 2 mg/ml* | (lorazepam) | 1 | QL (150 per 30 days) |
| *lorazepam oral tablet 0.5 mg, 1 mg* | (Ativan) | 1 | QL (90 per 30 days) |
| *lorazepam oral tablet 2 mg* | (Ativan) | 1 | QL (150 per 30 days) |
| *oxazepam oral capsule 10 mg, 15 mg, 30 mg* | | 1 | QL (120 per 30 days) |
| *temazepam oral capsule 15 mg, 22.5 mg, 30 mg* | (Restoril) | 1 | QL (30 per 30 days) |
| *temazepam oral capsule 7.5 mg* | (Restoril) | 1 | QL (120 per 30 days) |
| *triazolam oral tablet 0.125 mg* | | 1 | QL (120 per 30 days) |
| *triazolam oral tablet 0.25 mg* | | 1 | QL (60 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Antibacterials** | | | |
| **Aminoglycosides** | | | |
| *amikacin injection solution 500 mg/2 ml* | | 1 | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML | | 4 | PA; NDS; QL (235.2 per 28 days) |
| *gentamicin injection solution 40 mg/ml* | | 1 | |
| *gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml* | | 1 | |
| *neomycin oral tablet 500 mg* | | 1 | |
| *streptomycin intramuscular recon soln 1 gram* | | 4 | NDS |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | | 4 | NDS; QL (224 per 28 days) |
| *tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml* | (Tobi) | 4 | PA BvD; NDS |
| *tobramycin inhalation solution for nebulization 300 mg/4 ml* | (Bethkis) | 4 | PA BvD; NDS |
| *tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml* | | 1 | |
| **Antibacterials, Miscellaneous** | | | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | (Cleocin HCl) | 1 | |
| *clindamycin pediatric oral recon soln 75 mg/5 ml* | (clindamycin palmitate hcl) | 1 | |
| *clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)* | | 1 | |
| *clindamycin phosphate injection solution 150 mg/ml* | (Cleocin) | 1 | |
| *colistin (colistimethate na) injection recon soln 150 mg* | (Coly-Mycin M Parenteral) | 4 | NDS |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *daptomycin intravenous recon soln 350 mg, 500 mg* | | 4 | NDS |
| *fosfomycin tromethamine oral packet 3 gram* | | 1 | |
| *linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml* | (Zyvox) | 1 | |
| *linezolid oral suspension for reconstitution 100 mg/5 ml* | (Zyvox) | 4 | NDS |
| *linezolid oral tablet 600 mg* | | 1 | |
| *methenamine hippurate oral tablet 1 gram* | | 1 | |
| *metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml* | (Metro I.V.) | 1 | |
| *metronidazole oral tablet 250 mg, 500 mg* | | 1 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | | 1 | QL (120 per 30 days) |
| *nitrofurantoin monohyd/m-cryst oral capsule 100 mg* | (Macrobid) | 1 | QL (60 per 30 days) |
| *polymyxin b sulfate injection recon soln 500,000 unit* | | 1 | |
| *trimethoprim oral tablet 100 mg* | | 1 | |
| *vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg* | | 1 | |
| *vancomycin oral capsule 125 mg* | (Vancocin) | 1 | QL (56 per 14 days) |
| *vancomycin oral capsule 250 mg* | (Vancocin) | 1 | QL (112 per 14 days) |
| *vancomycin oral recon soln 25 mg/ml* | (Firvanq) | 1 | |
| XIFAXAN ORAL TABLET 200 MG | | 2 | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | | 4 | PA; NDS; QL (90 per 30 days) |
| **Cephalosporins** | | | |
| *cefaclor oral capsule 250 mg, 500 mg* | | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cefaclor oral tablet extended release 12 hr 500 mg* | 1 | |
| *cefadroxil oral capsule 500 mg* | 1 | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 1 | |
| *cefadroxil oral tablet 1 gram* | 1 | |
| *cefazolin injection recon soln 1 gram, 500 mg* | 1 | |
| *cefazolin intravenous recon soln 10 gram* | 1 | |
| *cefdinir oral capsule 300 mg* | 1 | |
| *cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *cefepime injection recon soln 1 gram, 2 gram* | 1 | |
| *cefixime oral capsule 400 mg* | 1 | |
| *cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | 1 | |
| *cefixime oral tablet 400 mg* | 1 | |
| *cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram* | 1 | |
| *cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml* | 1 | |
| *cefpodoxime oral tablet 100 mg, 200 mg* | 1 | |
| *cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *cefprozil oral tablet 250 mg, 500 mg* | 1 | |
| *ceftaroline fosamil intravenous recon soln 400 mg, 600 mg* (Teflaro) | 4 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ceftazidime injection recon soln 1 gram, 2 gram, 6 gram* (Tazicef) | 1 | |
| *ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg* | 1 | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | 1 | |
| *cefuroxime sodium injection recon soln 750 mg* | 1 | |
| *cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram* | 1 | |
| *cephalexin oral capsule 250 mg, 500 mg, 750 mg* | 1 | |
| *cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *cephalexin oral tablet 250 mg, 500 mg* | 1 | |
| *tazicef injection recon soln 1 gram, 2 gram, 6 gram* (ceftazidime) | 1 | |
| **Macrolides** | | |
| *azithromycin intravenous recon soln 500 mg* | 1 | |
| *azithromycin oral suspension for reconstitution 100 mg/5 ml* | 1 | |
| *azithromycin oral suspension for reconstitution 200 mg/5 ml* (Zithromax) | 1 | |
| *azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg* | 1 | |
| *azithromycin oral tablet 250 mg, 500 mg* (Zithromax) | 1 | |
| *clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *clarithromycin oral tablet 250 mg, 500 mg* | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *clarithromycin oral tablet extended release 24 hr 500 mg* | | 1 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | | 4 | NDS; QL (136 per 10 days) |
| *erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml* | (E.E.S. Granules) | 1 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml* | (EryPed 400) | 1 | |
| *erythromycin oral tablet 250 mg, 500 mg* | | 1 | |
| *fidaxomicin oral tablet 200 mg* | (Dificid) | 4 | NDS; QL (20 per 10 days) |
| **Miscellaneous B-Lactam Antibiotics** | | | |
| *aztreonam injection recon soln 1 gram, 2 gram* | | 1 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | | 4 | PA; LA; NDS |
| *ertapenem injection recon soln 1 gram* | | 1 | |
| *imipenem-cilastatin intravenous recon soln 250 mg* | | 1 | |
| *imipenem-cilastatin intravenous recon soln 500 mg* | (Primaxin IV) | 1 | |
| *meropenem intravenous recon soln 1 gram, 500 mg* | | 1 | |
| *meropenem intravenous recon soln 2 gram* | | 3 | |
| **Penicillins** | | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | | 1 | |
| *amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *amoxicillin oral tablet 500 mg, 875 mg* | | 1 | |
| *amoxicillin oral tablet,chewable 125 mg, 250 mg* | | 1 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml* | | 1 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml* | (Augmentin) | 1 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml* | (Augmentin ES-600) | 1 | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg* | | 1 | |
| *amoxicillin-pot clavulanate oral tablet 500-125 mg* | (Augmentin) | 1 | |
| *amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg* | | 1 | |
| *amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg* | | 1 | |
| *ampicillin oral capsule 500 mg* | | 1 | |
| *ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg* | | 1 | |
| *ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram* | (Unasyn) | 1 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | | 3 | |
| *dicloxacillin oral capsule 250 mg, 500 mg* | | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT | 3 | |
| LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 % | 3 | |
| *nafcillin injection recon soln 1 gram, 10 gram, 2 gram* | 1 | |
| *penicillin g potassium injection recon soln 20 million unit* (Pfizerpen-G) | 1 | |
| *penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | 1 | |
| *piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram* | 1 | |
| **Quinolones** | | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg* (Cipro) | 1 | |
| *ciprofloxacin hcl oral tablet 750 mg* | 1 | |
| *ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | 1 | |
| *levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml* | 1 | |
| *levofloxacin oral solution 250 mg/10 ml* | 1 | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *moxifloxacin 400 mg/250 ml bag suv, p/f, inner* | | 1 | |
| *moxifloxacin oral tablet 400 mg* | | 1 | |
| *moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml* | | 1 | |
| **Sulfonamides** | | | |
| *sulfadiazine oral tablet 500 mg* | | 1 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml* | (Sulfatrim) | 1 | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg* | (Bactrim) | 1 | |
| *sulfamethoxazole-trimethoprim oral tablet 800-160 mg* | (Bactrim DS) | 1 | |
| **Tetracyclines** | | | |
| *demeclocycline oral tablet 150 mg, 300 mg* | | 1 | |
| *doxy-100 intravenous recon soln 100 mg* | (doxycycline hyclate) | 1 | |
| *doxycycline hyclate intravenous recon soln 100 mg* | (Doxy-100) | 1 | |
| *doxycycline hyclate oral capsule 100 mg* | | 1 | |
| *doxycycline hyclate oral capsule 50 mg* | (Morgidox) | 1 | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | | 1 | |
| *doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg* | | 1 | |
| *doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg* | (Doryx) | 1 | |
| *doxycycline monohydrate oral capsule 100 mg* | (Mondoxyne NL) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *doxycycline monohydrate oral capsule 50 mg* | | 1 | |
| *doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml* | | 1 | |
| *doxycycline monohydrate oral tablet 100 mg* | (Avidoxy) | 1 | |
| *doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg* | | 1 | |
| *minocycline oral capsule 100 mg, 50 mg, 75 mg* | | 1 | |
| *minocycline oral tablet 100 mg, 50 mg, 75 mg* | | 1 | |
| *tetracycline oral capsule 250 mg, 500 mg* | | 1 | |
| *tigecycline intravenous recon soln 50 mg* | (Tygacil) | 1 | |
| **Anticancer Agents** | | | |
| **Anticancer Agents** | | | |
| *abiraterone oral tablet 250 mg* | (Abirtega) | 4 | PA NSO; NDS; QL (120 per 30 days) |
| *abiraterone oral tablet 500 mg* | (Zytiga) | 4 | PA NSO; NDS; QL (120 per 30 days) |
| *abiraterone, submicronized oral tablet 125 mg* | (Yonsa) | 4 | PA NSO; NDS; QL (120 per 30 days) |
| *abirtega oral tablet 250 mg* | (abiraterone) | 1 | PA NSO; QL (120 per 30 days) |
| *adrucil intravenous solution 2.5 gram/50 ml* | (fluorouracil) | 1 | PA BvD |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | | 4 | PA NSO; NDS; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | | 4 | PA NSO; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | | 4 | PA NSO; NDS; QL (30 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ALUNBRIG ORAL TABLET 30 MG | | 4 | PA NSO; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23) | | 4 | PA NSO; NDS |
| *anastrozole oral tablet 1 mg* | (Arimidex) | 1 | |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML | | 4 | PA NSO; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 160 MG | | 4 | PA NSO; NDS; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | | 4 | PA NSO; NDS; QL (240 per 30 days) |
| AVMAPKI ORAL CAPSULE 0.8 MG | | 4 | PA NSO; NDS; QL (24 per 28 days) |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG | | 4 | PA NSO; NDS; QL (66 per 28 days) |
| AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG | | 4 | NDS |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | | 4 | PA NSO; NDS; QL (30 per 30 days) |
| *azacitidine injection recon soln 100 mg* | (Vidaza) | 4 | NDS |
| BALVERSA ORAL TABLET 3 MG | | 4 | PA NSO; NDS; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | | 4 | PA NSO; NDS; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | | 4 | PA NSO; NDS; QL (28 per 28 days) |
| *bendamustine intravenous recon soln 100 mg, 25 mg* | (Treanda) | 4 | PA NSO; NDS |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML | (Bendeka) | 4 | PA NSO; NDS |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML | (bendamustine) | 4 | PA NSO; NDS |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| BEQALZI ORAL TABLET 1 MG, 20 MG, 5 MG, 80 MG | | 4 | PA NSO; NDS |
| BEQALZI STARTER PACK ORAL TABLETS,DOSE PACK 1-5-20-80 MG | | 4 | PA NSO; NDS |
| BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML | | 4 | PA NSO; NDS; QL (1 per 28 days) |
| *bexarotene oral capsule 75 mg* | (Targretin) | 4 | PA NSO; NDS |
| *bexarotene topical gel 1 %* | (Targretin) | 4 | PA NSO; NDS |
| *bicalutamide oral tablet 50 mg* | (Casodex) | 1 | |
| BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML) | | 4 | PA NSO; NDS; QL (75 per 28 days) |
| *bleomycin injection recon soln 15 unit, 30 unit* | | 1 | |
| *bortezomib injection recon soln 1 mg, 2.5 mg* | | 3 | PA NSO |
| *bortezomib injection recon soln 3.5 mg* | (Velcade) | 4 | PA NSO; NDS |
| BORUZU INJECTION SOLUTION 2.5 MG/ML | | 3 | PA NSO |
| BOSULIF ORAL CAPSULE 100 MG | | 4 | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | | 4 | PA NSO; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | (bosutinib) | 4 | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 500 MG | (bosutinib) | 4 | PA NSO; NDS; QL (30 per 30 days) |
| *bosutinib oral tablet 100 mg* | (Bosulif) | 4 | PA NSO; NDS; QL (180 per 30 days) |
| *bosutinib oral tablet 400 mg, 500 mg* | (Bosulif) | 4 | PA NSO; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | | 4 | PA NSO; NDS; QL (180 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BRUKINSA ORAL CAPSULE 80 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| BRUKINSA ORAL TABLET 160 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG | 3 | PA NSO |
| CAPRELSA ORAL TABLET 100 MG (vandetanib) | 4 | PA NSO; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG (vandetanib) | 4 | PA NSO; NDS; QL (30 per 30 days) |
| *carboplatin intravenous solution 10 mg/ml* (Kyxata) | 1 | |
| *cladribine intravenous solution 10 mg/10 ml* | 1 | PA BvD |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY) | 4 | PA NSO; NDS |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 4 | PA NSO; NDS; QL (112 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 4 | PA NSO; NDS; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | 4 | PA NSO; LA; NDS; QL (63 per 28 days) |
| *cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg* | 4 | PA BvD; NDS |
| *cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml* | 4 | PA BvD; NDS |
| *cyclophosphamide intravenous solution 500 mg/ml* (Frindovyx) | 4 | PA BvD; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cyclophosphamide oral capsule 25 mg, 50 mg* | 1 | PA BvD; ST |
| *cyclophosphamide oral tablet 25 mg, 50 mg* | 2 | PA BvD; ST |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | 4 | PA NSO; NDS; QL (120 per 28 days) |
| DANZITEN ORAL TABLET 71 MG, 95 MG | 4 | PA NSO; NDS; QL (112 per 28 days) |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML | 4 | PA NSO; NDS |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML | 4 | PA NSO; LA; NDS |
| *dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg* (Sprycel) | 4 | PA NSO; NDS; QL (30 per 30 days) |
| *dasatinib oral tablet 20 mg* (Sprycel) | 4 | PA NSO; NDS; QL (90 per 30 days) |
| DATROWAY INTRAVENOUS RECON SOLN 100 MG | 4 | PA NSO; NDS |
| DAURISMO ORAL TABLET 100 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| *decitabine intravenous recon soln 50 mg* | 4 | NDS |
| *doxorubicin, peg-liposomal intravenous suspension 2 mg/ml* (Caelyx) | 4 | PA BvD; NDS |
| ELAHERE INTRAVENOUS SOLUTION 5 MG/ML | 4 | PA NSO; NDS |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 3 | PA NSO |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 3 | PA NSO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 3 | PA NSO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 3 | PA NSO |
| ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML | 4 | PA NSO; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | 4 | PA NSO; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | 4 | NDS |
| EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG | 4 | PA NSO; NDS |
| ENSACOVE ORAL CAPSULE 100 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| ENSACOVE ORAL CAPSULE 25 MG | 4 | PA NSO; NDS; QL (270 per 30 days) |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | 4 | PA NSO; NDS |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | 4 | PA NSO; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | 4 | PA NSO; NDS; QL (28 per 28 days) |
| ERLEADA ORAL TABLET 240 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| *erlotinib oral tablet 100 mg, 25 mg* | 4 | PA NSO; NDS; QL (60 per 30 days) |
| *erlotinib oral tablet 150 mg* | 4 | PA NSO; NDS; QL (90 per 30 days) |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | 3 | |
| *etoposide intravenous solution 20 mg/ml* (Avopef) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EULEXIN ORAL CAPSULE 125 MG | (flutamide) | 4 | NDS |
| *everolimus (antineoplastic) oral tablet 10 mg* | (Yulithira) | 4 | PA NSO; NDS; QL (56 per 28 days) |
| *everolimus (antineoplastic) oral tablet 2.5 mg* | (Yulithira) | 4 | PA NSO; NDS; QL (28 per 28 days) |
| *everolimus (antineoplastic) oral tablet 5 mg* | (Yulithira) | 4 | PA NSO; NDS; QL (30 per 30 days) |
| *everolimus (antineoplastic) oral tablet 7.5 mg* | (Yulithira) | 4 | PA NSO; NDS; QL (60 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg* | (Afinitor Disperz) | 4 | PA NSO; NDS; QL (112 per 28 days) |
| *exemestane oral tablet 25 mg* | (Aromasin) | 1 | |
| FAKZYNJA ORAL TABLET 200 MG | | 4 | PA NSO; NDS; QL (42 per 28 days) |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | | 4 | PA BvD; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | | 2 | PA BvD |
| *floxuridine injection recon soln 0.5 gram* | | 1 | PA BvD |
| *fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml* | | 1 | PA BvD |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | | 4 | PA NSO; NDS; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | | 4 | PA NSO; NDS; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | | 4 | PA NSO; NDS; QL (21 per 28 days) |
| *fulvestrant intramuscular syringe 250 mg/5 ml* | (Cligavyx) | 4 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | 4 | PA NSO; NDS |
| GAVRETO ORAL CAPSULE 100 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| *gefitinib oral tablet 250 mg* (Iressa) | 4 | PA NSO; NDS; QL (60 per 30 days) |
| *gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg* | 1 | PA BvD |
| *gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml)* (Avgemsi) | 1 | PA BvD |
| *gemcitabine intravenous solution 200 mg/5.26 ml (38 mg/ml)* | 1 | PA BvD |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib) | 4 | PA NSO; NDS; QL (30 per 30 days) |
| GOMEKLI ORAL CAPSULE 1 MG | 4 | PA NSO; NDS; QL (224 per 28 days) |
| GOMEKLI ORAL CAPSULE 2 MG | 4 | PA NSO; NDS; QL (112 per 28 days) |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG | 4 | PA NSO; NDS; QL (224 per 28 days) |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | 4 | PA NSO; NDS; QL (5 per 21 days) |
| HERNEXEOS ORAL TABLET 60 MG | 4 | PA NSO; NDS; QL (90 per 30 days) |
| *hydroxyurea oral capsule 500 mg* (Hydrea) | 1 | |
| HYRNUO ORAL TABLET 10 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 4 | PA NSO; NDS; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 4 | PA NSO; NDS; QL (21 per 28 days) |
| IBTROZI ORAL CAPSULE 200 MG | 4 | PA NSO; NDS; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| *ifosfamide intravenous recon soln 1 gram* (Ifex) | 1 | |
| *ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml* | 1 | |
| *imatinib oral tablet 100 mg* (Gleevec) | 1 | PA NSO; QL (180 per 30 days) |
| *imatinib oral tablet 400 mg* (Gleevec) | 1 | PA NSO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 4 | PA NSO; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 4 | PA NSO; NDS; QL (216 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 4 | PA NSO; NDS; QL (28 per 28 days) |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG | 4 | PA NSO; NDS |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | 4 | PA NSO; NDS |
| IMKELDI ORAL SOLUTION 80 MG/ML | 4 | PA NSO; NDS; QL (280 per 28 days) |
| INLEXZO INTRAVESICAL IMPLANT 225 MG | 4 | PA BvD; NDS |
| INLURIYO ORAL TABLET 200 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| INLYTA ORAL TABLET 1 MG | 4 | PA NSO; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 4 | PA NSO; NDS; QL (5 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INREBIC ORAL CAPSULE 100 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| *irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml* (Camptosar) | 1 | |
| *irinotecan intravenous solution 500 mg/25 ml* | 1 | |
| ITOVEBI ORAL TABLET 3 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| ITOVEBI ORAL TABLET 9 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| IWILFIN ORAL TABLET 192 MG | 4 | PA NSO; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 4 | PA NSO; NDS; QL (90 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | 4 | PA NSO; NDS |
| JIDEYTRO ORAL TABLET 100 MG, 25 MG | 4 | PA NSO; NDS |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 3 | PA BvD; ST |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | 4 | PA NSO; NDS |
| KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML | 4 | PA NSO; NDS |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | 4 | 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 | 4 | PA NSO; NDS; QL (49 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 4 | PA NSO; NDS; QL (70 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 4 | PA NSO; NDS; QL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 4 | PA NSO; NDS; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 4 | PA NSO; NDS; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 4 | PA NSO; NDS; QL (63 per 28 days) |
| KOMZIFTI ORAL CAPSULE 200 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 4 | PA NSO; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG | 4 | PA NSO; NDS; QL (600 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG | 4 | PA NSO; NDS; QL (390 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | 4 | PA NSO; NDS; QL (180 per 30 days) |
| *lapatinib oral tablet 250 mg* (Tykerb) | 4 | PA NSO; NDS |
| LAZCLUZE ORAL TABLET 240 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| *lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg* (Revlimid) | 4 | PA NSO; NDS; QL (28 per 28 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| 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) | | 4 | PA NSO; NDS |
| *letrozole oral tablet 2.5 mg* | (Femara) | 1 | |
| LEUKERAN ORAL TABLET 2 MG | | 4 | NDS |
| *leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg* | (Lutrate Depot (3 month)) | 3 | PA NSO |
| *leuprolide subcutaneous kit 1 mg/0.2 ml* | | 1 | PA NSO |
| LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9) | | 4 | PA NSO; NDS |
| *lomustine oral capsule 10 mg* | (Gleostine) | 1 | |
| *lomustine oral capsule 100 mg, 40 mg* | (Gleostine) | 4 | NDS |
| LONSURF ORAL TABLET 15-6.14 MG | | 4 | PA NSO; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | | 4 | PA NSO; NDS; QL (80 per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | | 4 | PA NSO; NDS |
| LORBRENA ORAL TABLET 100 MG | | 4 | PA NSO; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | | 4 | PA NSO; NDS; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LUMAKRAS ORAL TABLET 120 MG | 4 | PA NSO; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 4 | PA NSO; NDS; QL (90 per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | 4 | PA NSO; NDS |
| LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML | 4 | PA NSO; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | 4 | PA NSO; NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 4 | PA NSO; NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 4 | PA NSO; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG | 4 | PA NSO; NDS |
| LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (leuprolide acetate (3 month)) | 3 | PA NSO |
| LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML | 4 | PA NSO; NDS; QL (15 per 8 days) |
| LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML | 4 | PA NSO; NDS; QL (40 per 28 days) |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 4 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 4 | PA NSO; NDS; QL (140 per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | 4 | PA NSO; NDS |
| MATULANE ORAL CAPSULE 50 MG | 4 | NDS |
| *megestrol oral tablet 20 mg, 40 mg* | 1 | |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | 4 | PA NSO; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 4 | PA NSO; NDS; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 4 | PA NSO; NDS; QL (180 per 30 days) |
| *mercaptopurine oral suspension 20 mg/ml* (Purixan) | 4 | NDS |
| *mercaptopurine oral tablet 50 mg* | 1 | |
| *methotrexate sodium (pf) injection recon soln 1 gram* | 1 | |
| *methotrexate sodium (pf) injection solution 25 mg/ml* | 1 | |
| *methotrexate sodium injection solution 25 mg/ml* | 1 | |
| *methotrexate sodium oral tablet 2.5 mg* | 1 | PA BvD; ST |
| *mitoxantrone intravenous concentrate 2 mg/ml* | 1 | |
| MODEYSO ORAL CAPSULE 125 MG | 4 | PA NSO; NDS; QL (20 per 28 days) |
| NERLYNX ORAL TABLET 40 MG | 4 | PA NSO; NDS; QL (180 per 30 days) |
| *nilotinib hcl oral capsule 150 mg, 200 mg* (Tasigna) | 4 | PA NSO; NDS; QL (112 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nilotinib hcl oral capsule 50 mg* (Tasigna) | 4 | PA NSO; NDS; QL (120 per 30 days) |
| *nilutamide oral tablet 150 mg* | 4 | NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 4 | PA NSO; NDS; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 4 | PA NSO; LA; NDS |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 4 | PA NSO; NDS |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | 4 | PA NSO; NDS; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | 4 | PA NSO; NDS; QL (96 per 28 days) |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) | 4 | PA NSO; NDS; QL (24 per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| ONUREG ORAL TABLET 200 MG, 300 MG | 4 | PA NSO; NDS; QL (14 per 28 days) |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML | 4 | PA NSO; NDS |
| OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML | 4 | PA NSO; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | 4 | PA NSO; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ORSERDU ORAL TABLET 345 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 4 | PA NSO; NDS; QL (90 per 30 days) |
| *oxaliplatin intravenous recon soln 100 mg, 50 mg* | 1 | |
| *oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)* | 1 | |
| *paclitaxel intravenous concentrate 6 mg/ml* | 1 | PA BvD |
| *paclitaxel protein-bound intravenous suspension for reconstitution 100 mg* (Abraxane) | 4 | PA BvD; NDS |
| *pazopanib oral tablet 200 mg* (Votrient) | 4 | PA NSO; NDS; QL (120 per 30 days) |
| *pazopanib oral tablet 400 mg* | 4 | PA NSO; NDS; QL (60 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| *pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg* | 4 | NDS |
| *pemetrexed disodium intravenous solution 25 mg/ml* | 4 | NDS |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML | 4 | NDS |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | 4 | 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) | 4 | PA NSO; NDS; QL (56 per 28 days) |
| *pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg* (Pomalyst) | 4 | PA NSO; NDS; QL (21 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide) | 4 | PA NSO; NDS; QL (21 per 28 days) |
| QINLOCK ORAL TABLET 50 MG | 4 | PA NSO; NDS; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RASONQUE ORAL TABLET 100 MG, 150 MG | 4 | PA NSO; NDS |
| RETEVMO ORAL CAPSULE 40 MG | 4 | PA NSO; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 4 | PA NSO; NDS; QL (90 per 30 days) |
| REVUFORJ ORAL TABLET 110 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 160 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| REVUFORJ ORAL TABLET 25 MG | 4 | PA NSO; NDS; QL (240 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 4 | PA NSO; NDS |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | 4 | PA NSO; NDS; QL (8 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 4 | PA NSO; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 4 | PA NSO; NDS; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 4 | PA NSO; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML | 4 | PA NSO; NDS |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | 4 | PA NSO; NDS |
| RYDAPT ORAL CAPSULE 25 MG | 4 | PA NSO; NDS; QL (224 per 28 days) |
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG | 4 | PA NSO; NDS |
| SCEMBLIX ORAL TABLET 100 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 4 | PA NSO; NDS; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 4 | NDS |
| *sorafenib oral tablet 200 mg* (Nexavar) | 4 | PA NSO; NDS; QL (120 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 4 | PA NSO; NDS; QL (84 per 28 days) |
| *sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* (Sutent) | 4 | PA NSO; NDS; QL (28 per 28 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | 4 | PA NSO; NDS |
| TABLOID ORAL TABLET 40 MG (thioguanine) | 4 | NDS |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 4 | PA NSO; NDS; QL (112 per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | 4 | PA NSO; NDS; QL (900 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TAGRISSO ORAL TABLET 40 MG, 80 MG | | 4 | PA NSO; LA; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | | 4 | PA NSO; NDS |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | | 4 | PA NSO; NDS; QL (30 per 30 days) |
| *tamoxifen oral tablet 10 mg, 20 mg* | | 1 | |
| TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML | | 4 | PA NSO; NDS |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) | | 4 | PA NSO; NDS |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML | | 4 | PA NSO; NDS |
| TEPMETKO ORAL TABLET 225 MG | | 4 | PA NSO; NDS; QL (60 per 30 days) |
| TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML | | 4 | PA NSO; NDS |
| TIBSOVO ORAL TABLET 250 MG | | 4 | PA NSO; NDS; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | | 3 | |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | | 4 | PA NSO; NDS; QL (5 per 21 days) |
| *toremifene oral tablet 60 mg* | (Fareston) | 4 | NDS |
| *torpenz oral tablet 10 mg* | (everolimus (antineoplastic)) | 4 | PA NSO; NDS; QL (60 per 30 days) |
| *torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg* | (everolimus (antineoplastic)) | 4 | PA NSO; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | 3 | PA NSO |
| *tretinoin (antineoplastic) oral capsule 10 mg* | 4 | NDS |
| TRUQAP ORAL TABLET 160 MG, 200 MG | 4 | PA NSO; NDS; QL (64 per 28 days) |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | 4 | PA NSO; NDS |
| TUKYSA ORAL TABLET 150 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 4 | PA NSO; NDS; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 4 | PA NSO; NDS |
| VENCLEXTA ORAL TABLET 10 MG | 2 | PA NSO; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 4 | PA NSO; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 4 | PA NSO; LA; NDS; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 4 | PA NSO; LA; NDS |
| VEPPANU ORAL TABLET 100 MG, 200 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 4 | PA NSO; NDS; QL (56 per 28 days) |
| *vinblastine intravenous solution 1 mg/ml* | 1 | PA BvD |
| *vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml* (vincristine) | 1 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *vincristine intravenous solution 1 mg/ml, 2 mg/2 ml* (Vincasar PFS) | 1 | PA BvD |
| *vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml* | 1 | |
| VITRAKVI ORAL CAPSULE 100 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 4 | PA NSO; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 4 | PA NSO; NDS; QL (300 per 30 days) |
| VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine) | 4 | PA NSO; NDS |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG, 40 MG | 4 | PA NSO; NDS |
| VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG | 4 | PA NSO; NDS |
| WELIREG ORAL TABLET 40 MG | 4 | PA NSO; NDS; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| XALKORI ORAL PELLET 150 MG | 4 | PA NSO; NDS; QL (180 per 30 days) |
| XALKORI ORAL PELLET 20 MG | 4 | PA NSO; NDS; QL (240 per 30 days) |
| XALKORI ORAL PELLET 50 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 3 | PA BvD; ST |
| XOSPATA ORAL TABLET 40 MG | 4 | PA NSO; NDS; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1) | 4 | PA NSO; NDS; QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4) | 4 | PA NSO; NDS; QL (16 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) | 4 | PA NSO; NDS; QL (4 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | 4 | PA NSO; NDS; QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | 4 | PA NSO; NDS; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 4 | 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) | 4 | PA NSO; NDS |
| YONSA ORAL TABLET 125 MG (abiraterone, submicronized) | 4 | PA NSO; NDS; QL (120 per 30 days) |
| *yulithira oral tablet 10 mg, 7.5 mg* (everolimus (antineoplastic)) | 1 | PA NSO; QL (60 per 30 days) |
| *yulithira oral tablet 2.5 mg, 5 mg* (everolimus (antineoplastic)) | 1 | PA NSO; QL (30 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 4 | PA NSO; NDS; QL (240 per 30 days) |
| ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG | 4 | PA NSO; NDS |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ZIIHERA INTRAVENOUS RECON SOLN 300 MG | | 4 | PA NSO; NDS |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | | 4 | PA NSO; NDS |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | | 3 | PA NSO |
| ZOLINZA ORAL CAPSULE 100 MG | | 4 | NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | | 4 | PA NSO; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | | 4 | PA NSO; NDS; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | | 4 | PA NSO; NDS |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | | 4 | PA NSO; NDS; QL (20 per 28 days) |
| **Anticonvulsants** | | | |
| **Anticonvulsants** | | | |
| *brivaracetam intravenous solution 50 mg/5 ml* | (Briviact) | 4 | NDS; QL (80 per 30 days) |
| *brivaracetam oral solution 10 mg/ml* | (Briviact) | 1 | QL (600 per 30 days) |
| *brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg* | (Briviact) | 4 | NDS; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | (brivaracetam) | 4 | NDS; QL (80 per 30 days) |
| *carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg* | (Carbatrol) | 1 | |
| *carbamazepine oral suspension 100 mg/5 ml* | (Tegretol) | 1 | |
| *carbamazepine oral tablet 200 mg* | (Tegretol) | 1 | |
| *carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg* | (Tegretol XR) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *carbamazepine oral tablet,chewable 100 mg, 200 mg* | | 1 | |
| *clobazam oral suspension 2.5 mg/ml* | (Onfi) | 1 | QL (480 per 30 days) |
| *clobazam oral tablet 10 mg, 20 mg* | (Onfi) | 1 | QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | | 4 | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | | 4 | PA NSO; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG | | 4 | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG | | 4 | PA NSO; NDS; QL (180 per 30 days) |
| *diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg* | | 1 | |
| *diazepam rectal kit 2.5 mg* | | 3 | |
| DILANTIN ORAL CAPSULE 30 MG | | 3 | |
| *divalproex oral capsule, delayed rel sprinkle 125 mg* | (Depakote Sprinkles) | 1 | |
| *divalproex oral tablet extended release 24 hr 250 mg, 500 mg* | (Depakote ER) | 1 | |
| *divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg* | (Depakote) | 1 | |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG | | 4 | ST; NDS; QL (90 per 30 days) |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG | | 4 | ST; NDS; QL (60 per 30 days) |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | | 4 | PA NSO; NDS |
| *epitol oral tablet 200 mg* | (carbamazepine) | 1 | |
| *eslicarbazepine oral tablet 200 mg, 400 mg* | (Aptiom) | 4 | ST; NDS; QL (30 per 30 days) |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | (Lamictal XR) | 1 | |
| *lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg* | (Lamictal) | 1 | |
| *lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg* | (Lamictal ODT) | 1 | |
| *levetiracetam intravenous solution 500 mg/5 ml* | (Keppra) | 1 | |
| *levetiracetam oral solution 100 mg/ml* | (Keppra) | 1 | |
| *levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg* | (Keppra) | 1 | |
| *levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg* | (Keppra XR) | 1 | |
| *levetiracetam oral tablet for suspension 250 mg* | (Spritam) | 1 | ST |
| *levetiracetam oral tablet for suspension 500 mg* | (Spritam) | 3 | ST |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | | 3 | QL (10 per 30 days) |
| *methsuximide oral capsule 300 mg* | (Celontin) | 1 | |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) | | 3 | QL (10 per 30 days) |
| *oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)* | (Trileptal) | 1 | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | (Trileptal) | 1 | |
| *perampanel oral suspension 0.5 mg/ml* | (Fycompa) | 4 | ST; NDS; QL (720 per 30 days) |
| *perampanel oral tablet 10 mg, 12 mg, 8 mg* | (Fycompa) | 4 | ST; NDS; QL (30 per 30 days) |
| *perampanel oral tablet 2 mg* | (Fycompa) | 1 | ST; QL (30 per 30 days) |
| *perampanel oral tablet 4 mg, 6 mg* | (Fycompa) | 4 | ST; NDS; QL (60 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)* | | 1 | |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | | 1 | |
| *phenytek oral capsule 200 mg, 300 mg* | (phenytoin sodium extended) | 1 | |
| *phenytoin oral suspension 125 mg/5 ml* | (Dilantin-125) | 1 | |
| *phenytoin oral tablet,chewable 50 mg* | (Dilantin Infatabs) | 1 | |
| *phenytoin sodium extended oral capsule 100 mg* | (Dilantin Extended) | 1 | |
| *phenytoin sodium extended oral capsule 200 mg, 300 mg* | (Phenytek) | 1 | |
| *phenytoin sodium intravenous solution 50 mg/ml* | | 1 | |
| *phenytoin sodium intravenous syringe 50 mg/ml* | | 1 | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg* | (Lyrica) | 1 | QL (90 per 30 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | (Lyrica) | 1 | QL (60 per 30 days) |
| *pregabalin oral solution 20 mg/ml* | (Lyrica) | 1 | QL (900 per 30 days) |
| *primidone oral tablet 125 mg* | | 1 | |
| *primidone oral tablet 250 mg, 50 mg* | (Mysoline) | 1 | |
| *rufinamide oral suspension 40 mg/ml* | (Banzel) | 4 | ST; NDS |
| *rufinamide oral tablet 200 mg* | (Banzel) | 1 | ST |
| *rufinamide oral tablet 400 mg* | (Banzel) | 4 | ST; NDS |
| SEZABY INTRAVENOUS RECON SOLN 100 MG | | 4 | PA BvD; NDS |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG | | 3 | ST |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG | (levetiracetam) | 3 | ST |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SUBVENITE ORAL SUSPENSION 10 MG/ML | 3 | PA NSO |
| *subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg* (lamotrigine) | 1 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | 4 | PA NSO; NDS; QL (60 per 30 days) |
| *tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | 1 | |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* (Topamax) | 1 | |
| *topiramate oral capsule, sprinkle 50 mg* | 1 | |
| *topiramate oral solution 25 mg/ml* (Eprontia) | 1 | ST |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* (Topamax) | 1 | |
| *valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)* | 1 | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml* | 1 | |
| *valproic acid oral capsule 250 mg* | 1 | |
| VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 4 | NDS; QL (10 per 30 days) |
| *vigabatrin oral powder in packet 500 mg* (Vigadrone) | 4 | PA NSO; NDS; QL (180 per 30 days) |
| *vigabatrin oral tablet 500 mg* (Vigadrone) | 4 | PA NSO; NDS; QL (180 per 30 days) |
| *vigadrone oral powder in packet 500 mg* (vigabatrin) | 4 | PA NSO; NDS; QL (180 per 30 days) |
| *vigadrone oral tablet 500 mg* (vigabatrin) | 4 | PA NSO; NDS; QL (180 per 30 days) |
| *vigpoder oral powder in packet 500 mg* (vigabatrin) | 4 | PA NSO; NDS; QL (180 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 4 | NDS; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 4 | NDS; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 4 | NDS; QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14) | 3 | |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 4 | NDS |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | 3 | |
| *zonisamide oral capsule 100 mg, 25 mg* (Zonegran) | 1 | |
| *zonisamide oral capsule 50 mg* | 1 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 4 | PA NSO; NDS; QL (1080 per 30 days) |
| **Antidementia Agents** | | |
| **Antidementia Agents** | | |
| *donepezil oral tablet 10 mg, 23 mg, 5 mg* (Aricept) | 1 | QL (30 per 30 days) |
| *donepezil oral tablet,disintegrating 10 mg* | 1 | |
| *donepezil oral tablet,disintegrating 5 mg* | 1 | QL (30 per 30 days) |
| *ergoloid oral tablet 1 mg* | 1 | |
| *galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg* | 1 | QL (30 per 30 days) |
| *galantamine oral solution 4 mg/ml* | 1 | QL (200 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *galantamine oral tablet 12 mg, 4 mg, 8 mg* | 1 | QL (60 per 30 days) |
| *memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg* | 1 | ST; QL (30 per 30 days) |
| *memantine oral solution 2 mg/ml* | 1 | QL (300 per 30 days) |
| *memantine oral tablet 10 mg, 5 mg* | 1 | QL (60 per 30 days) |
| *memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg* (Namzaric) | 1 | ST; QL (30 per 30 days) |
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG | 3 | ST |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG | 3 | ST; QL (30 per 30 days) |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | 1 | |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour* (Exelon Patch) | 1 | QL (30 per 30 days) |
| **Antidepressants** | | |
| **Antidepressants** | | |
| *amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 1 | |
| *amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg* | 1 | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | 1 | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | 4 | NDS |
| AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG | 4 | NDS |
| *bupropion hcl oral tablet 100 mg, 75 mg* | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg* | (Wellbutrin XL) | 1 | |
| *bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg* | (Wellbutrin SR) | 1 | |
| *citalopram oral solution 10 mg/5 ml* | | 1 | |
| *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, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | | 1 | |
| *desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg* | (Pristiq) | 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 | | 3 | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | | 3 | ST; QL (30 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg* | | 1 | QL (120 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 30 mg* | | 1 | QL (90 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 40 mg* | | 1 | QL (30 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 60 mg* | | 1 | QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | | 4 | ST; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *escitalopram oxalate oral solution 5 mg/5 ml* | 1 | |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* (Lexapro) | 1 | |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG | 4 | PA NSO; NDS; QL (30 per 30 days) |
| EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS) | 4 | PA NSO; NDS |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26) | 3 | ST |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 3 | ST; QL (30 per 30 days) |
| *fluoxetine oral capsule 10 mg, 20 mg* (Prozac) | 1 | |
| *fluoxetine oral capsule 40 mg* | 1 | |
| *fluoxetine oral solution 20 mg/5 ml (4 mg/ml)* | 1 | |
| *fluvoxamine oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | 1 | |
| *imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg* | 1 | |
| MARPLAN ORAL TABLET 10 MG | 3 | |
| *mirtazapine oral tablet 15 mg, 30 mg* (Remeron) | 1 | |
| *mirtazapine oral tablet 45 mg, 7.5 mg* | 1 | |
| *mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg* (Remeron SolTab) | 1 | |
| *nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | 1 | |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | | 1 | |
| *nortriptyline oral solution 10 mg/5 ml* | | 1 | |
| *paroxetine hcl oral suspension 10 mg/5 ml* | | 1 | |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg* | (Paxil) | 1 | |
| *paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg* | (Paxil CR) | 1 | |
| *perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg* | | 1 | |
| *phenelzine oral tablet 15 mg* | (Nardil) | 1 | |
| *protriptyline oral tablet 10 mg, 5 mg* | | 1 | |
| RALDESY ORAL SOLUTION 10 MG/ML | | 4 | PA NSO; NDS; QL (1200 per 30 days) |
| *sertraline oral concentrate 20 mg/ml* | (Zoloft) | 1 | |
| *sertraline oral tablet 100 mg, 25 mg, 50 mg* | (Zoloft) | 1 | |
| SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) | | 4 | PA NSO; NDS |
| *tranylcypromine oral tablet 10 mg* | (Parnate) | 1 | |
| *trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg* | | 1 | |
| *trimipramine oral capsule 100 mg, 25 mg, 50 mg* | | 1 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | | 2 | QL (30 per 30 days) |
| *venlafaxine besylate oral tablet extended release 24hr 112.5 mg* | | 3 | QL (60 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 150 mg* | (Effexor XR) | 1 | QL (30 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg* | (Effexor XR) | 1 | QL (90 per 30 days) |
| *venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | | 1 | |
| *venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg* | | 1 | QL (30 per 30 days) |
| *venlafaxine oral tablet extended release 24hr 75 mg* | | 1 | QL (90 per 30 days) |
| *vilazodone oral tablet 10 mg, 20 mg, 40 mg* | (Viibryd) | 1 | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | | 4 | PA NSO; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | | 4 | PA NSO; NDS; QL (14 per 14 days) |
| **Antidiabetic Agents** | | | |
| **Antidiabetic Agents, Miscellaneous** | | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* | | 1 | |
| *dapagliflozin oral tablet 10 mg, 5 mg* | (Farxiga) | 1 | QL (30 per 30 days) |
| *dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg* | (Xigduo XR) | 1 | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | | 2 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | | 2 | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | (linagliptin-metformin) | 2 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | | 2 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | | 2 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metformin oral solution 500 mg/5 ml* (Riomet) | 1 | QL (765 per 30 days) |
| *metformin oral tablet 1,000 mg* | 5 | QL (75 per 30 days) |
| *metformin oral tablet 500 mg* | 5 | QL (150 per 30 days) |
| *metformin oral tablet 850 mg* | 5 | QL (90 per 30 days) |
| *metformin oral tablet extended release 24 hr 500 mg* | 5 | QL (120 per 30 days) |
| *metformin oral tablet extended release 24 hr 750 mg* | 5 | QL (60 per 30 days) |
| *mifepristone oral tablet 300 mg* (Korlym) | 4 | PA; NDS; QL (112 per 28 days) |
| *miglitol oral tablet 100 mg, 25 mg, 50 mg* | 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 | 2 | PA; QL (2 per 28 days) |
| *nateglinide oral tablet 120 mg, 60 mg* | 5 | QL (90 per 30 days) |
| OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG | 2 | PA; QL (30 per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 2 | PA; QL (3 per 28 days) |
| *pioglitazone oral tablet 15 mg, 30 mg, 45 mg* (Actos) | 5 | QL (30 per 30 days) |
| *pioglitazone-metformin oral tablet 15-500 mg* | 5 | QL (90 per 30 days) |
| *pioglitazone-metformin oral tablet 15-850 mg* (Actoplus MET) | 5 | QL (90 per 30 days) |
| *repaglinide oral tablet 0.5 mg, 1 mg* | 5 | QL (120 per 30 days) |
| *repaglinide oral tablet 2 mg* | 5 | QL (240 per 30 days) |
| RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG | 2 | PA; QL (30 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg* | (Janumet) | 1 | QL (60 per 30 days) |
| *sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg* | (Janumet XR) | 1 | QL (30 per 30 days) |
| *sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg* | (Janumet XR) | 1 | QL (60 per 30 days) |
| *sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg* | (Januvia) | 1 | QL (30 per 30 days) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | | 2 | QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | | 2 | QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | | 2 | QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | (linagliptin) | 2 | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | | 2 | 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 | | 2 | 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 | | 2 | PA; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG | (dapagliflozin-metformin) | 2 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | | 2 | QL (60 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | (dapagliflozin-metformin) | 2 | QL (60 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Insulins** | | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | | 5 | QL (30 per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | | 5 | QL (30 per 28 days) |
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) | | 5 | |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | | 5 | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | | 5 | QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | | 5 | QL (24 per 28 days) |
| *insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)* | (Novolog Mix 70-30FlexPen U-100) | 5 | QL (30 per 28 days) |
| *insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)* | (Novolog Mix 70-30 U-100 Insuln) | 5 | QL (40 per 28 days) |
| *insulin aspart u-100 subcutaneous cartridge 100 unit/ml* | (Novolog PenFill U-100 Insulin) | 5 | QL (30 per 28 days) |
| *insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)* | (Novolog FlexPen U-100 Insulin) | 5 | QL (30 per 28 days) |
| *insulin aspart u-100 subcutaneous solution 100 unit/ml* | (Novolog U-100 Insulin aspart) | 5 | QL (40 per 28 days) |
| *insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)* | (Semglee(insulin glarg-yfgn)Pen) | 5 | QL (30 per 28 days) |
| *insulin glargine-yfgn subcutaneous solution 100 unit/ml* | (Semglee(insulin glargine-yfgn)) | 5 | QL (40 per 28 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *insulin lispro subcutaneous solution 100 unit/ml* | (Admelog U-100 Insulin lispro) | 5 | QL (40 per 28 days) |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin glargine) | 5 | QL (30 per 28 days) |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin glargine) | 5 | QL (40 per 28 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | | 5 | QL (40 per 28 days) |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | | 5 | QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | | 5 | QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | | 5 | QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | | 5 | QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | | 5 | QL (40 per 28 days) |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin aspart u-100) | 5 | QL (30 per 28 days) |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | (insulin asp prt-insulin aspart) | 5 | QL (40 per 28 days) |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | (insulin asp prt-insulin aspart) | 5 | QL (30 per 28 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | (insulin aspart u-100) | 5 | QL (30 per 28 days) |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin aspart u-100) | 5 | QL (40 per 28 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | | 5 | QL (30 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | (insulin glargine u-300 conc) | 5 | QL (18 per 28 days) |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | (insulin glargine u-300 conc) | 5 | QL (13.5 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | | 5 | QL (15 per 28 days) |
| **Sulfonylureas** | | | |
| *glimepiride oral tablet 1 mg, 2 mg* | | 5 | QL (30 per 30 days) |
| *glimepiride oral tablet 4 mg* | | 5 | QL (60 per 30 days) |
| *glipizide oral tablet 10 mg* | | 5 | QL (120 per 30 days) |
| *glipizide oral tablet 2.5 mg* | | 5 | QL (90 per 30 days) |
| *glipizide oral tablet 5 mg* | | 5 | QL (240 per 30 days) |
| *glipizide oral tablet extended release 24hr 10 mg* | | 5 | QL (60 per 30 days) |
| *glipizide oral tablet extended release 24hr 2.5 mg, 5 mg* | | 5 | QL (30 per 30 days) |
| *glipizide-metformin oral tablet 2.5-250 mg* | | 5 | QL (240 per 30 days) |
| *glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg* | | 5 | QL (120 per 30 days) |
| *glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg* | | 5 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg* | | 5 | |
| *glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg* | | 5 | |
| **Antifungals** | | | |
| **Antifungals** | | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | | 3 | PA BvD |
| *amphotericin b injection recon soln 50 mg* | | 1 | PA BvD |
| *amphotericin b liposome intravenous suspension for reconstitution 50 mg* | (AmBisome) | 4 | PA BvD; NDS |
| *ciclopirox topical cream 0.77 %* | (Ciclodan) | 1 | QL (180 per 30 days) |
| *ciclopirox topical gel 0.77 %* | | 1 | |
| *ciclopirox topical shampoo 1 %* | | 1 | |
| *ciclopirox topical solution 8 %* | (Ciclodan) | 1 | QL (19.8 per 30 days) |
| *ciclopirox topical suspension 0.77 %* | (Loprox (as olamine)) | 1 | QL (180 per 30 days) |
| *clotrimazole mucous membrane troche 10 mg* | | 1 | |
| *clotrimazole topical cream 1 %* | (Antifungal (clotrimazole)) | 1 | |
| *clotrimazole topical solution 1 %* | (Athlete's Foot (clotrimazole)) | 1 | |
| *clotrimazole-betamethasone topical cream 1-0.05 %* | | 1 | QL (90 per 30 days) |
| *clotrimazole-betamethasone topical lotion 1-0.05 %* | | 1 | |
| CRESEMBA INTRAVENOUS RECON SOLN 372 MG | | 4 | NDS |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | | 4 | PA; NDS |
| *econazole nitrate topical cream 1 %* | | 1 | QL (170 per 30 days) |
| *fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fluconazole oral suspension for reconstitution 10 mg/ml* | | 1 | |
| *fluconazole oral suspension for reconstitution 40 mg/ml* | (Diflucan) | 1 | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | | 1 | |
| *flucytosine oral capsule 250 mg, 500 mg* | (Ancobon) | 4 | NDS |
| *griseofulvin microsize oral suspension 125 mg/5 ml* | | 1 | |
| *griseofulvin microsize oral tablet 500 mg* | | 1 | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg* | | 1 | |
| *itraconazole oral capsule 100 mg* | (Sporanox) | 1 | |
| *itraconazole oral solution 10 mg/ml* | | 4 | PA; NDS |
| *ketoconazole oral tablet 200 mg* | | 1 | |
| *ketoconazole topical cream 2 %* | | 1 | QL (180 per 30 days) |
| *ketoconazole topical foam 2 %* | (Ketodan) | 1 | ST; QL (100 per 30 days) |
| *ketoconazole topical shampoo 2 %* | | 1 | QL (360 per 30 days) |
| *klayesta 100,000 unit/gm powd* | (nystatin) | 1 | QL (60 per 30 days) |
| *micafungin intravenous recon soln 100 mg, 50 mg* | | 1 | |
| *miconazole-3 vaginal suppository 200 mg* | | 1 | |
| NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG | | 4 | PA; NDS |
| *nyamyc topical powder 100,000 unit/gram* | (nystatin) | 1 | QL (60 per 30 days) |
| *nystatin oral suspension 100,000 unit/ml* | | 1 | |
| *nystatin oral tablet 500,000 unit* | | 1 | |
| *nystatin topical cream 100,000 unit/gram* | | 1 | QL (60 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *nystatin topical ointment 100,000 unit/gram* | | 1 | QL (60 per 30 days) |
| *nystatin topical powder 100,000 unit/gram* | (Klayesta) | 1 | QL (60 per 30 days) |
| *nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%* | | 1 | |
| *nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%* | | 1 | |
| *nystop topical powder 100,000 unit/gram* | (nystatin) | 1 | QL (60 per 30 days) |
| *posaconazole oral suspension 200 mg/5 ml (40 mg/ml)* | | 4 | PA; NDS |
| *posaconazole oral tablet,delayed release (dr/ec) 100 mg* | | 4 | PA; NDS |
| *terbinafine hcl oral tablet 250 mg* | | 1 | |
| *voriconazole intravenous recon soln 200 mg* | (Vfend IV) | 4 | PA BvD; NDS |
| *voriconazole intravenous solution 10 mg/ml* | | 4 | PA BvD; NDS |
| *voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)* | (Vfend) | 4 | PA; NDS |
| *voriconazole oral tablet 200 mg, 50 mg* | | 1 | |
| **Antigout Agents** | | | |
| **Antigout Agents, Other** | | | |
| *allopurinol oral tablet 100 mg* | (Zyloprim) | 1 | |
| *allopurinol oral tablet 300 mg* | | 1 | |
| *colchicine oral capsule 0.6 mg* | (Mitigare) | 1 | QL (60 per 30 days) |
| *colchicine oral tablet 0.6 mg* | (Colcrys) | 1 | QL (120 per 30 days) |
| *febuxostat oral tablet 40 mg, 80 mg* | (Uloric) | 1 | QL (30 per 30 days) |
| *probenecid oral tablet 500 mg* | | 1 | |
| *probenecid-colchicine oral tablet 500-0.5 mg* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Antihistamines** | | | |
| **Antihistamines** | | | |
| *carbinoxamine maleate oral liquid 4 mg/5 ml* | (Carbzah) | 1 | |
| *carbzah oral liquid 4 mg/5 ml* | (carbinoxamine maleate) | 1 | |
| *clemastine oral tablet 2.68 mg* | (Clemsza) | 1 | |
| *clemasz oral tablet 2.68 mg* | (clemastine) | 1 | |
| *clemsza oral tablet 2.68 mg* | (clemastine) | 1 | |
| *cyproheptadine oral syrup 2 mg/5 ml* | | 1 | |
| *cyproheptadine oral tablet 4 mg* | | 1 | |
| *hydroxyzine hcl oral solution 10 mg/5 ml* | | 1 | |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | | 1 | |
| *levocetirizine oral solution 2.5 mg/5 ml* | (Xyzal) | 1 | |
| *levocetirizine oral tablet 5 mg* | (24HR Allergy Relief) | 1 | |
| *promethazine oral syrup 6.25 mg/5 ml* | | 1 | |
| **Anti-Infectives (Skin And Mucous Membrane)** | | | |
| **Anti-Infectives (Skin And Mucous Membrane)** | | | |
| *clindamycin phosphate vaginal cream 2 %* | (Cleocin) | 1 | |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | (Vandazole) | 1 | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | | 1 | |
| *terconazole vaginal suppository 80 mg* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Antimigraine Agents** | | | |
| **Antimigraine Agents** | | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | | 2 | PA; QL (1 per 30 days) |
| *dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)* | (Migranal) | 4 | ST; NDS; QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | | 2 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | | 2 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | | 2 | PA; QL (3 per 30 days) |
| *naratriptan oral tablet 1 mg, 2.5 mg* | | 1 | QL (18 per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | | 2 | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | | 2 | PA; QL (30 per 30 days) |
| *rizatriptan oral tablet 10 mg* | (Maxalt) | 1 | QL (18 per 30 days) |
| *rizatriptan oral tablet 5 mg* | | 1 | QL (18 per 30 days) |
| *rizatriptan oral tablet,disintegrating 10 mg* | (Maxalt-MLT) | 1 | QL (18 per 30 days) |
| *rizatriptan oral tablet,disintegrating 5 mg* | | 1 | QL (18 per 30 days) |
| *sumatriptan 4 mg/0.5 ml inject outer, suv* | (Imitrex STATdose Pen) | 1 | QL (4 per 28 days) |
| *sumatriptan 6 mg/0.5 ml autoinj suv* | (Imitrex STATdose Pen) | 3 | QL (4 per 28 days) |
| *sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation* | | 1 | QL (12 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 |
|---|---|---|---|
| *sumatriptan succinate oral tablet 100 mg* | (Imitrex) | 1 | QL (9 per 30 days) |
| *sumatriptan succinate oral tablet 25 mg, 50 mg* | (Imitrex) | 1 | QL (18 per 30 days) |
| *sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml* | (Imitrex STATdose Pen) | 3 | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml* | (Imitrex STATdose Pen) | 1 | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5 ml* | | 1 | QL (5 per 28 days) |
| *sumatriptan-naproxen oral tablet 85-500 mg* | (Treximet) | 1 | QL (9 per 27 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | | 2 | PA; QL (16 per 30 days) |
| *zolmitriptan oral tablet 2.5 mg, 5 mg* | (Zomig) | 1 | QL (12 per 30 days) |
| *zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg* | | 1 | QL (12 per 30 days) |
| **Antimycobacterials** | | | |
| **Antimycobacterials** | | | |
| *dapsone oral tablet 100 mg, 25 mg* | | 1 | |
| *ethambutol oral tablet 100 mg, 400 mg* | | 1 | |
| *isoniazid oral solution 50 mg/5 ml* | | 1 | |
| *isoniazid oral tablet 100 mg, 300 mg* | | 1 | |
| *pyrazinamide oral tablet 500 mg* | | 1 | |
| *rifabutin oral capsule 150 mg* | | 1 | |
| *rifampin intravenous recon soln 600 mg* | (Rifadin) | 1 | |
| *rifampin oral capsule 150 mg, 300 mg* | | 1 | |
| *rifapentine oral tablet 150 mg* | (Priftin) | 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | | 4 | PA; NDS |
| TRECATOR ORAL TABLET 250 MG | | 3 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Antinausea Agents** | | | |
| **Antinausea Agents** | | | |
| *aprepitant oral capsule 125 mg* | | 1 | PA BvD; QL (2 per 28 days) |
| *aprepitant oral capsule 40 mg* | | 1 | PA BvD; QL (1 per 28 days) |
| *aprepitant oral capsule 80 mg* | (Emend) | 1 | PA BvD; QL (4 per 28 days) |
| *aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)* | (Emend) | 1 | PA BvD |
| *compro rectal suppository 25 mg* | (prochlorperazine) | 1 | |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | (Marinol) | 1 | PA; QL (60 per 30 days) |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | | 3 | PA BvD; QL (6 per 28 days) |
| *granisetron hcl oral tablet 1 mg* | | 1 | PA BvD |
| *meclizine oral tablet 12.5 mg* | | 1 | |
| *meclizine oral tablet 25 mg* | (Dramamine (meclizine)) | 1 | |
| *ondansetron hcl oral solution 4 mg/5 ml* | | 1 | PA BvD |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | | 1 | PA BvD |
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | | 1 | PA BvD |
| *prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)* | | 1 | |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | (Compazine) | 1 | |
| *prochlorperazine rectal suppository 25 mg* | (Compro) | 1 | |
| *promethazine injection solution 25 mg/ml* | (Phenergan) | 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 |
|---|---|---|---|
| *promethazine oral tablet 12.5 mg, 25 mg, 50 mg* | | 1 | |
| *promethazine rectal suppository 12.5 mg, 25 mg* | (Promethegan) | 1 | |
| *promethegan rectal suppository 12.5 mg, 25 mg, 50 mg* | (promethazine) | 1 | |
| *scopolamine base transdermal patch 3 day 1 mg over 3 days* | (Transderm-Scop) | 1 | QL (10 per 30 days) |
| **Antiparasite Agents** | | | |
| **Antiparasite Agents** | | | |
| *albendazole oral tablet 200 mg* | | 1 | |
| *atovaquone oral suspension 750 mg/5 ml* | (Mepron) | 1 | |
| *atovaquone-proguanil oral tablet 250-100 mg* | (Malarone) | 1 | |
| *atovaquone-proguanil oral tablet 62.5-25 mg* | (Malarone Pediatric) | 1 | |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | | 1 | |
| COARTEM ORAL TABLET 20-120 MG | | 3 | |
| *hydroxychloroquine oral tablet 100 mg* | | 1 | QL (180 per 30 days) |
| *hydroxychloroquine oral tablet 200 mg* | (Plaquenil) | 1 | QL (90 per 30 days) |
| *hydroxychloroquine oral tablet 300 mg* | (Sovuna) | 1 | QL (60 per 30 days) |
| *hydroxychloroquine oral tablet 400 mg* | | 1 | QL (60 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | | 4 | PA; NDS; QL (84 per 28 days) |
| *ivermectin oral tablet 3 mg* | (Stromectol) | 1 | |
| *ivermectin oral tablet 6 mg* | | 1 | |
| *mefloquine oral tablet 250 mg* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *nitazoxanide oral tablet 500 mg* | (Alinia) | 4 | NDS; QL (60 per 30 days) |
| *pentamidine inhalation recon soln 300 mg* | (Nebupent) | 1 | PA BvD |
| *pentamidine injection recon soln 300 mg* | (Pentam) | 1 | |
| *praziquantel oral tablet 600 mg* | | 1 | |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE) | | 3 | |
| *pyrimethamine oral tablet 25 mg* | (Daraprim) | 4 | PA; NDS |
| *quinine sulfate oral capsule 324 mg* | (Qualaquin) | 1 | PA |
| *tinidazole oral tablet 250 mg, 500 mg* | | 1 | |
| **Antiparkinsonian Agents** | | | |
| **Antiparkinsonian Agents** | | | |
| *amantadine hcl oral capsule 100 mg* | | 1 | |
| *amantadine hcl oral solution 50 mg/5 ml* | | 1 | |
| *amantadine hcl oral tablet 100 mg* | | 1 | |
| *apomorphine subcutaneous cartridge 10 mg/ml* | (APOKYN) | 4 | PA; NDS; QL (60 per 30 days) |
| *benztropine oral tablet 0.5 mg, 1 mg, 2 mg* | | 1 | |
| *bromocriptine oral capsule 5 mg* | | 1 | |
| *bromocriptine oral tablet 2.5 mg* | | 1 | |
| *cabergoline oral tablet 0.5 mg* | | 1 | |
| *carbidopa oral tablet 25 mg* | (Lodosyn) | 1 | |
| *carbidopa-levodopa oral tablet 10-100 mg* | (Sinemet) | 1 | |
| *carbidopa-levodopa oral tablet 25-100 mg* | (Dhivy) | 1 | |
| *carbidopa-levodopa oral tablet 25-250 mg* | | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg* | 1 | |
| *carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg* | 1 | |
| *carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg* | 1 | |
| *entacapone oral tablet 200 mg* | 1 | |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | 4 | PA; NDS; QL (300 per 30 days) |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | 3 | ST; QL (30 per 30 days) |
| ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML | 4 | PA; NDS; QL (600 per 30 days) |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG | 3 | PA; QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1) | 3 | ST |
| *pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | 1 | |
| *rasagiline oral tablet 0.5 mg, 1 mg* (Azilect) | 1 | |
| *ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | 1 | |
| *ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *selegiline hcl oral capsule 5 mg* | 1 | |
| *selegiline hcl oral tablet 5 mg* | 1 | |
| *trihexyphenidyl oral elixir 0.4 mg/ml* | 1 | |
| *trihexyphenidyl oral tablet 2 mg, 5 mg* | 1 | |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML | 4 | PA; NDS; QL (560 per 28 days) |
| **Antipsychotic Agents** | | |
| **Antipsychotic Agents** | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | 4 | NDS; QL (2.4 per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | 4 | NDS; QL (3.2 per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | 4 | NDS; QL (2 per 28 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | 4 | NDS; QL (2 per 28 days) |
| *aripiprazole oral solution 1 mg/ml* | 1 | |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* (Abilify) | 1 | |
| *aripiprazole oral tablet,disintegrating 10 mg* | 1 | ST; QL (90 per 30 days) |
| *aripiprazole oral tablet,disintegrating 15 mg* | 1 | ST; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML | 4 | NDS; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 4 | NDS; QL (3.9 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | 4 | NDS; QL (1.6 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | 4 | NDS; QL (2.4 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | 4 | NDS; QL (3.2 per 14 days) |
| *asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg* (Saphris) | 1 | QL (60 per 30 days) |
| BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 4 | ST; NDS; QL (60 per 30 days) |
| BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | 3 | ST |
| BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | 3 | ST |
| BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2) | 3 | ST |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 4 | ST; NDS; QL (30 per 30 days) |
| *chlorpromazine injection solution 25 mg/ml* | 1 | |
| *chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml* | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* (Clozaril) | 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; QL (120 per 30 days) |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG | 4 | ST; NDS; QL (60 per 30 days) |
| COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG | 4 | ST; NDS |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 4 | NDS; QL (0.75 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML | 4 | NDS; QL (1 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 4 | NDS; QL (1.5 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML | 4 | NDS; QL (2.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 4 | NDS; QL (0.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 4 | NDS; QL (0.5 per 21 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 4 | ST; NDS; QL (60 per 30 days) |
| FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | 3 | ST |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | 3 | ST |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) | 3 | 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 | |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)* | 1 | |
| *haloperidol lactate injection solution 5 mg/ml* | 1 | |
| *haloperidol lactate intramuscular syringe 5 mg/ml* | 1 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | 1 | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | 1 | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 4 | NDS; QL (3.5 per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 4 | NDS; QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 4 | NDS; QL (0.75 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 4 | NDS; QL (1 per 21 days) |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *olanzapine intramuscular recon soln 10 mg* | (Zyprexa) | 1 | QL (30 per 30 days) |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* | (Zyprexa) | 1 | |
| *olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg* | (Zyprexa Zydis) | 1 | |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG | | 4 | ST; NDS |
| *paliperidone oral tablet extended release 24hr 1.5 mg* | | 1 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 3 mg, 9 mg* | (Invega) | 1 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 6 mg* | (Invega) | 1 | QL (60 per 30 days) |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | | 1 | |
| PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG | | 4 | NDS; QL (1 per 30 days) |
| *pimozide oral tablet 1 mg, 2 mg* | | 1 | |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | (Seroquel) | 1 | |
| *quetiapine oral tablet 150 mg* | | 1 | |
| *quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg* | (Seroquel XR) | 1 | |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | | 4 | NDS; QL (30 per 30 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml* | (Risperdal Consta) | 1 | QL (2 per 28 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml* | (Rykindo) | 1 | QL (2 per 28 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml* | (Rykindo) | 4 | NDS; QL (2 per 28 days) |
| *risperidone oral solution 1 mg/ml* | (Risperdal) | 1 | |
| *risperidone oral tablet 0.25 mg* | | 1 | |
| *risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | (Risperdal) | 1 | |
| *risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | | 1 | |
| RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | (risperidone microspheres) | 4 | NDS; QL (2 per 28 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | | 4 | ST; NDS; QL (30 per 30 days) |
| *thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | | 1 | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | | 1 | |
| *trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | | 1 | |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML | | 4 | NDS; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML | | 4 | NDS; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML | | 4 | NDS; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML | | 4 | NDS; QL (0.56 per 56 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML | 4 | NDS; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML | 4 | NDS; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML | 4 | NDS; QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 4 | ST; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG | 4 | ST; NDS; QL (30 per 30 days) |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* (Geodon) | 1 | |
| *ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)* (Geodon) | 1 | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 3 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | 4 | NDS; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 4 | NDS; QL (1 per 28 days) |
| **Antivirals (Systemic)** | | |
| **Antiretrovirals** | | |
| *abacavir oral solution 20 mg/ml* (Ziagen) | 1 | |
| *abacavir oral tablet 300 mg* | 1 | |
| *abacavir-lamivudine oral tablet 600-300 mg* | 1 | |
| APTIVUS ORAL CAPSULE 250 MG | 4 | NDS |
| *atazanavir oral capsule 150 mg* | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *atazanavir oral capsule 200 mg, 300 mg* (Reyataz) | 1 | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 4 | NDS; QL (30 per 30 days) |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | 4 | NDS |
| *cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)* | 4 | NDS; QL (24 per 365 days) |
| *cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)* (Apretude) | 4 | NDS; QL (24 per 365 days) |
| CIMDUO ORAL TABLET 300-300 MG | 4 | NDS |
| *darunavir oral tablet 600 mg* (Prezista) | 1 | |
| *darunavir oral tablet 800 mg* (Prezista) | 4 | NDS |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 4 | NDS |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | 4 | NDS |
| *didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg* | 1 | |
| DOVATO ORAL TABLET 50-300 MG | 4 | NDS |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG | 4 | NDS |
| *efavirenz oral capsule 200 mg, 50 mg* | 1 | |
| *efavirenz oral tablet 600 mg* | 1 | |
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg* | 1 | |
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg* | 4 | NDS |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg* | (Symfi) | 4 | NDS |
| *emtricitabine oral capsule 200 mg* | (Emtriva) | 1 | |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg* | (Truvada) | 1 | |
| *emtricitabine-tenofovir (tdf) oral tablet 133-200 mg* | (Truvada) | 4 | NDS |
| *emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg* | (Complera) | 4 | NDS |
| EMTRIVA ORAL SOLUTION 10 MG/ML | | 3 | |
| *etravirine oral tablet 100 mg, 200 mg* | (Intelence) | 4 | NDS |
| EVOTAZ ORAL TABLET 300-150 MG | | 4 | NDS |
| *fosamprenavir oral tablet 700 mg* | | 4 | NDS |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | | 4 | NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | | 4 | NDS |
| IDVYNSO ORAL TABLET 100-0.25 MG | | 4 | NDS; QL (30 per 30 days) |
| INTELENCE ORAL TABLET 25 MG | | 3 | |
| ISENTRESS HD ORAL TABLET 600 MG | | 4 | NDS |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | | 4 | NDS |
| ISENTRESS ORAL TABLET 400 MG | | 4 | NDS |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | | 4 | NDS |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| JULUCA ORAL TABLET 50-25 MG | 4 | NDS |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir) | 3 | QL (480 per 30 days) |
| *lamivudine oral solution 10 mg/ml* (Epivir) | 1 | |
| *lamivudine oral tablet 100 mg* | 1 | |
| *lamivudine oral tablet 150 mg, 300 mg* (Epivir) | 1 | |
| *lamivudine-zidovudine oral tablet 150-300 mg* | 1 | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 3 | |
| *lopinavir-ritonavir oral solution 400-100 mg/5 ml* (Kaletra) | 1 | QL (480 per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25 mg* (Kaletra) | 1 | QL (300 per 30 days) |
| *lopinavir-ritonavir oral tablet 200-50 mg* (Kaletra) | 1 | QL (120 per 30 days) |
| *maraviroc oral tablet 150 mg, 300 mg* (Selzentry) | 4 | NDS |
| *nevirapine oral suspension 50 mg/5 ml* | 1 | QL (1200 per 30 days) |
| *nevirapine oral tablet 200 mg* | 1 | QL (60 per 30 days) |
| *nevirapine oral tablet extended release 24 hr 400 mg* | 1 | QL (30 per 30 days) |
| NORVIR ORAL POWDER IN PACKET 100 MG | 3 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | 4 | NDS |
| PIFELTRO ORAL TABLET 100 MG | 4 | NDS |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG | 4 | NDS |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 4 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PREZISTA ORAL TABLET 150 MG | 4 | NDS |
| PREZISTA ORAL TABLET 75 MG | 3 | |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | 3 | |
| REYATAZ ORAL POWDER IN PACKET 50 MG | 4 | NDS |
| *rilpivirine hcl oral tablet 25 mg* (Edurant) | 4 | NDS |
| *rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)* | 4 | NDS |
| *ritonavir oral tablet 100 mg* (Norvir) | 1 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 4 | NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 4 | NDS |
| SELZENTRY ORAL TABLET 25 MG | 2 | |
| SELZENTRY ORAL TABLET 75 MG | 4 | NDS |
| *stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 4 | NDS |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK) | 4 | NDS |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | 4 | PA BvD; NDS |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 4 | NDS |
| *tenofovir disoproxil fumarate oral tablet 300 mg* (Viread) | 1 | |
| TIVICAY ORAL TABLET 10 MG | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TIVICAY ORAL TABLET 25 MG, 50 MG | 4 | NDS |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 4 | NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 4 | NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 3 | |
| TRIZIVIR ORAL TABLET 300-150-300 MG | 4 | NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | 4 | NDS |
| VEMLIDY ORAL TABLET 25 MG | 4 | NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 4 | NDS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 4 | NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 4 | NDS |
| VOCABRIA ORAL TABLET 30 MG | 3 | |
| *zidovudine oral capsule 100 mg* (Retrovir) | 1 | |
| *zidovudine oral syrup 10 mg/ml* (Retrovir) | 1 | |
| *zidovudine oral tablet 300 mg* | 1 | |
| **Antivirals, Miscellaneous** | | |
| LIVTENCITY ORAL TABLET 200 MG | 4 | PA; NDS |
| *oseltamivir oral capsule 30 mg* | 1 | QL (84 per 180 days) |
| *oseltamivir oral capsule 45 mg* | 1 | QL (48 per 180 days) |
| *oseltamivir oral capsule 75 mg* (Tamiflu) | 1 | QL (42 per 180 days) |
| *oseltamivir oral suspension for reconstitution 6 mg/ml* (Tamiflu) | 1 | QL (540 per 180 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10) | 1 | QL (20 per 5 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5) | 1 | QL (11 per 28 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | 1 | QL (30 per 5 days) |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG | 4 | PA; NDS; QL (120 per 30 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 4 | PA; NDS; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 3 | QL (60 per 180 days) |
| *rimantadine oral tablet 100 mg* (Flumadine) | 1 | |
| **Hcv Antivirals** | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | 4 | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | 4 | PA; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | 4 | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir) | 4 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 4 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 4 | PA; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | 4 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir) | 4 | PA; NDS; QL (28 per 28 days) |
| MAVYRET ORAL TABLET 100-40 MG | 4 | PA; NDS; QL (84 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VOSEVI ORAL TABLET 400-100-100 MG | 4 | PA; NDS; QL (28 per 28 days) |
| **Interferons** | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 4 | PA; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 4 | PA; NDS |
| **Nucleosides And Nucleotides** | | |
| *acyclovir oral capsule 200 mg* | 1 | |
| *acyclovir oral suspension 200 mg/5 ml* | 1 | |
| *acyclovir oral tablet 400 mg, 800 mg* | 1 | |
| *acyclovir sodium intravenous solution 50 mg/ml* | 1 | PA BvD |
| *adefovir oral tablet 10 mg* | 1 | |
| *entecavir oral tablet 0.5 mg, 1 mg* (Baraclude) | 1 | |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | 1 | |
| *lagevrio (eua) oral capsule 200 mg* | 3 | QL (40 per 5 days) |
| *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) | 4 | NDS |
| *valganciclovir oral tablet 450 mg* | 1 | |
| **Blood Products/Modifiers/Volume Expanders** | | |
| **Anticoagulants** | | |
| *dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg* (Pradaxa) | 2 | QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | 2 | |
| ELIQUIS ORAL TABLET 2.5 MG | 2 | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 2 | QL (74 per 30 days) |
| ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) | 2 | QL (960 per 30 days) |
| ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG | 2 | QL (120 per 30 days) |
| *enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml* (Lovenox) | 1 | QL (60 per 30 days) |
| *enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml* (Lovenox) | 1 | QL (48 per 30 days) |
| *enoxaparin subcutaneous syringe 30 mg/0.3 ml* (Lovenox) | 1 | QL (18 per 30 days) |
| *enoxaparin subcutaneous syringe 40 mg/0.4 ml* (Lovenox) | 1 | QL (24 per 30 days) |
| *enoxaparin subcutaneous syringe 60 mg/0.6 ml* (Lovenox) | 1 | QL (36 per 30 days) |
| *fondaparinux subcutaneous syringe 10 mg/0.8 ml* (Arixtra) | 4 | NDS; QL (24 per 30 days) |
| *fondaparinux subcutaneous syringe 2.5 mg/0.5 ml* (Arixtra) | 1 | QL (15 per 30 days) |
| *fondaparinux subcutaneous syringe 5 mg/0.4 ml* (Arixtra) | 4 | NDS; QL (12 per 30 days) |
| *fondaparinux subcutaneous syringe 7.5 mg/0.6 ml* (Arixtra) | 4 | NDS; QL (18 per 30 days) |
| *heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml* | 1 | |
| *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 | |
| *rivaroxaban oral suspension for reconstitution 1 mg/ml* (Xarelto) | 1 | QL (600 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *rivaroxaban oral tablet 2.5 mg* | (Xarelto) | 1 | QL (60 per 30 days) |
| *warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | | 1 | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | | 2 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | (rivaroxaban) | 2 | QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | (rivaroxaban) | 2 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG | (rivaroxaban) | 2 | QL (60 per 30 days) |
| XARELTO ORAL TABLET 2.5 MG | (rivaroxaban) | 2 | ST; QL (60 per 30 days) |
| **Blood Formation Modifiers** | | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | | 4 | PA; NDS; QL (60 per 30 days) |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | | 4 | PA; NDS |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | | 4 | PA; NDS; QL (60 per 30 days) |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | | 4 | PA; NDS; QL (60 per 30 days) |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | | 4 | PA; NDS; QL (60 per 30 days) |
| DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG | | 4 | PA; NDS; QL (60 per 30 days) |
| *eltrombopag olamine oral powder in packet 12.5 mg* | (Promacta) | 4 | PA; NDS; QL (90 per 30 days) |
| *eltrombopag olamine oral powder in packet 25 mg* | (Promacta) | 4 | PA; NDS; QL (180 per 30 days) |
| *eltrombopag olamine oral tablet 12.5 mg* | (Promacta) | 4 | PA; NDS; QL (90 per 30 days) |
| *eltrombopag olamine oral tablet 25 mg* | (Promacta) | 4 | PA; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *eltrombopag olamine oral tablet 50 mg, 75 mg* (Promacta) | 4 | PA; NDS; QL (60 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | 4 | PA; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | 4 | PA; NDS; QL (20 per 30 days) |
| LEUKINE INJECTION RECON SOLN 250 MCG | 4 | PA; NDS |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 4 | PA; NDS |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 4 | PA; NDS |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 4 | 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 | 2 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | 2 | PA; QL (4 per 28 days) |
| ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML | 4 | PA; NDS |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 4 | PA; NDS |
| **Hematologic Agents, Miscellaneous** | | |
| *anagrelide oral capsule 0.5 mg* (Agrylin) | 1 | |
| *anagrelide oral capsule 1 mg* | 1 | |
| CABLIVI INJECTION KIT 11 MG | 4 | PA; NDS; QL (30 per 30 days) |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TAVALISSE ORAL TABLET 100 MG, 150 MG | 4 | PA; NDS; QL (60 per 30 days) |
| *tranexamic acid oral tablet 650 mg* | 1 | |
| **Platelet-Aggregation Inhibitors** | | |
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg* | 1 | |
| *cilostazol oral tablet 100 mg, 50 mg* | 1 | |
| *clopidogrel oral tablet 75 mg* (Plavix) | 1 | |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | 1 | |
| *pentoxifylline oral tablet extended release 400 mg* | 1 | |
| *prasugrel hcl oral tablet 10 mg, 5 mg* (Effient) | 1 | |
| *ticagrelor oral tablet 60 mg, 90 mg* (Brilinta) | 1 | |
| **Caloric Agents** | | |
| **Caloric Agents** | | |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 3 | PA BvD |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 3 | PA BvD |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 3 | PA BvD |
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % | 3 | PA BvD |
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % | 3 | PA BvD |
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 3 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 3 | PA BvD |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % | 3 | PA BvD |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 3 | PA BvD |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 3 | PA BvD |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 3 | PA BvD |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 3 | PA BvD |
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 3 | PA BvD |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 3 | PA BvD |
| *dextrose 5 % in water (d5w) intravenous parenteral solution* | 1 | |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION | 3 | PA BvD |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 3 | PA BvD |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 3 | PA BvD |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Cardiovascular Agents** | | | |
| **Alpha-Adrenergic Agents** | | | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | | 1 | |
| *clonidine transdermal patch weekly 0.1 mg/24 hr* | (Catapres-TTS-1) | 1 | |
| *clonidine transdermal patch weekly 0.2 mg/24 hr* | (Catapres-TTS-2) | 1 | |
| *clonidine transdermal patch weekly 0.3 mg/24 hr* | (Catapres-TTS-3) | 1 | |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | (Cardura) | 1 | |
| *droxidopa oral capsule 100 mg* | (Northera) | 1 | PA; QL (180 per 30 days) |
| *droxidopa oral capsule 200 mg, 300 mg* | (Northera) | 4 | PA; NDS; QL (180 per 30 days) |
| *guanfacine oral tablet 1 mg, 2 mg* | | 1 | |
| *midodrine oral tablet 10 mg, 2.5 mg, 5 mg* | | 1 | |
| *prazosin oral capsule 1 mg, 2 mg, 5 mg* | | 1 | |
| **Angiotensin Ii Receptor Antagonists** | | | |
| *candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | (Atacand) | 5 | |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | (Atacand HCT) | 5 | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | (sacubitril-valsartan) | 2 | QL (60 per 30 days) |
| ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG | | 2 | QL (240 per 30 days) |
| *irbesartan oral tablet 150 mg, 300 mg* | (Avapro) | 5 | |
| *irbesartan oral tablet 75 mg* | | 5 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | (Avalide) | 5 | |
| *losartan oral tablet 100 mg, 25 mg, 50 mg* | (Cozaar) | 5 | |
| *losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | (Hyzaar) | 5 | |
| *olmesartan oral tablet 20 mg, 40 mg, 5 mg* | (Benicar) | 5 | |
| *olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | (Tribenzor) | 5 | |
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | (Benicar HCT) | 5 | |
| *sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg* | (Entresto) | 1 | QL (60 per 30 days) |
| *telmisartan oral tablet 20 mg* | | 5 | |
| *telmisartan oral tablet 40 mg, 80 mg* | (Micardis) | 5 | |
| *telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg* | | 1 | |
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | (Micardis HCT) | 5 | |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | (Diovan) | 5 | |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | (Diovan HCT) | 5 | |
| **Angiotensin-Converting Enzyme Inhibitors** | | | |
| *benazepril oral tablet 10 mg, 20 mg, 40 mg* | (Lotensin) | 5 | |
| *benazepril oral tablet 5 mg* | | 5 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Lotensin HCT) | 5 | |
| *benazepril-hydrochlorothiazide oral tablet 5-6.25 mg* | | 5 | |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | | 5 | |
| *enalapril maleate oral solution 1 mg/ml* | (Epaned) | 1 | ST; QL (1200 per 30 days) |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | (Vasotec) | 5 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg* | (Vaseretic) | 5 | |
| *enalapril-hydrochlorothiazide oral tablet 5-12.5 mg* | | 5 | |
| *fosinopril oral tablet 10 mg, 20 mg, 40 mg* | | 5 | |
| *fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg* | | 5 | |
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | | 5 | |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Zestoretic) | 5 | |
| *moexipril oral tablet 15 mg, 7.5 mg* | | 5 | |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | | 5 | |
| *quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | | 5 | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | | 5 | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | | 5 | |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | | 5 | |

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 |
|---|---|---|---|
| **Antiarrhythmic Agents** | | | |
| *amiodarone oral tablet 100 mg, 400 mg* | | 1 | |
| *amiodarone oral tablet 200 mg* | (Pacerone) | 1 | |
| *disopyramide phosphate oral capsule 100 mg, 150 mg* | (Norpace) | 1 | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | (Tikosyn) | 1 | |
| *flecainide oral tablet 100 mg, 150 mg, 50 mg* | | 1 | |
| *mexiletine oral capsule 150 mg, 200 mg, 250 mg* | | 1 | |
| MULTAQ ORAL TABLET 400 MG | | 2 | |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* | (amiodarone) | 1 | |
| *propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg* | | 1 | |
| *propafenone oral tablet 150 mg, 225 mg, 300 mg* | | 1 | |
| *quinidine gluconate oral tablet extended release 324 mg* | | 1 | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | | 1 | |
| **Beta-Adrenergic Blocking Agents** | | | |
| *acebutolol oral capsule 200 mg, 400 mg* | | 1 | |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | (Tenormin) | 1 | |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | | 1 | |
| *betaxolol oral tablet 10 mg, 20 mg* | | 1 | |
| *bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | | 1 | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | (Coreg) | 1 | |
| JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML) | | 3 | PA; QL (3600 per 30 days) |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | | 1 | |
| *metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg* | (Toprol XL) | 1 | |
| *metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg* | | 1 | |
| *metoprolol tartrate oral tablet 100 mg, 50 mg* | (Lopressor) | 1 | |
| *metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg* | | 1 | |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | | 1 | |
| *nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | (Bystolic) | 1 | |
| *pindolol oral tablet 10 mg, 5 mg* | | 1 | |
| *propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg* | (Inderal LA) | 1 | |
| *propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)* | | 1 | |
| *propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | | 1 | |
| *sotalol af oral tablet 120 mg, 160 mg, 80 mg* | (sotalol) | 1 | |
| *sotalol oral tablet 120 mg, 160 mg, 80 mg* | (Sotalol AF) | 1 | |
| *sotalol oral tablet 240 mg* | | 1 | |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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 oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg* | | 1 | |
| *diltiazem hcl oral capsule,extended release 24 hr 360 mg, 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 | |
| *tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | (diltiazem hcl) | 1 | |
| *verapamil oral capsule, 24 hr er pellet ct 100 mg, 300 mg* | | 3 | |
| *verapamil oral capsule, 24 hr er pellet ct 200 mg* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg* | | 1 | |
| *verapamil oral capsule,ext rel. pellets 24 hr 360 mg* | | 3 | |
| *verapamil oral tablet 120 mg, 40 mg, 80 mg* | | 1 | |
| *verapamil oral tablet extended release 120 mg, 180 mg, 240 mg* | | 1 | |
| **Cardiovascular Agents, Miscellaneous** | | | |
| ATTRUBY ORAL TABLET 356 MG | | 4 | PA; NDS; QL (112 per 28 days) |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | | 4 | PA; NDS; QL (30 per 30 days) |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | | 3 | QL (600 per 30 days) |
| DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML | | 4 | PA; NDS; QL (0.8 per 28 days) |
| *digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | (Lanoxin) | 1 | |
| *epinephrine injection auto-injector 0.15 mg/0.15 ml* | (Auvi-Q) | 2 | QL (4 per 30 days) |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml* | (EpiPen Jr) | 1 | QL (4 per 30 days) |
| *epinephrine injection auto-injector 0.3 mg/0.3 ml* | | 2 | QL (4 per 30 days) |
| *epinephrine injection auto-injector 0.3 mg/0.3 ml* | (Auvi-Q) | 1 | QL (4 per 30 days) |
| *hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | | 1 | |
| *icatibant subcutaneous syringe 30 mg/3 ml* | (Sajazir) | 4 | PA; NDS; QL (18 per 30 days) |
| *ivabradine oral tablet 5 mg, 7.5 mg* | (Corlanor) | 2 | QL (60 per 30 days) |
| *metyrosine oral capsule 250 mg* | | 4 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg* | 1 | |
| *sajazir subcutaneous syringe 30 mg/3 ml* (icatibant) | 4 | PA; NDS; QL (18 per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | PA; QL (30 per 30 days) |
| VYNDAMAX ORAL CAPSULE 61 MG | 4 | PA; NDS; 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* (Lotrel) | 5 | |
| *amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg* | 5 | |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* (Azor) | 5 | |
| *amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* (Exforge) | 5 | |
| *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 | |
| KATERZIA ORAL SUSPENSION 1 MG/ML | 3 | ST; QL (300 per 30 days) |
| *nicardipine oral capsule 20 mg, 30 mg* | 1 | |
| *nifedipine oral capsule 10 mg, 20 mg* | 1 | |
| *nifedipine oral tablet extended release 24hr 30 mg, 60 mg* (Procardia XL) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *nifedipine oral tablet extended release 24hr 90 mg* | | 1 | |
| *nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg* | | 1 | |
| **Diuretics** | | | |
| *amiloride oral tablet 5 mg* | | 1 | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | | 1 | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | | 1 | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | | 1 | |
| *furosemide injection solution 10 mg/ml* | | 1 | |
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | | 1 | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | (Lasix) | 1 | |
| *hydrochlorothiazide oral capsule 12.5 mg* | | 1 | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | | 1 | |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | | 1 | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | (tolvaptan (polycys kidney dis)) | 4 | PA; NDS; QL (120 per 30 days) |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | | 1 | |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | (Aldactone) | 1 | |
| *spironolacton-hydrochlorothiaz oral tablet 25-25 mg* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)* | (Jynarque) | 4 | PA; NDS; QL (56 per 28 days) |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | | 1 | |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25 mg* | | 1 | |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg* | | 1 | |
| **Dyslipidemics** | | | |
| *amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg* | (Caduet) | 5 | |
| *amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg* | (Caduet) | 5 | QL (30 per 30 days) |
| *amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg* | | 5 | |
| *atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | (Lipitor) | 5 | |
| *cholestyramine (with sugar) oral powder in packet 4 gram* | (Questran) | 1 | |
| *cholestyramine light oral powder in packet 4 gram* | (cholestyramine) | 1 | |
| *colesevelam oral powder in packet 3.75 gram* | (WelChol) | 1 | |
| *colesevelam oral tablet 625 mg* | (WelChol) | 1 | |
| *colestipol oral packet 5 gram* | | 1 | |
| *colestipol oral tablet 1 gram* | (Colestid) | 1 | |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | | 3 | ST |
| *ezetimibe oral tablet 10 mg* | (Zetia) | 1 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-10 mg* | (Vytorin 10-10) | 5 | 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 |
|---|---|---|---|
| *ezetimibe-simvastatin oral tablet 10-20 mg* | (Vytorin 10-20) | 5 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-40 mg* | (Vytorin 10-40) | 5 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-80 mg* | (Vytorin 10-80) | 5 | QL (30 per 30 days) |
| *fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg* | | 1 | |
| *fenofibrate nanocrystallized oral tablet 145 mg, 48 mg* | | 1 | |
| *fenofibrate oral tablet 160 mg, 54 mg* | | 1 | |
| *fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg* | | 1 | |
| *fluvastatin oral capsule 20 mg, 40 mg* | | 5 | QL (60 per 30 days) |
| *fluvastatin oral tablet extended release 24 hr 80 mg* | (Lescol XL) | 5 | |
| *gemfibrozil oral tablet 600 mg* | (Lopid) | 1 | |
| *icosapent ethyl oral capsule 0.5 gram* | (Vascepa) | 1 | QL (240 per 30 days) |
| *icosapent ethyl oral capsule 1 gram* | (Vascepa) | 1 | QL (120 per 30 days) |
| JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 5 MG | | 4 | PA; NDS; QL (28 per 28 days) |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | | 4 | PA; NDS; QL (56 per 28 days) |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | | 5 | |
| NEXLETOL ORAL TABLET 180 MG | | 2 | ST; QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | | 2 | ST; QL (30 per 30 days) |
| *niacin oral tablet 500 mg* | (Niacor) | 1 | |
| *niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg* | | 1 | |
| *niacor oral tablet 500 mg* | (niacin) | 1 | |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *omega-3 acid ethyl esters oral capsule 1 gram* | (Lovaza) | 1 | ST; QL (120 per 30 days) |
| *pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg* | (Livalo) | 1 | QL (30 per 30 days) |
| *pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | | 5 | |
| *prevalite oral powder in packet 4 gram* | (cholestyramine) | 1 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | | 2 | ST; QL (7 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | | 2 | ST; QL (6 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | | 2 | ST; QL (6 per 28 days) |
| *rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | (Crestor) | 5 | |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg* | (Zocor) | 5 | |
| *simvastatin oral tablet 5 mg, 80 mg* | | 5 | |
| **Renin-Angiotensin-Aldosterone System Inhibitors** | | | |
| *aliskiren oral tablet 150 mg, 300 mg* | (Tekturna) | 1 | |
| *eplerenone oral tablet 25 mg, 50 mg* | | 1 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG | | 2 | PA; QL (30 per 30 days) |
| *spironolactone oral suspension 25 mg/5 ml* | (CaroSpir) | 1 | ST; QL (600 per 30 days) |
| **Vasodilators** | | | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg* | | 1 | |
| *isosorbide dinitrate oral tablet 5 mg* | (Isordil Titradose) | 1 | |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | 1 | |
| *isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg* | 1 | |
| *isosorbide-hydralazine oral tablet 20-37.5 mg* (BiDil) | 1 | |
| *minoxidil oral tablet 10 mg, 2.5 mg* | 1 | |
| *nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg* (Nitrostat) | 1 | |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* (Nitro-Dur) | 1 | |
| **Central Nervous System Agents** | | |
| **Central Nervous System Agents** | | |
| *atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | 1 | QL (60 per 30 days) |
| *atomoxetine oral capsule 100 mg, 60 mg, 80 mg* | 1 | QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 4 | PA; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 4 | PA; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | 4 | PA; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG | 4 | PA; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG | 4 | PA; NDS; QL (30 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | 4 | PA; NDS; QL (210 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 |
|---|---|---|---|
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14) | | 4 | PA; NDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | | 4 | PA; NDS; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | | 4 | PA; NDS; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | | 4 | PA; NDS; QL (15 per 30 days) |
| *cladribine 10 mg x 10 tab pk outer* | (Mavenclad (10 tablet pack)) | 4 | PA; NDS |
| *cladribine(multiple sclerosis) oral tablet 10 mg (10 pack), 10 mg (4 pack), 10 mg (5 pack), 10 mg (6 pack), 10 mg (7 pack), 10 mg (8 pack), 10 mg (9 pack)* | | 4 | PA; NDS |
| *clonidine hcl oral tablet extended release 12 hr 0.1 mg* | | 1 | |
| *dalfampridine oral tablet extended release 12 hr 10 mg* | (Ampyra) | 1 | PA; QL (60 per 30 days) |
| *dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg* | (Focalin) | 1 | QL (60 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg* | (Dexedrine Spansule) | 1 | QL (120 per 30 days) |
| *dextroamphetamine sulfate oral capsule, extended release 5 mg* | | 1 | QL (120 per 30 days) |
| *dextroamphetamine sulfate oral tablet 10 mg* | (Zenzedi) | 1 | QL (180 per 30 days) |
| *dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 5 mg, 7.5 mg* | (Zenzedi) | 1 | QL (120 per 30 days) |
| *dextroamphetamine sulfate oral tablet 20 mg* | (Zenzedi) | 1 | QL (90 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *dextroamphetamine sulfate oral tablet 30 mg* | (Zenzedi) | 1 | QL (60 per 30 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg* | (Adderall XR) | 1 | QL (30 per 30 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg* | (Adderall XR) | 1 | QL (60 per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | (Adderall) | 1 | QL (60 per 30 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg* | (Tecfidera) | 1 | PA; QL (14 per 7 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)* | (Tecfidera) | 1 | PA |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg* | (Tecfidera) | 4 | PA; NDS; QL (60 per 30 days) |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML | | 4 | PA; NDS |
| *fingolimod oral capsule 0.5 mg* | (Gilenya) | 4 | PA; NDS; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 20 mg/ml* | (Glatopa) | 4 | PA; NDS; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 40 mg/ml* | (Glatopa) | 4 | PA; NDS; QL (12 per 28 days) |
| *glatopa subcutaneous syringe 20 mg/ml* | (glatiramer) | 4 | PA; NDS; QL (30 per 30 days) |
| *glatopa subcutaneous syringe 40 mg/ml* | (glatiramer) | 4 | PA; NDS; QL (12 per 28 days) |
| *guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg* | (Intuniv ER) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21) | 4 | PA; NDS |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 4 | PA; NDS; QL (30 per 30 days) |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG | 4 | PA; NDS; QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 4 | PA; NDS; QL (1.2 per 28 days) |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | 1 | |
| *lithium carbonate oral tablet 300 mg* | 1 | |
| *lithium carbonate oral tablet extended release 300 mg* (Lithobid) | 1 | |
| *lithium carbonate oral tablet extended release 450 mg* | 1 | |
| *lithium citrate oral solution 8 meq/5 ml* | 1 | |
| MAYZENT ORAL TABLET 0.25 MG | 4 | PA; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 4 | PA; NDS; QL (30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | 2 | PA |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | 4 | PA; NDS |
| *metadate er oral tablet extended release 20 mg* (methylphenidate hcl) | 1 | QL (90 per 30 days) |
| *methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg* (Metadate CD) | 1 | QL (30 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *methylphenidate hcl oral capsule, er biphasic 30-70 30 mg* | (Metadate CD) | 1 | QL (60 per 30 days) |
| *methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 40 mg, 60 mg* | | 1 | QL (30 per 30 days) |
| *methylphenidate hcl oral capsule,er biphasic 50-50 20 mg* | (Ritalin LA) | 1 | QL (30 per 30 days) |
| *methylphenidate hcl oral capsule,er biphasic 50-50 30 mg* | | 1 | QL (60 per 30 days) |
| *methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml* | (Methylin) | 1 | QL (900 per 30 days) |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* | (Ritalin) | 1 | QL (90 per 30 days) |
| *methylphenidate hcl oral tablet extended release 10 mg, 20 mg* | | 1 | QL (90 per 30 days) |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating)* | | 1 | QL (30 per 30 days) |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg* | (Concerta) | 1 | QL (30 per 30 days) |
| *methylphenidate hcl oral tablet extended release 24hr 36 mg* | (Concerta) | 1 | QL (60 per 30 days) |
| *methylphenidate hcl oral tablet extended release 24hr 72 mg* | (Relexxii) | 1 | QL (30 per 30 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | | 4 | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML | | 4 | PA; NDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | | 4 | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | | 4 | PA; NDS |
| *riluzole oral tablet 50 mg* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *teriflunomide oral tablet 14 mg, 7 mg* | (Aubagio) | 4 | PA; NDS; QL (30 per 30 days) |
| *tetrabenazine oral tablet 12.5 mg* | (Xenazine) | 1 | PA; QL (112 per 28 days) |
| *tetrabenazine oral tablet 25 mg* | (Xenazine) | 4 | PA; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | | 4 | PA; NDS; QL (120 per 30 days) |
| **Contraceptives** | | | |
| **Contraceptives** | | | |
| *afirmelle oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *altavera (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *alyacen 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |
| *alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | |
| *amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| *amethyst (28) oral tablet 90-20 mcg (28)* | (levonorgestrel-ethinyl estrad) | 1 | |
| *apri oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg* | | 1 | |
| *ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| *aubra eq oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *aurovela 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 |
|---|---|---|---|
| *aurovela 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *aviane oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *ayuna oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *balziva (28) oral tablet 0.4-35 mg-mcg* | | 1 | |
| *blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *briellyn oral tablet 0.4-35 mg-mcg* | | 1 | |
| *camila oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *chateal eq (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *cryselle (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | |
| *cyred eq oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *dasetta 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |
| *dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| *deblitane oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (Azurette (28)) | 1 | |
| *dolishale oral tablet 90-20 mcg (28)* | (levonorgestrel-ethinyl estrad) | 1 | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg* | (Jasmiel (28)) | 1 | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.03 mg* | (Syeda) | 1 | |
| *elinest oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | |
| *eluryng vaginal ring 0.12-0.015 mg/24 hr* | (etonogestrel-ethinyl estradiol) | 1 | QL (1 per 28 days) |
| *emzahh oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *enilloring vaginal ring 0.12-0.015 mg/24 hr* | (etonogestrel-ethinyl estradiol) | 1 | QL (1 per 28 days) |
| *enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | 1 | |
| *enskyce oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *errin oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *estarylla oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg* | (Kelnor 1/35 (28)) | 1 | |
| *ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg* | (Valtya) | 1 | |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr* | (EluRyng) | 1 | QL (1 per 28 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *falmina (28) oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *haloette vaginal ring 0.12-0.015 mg/24 hr* | (etonogestrel-ethinyl estradiol) | 1 | QL (1 per 28 days) |
| *heather oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| *incassia oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| *isibloom oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l 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 | |
| *jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 3 | QL (91 per 84 days) |
| *juleber oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *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 | |
| *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 | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG | | 3 | |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)* | (Camrese Lo) | 1 | QL (91 per 84 days) |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | (Rosyrah) | 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 | |
| *larin 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *lessina oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | 1 | |
| *levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | (Balcoltra) | 3 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg* | (Afirmelle) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg* | (Altavera (28)) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)* | (Amethyst (28)) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (Iclevia) | 1 | QL (91 per 84 days) |
| *levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (Enpresse) | 1 | |
| *levora-28 oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG | | 2 | |
| *loryna (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| *low-ogestrel (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | |
| *lo-zumandimine (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| *luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *lutera (28) oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lyleq oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *lyza oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *marlissa (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *meleya oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *microgestin 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *mili oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG | | 3 | |
| MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM | | 3 | |
| *mono-linyah oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG | | 2 | |
| *nikki (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| *norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr* | (Xulane) | 1 | QL (3 per 28 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *norethindrone (contraceptive) oral tablet 0.35 mg* | (Camila) | 1 | |
| *norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg* | (Aurovela 1.5/30 (21)) | 1 | |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg* | (Aurovela 1/20 (21)) | 1 | |
| *norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)* | (Gemmily) | 1 | |
| *norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (Aurovela Fe 1-20 (28)) | 1 | |
| *norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (Aurovela Fe 1.5/30 (28)) | 1 | |
| *norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (Tilia Fe) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (Tri-Lo-Estarylla) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (Tri-Estarylla) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg* | (Estarylla) | 1 | |
| *nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)* | | 1 | |
| *nortrel 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |
| *nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | |
| *nylia 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |
| *nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | |
| *orquidea oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *philith oral tablet 0.4-35 mg-mcg* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *portia 28 oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *reclipsen (28) oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | (l norgest/e.estradiol-e.estrad) | 1 | |
| *setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| *sharobel oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG | | 3 | |
| *sprintec (28) oral tablet 0.25-0.035 mg* | (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.estradiol-iron) | 1 | |
| *tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (norethindrone-e.estradiol-iron) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (norethindrone-e.estradiol-iron) | 1 | |
| *tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (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-0.035mg (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-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *turqoz (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | |
| *tyblume oral tablet,chewable 0.1 mg-20 mcg* | | 3 | |
| *valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | |
| *velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg* | | 1 | |
| *vestura (28) oral tablet 3-0.02 mg* | (drospirenone-ethinyl estradiol) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *vienva oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *vyfemla (28) oral tablet 0.4-35 mg-mcg* | | 1 | |
| *vylibra oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (norethindrone-e.estradiol-iron) | 1 | |
| *xulane transdermal patch weekly 150-35 mcg/24 hr* | (norelgestromin-ethin.estradiol) | 1 | QL (3 per 28 days) |
| *zafemy transdermal patch weekly 150-35 mcg/24 hr* | (norelgestromin-ethin.estradiol) | 1 | QL (3 per 28 days) |
| *zovia 1-35 (28) oral tablet 1-35 mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | |
| *zumandimine (28) oral tablet 3-0.03 mg* | (drospirenone-ethinyl estradiol) | 1 | |
| **Dental And Oral Agents** | | | |
| **Dental And Oral Agents** | | | |
| *cevimeline oral capsule 30 mg* | (Evoxac) | 1 | |
| *chlorhexidine gluconate mucous membrane mouthwash 0.12 %* | (Periogard) | 1 | |
| *denta 5000 plus dental cream 1.1 %* | (fluoride (sodium)) | 1 | |
| *dentagel dental gel 1.1 %* | (fluoride (sodium)) | 1 | |
| *fluoride (sodium) dental gel 1.1 %* | (DentaGel) | 1 | |
| *fluoride (sodium) dental solution 0.2 %* | (PreviDent) | 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 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sodium fluoride-pot nitrate dental paste 1.1-5 %* | (Denta 5000 Plus Sensitive) | 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) |
| *ammonium lactate topical cream 12 %* | | 1 | |
| *ammonium lactate topical lotion 12 %* | (AmLactin) | 1 | |
| *calcipotriene scalp solution 0.005 %* | (Pellix) | 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) |
| *fluorouracil topical cream 0.5 %* | (Carac) | 4 | NDS |
| *fluorouracil topical cream 5 %* | (Efudex) | 1 | |
| *fluorouracil topical solution 2 %, 5 %* | | 1 | |
| *imiquimod topical cream in packet 5 %* | | 1 | QL (24 per 30 days) |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % | | 4 | ST; NDS; QL (5 per 5 days) |
| *methoxsalen oral capsule,liqd-filled,rapid rel 10 mg* | | 4 | NDS |
| PANRETIN TOPICAL GEL 0.1 % | | 4 | NDS; QL (60 per 28 days) |
| *penciclovir topical cream 1 %* | (Denavir) | 1 | |
| *podofilox topical solution 0.5 %* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| REGRANEX TOPICAL GEL 0.01 % | | 4 | PA; NDS; QL (30 per 30 days) |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | | 3 | QL (180 per 30 days) |
| VALCHLOR TOPICAL GEL 0.016 % | | 4 | PA NSO; NDS |
| *zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | (isotretinoin) | 1 | |
| **Dermatological Antibacterials** | | | |
| *clindamycin phosphate topical foam 1 %* | (Clindacin) | 1 | QL (100 per 30 days) |
| *clindamycin phosphate topical solution 1 %* | | 1 | QL (180 per 30 days) |
| *clindamycin phosphate topical swab 1 %* | (Clindacin ETZ) | 1 | |
| *clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %* | (Neuac) | 1 | |
| *clindamycin-benzoyl peroxide topical gel 1-5 %* | | 1 | |
| *ery pads topical swab 2 %* | (erythromycin with ethanol) | 1 | |
| *erythromycin with ethanol topical gel 2 %* | | 1 | |
| *erythromycin with ethanol topical solution 2 %* | | 1 | |
| *erythromycin-benzoyl peroxide topical gel 3-5 %* | (Benzamycin) | 1 | |
| *gentamicin topical cream 0.1 %* | | 1 | QL (90 per 30 days) |
| *gentamicin topical ointment 0.1 %* | | 1 | QL (120 per 30 days) |
| *metronidazole topical cream 0.75 %* | (Rosadan) | 1 | |
| *metronidazole topical gel 0.75 %* | (Rosadan) | 1 | |
| *metronidazole topical gel 1 %* | | 1 | |
| *metronidazole topical lotion 0.75 %* | | 1 | |
| *mupirocin topical ointment 2 %* | (Centany) | 1 | QL (220 per 30 days) |
| *rosadan topical cream 0.75 %* | (metronidazole) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *selenium sulfide topical lotion 2.5 %* | | 1 | |
| *silver sulfadiazine topical cream 1 %* | (SSD) | 1 | |
| *ssd topical cream 1 %* | (silver sulfadiazine) | 3 | |
| *sulfacetamide sodium (acne) topical suspension 10 %* | (Klaron) | 1 | |
| **Dermatological Anti-Inflammatory Agents** | | | |
| *ala-cort topical cream 1 %* | (hydrocortisone) | 1 | |
| *ala-scalp topical lotion 2 %* | (hydrocortisone) | 1 | |
| *alclometasone topical cream 0.05 %* | | 1 | |
| *alclometasone topical ointment 0.05 %* | | 1 | |
| *betamethasone dipropionate topical cream 0.05 %* | | 1 | |
| *betamethasone dipropionate topical lotion 0.05 %* | | 1 | |
| *betamethasone dipropionate topical ointment 0.05 %* | | 1 | |
| *betamethasone valerate topical cream 0.1 %* | | 1 | |
| *betamethasone valerate topical foam 0.12 %* | | 1 | |
| *betamethasone valerate topical lotion 0.1 %* | | 1 | |
| *betamethasone valerate topical ointment 0.1 %* | | 1 | |
| *betamethasone, augmented topical cream 0.05 %* | | 1 | |
| *betamethasone, augmented topical gel 0.05 %* | | 1 | |
| *betamethasone, augmented topical lotion 0.05 %* | | 1 | |
| *betamethasone, augmented topical ointment 0.05 %* | (Diprolene (augmented)) | 1 | |
| *clobetasol scalp solution 0.05 %* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *clobetasol topical cream 0.05 %* | | 1 | |
| *clobetasol topical foam 0.05 %* | | 1 | |
| *clobetasol topical gel 0.05 %* | | 1 | |
| *clobetasol topical lotion 0.05 %* | | 1 | |
| *clobetasol topical ointment 0.05 %* | | 1 | |
| *clobetasol topical shampoo 0.05 %* | (Clodan) | 1 | |
| *clobetasol-emollient topical cream 0.05 %* | | 1 | |
| *clobetasol-emollient topical foam 0.05 %* | (Tovet Emollient) | 1 | |
| *desonide topical cream 0.05 %* | | 1 | |
| *desonide topical lotion 0.05 %* | | 1 | |
| *desonide topical ointment 0.05 %* | | 1 | |
| *desoximetasone topical cream 0.05 %, 0.25 %* | (Topicort) | 1 | QL (120 per 30 days) |
| *desoximetasone topical gel 0.05 %* | (Topicort) | 1 | QL (120 per 30 days) |
| *desoximetasone topical ointment 0.05 %, 0.25 %* | (Topicort) | 1 | |
| *diflorasone topical ointment 0.05 %* | | 1 | QL (180 per 30 days) |
| EUCRISA TOPICAL OINTMENT 2 % | | 2 | |
| *fluocinolone topical cream 0.01 %* | | 1 | |
| *fluocinolone topical cream 0.025 %* | (Synalar) | 1 | |
| *fluocinolone topical ointment 0.025 %* | (Synalar) | 1 | |
| *fluocinonide topical cream 0.05 %* | | 1 | |
| *fluocinonide topical gel 0.05 %* | | 1 | |
| *fluocinonide topical ointment 0.05 %* | | 1 | |
| *fluocinonide topical solution 0.05 %* | | 1 | |
| *fluocinonide-emollient topical cream 0.05 %* | (Fluocinonide-E) | 1 | |
| *fluticasone propionate topical cream 0.05 %* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fluticasone propionate topical ointment 0.005 %* | | 1 | |
| *halobetasol propionate topical cream 0.05 %* | | 1 | |
| *halobetasol propionate topical ointment 0.05 %* | | 1 | |
| *hydrocortisone 2.5% cream* | | 1 | |
| *hydrocortisone butyrate topical cream 0.1 %* | | 1 | QL (120 per 30 days) |
| *hydrocortisone butyrate topical lotion 0.1 %* | (Evesse) | 1 | QL (236 per 30 days) |
| *hydrocortisone butyrate topical ointment 0.1 %* | | 1 | QL (120 per 30 days) |
| *hydrocortisone butyrate topical solution 0.1 %* | | 1 | QL (120 per 30 days) |
| *hydrocortisone topical cream 1 %* | (Ala-Cort) | 1 | |
| *hydrocortisone topical cream with perineal applicator 2.5 %* | (Procto-Med HC) | 1 | |
| *hydrocortisone topical lotion 2.5 %* | | 1 | |
| *hydrocortisone topical ointment 1 %* | (Anti-Itch (HC)) | 1 | |
| *hydrocortisone topical ointment 2.5 %* | | 1 | |
| *hydrocortisone valerate topical cream 0.2 %* | | 1 | |
| *hydrocortisone valerate topical ointment 0.2 %* | | 1 | |
| *mometasone topical cream 0.1 %* | | 1 | |
| *mometasone topical ointment 0.1 %* | | 1 | |
| *mometasone topical solution 0.1 %* | | 1 | |
| *pimecrolimus topical cream 1 %* | | 1 | QL (100 per 30 days) |
| *procto-med hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 1 | |
| *proctosol hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *proctozone-hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 1 | |
| *tacrolimus topical ointment 0.03 %, 0.1 %* | | 1 | QL (100 per 30 days) |
| *triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml* | | 1 | |
| *triamcinolone acetonide topical cream 0.025 %, 0.1 %* | | 1 | |
| *triamcinolone acetonide topical cream 0.5 %* | (Triderm) | 1 | |
| *triamcinolone acetonide topical lotion 0.025 %, 0.1 %* | | 1 | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | | 1 | |
| **Dermatological Retinoids** | | | |
| *adapalene topical cream 0.1 %* | | 1 | |
| ALTRENO TOPICAL LOTION 0.05 % | | 3 | PA |
| *tazarotene topical cream 0.05 %, 0.1 %* | (Tazorac) | 1 | |
| *tretinoin topical cream 0.025 %, 0.05 %, 0.1 %* | (Retin-A) | 1 | PA |
| *tretinoin topical gel 0.01 %, 0.025 %* | (Retin-A) | 1 | PA |
| *tretinoin topical gel 0.05 %* | (Atralin) | 1 | PA |
| **Scabicides And Pediculicides** | | | |
| *malathion topical lotion 0.5 %* | (Ovide) | 1 | |
| *permethrin topical cream 5 %* | | 1 | QL (60 per 30 days) |
| **Devices** | | | |
| **Devices** | | | |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| ALCOHOL PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16" | | 1 | PA; ST |
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16" | | 1 | PA; ST |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | | 1 | PA; ST |
| ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| AUTOKEEPER SAF PEN NDL 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| AUTOKEEPER SAF PEN NDL 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16" | | 1 | PA; ST |
| BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| BD SINGLE USE SWAB | (alcohol swabs) | 1 | PA; ST |
| BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BORDERED GAUZE 2"X2" 2 X 2 " | (gauze bandage) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 12.7MM 29G HRI 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 6MM 31G HRI 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 8MM 30G HRI 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH ALCOHOL 70% PREP PAD | (alcohol swabs) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16" | | 1 | PA; ST |
| CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16 | | 1 | PA; ST |
| CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |

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

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16" | | 1 | PA; ST |
| COMFORT EZ PLS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic, safety) | 1 | PA; ST |
| COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |

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

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3" | | 1 | PA; ST |
| COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6" | | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| CURITY ALCOHOL PREPS 2 PLY,MEDIUM | (alcohol swabs) | 1 | PA; ST |
| CURITY GAUZE PADS 2 X 2 " | (gauze bandage) | 1 | PA; ST |
| CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 " | | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " | (gauze bandage) | 1 | PA; ST |
| DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 " | | 1 | PA; ST |
| DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 " | | 1 | PA; ST |
| DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | | 1 | PA; ST |
| DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8" | | 1 | PA; ST |
| DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| DROPSAFE ALCOHOL 70% PREP PADS | (alcohol swabs) | 1 | PA; ST |
| DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| DROPSAFE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic, safety) | 1 | PA; ST |
| DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | 1 | PA; ST |
| EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |
| EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2" | | 1 | PA; ST |
| EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16" | | 1 | PA; ST |
| EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16" | | 1 | PA; ST |
| EASY COMFORT ALCOHOL 70% PAD | (alcohol swabs) | 1 | PA; ST |
| EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32" | | 1 | PA; ST |
| EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16" | | 1 | PA; ST |
| EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

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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 | PA; ST |
| EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 " | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16 | | 1 | PA; ST |
| EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4" | (insulin syr/ndl u100 half mark) | 1 | PA; ST |
| EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED | (alcohol swabs) | 1 | PA; ST |
| EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4" | | 1 | PA; ST |
| EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4" | | 1 | PA; ST |
| EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INSULIN SYR 1 ML 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH LUER LOK INSUL 1 ML | (insulin syringe needleless) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16" | | 1 | PA; ST |
| EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH UNI-SLIP SYR 1 ML | (insulin syringe needleless) | 1 | PA; ST |
| EASYLIFE ALCOHOL 70% PADS | (alcohol swabs) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16" | | 1 | PA; ST |
| EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic, safety) | 1 | PA; ST |
| EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4" | | 1 | PA; ST |
| EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (Advocate Syringes) | 1 | PA; ST |
| FT STERILE PADS 2" X 2" 2 X 2 " | (gauze bandage) | 1 | PA; ST |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 " | (gauze bandage) | 1 | PA; ST |
| GNP ALCOHOL SWAB STERILE, TWO PLY | (Alcohol Pads) | 1 | PA; ST |
| GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (1st Tier Unifine Pentips) | 1 | PA; ST |
| GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (CareFine Pen Needle) | 1 | PA; ST |
| GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29 | (insulin syringe-needle u-100) | 1 | PA; ST |
| GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE | (insulin syringe-needle u-100) | 1 | PA; ST |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | (1st Tier Unifine Pentips) | 1 | PA; ST |
| HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2" | | 1 | PA; ST |
| HEB INCONTROL ALCOHOL 70% PADS | (alcohol swabs) | 1 | PA; ST |
| INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN | | 2 | |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN | | 2 | |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN | | 2 | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | | 2 | |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN | | 2 | |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN | | 2 | |
| INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16" | | 1 | PA; ST |
| INSULIN 1/2 ML SYRINGE 1/2 ML 29 | (Ultilet Insulin Syringe) | 1 | PA; ST |
| INSULIN 1/2 ML SYRINGE 1/2 ML 30 GAUGE | | 1 | PA; ST |
| INSULIN 3/10 ML SYRINGE 0.3 ML 30 | (Ultra Comfort Insulin Syringe) | 1 | PA; ST |
| INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" | (Easy Touch Ins Syr (half unit)) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" | (Advocate Syringes) | 1 | PA; ST |
| INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2" | (Easy Touch Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE | (insulin syringe-needle u-100) | 1 | PA; ST |
| INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" | (Sure Comfort Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE 0.5 ML 1/2 ML 29 | (insulin syringe-needle u-100) | 1 | PA; ST |
| INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" | (Easy Touch Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE 1 ML 1 ML 29 GAUGE | | 1 | PA; ST |
| INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2" | (BD Eclipse Luer-Lok) | 1 | PA; ST |
| INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16 | (Advocate Syringes) | 1 | PA; ST |
| INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (Easy Touch Insulin Syringe) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE,THIN II (OTC) 1 ML 31 GAUGE X 5/16 | (Advocate Syringes) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE | (Ultilet Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE | (Monoject Syringe) | 1 | PA; ST |
| INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| IV ANTISEPTIC WIPES | (alcohol swabs) | 1 | PA; ST |
| KENDALL ALCOHOL 70% PREP PAD | (alcohol swabs) | 1 | PA; ST |
| LISCO SPONGES 100/BAG 2 X 2 " | | 1 | PA; ST |
| LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| 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 | PA; ST |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE | | 1 | PA; ST |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16" | | 1 | PA; ST |
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16" | | 1 | PA; ST |
| MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | (CareFine Pen Needle) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | (Comfort EZ Pen Needles) | 1 | PA; ST |
| MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16" | (Comfort EZ Pen Needles) | 1 | PA; ST |
| MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4" | (Comfort EZ Pen Needles) | 1 | PA; ST |
| MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| 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 | PA; ST |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) | (insulin syringes (disposable)) | 1 | PA; ST |
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3" | | 1 | PA; ST |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6" | | 1 | PA; ST |
| OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE | | 2 | QL (10 per 30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | | 2 | QL (1 per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | | 2 | QL (10 per 30 days) |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE | | 2 | QL (1 per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | | 2 | QL (10 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | | 2 | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | | 2 | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | | 2 | QL (10 per 30 days) |
| PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" | (Embrace Pen Needle) | 1 | PA; ST |
| PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" | (CareFine Pen Needle) | 1 | PA; ST |
| PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4" | (1st Tier Unifine Pentips) | 1 | PA; ST |
| PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | (Advocate Pen Needle) | 1 | PA; ST |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | (1st Tier Unifine Pentips Plus) | 1 | PA; ST |
| PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | 1 | PA; ST |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | | 1 | PA; ST |
| PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | PA; ST |
| PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| PRO-COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | PA; ST |
| PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |
| PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| PURE COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | PA; ST |
| PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| RA ISOPROPYL ALCOHOL 70% WIPES | (alcohol swabs) | 1 | PA; ST |
| RA STERILE PADS 2"X 2" 2 X 2 " | (Bordered Gauze) | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32" | | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (Comfort Touch Pen Needle) | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64" | | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64" | (True-Comfort Pro Pen Needle) | 1 | PA; ST |
| RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (1st Tier Unifine Pentips) | 1 | PA; ST |
| RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16" | (Advocate Syringes) | 1 | PA; ST |
| RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16" | (Advocate Syringes) | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2" | | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (Comfort EZ PRO Safety Pen Ndl) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16" | | 1 | PA; ST |
| SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |
| SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| NEEDLES, INSULIN DISP., SAFETY | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| 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 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| 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 | PA; ST |
| SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| SURE COMFORT ALCOHOL PREP PADS | (alcohol swabs) | 1 | PA; ST |
| SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| 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 | PA; ST |
| SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| 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 | PA; ST |
| SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE-PREP ALCOHOL PREP PADS | (alcohol swabs) | 1 | PA; ST |
| TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | | 1 | PA; ST |
| TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8" | (Thinpro Insulin Syringe) | 1 | PA; ST |
| TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8" | | 1 | PA; ST |
| THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8" | | 1 | PA; ST |
| THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8" | | 1 | PA; ST |
| TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16" | | 1 | PA; ST |
| TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUE COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | PA; ST |
| TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | | 1 | PA; ST |
| TRUE COMFORT PRO ALCOHOL PADS | (alcohol swabs) | 1 | PA; ST |
| TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | | 1 | PA; ST |
| TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" | (insulin syr/ndl u100 half mark) | 1 | PA; ST |
| ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16" | | 1 | PA; ST |
| ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2" | | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2" | | 1 | PA; ST |
| ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4" | | 1 | PA; ST |
| ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16" | | 1 | PA; ST |
| ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16" | | 1 | PA; ST |
| ULTILET ALCOHOL STERL SWAB | (alcohol swabs) | 1 | PA; ST |
| 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 | PA; ST |
| ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRAFINE INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| ULTRA-FINE INS 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA-FINE SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |
| UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16" | | 1 | PA; ST |
| UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64" | | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32" | | 1 | PA; ST |
| VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 " | | 1 | PA; ST |
| V-GO 20 DEVICE | | 2 | QL (30 per 30 days) |
| V-GO 30 DEVICE | | 2 | QL (30 per 30 days) |
| V-GO 40 DEVICE | | 2 | QL (30 per 30 days) |
| WEBCOL ALCOHOL PREPS 20'S,LARGE | (alcohol swabs) | 1 | PA; ST |
| WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| **Enzyme Cofactors/Chaperones** | | | |
| **Enzyme Cofactors/Chaperones** | | | |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG | | 4 | PA; NDS; QL (90 per 30 days) |
| **Enzyme Replacement/Modifiers** | | | |
| **Enzyme Replacement/Modifiers** | | | |
| CERDELGA ORAL CAPSULE 84 MG | | 4 | PA; NDS |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| 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 | | 2 | |
| GALAFOLD ORAL CAPSULE 123 MG | | 4 | PA; NDS; QL (14 per 28 days) |
| *javygtor oral tablet,soluble 100 mg* | (sapropterin) | 4 | PA; NDS |
| *miglustat oral capsule 100 mg* | (Yargesa) | 4 | PA; NDS; QL (90 per 30 days) |
| *nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg* | (Orfadin) | 4 | PA; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | | 4 | PA; NDS |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML | | 4 | PA; NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | | 4 | PA BvD; NDS |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | | 4 | PA; NDS |
| *sapropterin oral tablet,soluble 100 mg* | (Javygtor) | 4 | PA; NDS |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | | 4 | PA; LA; NDS |
| *yargesa oral capsule 100 mg* | (miglustat) | 4 | PA; NDS; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 2 | |
| **Eye, Ear, Nose, Throat Agents** | | |
| **Eye, Ear, Nose, Throat Agents, Miscellaneous** | | |
| *apraclonidine ophthalmic (eye) drops 0.5 %* | 1 | |
| *atropine ophthalmic (eye) drops 1 %* | 1 | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | 1 | QL (60 per 30 days) |
| *azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)* (Astepro Allergy) | 1 | QL (30 per 25 days) |
| *azelastine ophthalmic (eye) drops 0.05 %* | 1 | |
| *bepotastine besilate ophthalmic (eye) drops 1.5 %* | 1 | ST |
| *cromolyn ophthalmic (eye) drops 4 %* | 1 | |
| *epinastine ophthalmic (eye) drops 0.05 %* | 1 | |
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)* | 1 | QL (30 per 28 days) |
| *ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)* | 1 | QL (15 per 10 days) |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % | 2 | QL (12 per 28 days) |
| *olopatadine nasal spray,non-aerosol 0.6 %* | 1 | QL (30.5 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *olopatadine ophthalmic (eye) drops 0.1 %* | (Eye Allergy Itch-Redness Rlf) | 1 | |
| *olopatadine ophthalmic (eye) drops 0.2 %* | (Advanced Eye Relief (olopatad)) | 1 | |
| **Eye, Ear, Nose, Throat Anti-Infectives Agents** | | | |
| *acetic acid otic (ear) solution 2 %* | | 1 | |
| *bacitracin ophthalmic (eye) ointment 500 unit/gram* | | 1 | |
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram* | | 1 | |
| *ciprofloxacin hcl ophthalmic (eye) drops 0.3 %* | | 1 | |
| *ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %* | | 1 | QL (7.5 per 7 days) |
| *erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)* | | 1 | QL (3.5 per 4 days) |
| *gatifloxacin ophthalmic (eye) drops 0.5 %* | | 1 | |
| *gentamicin ophthalmic (eye) drops 0.3 %* | | 1 | |
| *hydrocortisone-acetic acid otic (ear) drops 1-2 %* | | 1 | |
| *moxifloxacin ophthalmic (eye) drops 0.5 %* | (Vigamox) | 1 | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | | 3 | |
| *neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | | 1 | |
| *neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | | 1 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %* | (Maxitrol) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %* | | 1 | |
| *neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml* | | 1 | |
| *neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml* | | 1 | |
| *neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%* | | 1 | |
| *neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%* | | 1 | |
| *neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | (neomycin-bacitracin-poly-hc) | 1 | |
| *neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | (neomycin-bacitracin-polymyxin) | 1 | |
| *ofloxacin ophthalmic (eye) drops 0.3 %* | (Ocuflox) | 1 | |
| *ofloxacin otic (ear) drops 0.3 %* | | 1 | |
| *polycin ophthalmic (eye) ointment 500-10,000 unit/gram* | (bacitracin-polymyxin b) | 1 | |
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml* | | 1 | |
| *sulfacetamide sodium ophthalmic (eye) drops 10 %* | | 1 | |
| *sulfacetamide sodium ophthalmic (eye) ointment 10 %* | | 1 | |
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *tobramycin ophthalmic (eye) drops 0.3 %* | | 1 | |
| *tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %* | | 1 | |
| *tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %* | (Zylet) | 1 | |
| *trifluridine ophthalmic (eye) drops 1 %* | | 1 | |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % | | 4 | PA; NDS; QL (10 per 42 days) |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | | 3 | |
| **Eye, Ear, Nose, Throat Anti-Inflammatory Agents** | | | |
| *bromfenac ophthalmic (eye) drops 0.07 %* | (Prolensa) | 1 | |
| *bromfenac ophthalmic (eye) drops 0.075 %* | (BromSite) | 1 | |
| *bromfenac ophthalmic (eye) drops 0.09 %* | | 1 | |
| *cyclosporine ophthalmic (eye) dropperette 0.05 %* | (Restasis) | 1 | QL (60 per 30 days) |
| *dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %* | | 1 | |
| *diclofenac sodium ophthalmic (eye) drops 0.1 %* | | 1 | |
| *difluprednate ophthalmic (eye) drops 0.05 %* | (Durezol) | 1 | |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | | 2 | QL (8.3 per 14 days) |
| *flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)* | | 1 | QL (50 per 25 days) |
| *fluocinolone acetonide oil otic (ear) drops 0.01 %* | (DermOtic Oil) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fluorometholone ophthalmic (eye) drops,suspension 0.1 %* | (FML Liquifilm) | 1 | |
| *flurbiprofen sodium ophthalmic (eye) drops 0.03 %* | | 1 | |
| *fluticasone propionate nasal spray,suspension 50 mcg/actuation* | (24 Hour Allergy Relief) | 1 | QL (16 per 30 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | | 2 | |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | | 2 | QL (5.6 per 14 days) |
| *ketorolac ophthalmic (eye) drops 0.5 %* | (Acular) | 1 | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | | 2 | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | | 2 | QL (5 per 16 days) |
| *loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %* | (Lotemax) | 1 | QL (10 per 14 days) |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %* | | 1 | ST |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %* | | 1 | QL (15 per 19 days) |
| *mometasone nasal spray,non-aerosol 50 mcg/actuation* | (Allergy Nasal (mometasone)) | 1 | QL (34 per 30 days) |
| *prednisolone acetate ophthalmic (eye) drops,suspension 1 %* | (Pred Forte) | 3 | |
| *prednisolone sodium phosphate ophthalmic (eye) drops 1 %* | | 1 | |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | | 2 | QL (60 per 30 days) |
| **Gastrointestinal Agents** | | | |
| **Antiulcer Agents And Acid Suppressants** | | | |
| *amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *cimetidine hcl oral solution 300 mg/5 ml* | | 1 | |
| *cimetidine oral tablet 200 mg* | (Acid Reducer (cimetidine)) | 1 | |
| *cimetidine oral tablet 300 mg, 400 mg, 800 mg* | | 1 | |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg* | (Acid Reducer (esomeprazole)) | 1 | |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg* | (Nexium) | 1 | |
| *esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg* | (Nexium Packet) | 1 | ST; QL (30 per 30 days) |
| *esomeprazole magnesium oral granules dr for susp in packet 40 mg* | (Nexium Packet) | 1 | ST; QL (60 per 30 days) |
| *famotidine oral suspension for reconstitution 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/ec) 15 mg* | (Acid Reducer (lansoprazole)) | 1 | QL (30 per 30 days) |
| *lansoprazole oral capsule,delayed release(dr/ec) 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/ec) 10 mg, 20 mg, 40 mg* | | 1 | |
| *omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram* | (Zegerid OTC) | 4 | ST; NDS |
| *omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram* | | 1 | ST |
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg* | (Protonix) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *rabeprazole oral tablet,delayed release (dr/ec) 20 mg* | (AcipHex) | 1 | |
| *sucralfate oral tablet 1 gram* | (Carafate) | 1 | |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | | 3 | PA |
| **Gastrointestinal Agents, Other** | | | |
| *carglumic acid oral tablet, dispersible 200 mg* | (Carbaglu) | 4 | 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 | |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml* | | 1 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | (Lomotil) | 1 | |
| *enulose oral solution 10 gram/15 ml* | (lactulose) | 1 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | | 4 | PA; NDS |
| *generlac oral solution 10 gram/15 ml* | (lactulose) | 1 | |
| *glycerol phenylbutyrate oral liquid 1.1 gram/ml* | (Ravicti) | 4 | PA; NDS |
| *glycopyrrolate oral tablet 1 mg* | (Robinul) | 1 | |
| *glycopyrrolate oral tablet 2 mg* | (Robinul Forte) | 1 | |
| IQIRVO ORAL TABLET 80 MG | | 4 | PA; NDS; QL (30 per 30 days) |
| *kionex oral suspension 15 gram/60 ml* | (sodium polystyrene sulfonate) | 1 | |
| *lactulose oral solution 10 gram/15 ml* | (Constulose) | 1 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | | 2 | QL (30 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| LIVDELZI ORAL CAPSULE 10 MG | | 4 | PA; NDS; QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | | 2 | |
| *loperamide oral capsule 2 mg* | (Anti-Diarrheal (loperamide)) | 1 | |
| *lubiprostone oral capsule 24 mcg* | | 1 | QL (60 per 30 days) |
| *lubiprostone oral capsule 8 mcg* | (Amitiza) | 1 | QL (120 per 30 days) |
| *methscopolamine oral tablet 2.5 mg, 5 mg* | | 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 | | 2 | QL (30 per 30 days) |
| OCALIVA ORAL TABLET 10 MG, 5 MG | | 4 | PA; NDS; QL (30 per 30 days) |
| RELISTOR ORAL TABLET 150 MG | | 4 | PA; NDS; QL (90 per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML | | 4 | PA; NDS; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | | 4 | PA; NDS; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | | 4 | PA; NDS; QL (11.2 per 28 days) |
| *sodium phenylbutyrate oral tablet 500 mg* | (Buphenyl) | 4 | PA; NDS |
| *sodium polystyrene sulfonate oral powder 15 gram* | | 1 | |
| *sodium polystyrene sulfonate oral suspension 15 gram/60 ml* | (Kionex) | 1 | |
| *sps (with sorbitol) oral suspension 15-20 gram/60 ml* | | 1 | |
| TRULANCE ORAL TABLET 3 MG | | 2 | QL (30 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *ursodiol oral capsule 200 mg, 400 mg* | (Reltone) | 4 | NDS |
| *ursodiol oral capsule 300 mg* | | 1 | |
| *ursodiol oral tablet 250 mg* | | 1 | |
| *ursodiol oral tablet 500 mg* | (URSO Forte) | 1 | |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | | 2 | |
| XERMELO ORAL TABLET 250 MG | | 4 | PA; NDS; QL (84 per 28 days) |
| **Laxatives** | | | |
| *gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram* | (peg 3350-electrolytes) | 1 | |
| *gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram* | (peg 3350-electrolytes) | 1 | |
| *gavilyte-n oral recon soln 420 gram* | (peg-electrolyte soln) | 1 | |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram* | (GaviLyte-G) | 1 | |
| *peg-electrolyte soln oral recon soln 420 gram* | (GaviLyte-N) | 1 | |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram* | (Suprep Bowel Prep Kit) | 1 | |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)* | | 1 | |
| **Phosphate Binders** | | | |
| *calcium acetate(phosphat bind) oral capsule 667 mg* | | 1 | |
| *calcium acetate(phosphat bind) oral tablet 667 mg* | | 1 | |
| *lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg* | (Fosrenol) | 4 | NDS |
| *sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram* | (Renvela) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sevelamer carbonate oral tablet 800 mg* | (Renvela) | 1 | |
| *sevelamer hcl oral tablet 400 mg, 800 mg* | | 1 | |
| **Genitourinary Agents** | | | |
| **Antispasmodics, Urinary** | | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | | 1 | |
| *fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg* | (Toviaz) | 1 | |
| *flavoxate oral tablet 100 mg* | | 1 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | (mirabegron) | 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 | |
| *solifenacin oral tablet 10 mg, 5 mg* | (Vesicare) | 1 | |
| *tolterodine oral capsule,extended release 24hr 2 mg, 4 mg* | | 1 | |
| *tolterodine oral tablet 1 mg, 2 mg* | | 1 | |
| *trospium oral capsule,extended release 24hr 60 mg* | | 1 | |
| *trospium oral tablet 20 mg* | | 1 | |
| **Genitourinary Agents, Miscellaneous** | | | |
| *alfuzosin oral tablet extended release 24 hr 10 mg* | (Uroxatral) | 1 | QL (30 per 30 days) |
| *dutasteride oral capsule 0.5 mg* | (Avodart) | 1 | |
| *dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg* | (Jalyn) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *finasteride oral tablet 5 mg* | (Proscar) | 1 | |
| *tamsulosin oral capsule 0.4 mg* | | 1 | |
| *terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | | 1 | |
| *tiopronin oral tablet 100 mg* | (Thiola) | 4 | NDS |
| **Heavy Metal Antagonists** | | | |
| **Heavy Metal Antagonists** | | | |
| *deferasirox oral granules in packet 180 mg, 360 mg, 90 mg* | (Jadenu Sprinkle) | 4 | PA; NDS |
| *deferasirox oral tablet 180 mg, 360 mg, 90 mg* | (Jadenu) | 1 | PA |
| *deferasirox oral tablet, dispersible 125 mg* | (Exjade) | 1 | PA |
| *deferasirox oral tablet, dispersible 250 mg, 500 mg* | (Exjade) | 4 | PA; NDS |
| *deferiprone oral tablet 1,000 mg* | (Ferriprox) | 4 | PA; NDS |
| *deferiprone oral tablet 500 mg* | | 4 | PA; NDS |
| FERRIPROX ORAL SOLUTION 100 MG/ML | | 4 | PA; NDS |
| *penicillamine oral tablet 250 mg* | (Depen Titratabs) | 4 | PA; NDS |
| *trientine oral capsule 250 mg* | (Syprine) | 4 | PA; NDS; QL (240 per 30 days) |
| **Hormonal Agents, Stimulant/Replacement/Modifying** | | | |
| **Androgens** | | | |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | | 1 | |
| *testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml* | (Depo-Testosterone) | 1 | PA |
| *testosterone cypionate intramuscular oil 200 mg/ml (1 ml)* | | 1 | PA |
| *testosterone enanthate intramuscular oil 200 mg/ml* | | 1 | PA; QL (5 per 28 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)* | (Vogelxo) | 1 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | (AndroGel) | 1 | PA; QL (150 per 30 days) |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram)* | | 1 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in packet 1 % (50 mg/5 gram)* | (Vogelxo) | 1 | PA; QL (300 per 30 days) |
| *testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)* | | 1 | PA; QL (180 per 30 days) |
| **Estrogens And Antiestrogens** | | | |
| *abigale lo oral tablet 0.5-0.1 mg* | (estradiol-norethindrone acet) | 1 | |
| *abigale oral tablet 1-0.5 mg* | (estradiol-norethindrone acet) | 1 | |
| *amabelz oral tablet 0.5-0.1 mg* | (estradiol-norethindrone acet) | 1 | |
| *conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg* | (Premarin) | 1 | |
| *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* | (estradiol) | 1 | QL (8 per 28 days) |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | | 1 | |
| *estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (Dotti) | 1 | QL (8 per 28 days) |
| *estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (Climara) | 1 | QL (4 per 28 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *estradiol vaginal cream 0.01 % (0.1 mg/gram)* | (Estrace) | 1 | |
| *estradiol vaginal tablet 10 mcg* | (Yuvafem) | 1 | QL (18 per 28 days) |
| *estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml* | (Delestrogen) | 1 | |
| *estradiol valerate intramuscular oil 40 mg/ml* | | 1 | |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg* | (Abigale Lo) | 1 | |
| *estradiol-norethindrone acet oral tablet 1-0.5 mg* | (Abigale) | 1 | |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | | 3 | QL (1 per 84 days) |
| *fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *jinteli oral tablet 1-5 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *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* | (estradiol) | 1 | QL (8 per 28 days) |
| *mimvey oral tablet 1-0.5 mg* | (estradiol-norethindrone acet) | 1 | |
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | (Fyavolv) | 1 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | | 2 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | | 2 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | | 2 | |
| *raloxifene oral tablet 60 mg* | (Evista) | 1 | |
| *yuvafem vaginal tablet 10 mcg* | (estradiol) | 1 | QL (18 per 28 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Glucocorticoids/Mineralocorticoids** | | | |
| *dexamethasone oral solution 0.5 mg/5 ml* | | 1 | |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | | 1 | |
| *dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml* | | 1 | |
| *fludrocortisone oral tablet 0.1 mg* | | 1 | |
| HEMADY ORAL TABLET 20 MG | | 3 | |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | (Cortef) | 1 | |
| *methylprednisolone acetate injection suspension 40 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 | |
| *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), 5 mg base/5 ml (6.7 mg/5 ml)* | | 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 | |
| *triamcinolone acetonide injection suspension 40 mg/ml* | (Kenalog) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **Pituitary** | | |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | 4 | PA; NDS; QL (35 per 28 days) |
| CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML | 4 | PA; NDS; QL (15 per 30 days) |
| CORTROPHIN GEL SUBCUTANEOUS SYRINGE 80 UNIT/ML | 4 | PA; NDS; QL (30 per 30 days) |
| *desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)* | 1 | |
| *desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)* | 1 | |
| *desmopressin oral tablet 0.1 mg, 0.2 mg* (DDAVP) | 1 | |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | 4 | PA; NDS; QL (30 per 30 days) |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG | 4 | PA; NDS; QL (4 per 28 days) |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 4 | PA; NDS |
| *lanreotide subcutaneous syringe 120 mg/0.5 ml* (Somatuline Depot) | 4 | PA NSO; NDS; QL (0.5 per 28 days) |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 4 | PA NSO; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | 4 | PA NSO; NDS |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG | 4 | PA; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) | 4 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | 4 | PA; NDS |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 4 | PA; NDS |
| *octreotide acetate injection solution 1,000 mcg/ml* | 4 | NDS |
| *octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml* (Sandostatin) | 1 | |
| *octreotide acetate injection solution 200 mcg/ml* | 1 | |
| ORGOVYX ORAL TABLET 120 MG | 4 | PA NSO; NDS |
| ORILISSA ORAL TABLET 150 MG | 4 | PA; NDS; QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG | 4 | PA; NDS; QL (56 per 28 days) |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 4 | PA; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 4 | PA; NDS; QL (60 per 30 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML (lanreotide) | 4 | PA NSO; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide) | 4 | PA NSO; NDS; QL (0.3 per 28 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 4 | PA; NDS |
| SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML | 4 | PA; NDS |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Progestins** | | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | | 2 | QL (0.65 per 84 days) |
| *gallifrey oral tablet 5 mg* | (norethindrone acetate) | 1 | |
| *medroxyprogesterone intramuscular suspension 150 mg/ml* | (Depo-Provera) | 1 | |
| *medroxyprogesterone intramuscular syringe 150 mg/ml* | (Depo-Provera) | 1 | |
| *medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg* | (Provera) | 1 | |
| *megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | | 1 | |
| *norethindrone acetate oral tablet 5 mg* | (Gallifrey) | 1 | |
| *progesterone micronized oral capsule 100 mg, 200 mg* | (Prometrium) | 1 | |
| **Thyroid And Antithyroid Agents** | | | |
| *levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg* | (Levo-T) | 1 | |
| *liomny oral tablet 25 mcg, 5 mcg, 50 mcg* | (liothyronine) | 1 | |
| *liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg* | (Liomny) | 1 | |
| *methimazole oral tablet 10 mg, 5 mg* | | 1 | |
| *propylthiouracil oral tablet 50 mg* | | 1 | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | | 4 | PA; NDS |
| **Immunological Agents** | | | |
| **Immunological Agents** | | | |
| *adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml* | (Yuflyma(CF) Autoinjector) | 4 | PA; NDS |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml* | (adalimumab-aaty(CF) AI Crohns) | 4 | PA; NDS |
| *adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml* | (Yuflyma(CF)) | 4 | PA; NDS |
| *adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml* | (adalimumab-aaty) | 4 | PA; NDS |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | | 4 | PA; NDS |
| *auranofin oral capsule 3 mg* | (Ridaura) | 4 | NDS |
| *azathioprine oral tablet 50 mg* | (Imuran) | 1 | PA BvD |
| *azathioprine sodium injection recon soln 100 mg* | | 1 | PA BvD |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | | 4 | PA; NDS; QL (8 per 28 days) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | | 4 | PA; NDS; QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | | 4 | PA NSO; NDS; QL (2 per 28 days) |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | | 4 | PA; NDS |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | | 4 | PA; NDS |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) | | 4 | PA; NDS |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | | 4 | PA; NDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | | 4 | PA; NDS |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | | 4 | PA; NDS |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | | 4 | PA; NDS |
| *cyclosporine intravenous solution 250 mg/5 ml* | (Sandimmune) | 1 | PA BvD |
| *cyclosporine modified oral capsule 100 mg, 25 mg* | (Gengraf) | 1 | PA BvD |
| *cyclosporine modified oral capsule 50 mg* | | 1 | PA BvD |
| *cyclosporine modified oral solution 100 mg/ml* | (Neoral) | 1 | PA BvD |
| *cyclosporine oral capsule 100 mg, 25 mg* | (Sandimmune) | 1 | PA BvD |
| CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | (adalimumab-adbm) | 4 | PA; NDS |
| CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | (adalimumab-adbm) | 4 | PA; NDS |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | (adalimumab-adbm) | 4 | PA; NDS |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML | (adalimumab-adbm) | 4 | PA; NDS |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | | 4 | PA; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | | 4 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 4 | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 4 | PA; NDS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 4 | PA; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 4 | PA; NDS |
| *everolimus (immunosuppressive) oral tablet 0.25 mg* (Zortress) | 1 | PA BvD |
| *everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg* (Zortress) | 4 | PA BvD; NDS |
| GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %, 10 % (100ML) | 4 | PA BvD; NDS |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | 4 | PA BvD; NDS |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML) | 4 | PA BvD; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %) | 4 | 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 |
| HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML | 4 | PA; NDS |
| HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | 4 | PA; NDS |
| HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd) | 4 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd) | 4 | PA; NDS |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 4 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 4 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | 4 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 4 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 4 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | 4 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 4 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 4 | PA; NDS; Only NDCs starting with 00074 |
| *infliximab intravenous recon soln 100 mg* (Remicade) | 4 | PA; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 4 | PA; NDS |
| *leflunomide oral tablet 10 mg, 20 mg* (Arava) | 1 | |
| *mycophenolate mofetil (hcl) intravenous recon soln 500 mg* (CellCept Intravenous) | 1 | PA BvD |
| *mycophenolate mofetil oral capsule 250 mg* (CellCept) | 1 | PA BvD |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *mycophenolate mofetil oral suspension for reconstitution 200 mg/ml* | (CellCept) | 4 | PA BvD; NDS |
| *mycophenolate mofetil oral tablet 500 mg* | (CellCept) | 1 | PA BvD |
| *mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg* | (Myfortic) | 1 | PA BvD |
| NIKTIMVO INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/ML | | 4 | PA NSO; NDS |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | | 4 | PA BvD; NDS |
| OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | | 4 | PA; NDS |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | | 4 | PA; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | | 4 | PA; NDS |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | | 4 | PA; NDS |
| OTEZLA ORAL TABLET 20 MG, 30 MG | | 4 | PA; NDS |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | | 4 | PA; NDS |
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG | | 4 | PA; NDS |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG | | 4 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (tacrolimus) | 3 | PA BvD |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 3 | PA BvD |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 3 | ST |
| REZUROCK ORAL TABLET 200 MG | 4 | PA NSO; NDS |
| RIDAURA ORAL CAPSULE 3 MG (auranofin) | 4 | NDS |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 4 | PA; NDS; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 4 | PA; NDS |
| SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML | 4 | PA; NDS |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 2 | PA |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn) | 2 | PA |
| SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn) | 4 | PA; NDS |
| *sirolimus oral solution 1 mg/ml* | 1 | PA BvD |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | PA BvD |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | 4 | PA; NDS |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 4 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML | 4 | PA; NDS |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | | 4 | PA; NDS |
| *tacrolimus intravenous solution 5 mg/ml* | (Prograf) | 1 | PA BvD |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | (Prograf) | 1 | PA BvD |
| *tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg* | (Astagraf XL) | 1 | PA BvD |
| *tacrolimus oral capsule,extended release 24hr 5 mg* | (Astagraf XL) | 4 | PA BvD; NDS |
| TAVNEOS ORAL CAPSULE 10 MG | | 4 | PA; NDS; QL (180 per 30 days) |
| *tofacitinib oral solution 1 mg/ml* | (Xeljanz) | 4 | PA; NDS |
| *tofacitinib oral tablet 10 mg, 5 mg* | (Xeljanz) | 4 | PA; NDS |
| *tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg* | (Xeljanz XR) | 4 | PA; NDS |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) | | 4 | PA; NDS |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | | 4 | PA; NDS |
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | | 4 | PA; NDS |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | | 4 | PA; NDS |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML | | 4 | PA; NDS |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | | 4 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 4 | PA; NDS |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 4 | PA; NDS |
| *ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml* (Otulfi) | 2 | PA |
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML | 4 | PA; NDS |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 2 | PA |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 2 | PA |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML | 4 | PA; NDS |
| YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty) | 4 | PA; NDS |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty) | 4 | PA; NDS |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty) | 4 | PA; NDS |
| **Vaccines** | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | 2 | $0 copay |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 2 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 2 | $0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 2 | $0 copay |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | 2 | $0 copay |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 2 | $0 copay |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 2 | $0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 2 | $0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 2 | $0 copay |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 2 | |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | 2 | QL (3 per 365 days) |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 2 | PA BvD; $0 copay |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 2 | PA BvD; $0 copay |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 2 | PA BvD; $0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 2 | $0 copay |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 2 | $0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 2 | $0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 2 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 2 | PA BvD; $0 copay |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 2 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 2 | PA BvD; $0 copay |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 2 | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 2 | $0 copay |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 2 | $0 copay |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | 2 | $0 copay |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 2 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 2 | $0 copay |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 2 | $0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 2 | $0 copay |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 2 | $0 copay |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 2 | $0 copay |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 2 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 2 | |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 2 | $0 copay |
| PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML | 2 | $0 copay |
| PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 2 | $0 copay |
| PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML | 2 | $0 copay |
| PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG | 2 | $0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 2 | $0 copay |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML | 2 | |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML | 2 | $0 copay |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5 | 2 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | 2 | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 2 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 2 | PA BvD; $0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 2 | PA BvD; $0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 2 | PA BvD; $0 copay |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | 2 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 2 | $0 copay; QL (2 per 365 days) |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 2 | $0 copay; QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML | 2 | $0 copay |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 2 | $0 copay |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 2 | $0 copay |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | 2 | |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | 2 | $0 copay |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 2 | $0 copay |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 2 | $0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | 2 | $0 copay |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine) | 2 | $0 copay |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | 2 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 2 | $0 copay |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | 2 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | 2 | $0 copay |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | | 2 | $0 copay |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT | | 2 | $0 copay |
| VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML | | 2 | $0 copay |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT | | 2 | $0 copay |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | | 2 | $0 copay |
| **Inflammatory Bowel Disease Agents** | | | |
| **Inflammatory Bowel Disease Agents** | | | |
| *alosetron oral tablet 0.5 mg* | (Lotronex) | 1 | |
| *alosetron oral tablet 1 mg* | (Lotronex) | 4 | 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 | | 4 | ST; NDS |
| *hydrocortisone rectal enema 100 mg/60 ml* | (Cortenema) | 1 | |
| *mesalamine oral capsule (with del rel tablets) 400 mg* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *mesalamine oral capsule, extended release 500 mg* | (Pentasa) | 1 | |
| *mesalamine oral capsule,extended release 24hr 0.375 gram* | (Apriso) | 1 | |
| *mesalamine oral tablet,delayed release (dr/ec) 1.2 gram* | (Lialda) | 1 | QL (120 per 30 days) |
| *mesalamine oral tablet,delayed release (dr/ec) 800 mg* | | 1 | |
| *mesalamine rectal enema 4 gram/60 ml* | (Rowasa) | 1 | |
| *mesalamine rectal suppository 1,000 mg* | (Canasa) | 1 | |
| *sulfasalazine oral tablet 500 mg* | (Azulfidine) | 1 | |
| *sulfasalazine oral tablet,delayed release (dr/ec) 500 mg* | (Azulfidine EN-tabs) | 3 | |
| **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* | | 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) nasal spray,non-aerosol 200 unit/actuation* | | 1 | |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | | 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 | |
| *ibandronate oral tablet 150 mg* | | 1 | QL (1 per 28 days) |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | | 4 | PA; NDS |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *paricalcitol oral capsule 1 mcg, 2 mcg* | (Zemplar) | 1 | |
| *paricalcitol oral capsule 4 mcg* | | 1 | |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | | 4 | NDS; 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 (dr/ec) 35 mg* | (Atelvia) | 1 | QL (4 per 28 days) |
| STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML | | 2 | QL (1 per 180 days) |
| *teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)* | (Bonsity) | 4 | PA; NDS; QL (2.24 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | | 4 | PA; NDS; QL (1.56 per 30 days) |
| **Miscellaneous Therapeutic Agents** | | | |
| **Miscellaneous Therapeutic Agents** | | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | | 4 | PA; NDS |
| ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML | | 4 | PA; NDS |
| BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION | | 2 | |
| *betaine oral powder 1 gram/scoop* | (Cystadane) | 4 | PA; NDS |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | | 1 | |
| *diazoxide oral suspension 50 mg/ml* | (Proglycem) | 4 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ELMIRON ORAL CAPSULE 100 MG | 3 | |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML | 4 | PA; NDS |
| EVRYSDI ORAL TABLET 5 MG | 4 | PA; NDS; QL (30 per 30 days) |
| *glucagon emergency kit (human) injection recon soln 1 mg* | 2 | |
| *glutamine (sickle cell) oral powder in packet 5 gram* (Endari) | 4 | PA; NDS; QL (180 per 30 days) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 2 | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML | 2 | |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | 2 | |
| *hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg* | 1 | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | 1 | |
| *levocarnitine (with sugar) oral solution 100 mg/ml* (Carnitor) | 1 | |
| *levocarnitine oral tablet 330 mg* (Carnitor) | 1 | |
| *mesna oral tablet 400 mg* (Mesnex) | 4 | NDS |
| *nitroglycerin rectal ointment 0.4 % (w/w)* (Rectiv) | 1 | QL (30 per 30 days) |
| *pyridostigmine bromide oral syrup 60 mg/5 ml* (Mestinon) | 1 | |
| *pyridostigmine bromide oral tablet 30 mg* | 1 | |
| *pyridostigmine bromide oral tablet 60 mg* (Mestinon) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pyridostigmine bromide oral tablet extended release 180 mg* (Mestinon Timespan) | 1 | |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) | 4 | PA; NDS |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML | 4 | PA; NDS |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | 4 | PA; NDS; QL (4 per 28 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML | 4 | PA; NDS; QL (2 per 28 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML) | 4 | PA; NDS; QL (4 per 28 days) |
| THALOMID ORAL CAPSULE 100 MG | 4 | PA NSO; NDS; QL (120 per 30 days) |
| THALOMID ORAL CAPSULE 150 MG, 200 MG | 4 | PA NSO; NDS; QL (56 per 28 days) |
| THALOMID ORAL CAPSULE 50 MG | 4 | PA NSO; NDS; QL (224 per 28 days) |
| TYBOST ORAL TABLET 150 MG | 2 | QL (30 per 30 days) |
| VEOZAH ORAL TABLET 45 MG | 3 | PA; QL (30 per 30 days) |
| VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL | 4 | PA; NDS; QL (12 per 30 days) |
| **Ophthalmic Agents** | | |
| **Antiglaucoma Agents** | | |
| *acetazolamide oral capsule, extended release 500 mg* | 1 | |
| *acetazolamide oral tablet 125 mg, 250 mg* | 1 | |
| *acetazolamide sodium injection recon soln 500 mg* | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *betaxolol ophthalmic (eye) drops 0.5 %* | | 1 | |
| *bimatoprost ophthalmic (eye) drops 0.03 %* | | 1 | QL (2.5 per 25 days) |
| *brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %* | (Alphagan P) | 1 | |
| *brimonidine ophthalmic (eye) drops 0.2 %* | | 1 | |
| *brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %* | (Combigan) | 1 | |
| *brinzolamide ophthalmic (eye) drops,suspension 1 %* | (Azopt) | 1 | |
| *carteolol ophthalmic (eye) drops 1 %* | | 1 | |
| *dorzolamide ophthalmic (eye) drops 2 %* | | 1 | |
| *dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml* | (Cosopt) | 1 | |
| *latanoprost ophthalmic (eye) drops 0.005 %* | (Xalatan) | 1 | QL (2.5 per 25 days) |
| *levobunolol ophthalmic (eye) drops 0.5 %* | | 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | (bimatoprost) | 2 | QL (2.5 per 25 days) |
| *methazolamide oral tablet 25 mg, 50 mg* | | 1 | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | | 1 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | | 2 | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | | 2 | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | | 2 | |
| *tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %* | (Zioptan (PF)) | 1 | QL (30 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %* | | 1 | |
| *timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %* | | 1 | |
| *timolol ophthalmic (eye) drops 0.5 %* | (Betimol) | 1 | |
| *travoprost ophthalmic (eye) drops 0.004 %* | (Travatan Z) | 1 | QL (2.5 per 25 days) |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | | 3 | QL (5 per 30 days) |
| **Replacement Preparations** | | | |
| **Replacement Preparations** | | | |
| *d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution* | (d5 % and 0.9 % sodium chloride) | 1 | |
| *d5 % and 0.9 % sodium chloride intravenous parenteral solution* | (D5 % (d-glucose)-0.9 % sodchlr) | 1 | |
| *d5 %-0.45 % sodium chloride intravenous parenteral solution* | | 1 | |
| ISOLYTE S IV SOLUTION-EXCEL SINGLE USE | | 3 | |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | | 3 | |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % | | 3 | |
| *klor-con m10 oral tablet,er particles/crystals 10 meq* | (potassium chloride) | 1 | |
| *klor-con m15 oral tablet,er particles/crystals 15 meq* | (potassium chloride) | 1 | |
| *klor-con m20 oral tablet,er particles/crystals 20 meq* | (potassium chloride) | 1 | |
| *magnesium sulfate injection solution 500 mg/ml (50 %)* | | 3 | |
| *magnesium sulfate injection syringe 500 mg/ml (50 %)* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION | (electrolyte-a) | 3 | |
| *potassium chloride intravenous solution 2 meq/ml* | | 1 | |
| *potassium chloride oral capsule, extended release 10 meq, 8 meq* | | 1 | |
| *potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml* | | 1 | |
| *potassium chloride oral tablet extended release 10 meq* | (Klor-Con 10) | 1 | |
| *potassium chloride oral tablet extended release 15 meq, 20 meq* | | 1 | |
| *potassium chloride oral tablet extended release 8 meq* | (Klor-Con 8) | 1 | |
| *potassium chloride oral tablet,er particles/crystals 10 meq* | (Klor-Con M10) | 1 | |
| *potassium chloride oral tablet,er particles/crystals 15 meq* | (Klor-Con M15) | 1 | |
| *potassium chloride oral tablet,er particles/crystals 20 meq* | (Klor-Con M20) | 1 | |
| *potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l* | | 1 | |
| *potassium citrate oral tablet extended release 10 meq (1,080 mg)* | (Urocit-K 10) | 1 | |
| *potassium citrate oral tablet extended release 15 meq* | (Urocit-K 15) | 1 | |
| *potassium citrate oral tablet extended release 5 meq (540 mg)* | | 1 | |
| *sodium chloride 0.45 % intravenous parenteral solution 0.45 %* | | 1 | |
| *sodium chloride 0.9 % intravenous parenteral solution* | | 1 | |
| *sodium chloride 0.9% solution mini-bag, single use* | | 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) | 2 | QL (12 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | (fluticasone furoate) | 2 | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | (fluticasone furoate-vilanterol) | 2 | QL (60 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE | | 2 | QL (60 per 30 days) |
| *breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | (budesonide-formoterol) | 1 | QL (30.9 per 30 days) |
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml* | (Pulmicort) | 1 | PA BvD; QL (120 per 30 days) |
| *budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | (Breyna) | 1 | QL (30.6 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation* | | 1 | QL (12 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation* | | 1 | QL (24 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation* | | 1 | QL (21.2 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | (Wixela Inhub) | 1 | QL (60 per 30 days) |
| *wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | (fluticasone propion-salmeterol) | 1 | QL (60 per 30 days) |
| **Antileukotrienes** | | | |
| *montelukast oral tablet 10 mg* | (Singulair) | 1 | |
| *montelukast oral tablet,chewable 4 mg, 5 mg* | (Singulair) | 1 | |
| *zafirlukast oral tablet 10 mg, 20 mg* | | 1 | |
| **Bronchodilators** | | | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | | 2 | QL (32.1 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation* | (Ventolin HFA) | 1 | QL (17 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)* | | 1 | QL (13.4 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)* | | 1 | QL (36 per 30 days) |
| *albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml* | | 1 | PA BvD |
| *albuterol sulfate oral syrup 2 mg/5 ml* | | 1 | |
| *albuterol sulfate oral tablet 2 mg, 4 mg* | | 1 | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | (umeclidinium-vilanterol) | 2 | QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BREZTRI AEROSPHERE 160-18-4.8 MCG 160-18-4.8 MCG/ACTUATION | 2 | QL (23.6 per 28 days) |
| BREZTRI AEROSPHERE 160-9-4.8 MCG 160-9-4.8 MCG/ACTUATION | 2 | QL (23.6 per 28 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION | 2 | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 2 | QL (8 per 30 days) |
| *ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation* (Atrovent HFA) | 1 | QL (25.8 per 28 days) |
| *ipratropium bromide inhalation solution 0.02 %* | 1 | PA BvD |
| *ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml* | 1 | PA BvD; QL (540 per 30 days) |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | 3 | QL (2 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 2 | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 2 | QL (4 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 2 | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 2 | QL (4 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *terbutaline oral tablet 2.5 mg, 5 mg* | 1 | |
| *theophylline oral solution 80 mg/15 ml* | 1 | |
| *theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg* | 1 | |
| *theophylline oral tablet extended release 24 hr 400 mg, 600 mg* | 1 | |
| *tiotropium bromide inhalation capsule, w/inhalation device 18 mcg* (Spiriva with HandiHaler) | 1 | QL (30 per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 2 | QL (60 per 30 days) |
| **Respiratory Tract Agents, Other** | | |
| *acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)* | 1 | PA BvD |
| ALYFTREK ORAL TABLET 10-50-125 MG | 4 | PA; NDS; QL (60 per 30 days) |
| ALYFTREK ORAL TABLET 4-20-50 MG | 4 | PA; NDS; QL (90 per 30 days) |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | 4 | NDS; QL (560 per 28 days) |
| *cromolyn inhalation solution for nebulization 20 mg/2 ml* | 1 | PA BvD |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 4 | PA; NDS; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML | 4 | PA; NDS; QL (1 per 28 days) |
| JASCAYD ORAL TABLET 18 MG, 9 MG | 4 | PA; NDS; QL (60 per 30 days) |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 4 | PA; NDS; QL (56 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 |
|---|---|---|
| KALYDECO ORAL TABLET 150 MG | 4 | PA; NDS; QL (56 per 28 days) |
| *nintedanib oral capsule 100 mg, 150 mg* (Ofev) | 4 | PA; NDS; QL (60 per 30 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 4 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 4 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 4 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 4 | PA; LA; NDS; QL (0.4 per 28 days) |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | 4 | PA; NDS; QL (56 per 28 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 4 | PA; NDS; QL (112 per 28 days) |
| *pirfenidone oral capsule 267 mg* | 4 | PA; NDS; QL (270 per 30 days) |
| *pirfenidone oral tablet 267 mg* (Esbriet) | 4 | PA; NDS; QL (270 per 30 days) |
| *pirfenidone oral tablet 534 mg* | 4 | PA; NDS; QL (90 per 30 days) |
| *pirfenidone oral tablet 801 mg* (Esbriet) | 4 | PA; NDS; QL (90 per 30 days) |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML | 4 | PA BvD; NDS |
| *roflumilast oral tablet 250 mcg* (Daliresp) | 1 | QL (28 per 28 days) |
| *roflumilast oral tablet 500 mcg* (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) | 4 | PA; NDS; QL (56 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | 4 | 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) | 4 | PA; NDS; QL (84 per 28 days) |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) | 4 | PA; NDS; QL (1 per 21 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 4 | PA; NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 4 | PA; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 4 | PA; NDS |
| **Skeletal Muscle Relaxants** | | |
| **Skeletal Muscle Relaxants** | | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | 1 | |
| *cyclobenzaprine oral tablet 10 mg, 5 mg* | 1 | |
| *dantrolene oral capsule 100 mg, 50 mg* | 1 | |
| *dantrolene oral capsule 25 mg* (Dantrium) | 1 | |
| *methocarbamol oral tablet 500 mg, 750 mg* | 1 | |
| *tizanidine oral tablet 2 mg* | 1 | |
| *tizanidine oral tablet 4 mg* (Zanaflex) | 1 | |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Sleep Disorder Agents** | | | |
| **Sleep Disorder Agents** | | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg* | (Nuvigil) | 1 | PA; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | | 2 | QL (30 per 30 days) |
| *doxepin oral tablet 3 mg, 6 mg* | (Silenor) | 1 | QL (30 per 30 days) |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | (Lunesta) | 1 | QL (30 per 30 days) |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | | 4 | PA; NDS; QL (150 per 30 days) |
| *modafinil oral tablet 100 mg* | (Provigil) | 1 | PA; QL (30 per 30 days) |
| *modafinil oral tablet 200 mg* | (Provigil) | 1 | PA; QL (60 per 30 days) |
| *sodium oxybate oral solution 500 mg/ml* | (Xyrem) | 4 | PA; LA; NDS; QL (540 per 30 days) |
| *tasimelteon oral capsule 20 mg* | (Hetlioz) | 4 | PA; NDS; QL (30 per 30 days) |
| *zaleplon oral capsule 10 mg, 5 mg* | | 1 | QL (30 per 30 days) |
| *zolpidem oral tablet 10 mg, 5 mg* | (Ambien) | 1 | QL (30 per 30 days) |
| *zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg* | (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 | (riociguat) | 4 | PA; NDS; QL (90 per 30 days) |
| *alyq oral tablet 20 mg* | (tadalafil (pulm. hypertension)) | 1 | PA; QL (60 per 30 days) |
| *ambrisentan oral tablet 10 mg, 5 mg* | (Letairis) | 4 | PA; NDS; QL (30 per 30 days) |
| *bosentan oral tablet 125 mg, 62.5 mg* | (Tracleer) | 4 | PA; LA; NDS; QL (60 per 30 days) |
| *macitentan oral tablet 10 mg* | (Opsumit) | 4 | PA; NDS; QL (30 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sildenafil (pulm.hypertension) oral tablet 20 mg* | (Revatio) | 1 | PA; QL (360 per 30 days) |
| *tadalafil oral tablet 2.5 mg* | | 1 | PA; QL (30 per 30 days) |
| *tadalafil oral tablet 5 mg* | (Cialis) | 1 | PA; QL (30 per 30 days) |
| *treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml* | (Remodulin) | 4 | PA; NDS |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | | 4 | PA; NDS |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | | 4 | PA; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 100 MCG | | 4 | PA; NDS; QL (480 per 30 days) |
| UPTRAVI ORAL TABLET 150 MCG | | 4 | PA; NDS; QL (300 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | | 4 | PA; NDS; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | | 4 | PA; NDS |
| YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG | | 4 | PA; NDS |
| **Vitamins And Minerals** | | | |
| **Vitamins And Minerals** | | | |
| *bal-care dha combo pack 27-1-430 mg* | | 1 | |
| *bal-care dha essential pack 27 mg iron-1 mg -374 mg* | | 1 | |
| *c-nate dha softgel 28 mg iron-1 mg - 200 mg* | | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *completenate tablet chew 29 mg iron-1 mg* | 1 | |
| *folivane-ob capsule 85-1 mg* | 1 | |
| *kosher prenatal plus iron tab 30 mg iron- 1 mg* | 1 | |
| *marnatal-f capsule 60 mg iron-1 mg* | 1 | |
| *m-natal plus tablet 27 mg iron- 1 mg* (pnv,calcium 72-iron-folic acid) | 1 | |
| *mynatal advance oral tablet 90-1-50 mg* | 1 | |
| *mynatal capsule 65 mg iron- 1 mg* | 1 | |
| *mynatal oral tablet 90-1-50 mg* | 1 | |
| *mynatal plus captab 65 mg iron- 1 mg* | 1 | |
| *mynatal-z captab 65 mg iron- 1 mg* | 1 | |
| *mynate 90 plus oral tablet extended release 90 mg iron-1 mg* | 1 | |
| *newgen tablet 32-1,000 mg-mcg* | 1 | |
| *obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe* | 1 | |
| *obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg* | 1 | |
| *pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg* (pnv,calcium 72-iron-folic acid) | 1 | |
| *pnv-dha + docusate oral capsule 27-1.25-55-300 mg* | 1 | |
| *pnv-omega softgel 28-1-300 mg* | 1 | |
| *pr natal 400 combo pack 29-1-400 mg* | 1 | |
| *pr natal 400 ec combo pack 29-1-400 mg* | 1 | |
| *pr natal 430 combo pack 29 mg iron-1 mg -430 mg* | 1 | |
| *pr natal 430 ec combo pack 29-1-430 mg* | 1 | |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *prenaissance oral capsule 29-1.25-55-325 mg* | | 1 | |
| *prenaissance plus oral capsule 28-1-50-250 mg* | | 1 | |
| *prenatabs fa tablet 29-1 mg* | | 1 | |
| *prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg* | | 1 | |
| *prenatal 19 chewable tablet 29 mg iron- 1 mg* | | 1 | |
| *prenatal plus iron tablet (rx) 29 mg iron- 1 mg* | (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 | |
| *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 | |
| *vitafol gummies 3.33 mg iron- 0.33 mg* | | 1 | |
| *vitafol-ob+dha combo pack 65-1-250 mg* | | 1 | |
| *vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg* | | 1 | |
| *zatean-pn dha capsule 27 mg iron-1 mg -300 mg* | | 1 | |
| *zatean-pn plus softgel 28-1-300 mg* | | 1 | |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg* | 1 | |

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This formulary was updated on 10/20/2026. 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.

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