



**CenterLight Healthcare
Program of All-Inclusive Care for the Elderly (PACE)**

FORMULARY

List of Covered Drugs | January 1, 2024 - December 31, 2024

This formulary was updated on 05/01/2024. For more recent information or other questions, please contact CenterLight Healthcare PACE at 1-833-252-2737 (TTY users should call 711), 8AM - 8PM, Monday to Friday, or visit www.centerlighthealthcare.org.

CenterLight Healthcare Program of All-Inclusive Care for the Elderly (PACE) 2024 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 24094, Version 13

Note to existing participants: 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 CenterLight Healthcare PACE. When it refers to “plan” or “our plan,” it means CenterLight Healthcare PACE.

This document includes the list of the drugs (formulary) for our plan which is current as of May 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the CenterLight Healthcare PACE Formulary?

A formulary is a list of covered drugs selected by CenterLight Healthcare PACE 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. CenterLight Healthcare PACE will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CenterLight Healthcare PACE network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please contact us.

Can the Formulary (drug list) change?

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

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

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

If we remove drugs from our Formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those participants taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for January 1, 2025. To get updated information about the drugs covered by CenterLight Healthcare PACE please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** CenterLight Healthcare PACE requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from CenterLight Healthcare PACE before you fill your prescriptions. If you don't get approval, CenterLight Healthcare PACE may not cover the drug.
- **Quantity Limits:** For certain drugs, CenterLight Healthcare PACE limits the amount of the drug that CenterLight Healthcare PACE will cover. For example, CenterLight Healthcare PACE provides 180 per 30 days per prescription for Endocet oral tablet 10-325 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CenterLight Healthcare PACE 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, CenterLight Healthcare PACE may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CenterLight Healthcare PACE 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 I-1. 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 CenterLight Healthcare PACE 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 CenterLight Healthcare PACE's formulary?" on page vi for information about how to request an exception.

What are Over the Counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. CenterLight Healthcare PACE pays for certain OTC drugs. CenterLight Healthcare PACE will provide these OTC drugs at no cost to you.

Below is a list of OTC categories covered by CenterLight Healthcare PACE. Note, however, that we may not cover all items in each category. Speak with your Interdisciplinary Team (IDT) if you have questions.

Antihistamines	Salicylates
Decongestants	NSAIDs
Antitussives	Vit B
Laxatives	Multi vitamins
Antidiarrheal, probiotics	Calcium
Antacid	Irons
H-2 Antagonist	Ophthalmic (tears)
Digestive	Otics (Debrox)
Gastrointestinal- motility	Antifungals- topical
Vaginal anti-infective	Topical antiseptic cleansers
Gi Misc. Acidifiers	Antiflatuants (gas X)

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 the Service Coordination Team and ask if your drug is covered.

If you learn that CenterLight Healthcare PACE does not cover your drug, you have two options:

- You can ask the Service Coordination Team for a list of similar drugs that are covered by CenterLight Healthcare PACE. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CenterLight Healthcare PACE.
- You can ask CenterLight Healthcare PACE 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 CenterLight Healthcare PACE's Formulary?

You can ask CenterLight Healthcare PACE 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 coverage restrictions or limits on your drug. For example, for certain drugs, CenterLight Healthcare PACE limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (or 31 days if you reside in a long term care facility). If your prescription is written for fewer days, we'll allow refills to provide up to

a maximum 30-day supply (or 31 days if you reside in a long term care facility) of medication. After your first 30-day (or 31-day if applicable) supply, we will not pay for these drugs, even if you have been a participant 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.

Transition Policy

New participants in our plan may be taking drugs that aren't on our Formulary, or that are subject to certain restrictions, such as prior authorization or step therapy. Current participants may also be affected by changes in our Formulary from one year to the next. Participants should talk to their doctors to decide if they should switch to a different drug that we cover or request a Formulary exception in order for the drug to be covered. Please contact Participant Services if your drug is not on our Formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our Formulary next year, and you need help switching to a different drug that we cover or requesting a Formulary exception.

During the period of time participants are discussing with their doctors to determine the right course of action, we may provide a temporary supply of the non-Formulary drug if those participants need a refill for the drug during the first 90 days of new membership in our Plan. If you are a current participant affected by a Formulary change from one year to the next, we provide you with the opportunity to request a Formulary exception in advance for the following year.

When a participant goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our Formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 30-day supply (unless the prescription is written for fewer days). After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover. If a new participant is a resident of a long-term care facility (such as a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days).

Please note that our transition policy applies only to those drugs that are "Part D drugs" and dispensed at a network pharmacy. The transition policy doesn't apply to a non-Part D drug or a drug at an out-of-network pharmacy.

For more Information

For more detailed information about your CenterLight Healthcare PACE prescription drug coverage, please review your plan materials.

If you have questions about CenterLight Healthcare PACE, 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 Medicare and have general questions about 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>.

CenterLight Healthcare PACE Formulary

The formulary below provides coverage information about the drugs covered by CenterLight Healthcare PACE. 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., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

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

Guide to Abbreviations

Abbreviation	Description
PA	Prior Authorization Applies
PA NSO	PA for New Starts Only
PA BvD	Part D vs. Part B Only
PA-HRM	PA for High-Risk Meds
QL	Quantity Limit Applies
ST	Step Therapy Applies
LA	Limited Access
NDS	Non-Extended Days' Supply

ST NSO	ST for New Starts Only
CB	Capped Benefit
GM	Male Only
GF	Female Only
AGE (Max x Years)	Prior Authorization Age Edit

CenterLight Healthcare PACE limits coverage of blood glucose test strips, and Continuous Glucose Monitoring (CGM) to the following Abbott Diabetes Care products at the pharmacy:

- Freestyle Insulinx Test Strips
- Freestyle Test Strips
- Freestyle Lite Test Strip
- Precision Xtra Test Strip
- Precision Xtra Beta Ketone Test Strip
- Freestyle Precision Neo Test Strip
- FreeStyle Libre products

Note that there may be limits to coverage of the products listed above, such as quantity limits. Please call us at 1-833-252-2737 (TTY 711) if you have questions.

Notice About Non-Discrimination

CenterLight Healthcare PACE complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CenterLight Healthcare PACE does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. CenterLight Healthcare PACE:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Participant Services at 1-833-CL-CARES (1-833-252-2737), Monday-Friday from 8:00 a.m. through 8:00 p.m. TTY users should call 711. If you believe that CenterLight Healthcare PACE has failed to provide these services or

iscriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with CenterLight Healthcare PACE Service Coordination Team, 136-65 37th Ave., Flushing, NY 11354, 1-833-CL-CARES (1-833-252-2737), or by fax 718-944-1235 or email ServiceCoordination@centerlight.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, please contact Participant Services 1-833-CL-CARES (1-833-252-2737), Monday-Friday from 8:00 a.m. through 8:00 p.m. TTY users should call 711.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F

HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

CenterLight Healthcare PACE

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-252-2737 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-252-2737 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-252-2737。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-252-2737 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-252-2737 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-252-2737 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-252-2737 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-252-2737 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-252-2737 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-252-2737 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY 711) 1-833-252-2737. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-252-2737 (TTY 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-252-2737 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-252-2737 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-252-2737 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-252-2737 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-252-2737 (TTY 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Table of Contents

Analgesics.....	3
Anesthetics.....	7
Anti-Addiction/Substance Abuse Treatment Agents.....	8
Antianxiety Agents.....	9
Antibacterials.....	10
Anticancer Agents.....	17
Anticonvulsants.....	33
Antidementia Agents.....	38
Antidepressants.....	38
Antidiabetic Agents.....	41
Antifungals.....	46
Antigout Agents.....	48
Antihistamines.....	49
Anti-Infectives (Skin And Mucous Membrane).....	49
Antimigraine Agents.....	50
Antimycobacterials.....	51
Antinausea Agents.....	52
Antiparasite Agents.....	54
Antiparkinsonian Agents.....	54
Antipsychotic Agents.....	56
Antivirals (Systemic).....	62
Blood Products/Modifiers/Volume Expanders.....	69
Caloric Agents.....	73
Cardiovascular Agents.....	75
Central Nervous System Agents.....	86
Contraceptives.....	91
Dental And Oral Agents.....	100
Dermatological Agents.....	100
Devices.....	106
Enzyme Replacement/Modifiers.....	150
Eye, Ear, Nose, Throat Agents.....	151
Gastrointestinal Agents.....	155
Genitourinary Agents.....	159
Heavy Metal Antagonists.....	160
Hormonal Agents, Stimulant/Replacement/Modifying.....	160
Immunological Agents.....	167

Inflammatory Bowel Disease Agents.....	178
Metabolic Bone Disease Agents.....	179
Miscellaneous Therapeutic Agents.....	181
Ophthalmic Agents.....	183
Replacement Preparations.....	184
Respiratory Tract Agents.....	186
Skeletal Muscle Relaxants.....	191
Sleep Disorder Agents.....	191
Vasodilating Agents.....	192
Vitamins And Minerals.....	193

Drug Name	Drug Tier	Requirements/Limits	
Analgesics			
Analgesics, Miscellaneous			
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (4500 per 30 days)	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360 per 30 days)	
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 per 30 days)	
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	(codeine-butalbital- asa-caff)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2		
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	2		
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	(Esgic)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>		2	QL (180 per 30 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	(Ascomp with Codeine)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>endocet oral tablet 10-325 mg</i>	(oxycodone- acetaminophen)	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5- 325 mg</i>	(oxycodone- acetaminophen)	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	(oxycodone- acetaminophen)	2	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>		5	PA; NDS; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/12 hr, 12 mcg/12 hr, 25 mcg/12 hr, 50 mcg/12 hr, 75 mcg/12 hr</i>	2	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	2	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i> (methadone)	2	QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	QL (240 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (oxycodone)	3	QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	5	NDS; QL (60 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	5	NDS; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i>	2	QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i>	1	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	2	QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL (100 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i> (Pennsaid)	5	PA; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>ec-naproxen oral tablet, delayed release (drlec) 500 mg</i> (naproxen)	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg</i>	1	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule 50 mg</i>	1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule, extended release 75 mg</i>	2	PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (drlec) 375 mg</i> (EC-Naprosyn)	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2%</i> (lidocaine hcl)	2	QL (30 per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1%), 15 mg/ml (1.5%), 20 mg/ml (2%), 5 mg/ml (0.5%)</i> (Xylocaine-MPF)	1	
<i>lidocaine (pf) injection solution 40 mg/ml (4%)</i>	1	
<i>lidocaine hcl 2% 40 mg/2 ml ampule outer,plf,sdv 20 mg/ml (2%)</i> (Xylocaine-MPF)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl injection solution 10 mg/ml (1%), 20 mg/ml (2%)</i> (Xylocaine)	2	
<i>lidocaine hcl injection solution 5 mg/ml (0.5%)</i> (Xylocaine)	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2%</i> (Glydo)	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	2	PA
<i>lidocaine topical adhesive patch, medicated 5%</i> (DermacinRx Lidocan)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5%</i>	2	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2%</i> (lidocaine hcl)	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5%</i>	2	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8%	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	2	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i> (Narcan)	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (2688 per 365 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline oral tablet 0.5 mg</i>	2	QL (336 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix)	2	QL (336 per 365 days)
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	2	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>lorazepam 2 mg/ml vial 25's, outer</i> (Ativan)	1	
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	2	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	4	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	5	PA BvD; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	2	
Antibacterials, Miscellaneous		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin RF)	5	NDS
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	2	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)	2	QL (120 per 30 days)
<i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i> (Macrobid)	2	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	2	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	2	QL (112 per 14 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	4	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)
Cephalosporins		
<i>cefactor oral capsule 250 mg, 500 mg</i>	2	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefazolin intravenous recon soln 3 gram</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefotaxime injection recon soln 1 gram</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 600 mg</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	5	NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin 1 g/ml 50 ml inj 1 gram/50 ml</i>	2	
<i>nafcillin injection recon soln 1 gram</i>	2	
<i>nafcillin injection recon soln 10 gram, 2 gram</i>	2	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit</i> (penicillin g potassium)	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	2	
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg</i> (LymePak)	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>mondoxyne nl oral capsule 100 mg</i> (doxycycline monohydrate)	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	5	PA NSO; NDS; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (paclitaxel protein-bound)	5	PA BvD; NDS
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	2	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	5	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	
<i>bortezomib injection recon soln 1 mg</i>	4	PA NSO
<i>bortezomib injection recon soln 2.5 mg</i>	5	PA NSO; NDS
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	5	PA NSO; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NDS; QL (112 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml, 500 mg/ml</i>	5	PA BvD; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NDS; QL (120 per 28 days)
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	NDS
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	5	PA BvD; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO

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

Drug Name	Drug Tier	Requirements/Limits
ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML	5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i>	2	
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Afinitor)	5	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	5	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	4	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 560 MG	5	NDS; QL (28 per 28 days)
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	4	PA NSO; QL (4 per 365 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NDS; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NDS; QL (28 per 28 days)

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

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)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	5	NDS
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	4	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI ORAL TABLET 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB)	5	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NDS; QL (180 per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	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	5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	5	PA BvD; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	PA NSO; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	5	NDS
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i> (Alimta)	5	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	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)	5	PA NSO; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
SCSEMBLIX ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	2	
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	3	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NDS; QL (64 per 28 days)
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA NSO; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
VELCADE INJECTION RECON (bortezomib) SOLN 3.5 MG	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XALKORI ORAL PELLETT 150 MG	5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NDS; QL (20 per 28 days)
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	QL (480 per 30 days)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	2	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
<i>methsuximide oral capsule 300 mg</i> (Celontin)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NDS
<i>rufinamide oral tablet 200 mg</i> (Banzel)	2	ST
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	ST; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NDS; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 5 MG/SPRAY (0.1 ML)	4	
VALTOCO NASAL SPRAY, NON-AEROSOL 20 MG/2 SPRAY (10MG/0.1ML X2)	5	NDS
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	
<i>zonisamide oral capsule 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	4	PA NSO
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	4	QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	1	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NDS; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	PA; NDS; QL (112 per 28 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	3	PA NSO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA NSO; QL (3 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA NSO; QL (1.5 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	2	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	2	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA NSO; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA NSO; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> (Novolog Mix 70-30FlexPen U-100)	2	QL (30 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i> (Novolog Mix 70-30 U-100 Insuln)	2	QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin)	2	QL (30 per 28 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	2	QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	2	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		3	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		3	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		3	QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	3	QL (40 per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	3	QL (30 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		3	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	3	QL (18 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 (insulin glargine u-300 conc) INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	2	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release (Glucotrol XL) 24hr 2.5 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 250 mg</i>	2	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 500 mg, 5-500 mg</i>	2	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA-HRM; AGE (Max 64 Years)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	5	PA BvD; NDS
<i>casposungin intravenous recon soln 50 mg</i> (Cancidas)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>caspofungin intravenous recon soln</i> (Cancidas) 70 mg	5	NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	QL (19.8 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	2	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	2	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	2	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole topical foam 2 %</i> (Extina)	2	ST; QL (100 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	5	PA; NDS
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	5	PA; NDS
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil)	5	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	2	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	2	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	2	PA; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST; QL (30 per 30 days)
MITIGARE ORAL CAPSULE (colchicine) 0.6 MG	2	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
Antihistamines		
Antihistamines		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	PA-HRM; AGE (Max 64 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	2	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	PA-HRM; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal suppository 80 mg</i>	2	
Antimigraine Agents		
Antimigraine Agents		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	5	NDS; QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	2	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	QL (18 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i> (Imitrex STATdose Refill)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (4 per 28 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	2	QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	QL (6 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg</i>	2	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD
APONVIE INTRAVENOUS EMULSION 7.2 MG/ML	4	QL (4.4 per 28 days)
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	2	
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	PA; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	2	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	5	PA BvD; NDS; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))	2	QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	2	
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	
<i>granisetron hcl oral tablet 1 mg</i>	2	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	2	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	2	
<i>promethazine injection solution 25 mg/ml</i> (Phenergan)	2	PA-HRM; AGE (Max 64 Years)
<i>promethazine injection solution 50 mg/ml</i> (Phenergan)	2	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	2	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine)	2	PA-HRM; AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine base transdermal patch</i> (Transderm-Scop) 3 day 1 mg over 3 days	2	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	5	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
KRINTAFEL ORAL TABLET 150 MG	4	
<i>mefloquine oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	NDS
<i>paromomycin oral capsule 250 mg</i> (Humatin)	2	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	2	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	2	
PRIMAQUINE ORAL TABLET 26.3 MG	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; QL (42 per 7 days)
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>apomorphine subcutaneous cartridge (APOKYN) 10 mg/ml</i>	5	PA; NDS; QL (60 per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg (Parlodel)</i>	2	
<i>bromocriptine oral tablet 2.5 mg (Parlodel)</i>	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg (Sinemet)</i>	2	
<i>carbidopa-levodopa oral tablet 25-100 mg (Dhivy)</i>	2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NDS
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
Antipsychotic Agents		
Antipsychotic Agents		
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15</i> (Abilify) <i>mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	2	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	2	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 14 days)

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

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet</i> (Saphris) <i>10 mg, 2.5 mg, 5 mg</i>	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	5	ST; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	5	NDS; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	5	NDS; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	2	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	2	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	
<i>quetiapine oral tablet 150 mg</i>	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	
REXULTI ORAL TABLET 0.25 MG	5	ST; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> (Risperdal Consta)	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta)	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	
<i>risperidone oral tablet 0.25 mg</i>	2	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	5	NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	5	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS
<i>didanosine oral capsule, delayed release (drlec) 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	5	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	5	NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	5	NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	2	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	

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

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	5	NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i>	5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NDS
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	QL (300 per 30 days)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL TABLET 75 MG	5	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	5	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NDS
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	ST; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	\$0 copay; QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
XOFLUZA 40 MG TAB (80 MG DOSE)	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NDS; QL (28 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	5	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	2	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	2	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	5	NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	5	NDS; QL (18 per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	5	PA; NDS
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
CABLIVI INJECTION KIT 11 MG	5	PA; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>protamine intravenous solution 10 mg/ml</i>	2	
<i>tranexamic acid intravenous solution</i> (Cyklokapron) <i>1,000 mg/10 ml (100 mg/ml)</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	4	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	
<i>dextrose 5%-water iv soln single use</i>	2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	
EDARBI ORAL TABLET 40 MG, 80 MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
ENTRESTO ORAL TABLET 24- 26 MG	3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49- 51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	
<i>olmesartan-amlodipin-hcthiiazid 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</i> (Tribenzor)	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	2	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	2	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 400 mg</i> (Pacerone)	2	
<i>amiodarone oral tablet 200 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	PA-HRM; AGE (Max 64 Years)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	2	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	
<i>procainamide intravenous syringe 100 mg/ml</i>	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg</i>	1	
<i>quinidine sulfate oral tablet 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	2	
<i>sotalol oral tablet 240 mg</i> (Betapace)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> (Taztia XT)	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	2	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	2	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	2	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i> (Lanoxin)	2	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	QL (4 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i> (Adrenalin)	1	
<i>hydralazine injection solution 20 mg/ml</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	5	PA; NDS; QL (18 per 30 days)
<i>metyrosine oral capsule 250 mg</i> (Demser)	5	NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	2	QL (120 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant)	5	PA; NDS; QL (18 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, (Lasix) 80 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)</i>	1	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	2	
<i>toremide oral tablet 20 mg (Soanz)</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg (Maxzide-25mg)</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg (Maxzide)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet</i> (Caduet) 10-10 mg, 5-10 mg	2	
<i>amlodipine-atorvastatin oral tablet</i> (Caduet) 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	2	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet</i> 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	2	
<i>atorvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet</i> 4 gram (Questran)	2	
<i>cholestyramine light oral powder in packet</i> 4 gram (cholestyramine-aspartame)	2	
<i>colesevelam oral powder in packet</i> 3.75 gram (WelChol)	2	
<i>colesevelam oral tablet</i> 625 mg (WelChol)	2	
<i>colestipol oral packet</i> 5 gram	2	
<i>colestipol oral tablet</i> 1 gram (Colestid)	2	
<i>ezetimibe oral tablet</i> 10 mg (Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-10 mg (Vytorin 10-10)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-20 mg (Vytorin 10-20)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-40 mg (Vytorin 10-40)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-80 mg (Vytorin 10-80)	2	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule</i> 130 mg, 134 mg, 200 mg, 67 mg	2	
<i>fenofibrate nanocrystallized oral tablet</i> 145 mg, 48 mg (Tricor)	2	
<i>fenofibrate oral tablet</i> 160 mg, 54 mg	2	
<i>fenofibric acid (choline) oral capsule, delayed release (drlec)</i> 135 mg, 45 mg (Trilipix)	2	
<i>fluvastatin oral capsule</i> 20 mg, 40 mg	2	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG	5	PA; NDS; QL (28 per 28 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; NDS; QL (56 per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	2	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>niacor oral tablet 500 mg</i> (niacin)	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	ST; QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	QL (6 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	2	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	2	QL (120 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	2	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	PA BvD
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	5	PA; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	5	PA; NDS; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	2	QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i> (Zenzedi)	2	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenzedi)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (drlec) 120 mg</i> (Tecfidera)	5	PA; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release (drlec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	5	PA; NDS
<i>dimethyl fumarate oral capsule, delayed release (drlec) 240 mg</i> (Tecfidera)	5	PA; NDS; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NDS; QL (30 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	
GILENYA ORAL CAPSULE 0.25 MG	5	PA; NDS; QL (60 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	

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

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet (Lithobid) extended release 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule, er</i> (Metadate CD) <i>biphasic 30-70 10 mg, 20 mg, 40 mg,</i> <i>50 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er</i> (Metadate CD) <i>biphasic 30-70 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 10 mg, 20 mg, 40 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er</i> <i>biphasic 50-50 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10</i> (Methylin) <i>mg/5 ml, 5 mg/5 ml</i>	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10</i> (Ritalin) <i>mg, 20 mg, 5 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet</i> <i>extended release 10 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet</i> (Metadate ER) <i>extended release 20 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet</i> <i>extended release 24hr 18 mg (bx</i> <i>rating), 54 mg (bx rating)</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet</i> (Concerta) <i>extended release 24hr 18 mg, 27 mg,</i> <i>54 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet</i> (Concerta) <i>extended release 24hr 36 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet</i> <i>extended release 24hr 36 mg (bx</i> <i>rating)</i>	2	QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	5	PA; NDS; QL (30 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	5	PA; NDS; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		2	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>		2	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	

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

Drug Name	Drug Tier	Requirements/Limits	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2		
<i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol- e.estradiol)	2	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Enskyce)	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Syeda)	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
ELLA ORAL TABLET 30 MG		4	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg- mcg</i>	(levonorgestrel-ethinyl estradiol)	2	

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

Drug Name	Drug Tier	Requirements/Limits	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	

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

Drug Name		Drug Tier	Requirements/Limits
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(LoJaimiess)	2	QL (91 per 84 days)
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	2	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Altavera (28))	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	2	QL (91 per 84 days)
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	2	

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

Drug Name		Drug Tier	Requirements/Limits
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>lojaimiess oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		2	
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	2	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	2	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Merzee)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tri-Legest Fe)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Mili)	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	2	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>	2	

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

Drug Name		Drug Tier	Requirements/Limits
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog- e.estradiol/e.estradiol)	2	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol- e.estrad)	2	QL (91 per 84 days)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone- e.estradiol-iron)	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	2	

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

Drug Name		Drug Tier	Requirements/Limits
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tulana oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>		4	
<i>velivet triphasic regimen (28) oral tablet 0.11.125/1.15-25 mg-mcg</i>		2	
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>vienna oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>		2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>		2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>zarah oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>zovia 1-35 (28) oral tablet 1-35 mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Paroex Oral Rinse)	1	
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	(PreviDent)	1	
KOURZEQ DENTAL PASTE 0.1 %	(triamcinolone acetonide)	2	
<i>oralone dental paste 0.1 %</i>	(triamcinolone acetonide)	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>perio gard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	2	
<i>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Denta 5000 Plus Sensitive)	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	2	
Dermatological Agents			
Dermatological Agents, Other			
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(isotretinoin)	2	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		2	
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	2	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	1	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	1	
ALCOHOL SWABS TOPICAL PADS, MEDICATED (Alcohol Pads)	1	
ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	1	
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	2	
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	1	
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	QL (120 per 30 days)
CARETOUCH ALCOHOL 70% PREP PAD (alcohol swabs)	1	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	1	
DROPSAFE ALCOHOL 70% PREP PADS (alcohol swabs)	1	
EASY COMFORT ALCOHOL 70% PAD (alcohol swabs)	1	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	1	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
HEB INCONTROL ALCOHOL 70% PADS (alcohol swabs)	1	
<i>imiquimod topical cream in packet 5 %</i>	2	QL (24 per 30 days)
IV PREP WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	1	

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

Drug Name	Drug Tier	Requirements/Limits
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (180 per 30 days)
<i>podofilox topical solution 0.5 %</i>	2	
PRO COMFORT ALCOHOL (alcohol swabs) 70% PADS	1	
PURE COMFORT ALCOHOL (alcohol swabs) 70% PADS	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
SURE COMFORT ALCOHOL (alcohol swabs) PREP PADS TOPICAL PADS, MEDICATED	1	
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	1	
TRUE COMFORT ALCOHOL (alcohol swabs) 70% PADS	1	
TRUE COMFORT PRO (alcohol swabs) ALCOHOL PADS	1	
ULTILET ALCOHOL STERL SWAB (alcohol swabs)	1	
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NDS
WEBCOL ALCOHOL PREPS (alcohol swabs) 20'S,LARGE	1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	
Dermatological Antibacterials		
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	2	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	2	
<i>ery pads topical swab 2 %</i> (erythromycin with ethanol)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	2	QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	2	QL (180 per 30 days)
<i>gentamicin topical cream 0.1 %</i>	2	QL (120 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	2	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	QL (220 per 30 days)
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	
<i>rosadan topical cream 0.75 %</i> (metronidazole)	2	
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	2	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	2	QL (120 per 30 days)
<i>desoximetasone topical ointment 0.25 %</i> (Topicort)	2	QL (120 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	2	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone 2.5% cream</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Proctosol HC)	1	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone-min oil-wht pet topical ointment 1 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	2	QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	2	
<i>adapalene topical gel 0.1 %</i> (Differin)	2	
ALTRENO TOPICAL LOTION 0.05 %	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	
<i>permethrin topical cream 5 %</i> (Elimite)	2	QL (60 per 30 days)
Devices		
Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" (pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic)	2	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16" (pen needle, diabetic)	2	
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	2	
BD INS SYRN UF 1 ML (insulin syringe-needle 12.7MMX30G NOT FOR u-100) RETAIL SALE 1 ML 30 GAUGE X 1/2"	2	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	2	
BD INSULIN SYR 1 ML (insulin syringe-needle 25GX5/8" 1 ML 25 GAUGE X u-100) 5/8"	2	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	2	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	2	
BD INSULIN SYR 1 ML (Comfort EZ Insulin 28GX1/2" (OTC) 1 ML 28 Syringe) GAUGE X 1/2"	2	
BD INSULIN SYRINGE 1 ML (insulin syringe W/O NEEDLE needleless)	2	
BD LUER-LOK SYRINGE 1 ML (Easy Touch Luer Lock Insulin)	2	
BD NANO 2 GEN PEN NDL (pen needle, diabetic) 32G 4MM 32 GAUGE X 5/32"	2	
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	
BD SAFETGLD INS 0.5 ML (insulin syringe-needle 13MMX29G 0.5 ML 29 GAUGE u-100) X 1/2"	2	
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	2	

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

Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	2	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	2	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	2	
BD UF MICRO PEN NEEDLE (pen needle, diabetic) 6MMX32G 32 GAUGE X 1/4"	2	
BD UF MINI PEN NEEDLE (pen needle, diabetic) 5MMX31G 31 GAUGE X 3/16"	2	
BD UF NANO PEN NEEDLE (pen needle, diabetic) 4MMX32G 32 GAUGE X 5/32"	2	
BD UF ORIG PEN NDL (pen needle, diabetic) 12.7MMX29G 29 GAUGE X 1/2"	2	
BD UF SHORT PEN NEEDLE (pen needle, diabetic) 8MMX31G 31 GAUGE X 5/16"	2	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	2	
BD VEO INS SYRING 1 ML (insulin syringe-needle 6MMX31G 1 ML 31 GAUGE X u-100) 15/64"	2	
BD VEO INS SYRN 0.3 ML (insulin syringe-needle 6MMX31G 0.3 ML 31 GAUGE X u-100) 15/64"	2	
BD VEO INS SYRN 0.5 ML (insulin syringe-needle 6MMX31G 1/2 ML 31 GAUGE X u-100) 15/64"	2	
BORDERED GAUZE 2"X2" 2 X (gauze bandage) 2 "	1	
CAREFINE PEN NEEDLE (pen needle, diabetic) 12.7MM 29G 29 GAUGE X 1/2"	2	
CAREFINE PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	2	

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

Drug Name	Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLE 5MM (pen needle, diabetic) 32G 32 GAUGE X 3/16"	2	
CAREFINE PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	2	
CAREFINE PEN NEEDLE 8MM (pen needle, diabetic) 30G 30 GAUGE X 5/16"	2	
CAREFINE PEN NEEDLES (pen needle, diabetic) 6MM 32G 32 GAUGE X 1/4"	2	
CAREFINE PEN NEEDLES (pen needle, diabetic) 8MM 31G 31 GAUGE X 5/16"	2	
CAREONE SYR 0.3 ML (Advocate Syringes) 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	2	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 29G 12MM 29 GAUGE X 1/2"	2	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	2	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16"	2	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	
CARETOUCH SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	
CARETOUCH SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	2	
CARETOUCH SYR 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	2	
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"	2	

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

Drug Name		Drug Tier	Requirements/Limits
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
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)	2	
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	2	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 31G 4MM 31 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 31G 5MM 31 GAUGE X 3/16"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 31G 6MM 31 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 31G 8MM 31 GAUGE X 5/16"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 4MM 32 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 5MM 32 GAUGE X 3/16"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 6MM 32 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 8MM 32 GAUGE X 5/16"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33G 4MM 33 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33G 6MM 33 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"	2	
CURAD GAUZE PADS 2" X 2" 2 (gauze bandage) X 2 "	1	
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	

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

Drug Name	Drug Tier	Requirements/Limits
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 " (gauze bandage)	1	
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " (gauze bandage)	1	
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	2	
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	2	
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	2	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	2	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	2	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	2	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	2	
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	2	
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	2	
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	2	
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	2	
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	2	
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	2	

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

Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		2	
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		2	
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	2
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		2
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	2
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	2
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	2
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	2
EXEL INSULIN SYRINGE 27G- 1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	2
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	2

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INSULIN SYR 0.3 ML (Advocate Syringes) 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
INSULIN SYR 0.3 ML (UltiCare Insulin 31GX1/4(1/2) 0.3 ML 31 GAUGE Syr(half unit)) X 1/4"	2	
INSULIN SYRIN 0.3 ML (Comfort EZ Insulin 30GX1/2" SHORT NEEDLE 0.3 Syringe) ML 30 GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML (Comfort EZ Insulin 28GX1/2" 1/2 ML 28 GAUGE X Syringe) 1/2"	2	
INSULIN SYRIN 0.5 ML (Comfort EZ Insulin 29GX1/2" (OTC) 0.5 ML 29 Syringe) GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML (Comfort EZ Insulin 30GX1/2" SHORT NEEDLE Syringe) (OTC) 0.5 ML 30 GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML (Advocate Syringes) 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	2	
INSULIN SYRINGE 0.5 ML 27G (Easy Touch Insulin 1/2" INNER 1/2 ML 27 GAUGE Syringe) X 1/2"	2	
INSULIN SYRINGE 0.3 ML 0.3 (insulin syringe-needle ML 29 GAUGE u-100)	2	
INSULIN SYRINGE 0.3 ML (Sure Comfort Insulin 31GX1/4 0.3 ML 31 GAUGE X Syringe) 1/4"	2	
INSULIN SYRINGE 0.5 ML 1/2 (insulin syringe-needle ML 29 u-100)	2	
INSULIN SYRINGE 0.5 ML (Sure Comfort Insulin 31GX1/4 1/2 ML 31 GAUGE X Syringe) 1/4"	2	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	2	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	2	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	2	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	2	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	2	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	2	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	2	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	2	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	2	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16"	2	
PEN NEEDLE 30G 5MM (Embrace Pen Needle) OUTER 30 GAUGE X 3/16"	2	
PEN NEEDLE 30G 8MM (CareFine Pen Needle) INNER 30 GAUGE X 5/16"	2	
PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16"	2	
PEN NEEDLE, DIABETIC (1st Tier Unifine NEEDLE 29 GAUGE X 1/2" Pentips Plus)	2	
PEN NEEDLES 12MM 29G (pen needle, diabetic) 29GX12MM,STRL 29 GAUGE X 1/2"	2	
PEN NEEDLES 4MM 32G 32 (pen needle, diabetic) GAUGE X 5/32"	2	
PEN NEEDLES 6MM 31G (1st Tier Unifine 31GX6MM, STRL 31 GAUGE X Pentips) 1/4"	2	
PEN NEEDLES 8MM 31G (pen needle, diabetic) 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	2	
PENTIPS PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	2	
PENTIPS PEN NEEDLE (pen needle, diabetic) 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	2	
PENTIPS PEN NEEDLE (pen needle, diabetic) 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	2	
PENTIPS PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	
PENTIPS PEN NEEDLE (pen needle, diabetic) 32GX5/32" 4MM 32 GAUGE X 5/32"	2	
PENTIPS PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
PRODIGY SYRNGE 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X 5/16" u-100)	2	
PURE CMFT SFTY PEN NDL (pen needle, diabetic, 31G 5MM 31 GAUGE X 3/16" safety)	2	
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
PURE COMFORT PEN NDL (pen needle, diabetic) 32G 4MM 32 GAUGE X 5/32"	2	
PURE COMFORT PEN NDL (pen needle, diabetic) 32G 5MM 32 GAUGE X 3/16"	2	
PURE COMFORT PEN NDL (pen needle, diabetic) 32G 6MM 32 GAUGE X 1/4"	2	
PURE COMFORT PEN NDL (pen needle, diabetic) 32G 8MM 32 GAUGE X 5/16"	2	
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	2	
RAYA SURE PEN NEEDLE 31G (Comfort Touch Pen 4MM 31 GAUGE X 5/32" Needle)	2	
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	2	
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	2	
RELION INS SYR 0.3 ML (BD Veo Insulin 31GX6MM 0.3 ML 31 GAUGE X 15/64" Syringe UF)	2	
RELION INS SYR 0.5 ML (BD Veo Insulin 31GX6MM 1/2 ML 31 GAUGE X 15/64" Syringe UF)	2	
RELION INS SYR 1 ML (BD Veo Insulin 31GX15/64" 1 ML 31 GAUGE X 15/64" Syringe UF)	2	
RELI-ON INSULIN 0.5 ML SYR (Ultilet Insulin Syringe) 1/2 ML 29	2	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	2	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT PEN NDL (pen needle, diabetic) 29GX1/2" 12.7MM 29 GAUGE X 1/2"	2	
SURE COMFORT PEN NDL (pen needle, diabetic) 31G 5MM 31 GAUGE X 3/16"	2	
SURE COMFORT PEN NDL (pen needle, diabetic) 31G 8MM 31 GAUGE X 5/16"	2	
SURE COMFORT PEN NDL (pen needle, diabetic) 32G 4MM 32 GAUGE X 5/32"	2	
SURE COMFORT PEN NDL (pen needle, diabetic) 32G 6MM 32 GAUGE X 1/4"	2	
SURE-FINE PEN NEEDLES (pen needle, diabetic) 12.7MM 29 GAUGE X 1/2"	2	
SURE-FINE PEN NEEDLES (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	
SURE-FINE PEN NEEDLES (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	
SURE-JECT INSU SYR U100 0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", u-100) 0.3 ML 30 GAUGE X 5/16"	2	
SURE-JECT INSU SYR U100 0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", u-100) 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	2	
SURE-JECT INSU SYR U100 1 (insulin syringe-needle ML 1 ML 28 GAUGE X 1/2" u-100)	2	
SURE-JECT INSUL SYR U100 1 (insulin syringe-needle ML 1 ML 29 GAUGE X 1/2", 1 u-100) ML 30 GAUGE X 5/16	2	
SURE-JECT INSULIN (insulin syringe-needle SYRINGE 1 ML 1 ML 31 u-100) GAUGE X 5/16	2	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	2	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	2	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	2	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	2	

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

Drug Name	Drug Tier	Requirements/Limits	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	2		
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	2		
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	2		
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	2		
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	2		
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	2		
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	2	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	2	
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	2	
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	

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

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	2	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		2	
TRUE COMFORT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	
ULTICARE PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	2	
ULTICARE PEN NEEDLE 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	2	
ULTICARE PEN NEEDLES (pen needle, diabetic) 12MM 29G 29 GAUGE X 1/2"	2	
ULTICARE PEN NEEDLES (pen needle, diabetic) 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	2	
ULTICARE PEN NEEDLES (pen needle, diabetic) 6MM 32G 32 GAUGE X 1/4"	2	
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	2	
ULTICARE SYR 0.3 ML (insulin syringe-needle 30GX1/2" 0.3 ML 30 GAUGE X u-100) 1/2"	2	
ULTICARE SYR 0.3 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.3 ML u-100) 31 GAUGE X 5/16"	2	
ULTICARE SYR 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	2	
ULTICARE SYR 0.5 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.5 ML u-100) 31 GAUGE X 5/16"	2	
ULTICARE SYR 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X u-100) 5/16"	2	
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	2	
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"	2	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	2	
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	2	

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

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	2	
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	2	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	2	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	2	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	2	
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	2	
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	2	
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	2	
ULTILET INSULIN SYRINGE (insulin syringe-needle 0.3 ML 0.3 ML 29 GAUGE X u-100) 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	
ULTILET INSULIN SYRINGE (insulin syringe-needle 0.5 ML 0.5 ML 29 GAUGE X u-100) 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	2	
ULTILET INSULIN SYRINGE 1 (insulin syringe-needle ML 1 ML 29 GAUGE X 1/2", 1 u-100) ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
ULTILET PEN NEEDLE 29 GAUGE	2	
ULTILET PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	2	
ULTRA COMFORT 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X u-100) 5/16"	2	
ULTRA COMFORT 0.5 ML (insulin syringe-needle 28GX1/2" CONVERTS TO 29G u-100) 1/2 ML 28 GAUGE X 1/2"	2	

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

Drug Name	Drug Tier	Requirements/Limits
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	2	
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	2	
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	2	
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	2	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	2	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	

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

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

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

Drug Name		Drug Tier	Requirements/Limits
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	2	
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE		2	

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

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS (pen needle, diabetic) 29GX1/2" 12MM 29 GAUGE X 1/2"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX3/16" MINI 31 GAUGE X 3/16"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX5/16" SHORT 31 GAUGE X 5/16"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32"	2	
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	2	
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	2	
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	2	
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	2	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	2	
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	2	
UNIFINE ULTRA PEN NDL (pen needle, diabetic) 31G 5MM 31 GAUGE X 3/16"	2	
UNIFINE ULTRA PEN NDL (pen needle, diabetic) 31G 6MM 31 GAUGE X 1/4"	2	
UNIFINE ULTRA PEN NDL (pen needle, diabetic) 31G 8MM 31 GAUGE X 5/16"	2	
UNIFINE ULTRA PEN NDL (pen needle, diabetic) 32G 4MM 32 GAUGE X 5/32"	2	

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

Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	2	
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	2	
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	2	
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	

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

Drug Name	Drug Tier	Requirements/Limits
VERIFINE SYRNG 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16" u-100)	2	
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	
V-GO 20 DEVICE	3	QL (30 per 30 days)
V-GO 30 DEVICE	3	QL (30 per 30 days)
V-GO 40 DEVICE	3	QL (30 per 30 days)
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CERDELGA ORAL CAPSULE 84 MG	5	PA; NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NDS; QL (14 per 28 days)
<i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)	5	PA; NDS
<i>miglustat oral capsule 100 mg</i> (Yargesa)	5	PA; NDS; QL (90 per 30 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>yargesa oral capsule 100 mg</i> (miglustat)	5	PA; NDS; QL (90 per 30 days)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	QL (30 per 25 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NDS; QL (60 per 28 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin)	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b)	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops (Prolensa) 0.07 %</i>	3	
<i>bromfenac ophthalmic (eye) drops (BromSite) 0.075 %</i>	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops 0.05 % (Durezol)</i>	2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 % (DermOtic Oil)</i>	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 % (FML Liquifilm)</i>	4	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation (24 Hour Allergy Relief)</i>	1	QL (16 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops</i> (Acular) 0.5 %	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i> (Lotemax) 0.5 %	2	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i> (Alrex) 0.2 %	3	ST; QL (10 per 25 days)
<i>mometasone nasal spray,non-aerosol</i> (Nasonex 24hr Allergy) 50 mcglactuation	2	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i> (Pred Forte) 1 %	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i> 1 %	2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (5.5 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	2	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>cimetidine hcl oral solution</i> 300 mg/5 ml	2	
<i>esomeprazole magnesium oral capsule,delayed release(drlec)</i> 20 mg (Nexium)	2	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule, delayed release (drlec) 40 mg</i> (Nexium)	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	2	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	2	ST; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	2	
<i>famotidine intravenous solution 10 mg/ml</i>	2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule, delayed release (drlec) 15 mg</i> (Acid Reducer (lansoprazole))	1	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i> (Prevacid)	1	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	

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

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NDS
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	3	QL (60 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NDS
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	3	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	2	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	
<i>sevelamer hcl oral tablet 400 mg</i>	2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
<i>tropium oral tablet 20 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiopronin oral tablet 100 mg</i> (Thiola)	5	NDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu)	5	PA; NDS
<i>deferasirox oral tablet 90 mg</i> (Jadenu)	2	PA
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	2	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	5	PA; NDS
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	5	PA; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	5	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate</i> (Depo-Testosterone) <i>intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone cypionate</i> <i>intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate</i> <i>intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i> (Vogelxo)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i> (AndroGel)	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> (AndroGel)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i>	2	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG	3	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	PA-HRM; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch weekly</i> (Climara) 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	2	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 %</i> (0.1 mg/gram) (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	2	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil</i> (Delestrogen) 10 mg/ml, 20 mg/ml, 40 mg/ml	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)	2	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	PA-HRM; AGE (Max 64 Years)
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	PA-HRM; AGE (Max 64 Years)
<i>lyllana transdermal patch semiweekly</i> 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)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET (conjugated estrogens) 0.625 MG, 1.25 MG	3	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA-HRM; AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	2	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	2	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablet 32 mg</i>	2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	1	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	2	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	5	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA NSO; NDS
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	2	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml</i>	2	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>500 mcg/ml</i>	5	NDS
<i>octreotide acetate injection syringe</i> <i>100 mcg/ml (1 ml), 50 mcg/ml (1</i> <i>ml), 500 mcg/ml (1 ml)</i>	2	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA NSO; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NDS; QL (0.2 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	PA; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	4	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	2	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	2	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	2	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)	2	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet</i> 0.25 mg, 0.5 mg, 0.75 <i>mg, 1 mg</i>	5	PA BvD; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	PA BvD
HUMIRA PEN CROHNS-UC- HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS
HUMIRA(CF) PEN CROHNS- UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	5	PA; NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS

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

Drug Name	Drug Tier	Requirements/Limits
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	5	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	5	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	2	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
Vaccines		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	
AREXVY ANTIGEN COMPONENT 120 MCG	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXCHIQ INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	3	
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4- 4.2- 3.3CCID50/0.5ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3- 4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 toxoids-td) ML	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	QL (0.75 per 365 days)
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI (typhoid vi polysacch INTRAMUSCULAR SYRINGE vaccine) 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg</i> (Lotronex)	2	
<i>alosetron oral tablet 1 mg</i> (Lotronex)	5	NDS
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	
<i>budesonide rectal foam 2 mg/lactuation</i> (Uceris)	2	
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	2	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i> (Lialda)	2	QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i>	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	2	QL (120 per 30 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	
<i>paricalcitol oral capsule 4 mcg</i>	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	2	QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	2	QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	2	QL (100 per 300 days)

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

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	PA; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO- INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	
<i>hydroxyzine pamoate oral capsule</i> (Vistaril) 25 mg	1	
<i>hydroxyzine pamoate oral capsule 50 mg</i>	1	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium injection solution</i> 10 mg/ml	2	
<i>leucovorin calcium oral tablet</i> 10 mg, 15 mg, 25 mg, 5 mg	2	
<i>levocarnitine (with sugar) oral</i> (Carnitor) <i>solution</i> 100 mg/ml	2	
<i>levocarnitine oral tablet</i> 330 mg (Carnitor)	2	
<i>mesna intravenous solution</i> 100 (Mesnex) mg/ml	2	
MESNEX ORAL TABLET 400 MG	5	NDS
<i>nitroglycerin rectal ointment</i> 0.4 % (Rectiv) (w/w)	2	QL (30 per 30 days)
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NDS
<i>pyridostigmine bromide oral syrup</i> (Mestinon) 60 mg/5 ml	2	
<i>pyridostigmine bromide oral tablet</i> 30 mg	2	
<i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg	2	
RECTIV RECTAL OINTMENT (nitroglycerin) 0.4 % (W/W)	4	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
VOWST ORAL CAPSULE	5	PA; NDS; QL (12 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
AZOPT OPHTHALMIC (EYE) (brinzolamide) DROPS,SUSPENSION 1 %	2	
<i>brimonidine ophthalmic (eye) drops (Alphagan P) 0.1 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>brimonidine-timolol ophthalmic (Combigan) (eye) drops 0.2-0.5 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (Cosopt) (eye) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %</i>	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)

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

Drug Name	Drug Tier	Requirements/Limits
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	2	QL (2.5 per 25 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>electrolyte-148 intravenous parenteral solution</i> (Plasma-Lyte 148)	2	
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride)	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride)	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride)	2	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4%), 40 gram/1,000 ml (4%)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4%), 4 gram/100 ml (4%), 4 gram/50 ml (8%)</i>	2	
<i>magnesium sulfate injection solution 500 mg/ml (50%)</i>	4	
<i>magnesium sulfate injection syringe 500 mg/ml (50%)</i>	2	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A (electrolyte-a) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	PA BvD
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	2	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral tablet extended release 10 meq (Klor-Con 10)</i>	2	
<i>potassium chloride oral tablet extended release 20 meq (K-Tab)</i>	2	
<i>potassium chloride oral tablet extended release 8 meq (Klor-Con 8)</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq (Klor-Con M10)</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 15 meq (Klor-Con M15)</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq (Klor-Con M20)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meqll</i>	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (budesonide-formoterol)	2	QL (30.9 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	2	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	2	PA BvD; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcglactuation, 80-4.5 mcglactuation</i> (Breyna)	2	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcglactuation</i>	2	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcglactuation</i>	2	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcglactuation</i>	2	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	2	QL (60 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion-salmeterol)	2	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation</i> (Ventolin HFA)	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation (nda020983)</i>	2	QL (36 per 30 days)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution (Acetadote) 200 mg/ml (20%)</i>	2	
<i>acetylcysteine solution 100 mg/ml (10%), 200 mg/ml (20%)</i>	2	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO- INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150- 188 MG, 75-94 MG	5	PA; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100- 125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NDS; QL (90 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV	5	PA BvD; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NDS
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	2	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	2	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NDS; QL (84 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 50 mg</i>	2	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>revonto intravenous recon soln 20</i> (dantrolene) <i>mg</i>	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200</i> (Nuvigil) <i>mg, 250 mg, 50 mg</i>	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3</i> (Lunesta) <i>mg</i>	2	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; LA; NDS; QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	5	PA; NDS; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NDS; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	1	PA; QL (360 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	2	PA; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NDS; QL (112 per 28 days)
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	2	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	2	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	2	
<i>folivane-ob capsule 85-1 mg</i>	2	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	2	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	2	
<i>m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)</i>	2	
<i>mynatal advance oral tablet 90-1-50 mg</i>	2	
<i>mynatal capsule 65 mg iron- 1 mg</i>	2	
<i>mynatal oral tablet 90-1-50 mg</i>	2	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	2	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	2	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	2	
<i>newgen tablet 32-1,000 mg-mcg</i>	2	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	2	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	2	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	2	
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	2	
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	2	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	2	
<i>pnv-omega softgel 28-1-300 mg</i>	2	
<i>pr natal 400 combo pack 29-1-400 mg</i>	2	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	2	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	2	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	2	
<i>prenal true combo pack 30 mg iron-1.4 mg-300 mg</i>	2	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	2	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	2	
<i>prenatabs fa tablet 29-1 mg</i>	2	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	2	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	(pnv,calcium 72-iron,carb-folic)	2
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid)	2
<i>prenatal-u capsule 106.5-1 mg</i>	2	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid)	2
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>taron-c dha capsule 35-1-200 mg</i>	2	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	2	
<i>triveen-duo dha combo pack 29-1-400 mg</i>	2	
<i>vinate care oral tablet, chewable 40 mg iron- 1 mg</i>	2	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	2	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	2	
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	2	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	2	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	2	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	2	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	2	
<i>vp-pnv-dha softgel (rx) 28 mg iron-1 mg-200 mg</i>	2	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	2	
<i>zatean-pn plus softgel 28-1-300 mg</i>	2	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	2	

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

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

INDEX

1ST TIER UNIFINE PENTIPS.....	106	ADVOCATE PEN NEEDLE	107	<i>amiloride-hydrochlorothiazide</i> ..	83
1ST TIER UNIFINE PENTIPS PLUS.....	106	ADVOCATE SYRINGES....	107	<i>amiodarone</i>	78
<i>abacavir</i>	62	<i>afirmelle</i>	91	<i>amitriptyline</i>	38
<i>abacavir-lamivudine</i>	62	AIRSUPRA	187	<i>amlodipine</i>	82
ABELCET	46	AJOVY AUTOINJECTOR....	50	<i>amlodipine-atorvastatin</i>	84
<i>abiraterone</i>	17	AJOVY SYRINGE	50	<i>amlodipine-benazepril</i>	82
ABOUTTIME PEN NEEDLE.....	106	AKEEGA	18	<i>amlodipine-olmesartan</i>	82
ABRAXANE.....	18	AKYNZEO (FOSNETUPITANT).....	52	<i>amlodipine-valsartan</i>	82
ABRYSVO.....	173	AKYNZEO (NETUPITANT).....	52	<i>amlodipine-valsartan-hcthiazid</i> ..	82
<i>acamprosate</i>	8	<i>ala-cort</i>	103	<i>ammonium lactate</i>	101
<i>acarbose</i>	41	<i>albendazole</i>	54	<i>amoxapine</i>	38
<i>accutane</i>	100	<i>albuterol sulfate</i>	187, 188	<i>amoxicillin</i>	14
<i>acebutolol</i>	78	<i>alclometasone</i>	103	<i>amoxicillin-pot clavulanate</i>	15
<i>acetaminophen-codeine</i>	3	ALCOHOL PADS	101	<i>amphotericin b</i>	46
<i>acetazolamide</i>	183	ALCOHOL PREP PADS....	101	<i>amphotericin b liposome</i>	46
<i>acetazolamide sodium</i>	183	ALCOHOL SWABS	101	<i>ampicillin</i>	15
<i>acetic acid</i>	152	ALCOHOL WIPES	101	<i>ampicillin sodium</i>	15
<i>acetylcysteine</i>	189	ALECENSA	18	<i>ampicillin-sulbactam</i>	15
<i>acitretin</i>	100	<i>alendronate</i>	179	<i>anagrelide</i>	72
ACTEMRA.....	167	<i>alfuzosin</i>	160	<i>anastrozole</i>	18
ACTEMRA ACTPEN.....	167	<i>aliskiren</i>	86	ANORO ELLIPTA.....	188
ACTHAR	164	<i>allopurinol</i>	48	<i>apomorphine</i>	55
ACTHIB (PF).....	173	<i>alosetron</i>	178	APONVIE.....	52
ACTIMMUNE.....	181	<i>alprazolam</i>	9	<i>apraclonidine</i>	151
<i>acyclovir</i>	68, 100	<i>altavera (28)</i>	91	<i>aprepitant</i>	52
<i>acyclovir sodium</i>	68	ALTRENO.....	105	APRETUDE.....	62
ADACEL(TDAP ADOLESN/ADULT)(PF)....	173	ALUNBRIG.....	18	<i>apri</i>	91
<i>adapalene</i>	105	<i>alyacen 1/35 (28)</i>	91	APTIOM.....	33
<i>adefovir</i>	68	<i>alyacen 7/7/7 (28)</i>	91	APTIVUS.....	62
ADEMPAS	192	<i>alyq</i>	192	AQINJECT PEN NEEDLE	107, 108
<i>adrucil</i>	18	<i>amabelz</i>	161	<i>aranelle (28)</i>	91
ADVAIR HFA.....	186	<i>amantadine hcl</i>	54, 55	ARCALYST.....	167
		<i>ambrisentan</i>	192	AREXVY (PF).....	173
		<i>amethia</i>	91	AREXVY ANTIGEN COMPONENT.....	173
		<i>amiloride</i>	82	<i>aripiprazole</i>	56
				ARISTADA.....	56, 57

ARISTADA INITIO.....	56	AYVAKIT.....	18	BD ULTRA-FINE MINI	
<i>armodafinil</i>	191	<i>azacitidine</i>	18	PEN NEEDLE.....	110
ARNUITY ELLIPTA.....	186	<i>azathioprine</i>	167	BD ULTRA-FINE NANO	
<i>ascomp with codeine</i>	3	<i>azathioprine sodium</i>	167	PEN NEEDLE.....	110
<i>asenapine maleate</i>	57	<i>azelastine</i>	151	BD ULTRA-FINE ORIG	
<i>ashlyna</i>	91	<i>azithromycin</i>	13	PEN NEEDLE.....	110
<i>aspirin-dipyridamole</i>	72	AZOPT.....	183	BD ULTRA-FINE SHORT	
ASSURE ID DUO PRO		<i>aztreonam</i>	14	PEN NEEDLE.....	110
SFTY PEN NDL.....	108	<i>azurette (28)</i>	92	BD VEO INSULIN SYR	
ASSURE ID DUO-SHIELD	108	<i>bacitracin</i>	152	(HALF UNIT).....	110
ASSURE ID INSULIN		<i>bacitracin-polymyxin b</i>	152	BD VEO INSULIN	
SAFETY.....	108	<i>baclofen</i>	191	SYRINGE UF.....	110
ASSURE ID PEN NEEDLE	108	<i>bal-care dha</i>	193	BELSOMRA.....	191
ASSURE ID PRO PEN		<i>bal-care dha essential</i>	193	<i>benazepril</i>	76
NEEDLE.....	108	<i>balsalazide</i>	178	<i>benazepril-hydrochlorothiazide</i>	77
ASTAGRAF XL.....	167	BALVERSA.....	18	<i>bendamustine</i>	18
<i>atazanavir</i>	62	<i>balziva (28)</i>	92	BENDAMUSTINE.....	18
<i>atenolol</i>	78	BCG VACCINE, LIVE (PF)	173	BENDEKA.....	18
<i>atenolol-chlorthalidone</i>	78, 79	BD ALCOHOL SWABS.....	101	BENLYSTA.....	167
<i>atomoxetine</i>	86, 87	BD AUTOSHIELD DUO		<i>benztropine</i>	55
<i>atorvastatin</i>	84	PEN NEEDLE.....	108	BESREMI.....	167
<i>atovaquone</i>	54	BD ECLIPSE LUER-LOK...	108	<i>betaine</i>	181
<i>atovaquone-proguanil</i>	54	BD INSULIN SYRINGE....	109	<i>betamethasone acet,sod phos..</i>	163
<i>atropine</i>	151	BD INSULIN SYRINGE		<i>betamethasone dipropionate...</i>	103
ATROVENT HFA.....	188	(HALF UNIT).....	108	<i>betamethasone valerate</i>	103
<i>aubra eq.</i>	92	BD INSULIN SYRINGE		<i>betamethasone, augmented</i>	104
AUGTYRO.....	18	SLIP TIP.....	109	BETASERON.....	87
<i>aurovela 1.5/30 (21)</i>	92	BD INSULIN SYRINGE U-		<i>betaxolol</i>	79
<i>aurovela 1/20 (21)</i>	92	500.....	109	<i>bethanechol chloride</i>	159
<i>aurovela 24 fe</i>	92	BD INSULIN SYRINGE		<i>bexarotene</i>	18
<i>aurovela fe 1.5/30 (28)</i>	92	ULTRA-FINE.....	109	BEXSERO.....	173
<i>aurovela fe 1-20 (28)</i>	92	BD NANO 2ND GEN PEN		<i>bicalutamide</i>	19
AUSTEDO.....	87	NEEDLE.....	109	BICILLIN L-A.....	15
AUSTEDO XR.....	87	BD SAFETYGLIDE		BIKTARVY.....	62
AUSTEDO XR		INSULIN SYRINGE....	109, 110	<i>bisoprolol fumarate</i>	79
TITRATION KT(WK1-4).....	87	BD SAFETYGLIDE		<i>bisoprolol-hydrochlorothiazide</i>	79
AUVELITY.....	39	SYRINGE.....	110	<i>bleomycin</i>	19
<i>aviane</i>	92	BD ULTRA-FINE MICRO		<i>blisovi 24 fe</i>	92
AVONEX.....	87	PEN NEEDLE.....	110	<i>blisovi fe 1.5/30 (28)</i>	92
<i>ayuna</i>	92			<i>blisovi fe 1/20 (28)</i>	92

BOOSTRIX TDAP	173	CALQUENCE	<i>ceftriaxone</i>	13
BORDERED GAUZE	110	(ACALABRUTINIB MAL) ...	<i>cefuroxime axetil</i>	13
<i>bortezomib</i>	19	<i>camila</i>	<i>cefuroxime sodium</i>	13
<i>bosentan</i>	192	<i>candesartan</i>	<i>celecoxib</i>	6
BOSULIF	19	<i>candesartan-</i>	<i>cephalexin</i>	13
BRAFTOVI	19	<i>hydrochlorothiazid</i>	CERDELGA	150
BREO ELLIPTA	186	CAPLYTA	<i>cevimeline</i>	100
<i>breytna</i>	186	CAPRELSA	<i>chateal eq (28)</i>	92
BREZTRI AEROSPHERE ..	188	<i>captopril</i>	<i>chloramphenicol sod succinate</i> ..	10
<i>briellyn</i>	92	<i>carbamazepine</i>	<i>chlordiazepoxide hcl</i>	9
BRILINTA	72	<i>carbidopa-levodopa</i>	<i>chlorhexidine gluconate</i>	100
<i>brimonidine</i>	183	<i>carbidopa-levodopa-</i>	<i>chloroquine phosphate</i>	54
<i>brimonidine-timolol</i>	183	<i>entacapone</i>	<i>chlorothiazide sodium</i>	83
BRIVIACT	33	CAREFINE PEN NEEDLE	<i>chlorpromazine</i>	57
<i>bromfenac</i>	154	.....	<i>chlorthalidone</i>	83
<i>bromocriptine</i>	55	.....	<i>chlorzoxazone</i>	191
BRONCHITOL	189	CARETOUCH ALCOHOL	<i>cholestyramine (with sugar)</i>	84
BRUKINSA	19	PREP PAD	<i>cholestyramine light</i>	84
<i>budesonide</i>	178, 187	CARETOUCH INSULIN	<i>ciclopirox</i>	47
<i>budesonide-formoterol</i>	187	SYRINGE	<i>cilostazol</i>	72
<i>bumetanide</i>	83	.....	CIMDUO	63
<i>buprenorphine hcl</i>	3, 8	<i>carglumic acid</i>	<i>cimetidine hcl</i>	155
<i>buprenorphine-naloxone</i>	8	<i>carteolol</i>	<i>cinacalcet</i>	179
<i>bupropion hcl</i>	39	<i>cartia xt</i>	CINQAIR	189
<i>bupropion hcl (smoking deter)</i> ...	8	<i>carvedilol</i>	CINRYZE	70
<i>buspirone</i>	181	<i>casprofungin</i>	<i>ciprofloxacin</i>	16
<i>butalbital-acetaminophen-caff</i>	3	CAYSTON	<i>ciprofloxacin hcl</i>	16, 152
<i>butalbital-aspirin-caffeine</i>	3	<i>caziant (28)</i>	<i>ciprofloxacin in 5 % dextrose</i> ...	16
CABENUVA	62	<i>cefaclor</i>	<i>ciprofloxacin-dexamethasone</i> ..	152
<i>cabergoline</i>	55	<i>cefadroxil</i>	<i>citalopram</i>	39
CABLIVI	72	<i>cefazolin</i>	<i>clarithromycin</i>	13
CABOMETYX	19	<i>cefazolin in dextrose (iso-os)</i> ...	CLENPIQ	158
<i>cabotegravir</i>	63	<i>cefdinir</i>	CLICKFINE PEN NEEDLE	.....
<i>caffeine citrate</i>	87	<i>cefepime</i>.....	.....	112
<i>calcipotriene</i>	101	<i>cefixime</i>	<i>clindamycin hcl</i>	10
<i>calcitonin (salmon)</i>	179	<i>cefotaxime</i>	<i>clindamycin in 5 % dextrose</i>	11
<i>calcitriol</i>	179	<i>cefoxitin</i>	<i>clindamycin pediatric</i>	11
<i>calcium acetate (phosphat</i>		<i>cefpodoxime</i>	<i>clindamycin phosphate</i> 11, 49, 102	
<i>bind)</i>	159	<i>cefprozil</i>	<i>clindamycin-benzoyl peroxide</i> ..	102
<i>calcium chloride</i>	184	<i>ceftazidime</i>		

CLINIMIX 5%/D15W SULFITE FREE.....	73	<i>c-nate dha</i>	193	<i>cyclobenzaprine</i>	191
CLINIMIX 4.25%/D10W SULF FREE.....	73	COARTEM.....	54	<i>cyclopentolate</i>	151
CLINIMIX 4.25%/D5W SULFIT FREE.....	73	<i>codeine sulfate</i>	3	<i>cyclophosphamide</i>	20
CLINIMIX 5%- D20W(SULFITE-FREE).....	73	<i>codeine-butalbital-asa-caff</i>	3	<i>cyclosporine</i>	168
CLINIMIX 6%-D5W (SULFITE-FREE).....	73	<i>colchicine</i>	48, 49	<i>cyclosporine modified</i>	168
CLINIMIX 8%- D10W(SULFITE-FREE).....	73	<i>colesevelam</i>	84	<i>cyproheptadine</i>	49
CLINIMIX 8%- D14W(SULFITE-FREE).....	73	<i>colestipol</i>	84	CYRAMZA.....	20
CLINIMIX E 2.75%/D5W SULF FREE.....	73	<i>colistin (colistimethate na)</i>	11	<i>cyred eq</i>	92
CLINIMIX E 4.25%/D10W SUL FREE.....	74	COMBIVENT RESPIMAT..	188	CYSTARAN.....	151
CLINIMIX E 4.25%/D5W SULF FREE.....	74	COMETRIQ.....	19	<i>d5 % and 0.9 % sodium chloride</i>	184
CLINIMIX E 5%/D15W SULFIT FREE.....	74	COMFORT EZ INSULIN SYRINGE.....	112, 113, 114	<i>d5 %-0.45 % sodium chloride..</i>	184
CLINIMIX E 5%/D20W SULFIT FREE.....	74	COMFORT EZ PEN NEEDLES.....	112, 113	<i>dabigatran etexilate</i>	69
CLINIMIX E 8%-D10W SULFITEFREE.....	74	COMFORT EZ PRO SAFETY PEN NDL.....	113	<i>dalfampridine</i>	87
CLINIMIX E 8%-D14W SULFITEFREE.....	74	COMFORT TOUCH PEN NEEDLE.....	114	<i>danazol</i>	160
<i>clobazam</i>	33, 34	COMPLERA.....	63	<i>dantrolene</i>	191
<i>clobetasol</i>	104	<i>completenate</i>	193	DANYELZA.....	20
<i>clobetasol-emollient</i>	104	<i>compro</i>	52	<i>dapsone</i>	51
<i>clomipramine</i>	39	<i>constulose</i>	157	DAPTACEL (DTAP PEDIATRIC) (PF).....	174
<i>clonazepam</i>	9	COPAXONE.....	87	<i>daptomycin</i>	11
<i>clonidine</i>	75	COPIKTRA.....	20	<i>darunavir</i>	63
<i>clonidine hcl</i>	75	CORLANOR.....	81	<i>dasetta 1/35 (28)</i>	92
<i>clopidogrel</i>	72	CORTROPHIN GEL.....	164	<i>dasetta 7/7/7 (28)</i>	93
<i>clorazepate dipotassium</i>	9	COSENTYX.....	167, 181	DAURISMO.....	20
<i>clotrimazole</i>	47	COSENTYX (2 SYRINGES)	167	<i>daysee</i>	93
<i>clotrimazole-betamethasone</i>	47	COSENTYX PEN (2 PENS) PEN.....	167	<i>deblitane</i>	93
<i>clozapine</i>	57	COSENTYX UNOREADY PEN.....	167	<i>decitabine</i>	20
		COTELLIC.....	20	<i>deferasirox</i>	160
		CREON.....	150	<i>deferiprone</i>	160
		<i>cromolyn</i>	151, 157, 189	DELSTRIGO.....	63
		<i>cryselle (28)</i>	92	DENGVAXIA (PF).....	174
		CURAD GAUZE PAD.....	114	<i>denta 5000 plus</i>	100
		CURITY ALCOHOL SWABS.....	101	<i>dentagel</i>	100
		CURITY GAUZE.....	114, 115	DEPO-SUBQ PROVERA 104.....	166
				DERMACEA.....	115
				DERMACEA NON- WOVEN.....	115
				DESCOVY.....	63

<i>desipramine</i>	39	<i>dipyridamole</i>	73	<i>duloxetine</i>	39
<i>desmopressin</i>	164	<i>disopyramide phosphate</i>	78	DUPIXENT PEN.....	168
<i>desog-e.estradiolle.estradiol</i>	93	<i>disulfiram</i>	8	DUPIXENT SYRINGE.....	168
<i>desogestrel-ethinyl estradiol</i>	93	<i>divalproex</i>	34	<i>dutasteride</i>	160
<i>desoximetasone</i>	104	<i>dofetilide</i>	78	EASY COMFORT	
<i>desvenlafaxine succinate</i>	39	<i>donepezil</i>	38	ALCOHOL PAD.....	101
<i>dexamethasone</i>	163	DOPTELET (10 TAB PACK) 70		EASY COMFORT	
<i>dexamethasone sodium phos</i>		DOPTELET (15 TAB PACK) 70		INSULIN SYRINGE....	118, 119
<i>(pf)</i>	163	DOPTELET (30 TAB PACK) 70		EASY COMFORT PEN	
<i>dexamethasone sodium</i>		<i>dorzolamide</i>	183	NEEDLES.....	118, 119
<i>phosphate</i>	154, 163	<i>dorzolamide-timolol</i>	183	EASY COMFORT SAFETY	
<i>dexmethylphenidate</i>	87	<i>dotti</i>	161	PEN NEEDLE.....	118
<i>dextroamphetamine sulfate</i>	87, 88	DOVATO.....	63	EASY GLIDE INSULIN	
<i>dextroamphetamine-</i>		<i>doxazosin</i>	75	SYRINGE.....	119
<i>amphetamine</i>	88	<i>doxepin</i>	39	EASY GLIDE PEN	
<i>dextrose 10 % in water (d10w)</i>	74	<i>doxorubicin</i>	20	NEEDLE.....	119
<i>dextrose 5 % in water (d5w)</i>	74	<i>doxorubicin, peg-liposomal</i>	20	EASY TOUCH.....	121
DIACOMIT.....	34	<i>doxy-100</i>	17	EASY TOUCH ALCOHOL	
<i>diazepam</i>	9, 10, 34	<i>doxycycline hyclate</i>	17	PREP PADS.....	101
<i>diazepam intensol</i>	9	<i>doxycycline monohydrate</i>	17	EASY TOUCH FLIPLOCK	
<i>diazoxide</i>	181	DRIZALMA SPRINKLE.....	39	INSULIN.....	120
<i>diclofenac potassium</i>	6	<i>dronabinol</i>	52	EASY TOUCH FLIPLOCK	
<i>diclofenac sodium</i>	6, 154	<i>droperidol</i>	52	SYRINGE.....	120
<i>diclofenac-misoprostol</i>	6	DROPLET INSULIN		EASY TOUCH INSULIN	
<i>dicloxacillin</i>	15	SYR(HALF UNIT).....	115	SAFETY SYR.....	119, 120
<i>dicyclomine</i>	157	DROPLET INSULIN		EASY TOUCH INSULIN	
<i>didanosine</i>	63	SYRINGE.....	115, 116	SYRINGE.....	119, 120, 121, 122
DIFICID.....	14	DROPLET MICRON PEN		EASY TOUCH LUER	
<i>difluprednate</i>	154	NEEDLE.....	116	LOCK INSULIN.....	121
<i>digitek</i>	81	DROPLET PEN NEEDLE		EASY TOUCH PEN	
<i>digox</i>	81	.....	116, 117	NEEDLE.....	121
<i>digoxin</i>	81	DROPSAFE ALCOHOL		EASY TOUCH SAFETY	
<i>dihydroergotamine</i>	50	PREP PADS.....	101	PEN NEEDLE.....	121, 122
<i>diltiazem hcl</i>	80	DROPSAFE INSULIN		EASY TOUCH	
<i>dilt-xr</i>	80	SYRINGE.....	117	SHEATHLOCK INSULIN	
<i>dimenhydrinate</i>	52	DROPSAFE PEN NEEDLE	117	.....	120, 121
<i>dimethyl fumarate</i>	88	<i>drospirenone-ethinyl estradiol</i> ...93		EASY TOUCH UNI-SLIP... 122	
DIPENTUM.....	178	DROXIA.....	72	<i>ec-naproxen</i>	6
<i>diphenhydramine hcl</i>	49	<i>droxidopa</i>	75	<i>econazole</i>	47
<i>diphenoxylate-atropine</i>	157	DUAVEE.....	161	EDARBI.....	75

EDARBYCLOR.....	76	<i>enoxaparin</i>	69	ETOPOPHOS.....	21
EDURANT.....	63	<i>enpresse</i>	93	<i>etoposide</i>	21
<i>efavirenz</i>	63	<i>enskyce</i>	93	<i>etravirine</i>	64
<i>efavirenz-emtricitabin-tenofov</i> ..	63	<i>entacapone</i>	55	EUCRISA.....	104
<i>efavirenz-lamivu-tenofov disop</i> ..	63	<i>entecavir</i>	68	<i>everolimus (antineoplastic)</i>	21
EGRIFTA SV.....	164	ENTRESTO.....	76	<i>everolimus</i>	
<i>electrolyte-148</i>	184	<i>enulose</i>	157	<i>(immunosuppressive)</i>	168
ELIGARD.....	20	EPCLUSA.....	67, 68	EVOTAZ.....	64
ELIGARD (3 MONTH).....	20	EPIDIOLEX.....	34	EVRYSDI.....	181
ELIGARD (4 MONTH).....	20	<i>epinastine</i>	151	EXEL INSULIN.....	122
ELIGARD (6 MONTH).....	20	<i>epinephrine</i>	81	<i>exemestane</i>	21
<i>elinst</i>	93	<i>epitol</i>	34	EXKIVITY.....	21
ELIQUIS.....	69	EPIVIR HBV.....	64	EYSUVIS.....	154
ELIQUIS DVT-PE TREAT		EPKINLY.....	21	<i>ezetimibe</i>	84
30D START.....	69	<i>eplerenone</i>	86	<i>ezetimibe-simvastatin</i>	84
ELLA.....	93	EPRONTIA.....	34	<i>falmina (28)</i>	93
ELMIRON.....	181	ERBITUX.....	21	<i>famciclovir</i>	68
ELREXFIO.....	21	<i>ergoloid</i>	38	<i>famotidine</i>	156
<i>eluryng</i>	93	ERIVEDGE.....	21	<i>famotidine (pf)</i>	156
EMBRACE PEN NEEDLE.....	122	ERLEADA.....	21	<i>famotidine (pf)-nacl (iso-os)</i>	156
EMCYT.....	21	<i>erlotinib</i>	21	FANAPT.....	57
EMEND.....	52	<i>errin</i>	93	FARXIGA.....	41
EMGALITY PEN.....	50	<i>ertapenem</i>	14	FARYDAK.....	21
EMGALITY SYRINGE.....	50	<i>ery pads</i>	102	FASENRA.....	189
EMSAM.....	39	<i>erythromycin</i>	14, 152	FASENRA PEN.....	189
<i>emtricitabine</i>	63	<i>erythromycin ethylsuccinate</i>	14	<i>febuxostat</i>	49
<i>emtricitabine-tenofovir (tdf)</i>	63	<i>erythromycin with ethanol</i>	103	<i>felbamate</i>	34
EMTRIVA.....	63	<i>escitalopram oxalate</i>	39, 40	FEMRING.....	162
<i>enalapril maleate</i>	77	<i>esomeprazole magnesium</i>	155, 156	<i>fenofibrate</i>	84
<i>enalaprilat</i>	77	<i>esomeprazole sodium</i>	156	<i>fenofibrate micronized</i>	84
<i>enalapril-hydrochlorothiazide</i> ...	77	<i>estarylla</i>	93	<i>fenofibrate nanocrystallized</i>	84
ENBREL.....	168	<i>estradiol</i>	161, 162	<i>fenofibric acid (choline)</i>	84
ENBREL MINI.....	168	<i>estradiol valerate</i>	162	<i>fentanyl</i>	4
ENBREL SURECLICK.....	168	<i>estradiol-norethindrone acet</i> ...	162	<i>fentanyl citrate</i>	3, 4
ENDARI.....	181	<i>eszopiclone</i>	191	FERRIPROX.....	160
<i>endocet</i>	3	<i>ethambutol</i>	51	FERRIPROX (2 TIMES A	
ENGERIX-B (PF).....	174	<i>ethosuximide</i>	34	DAY).....	160
ENGERIX-B PEDIATRIC		<i>ethynodiol diac-eth estradiol</i>	93	<i>fesoterodine</i>	159
(PF).....	174	<i>etodolac</i>	6	FETZIMA.....	40
<i>enilloring</i>	93	<i>etonogestrel-ethinyl estradiol</i>	93		

FIASP FLEXTOUCH U-100	<i>foscarnet</i>	67	GILENYA.....	88
INSULIN.....	<i>fosinopril</i>	77	GILOTRIF.....	22
FIASP PENFILL U-100	<i>fosinopril-hydrochlorothiazide</i> ..	77	<i>glatiramer</i>	88
INSULIN.....	<i>fosphenytoin</i>	34	<i>glatopa</i>	88
FIASP U-100 INSULIN.....	FOTIVDA.....	22	GLEOSTINE.....	22
<i>finasteride</i>	FREESTYLE PRECISION..	123	<i>glimepiride</i>	46
<i>finngolimod</i>	FRUZAQLA.....	22	<i>glipizide</i>	46
FINTEPLA.....	FULPHILA.....	70	<i>glipizide-metformin</i>	46
FIRMAGON KIT W	<i>fulvestrant</i>	22	<i>glyburide</i>	46
DILUENT SYRINGE.....	<i>furosemide</i>	83	<i>glyburide micronized</i>	46
FLEBOGAMMA DIF.....	FUZEON.....	64	<i>glyburide-metformin</i>	46
<i>flecainide</i>	FYARRO.....	22	<i>glycopyrrolate</i>	157
<i>floxuridine</i>	<i>fyavolv</i>	162	<i>glydo</i>	7
<i>fluconazole</i>	FYCOMPA.....	34, 35	GLYXAMBI.....	41
<i>fluconazole in nacl (iso-osm)</i> ...	<i>gabapentin</i>	35	<i>granisetron (pf)</i>	53
<i>flucytosine</i>	GALAFOLD.....	150	<i>granisetron hcl</i>	53
<i>fludrocortisone</i>	<i>galantamine</i>	38	GRANIX.....	70, 71
<i>flumazenil</i>	GAMIFANT.....	168	<i>griseofulvin microsize</i>	47
<i>flunisolide</i>	GAMMAGARD LIQUID...	169	<i>guanfacine</i>	75, 88
<i>fluocinolone</i>	GAMMAGARD S-D (IGA <		GVOKE.....	181
<i>fluocinolone acetonide oil</i>	1 MCG/ML).....	169	GVOKE HYPOPEN 2-	
<i>fluocinonide</i>	GAMMAPLEX.....	169	PACK.....	181
<i>fluocinonide-emollient</i>	GAMMAPLEX (WITH		GVOKE PFS 1-PACK	
<i>fluoride (sodium)</i>	SORBITOL).....	169	SYRINGE.....	181
<i>fluorometholone</i>	GARDASIL 9 (PF).....	174	GVOKE PFS 2-PACK	
<i>fluorouracil</i>	<i>gatifloxacin</i>	152	SYRINGE.....	181
<i>flouxetine</i>	GATTEX 30-VIAL.....	157	HAEGARDA.....	71
<i>fluphenazine decanoate</i>	GAUZE PAD.....	123	<i>hailey</i>	94
<i>fluphenazine hcl</i>	<i>gavilyte-c</i>	158	<i>hailey 24 fe</i>	94
<i>flurbiprofen</i>	<i>gavilyte-g</i>	158	<i>hailey fe 1.5/30 (28)</i>	94
<i>flurbiprofen sodium</i>	GAVRETO.....	22	<i>hailey fe 1/20 (28)</i>	94
<i>fluticasone propionate</i>	<i>gefitinib</i>	22	<i>halobetasol propionate</i>	104
.....	<i>gemfibrozil</i>	85	<i>haloette</i>	94
<i>fluticasone propion-salmeterol</i>	<i>generlac</i>	157	<i>haloperidol</i>	58
.....	<i>gengraf</i>	169	<i>haloperidol decanoate</i>	58
<i>fluvastatin</i>	<i>gentak</i>	152	<i>haloperidol lactate</i>	58
.....	<i>gentamicin</i>	10, 103, 152	HARVONI.....	68
<i>flvoxamine</i>	<i>gentamicin sulfate (ped) (pf)</i> ...	10	HAVRIX (PF).....	174
<i>folivane-ob</i>	<i>gentamicin sulfate (pf)</i>	10	HEALTHWISE INSULIN	
<i>fondaparinux</i>	GENVOYA.....	64	SYRINGE.....	123, 124
<i>fosamprenavir</i>				
<i>fosaprepitant</i>				

HEALTHWISE PEN	<i>hydromorphone</i>	4	INPEN (NOVOLOG OR
NEEDLE.....	<i>hydromorphone (pf)</i>	4	FIASP) BLUE.....
HEALTHY ACCENTS	<i>hydroxychloroquine</i>	54	INQOVI.....
UNIFINE PENTIP.....	<i>hydroxyurea</i>	22	INREBIC.....
<i>heather</i>	<i>hydroxyzine hcl</i>	49	<i>insulin asp prt-insulin aspart</i>
<i>heparin (porcine)</i>	<i>hydroxyzine pamoate</i>	181	<i>insulin aspart u-100</i>
<i>heparin, porcine (pf)</i>	<i>ibandronate</i>	179	44, 45
HEPLISAV-B (PF).....	IBRANCE.....	22, 23	INSULIN SYR/NDL U100
HERCEPTIN HYLECTA.....	<i>ibu</i>	6	HALF MARK.....
HERZUMA.....	<i>ibuprofen</i>	6, 7	125
HIBERIX (PF).....	<i>icatibant</i>	82	INSULIN SYRINGE.....
HUMIRA.....	<i>iclevia</i>	94	109
HUMIRA PEN.....	ICLUSIG.....	23	INSULIN SYRINGE
HUMIRA PEN CROHNS-	IDHIFA.....	23	MICROFINE.....
UC-HS START.....	<i>ifosfamide</i>	23	109
HUMIRA PEN PSOR-	ILEVRO.....	155	INSULIN SYRINGE-
UVEITS-ADOL HS.....	<i>imatinib</i>	23	NEEDLELESS.....
HUMIRA(CF).....	IMBRUVICA.....	23	109
HUMIRA(CF) PEDI	<i>imipenem-cilastatin</i>	14	INSULIN SYRINGE-
CROHNS STARTER.....	<i>imipramine hcl</i>	40	NEEDLE U-100
HUMIRA(CF) PEN.....	<i>imiquimod</i>	101	109, 111, 122, 123, 125, 126, 134,
HUMIRA(CF) PEN	IMJUDO.....	23	139
CROHNS-UC-HS.....	IMLYGIC.....	23	INSUPEN PEN NEEDLE... 126
HUMIRA(CF) PEN	IMOVAX RABIES		INTELENCE.....
PEDIATRIC UC.....	VACCINE (PF).....	174	64
HUMIRA(CF) PEN PSOR-	IMPAVIDO.....	54	INTRALIPID.....
UV-ADOL HS.....	INBRIJA.....	55	74
HUMULIN R U-500	<i>incassia</i>	94	INVEGA HAFYERA.....
(CONC) INSULIN.....	INCONTROL ALCOHOL		58
44	PADS.....	101	INVEGA SUSTENNA.....
HUMULIN R U-500	INCONTROL PEN		59
(CONC) KWIKPEN.....	NEEDLE.....	124	INVELTYS.....
44	INCRELEX.....	164	155
<i>hydralazine</i>	<i>indapamide</i>	83	INVIRASE.....
81	<i>indomethacin</i>	7	64
<i>hydrochlorothiazide</i>	INFANRIX (DTAP) (PF)....	174	IPOL.....
83	<i>infiximab</i>	170	175
<i>hydrocodone-acetaminophen</i>	INLYTA.....	23	<i>ipratropium bromide</i>
4	INPEN (FOR HUMALOG)		151, 188
<i>hydrocodone-ibuprofen</i>	BLUE.....	124	<i>ipratropium-albuterol</i>
4			188
<i>hydrocortisone</i> . 104, 105, 163, 179			<i>irbesartan</i>
<i>hydrocortisone butyrate</i>			76
105			<i>irbesartan-hydrochlorothiazide</i> . 76
<i>hydrocortisone valerate</i>			ISENTRESS.....
105			64
<i>hydrocortisone-acetic acid</i>			ISENTRESS HD.....
152			64
<i>hydrocortisone-min oil-wht pet</i> 105			<i>isibloom</i>
			94
			ISOLYTE S PH 7.4.....
			184
			ISOLYTE-P IN 5%
			DEXTROSE.....
			184
			ISOLYTE-S.....
			184
			<i>isoniazid</i>
			51
			<i>isosorbide dinitrate</i>
			86
			<i>isosorbide mononitrate</i>
			86

<i>isosorbide-hydralazine</i>	86	<i>ketorolac</i>	7, 155	LENVIMA.....	25
<i>isradipine</i>	82	KEVZARA.....	170	<i>lessina</i>	95
<i>itraconazole</i>	47	KEYTRUDA.....	24	<i>letrozole</i>	25
IV PREP WIPES.....	101	KIMMTRAK.....	24	<i>leucovorin calcium</i>	181, 182
<i>ivermectin</i>	54	KINERET.....	170	LEUKERAN.....	25
IWILFIN.....	23	KINRIX (PF).....	175	LEUKINE.....	71
IXCHIQ.....	175	KISQALI.....	24	<i>leuprolide</i>	25
IXIARO (PF).....	175	KISQALI FEMARA CO- PACK.....	24	<i>leuprolide (3 month)</i>	25
<i>jaimiess</i>	94	KLISYRI.....	102	<i>levetiracetam</i>	35
JAKAFI.....	24	<i>klor-con m10</i>	184	<i>levobunolol</i>	183
<i>jantoven</i>	70	<i>klor-con m15</i>	184	<i>levocarnitine</i>	182
JANUMET.....	41	<i>klor-con m20</i>	184	<i>levocarnitine (with sugar)</i>	182
JANUMET XR.....	42	KLOXXADO.....	8	<i>levocetirizine</i>	49
JANUVIA.....	42	KOSELUGO.....	24	<i>levofloxacin</i>	16, 151, 152
JARDIANCE.....	42	<i>kosher prenatal plus iron</i>	193	<i>levofloxacin in d5w</i>	16
<i>jasmiel (28)</i>	94	KOURZEQ.....	100	<i>levonest (28)</i>	95
<i>javygtor</i>	150	KRAZATI.....	24	<i>levonorgestrel-ethinyl estrad</i>	95
JAYPIRCA.....	24	KRINTAFEL.....	54	<i>levonorg-eth estrad triphasic</i>	95
JEMPERLI.....	24	<i>kurvelo (28)</i>	95	<i>levora-28</i>	96
<i>jencycla</i>	94	KYNMOBI.....	55	<i>levothyroxine</i>	166
JENTADUETO.....	42	<i>l norgestle.estradiol-e.estrad</i>	95	LEXIVA.....	64
JENTADUETO XR.....	42	<i>labetalol</i>	79	<i>lidocaine</i>	8
<i>jinteli</i>	162	<i>lacosamide</i>	35	<i>lidocaine (pf)</i>	7, 78
<i>juleber</i>	94	<i>lactulose</i>	157	<i>lidocaine hcl</i>	8
JULUCA.....	64	<i>lagevrio (eua)</i>	68	<i>lidocaine viscous</i>	8
<i>junel 1.5/30 (21)</i>	94	<i>lamivudine</i>	64	<i>lidocaine-prilocaine</i>	8
<i>junel 1/20 (21)</i>	94	<i>lamivudine-zidovudine</i>	64	<i>linezolid</i>	11
<i>junel fe 1.5/30 (28)</i>	94	<i>lamotrigine</i>	35	<i>linezolid in dextrose 5%</i>	11
<i>junel fe 1/20 (28)</i>	94	<i>lanreotide</i>	164	LINZESS.....	157
<i>junel fe 24</i>	94	<i>lansoprazole</i>	156	<i>liothyronine</i>	166
JUXTAPID.....	85	<i>lapatinib</i>	24	LISCO.....	126
JYNNEOS (PF).....	175	<i>larin 1.5/30 (21)</i>	95	<i>lisinopril</i>	77
<i>kalliga</i>	94	<i>larin 1/20 (21)</i>	95	<i>lisinopril-hydrochlorothiazide</i> ...	77
KALYDECO.....	189, 190	<i>larin 24 fe</i>	95	LITE TOUCH INSULIN PEN NEEDLES.....	126, 127
<i>kariva (28)</i>	95	<i>larin fe 1.5/30 (28)</i>	95	LITE TOUCH INSULIN SYRINGE.....	127, 128
<i>kelnor 1/35 (28)</i>	95	<i>larin fe 1/20 (28)</i>	95	<i>lithium carbonate</i>	89
<i>kelnor 1-50 (28)</i>	95	<i>latanoprost</i>	183	<i>lithium citrate</i>	89
KERENDIA.....	86	<i>leflunomide</i>	170	LIVALO.....	85
KESIMPTA PEN.....	89	<i>lenalidomide</i>	24		
<i>ketoconazole</i>	47				

<i>lojaimiess</i>	96	MAGELLAN SYRINGE.....	128	<i>meclizine</i>	53
LOKELMA.....	157	<i>magnesium sulfate</i>	185	<i>medroxyprogesterone</i>	166
LONSURF.....	25	<i>magnesium sulfate in d5w</i>	184	<i>mefenamic acid</i>	7
<i>loperamide</i>	157	<i>magnesium sulfate in water</i>	185	<i>mefloquine</i>	54
<i>lopinavir-ritonavir</i>	64, 65	<i>malathion</i>	106	<i>megestrol</i>	26, 166
LOQTORZI.....	25	<i>maraviroc</i>	65	MEKINIST.....	26
<i>lorazepam</i>	10	MARGENZA.....	26	MEKTOVI.....	26
LORBRENA.....	25	<i>marlissa (28)</i>	96	<i>meloxicam</i>	7
<i>loryna (28)</i>	96	<i>marnatal-f</i>	193	<i>memantine</i>	38
<i>losartan</i>	76	MARPLAN.....	40	MENACTRA (PF).....	175
<i>losartan-hydrochlorothiazide</i>	76	MATULANE.....	26	MENQUADFI (PF).....	175
LOTEMAX.....	155	MAVENCLAD (10 TABLET PACK).....	89	MENVEO A-C-Y-W-135- DIP (PF).....	175
LOTEMAX SM.....	155	MAVENCLAD (4 TABLET PACK).....	89	<i>mercaptapurine</i>	26
<i>loteprednol etabonate</i>	155	MAVENCLAD (5 TABLET PACK).....	89	<i>meropenem</i>	14
<i>lovastatin</i>	85	MAVENCLAD (6 TABLET PACK).....	89	<i>merzee</i>	96
<i>low-ogestrel (28)</i>	96	MAVENCLAD (7 TABLET PACK).....	89	<i>mesalamine</i>	179
<i>loxapine succinate</i>	59	MAVENCLAD (8 TABLET PACK).....	89	<i>mesna</i>	182
<i>lo-zumandimine (28)</i>	96	MAVENCLAD (9 TABLET PACK).....	89	MESNEX.....	182
<i>lubiprostone</i>	157	MAXICOMFORT II PEN NEEDLE.....	128	<i>metformin</i>	42
LUMAKRAS.....	25	MAXICOMFORT INSULIN SYRINGE.....	128	<i>methadone</i>	4
LUMIGAN.....	183	MAXI-COMFORT INSULIN SYRINGE.....	128	<i>methadose</i>	4
LUNSUMIO.....	25	MAYZENT.....	89	<i>methenamine hippurate</i>	11
LUPRON DEPOT.....	165	MAYZENT STARTER(FOR 1MG MAINT).....	89	<i>methimazole</i>	166
LUPRON DEPOT (3 MONTH).....	25, 164	MAYZENT STARTER(FOR 2MG MAINT).....	89	<i>methocarbamol</i>	191
LUPRON DEPOT (4 MONTH).....	25			<i>methotrexate sodium</i>	26
LUPRON DEPOT (6 MONTH).....	26			<i>methotrexate sodium (pf)</i>	26
<i>lurasidone</i>	59			<i>methoxsalen</i>	102
<i>lutea (28)</i>	96			<i>methscopolamine</i>	157
LYBALVI.....	59			<i>methsuximide</i>	35
<i>lyleq</i>	96			<i>methyl dopa</i>	75
<i>lyllana</i>	162			<i>methylphenidate hcl</i>	90
LYNPARZA.....	26			<i>methylprednisolone</i>	163
LYSODREN.....	26			<i>methylprednisolone acetate</i>	163
LYTGOBI.....	26			<i>methylprednisolone sodium succ</i>	163
<i>lyza</i>	96			<i>metoclopramide hcl</i>	157, 158
MAGELLAN INSULIN SAFETY SYRNG.....	128			<i>metolazone</i>	83
				<i>metoprolol succinate</i>	79
				<i>metoprolol ta-hydrochlorothiaz</i>	79

<i>metoprolol tartrate</i>	79	<i>morphine</i>	4, 5	<i>neomycin-polymyxin b-dexameth</i>	153
<i>metronidazole</i>	11, 49, 103	MORPHINE	4	<i>neomycin-polymyxin-gramicidin</i>	153
<i>metronidazole in nacl (iso-os)</i> ..	11	<i>morphine concentrate</i>	4	<i>neomycin-polymyxin-hc</i>	153
<i>metirosine</i>	82	MOUNJARO	42	<i>neo-polycin</i>	153
<i>mexiletine</i>	78	MOVANTIK	158	<i>neo-polycin hc</i>	153
<i>miconazole-3</i>	47	<i>moxifloxacin</i>	16, 152	NERLYNX	26
MICRODOT INSULIN PEN		<i>moxifloxacin-sod.ace,sul-water</i>	16	NEULASTA ONPRO	71
NEEDLE	128, 129	<i>moxifloxacin-sod.chloride(iso)</i>	16	<i>nevirapine</i>	65
MICRODOT		MULTAQ	78	<i>newgen</i>	193
READYGARD PEN		<i>mupirocin</i>	103	NEXLETOL	85
NEEDLE	129	MVASI	26	NEXLIZET	85
<i>microgestin fe 1/20 (28)</i>	96	<i>mycophenolate mofetil</i>	170	<i>niacin</i>	85
<i>midodrine</i>	75	<i>mycophenolate mofetil (hcl)</i> ..	170	<i>niacor</i>	85
<i>mifepristone</i>	42	<i>mycophenolate sodium</i>	170	<i>nicardipine</i>	82
<i>miglustat</i>	150	<i>mynatal</i>	193	NICOTROL	9
<i>mili</i>	96	<i>mynatal advance</i>	193	NICOTROL NS	9
<i>mimvey</i>	162	<i>mynatal plus</i>	193	<i>nifedipine</i>	82
MINI ULTRA-THIN II	129	<i>mynatal-z</i>	193	<i>nikki (28)</i>	96
<i>minocycline</i>	17	<i>mynate 90 plus</i>	193	<i>nilutamide</i>	27
<i>minoxidil</i>	86	MYRBETRIQ	159	NINLARO	27
<i>mirtazapine</i>	40	<i>nabumetone</i>	7	<i>nitazoxanide</i>	54
<i>misoprostol</i>	156	<i>nafacillin</i>	15	<i>nitisinone</i>	150
MITIGARE	49	<i>nafacillin in dextrose iso-osm</i>	15	<i>nitrofurantoin macrocrystal</i>	11
<i>mitoxantrone</i>	26	<i>naloxone</i>	9	<i>nitrofurantoin monohydlm-cryst</i>	11
M-M-R II (PF)	175	<i>naltrexone</i>	9	<i>nitroglycerin</i>	86, 182
<i>m-natal plus</i>	193	<i>naproxen</i>	7	<i>niva-plus</i>	193
<i>modafinil</i>	191	<i>naratriptan</i>	50	NIVESTYM	71
<i>moexipril</i>	77	NATACYN	152	<i>nizatidine</i>	156
<i>molindone</i>	59	<i>nateglinide</i>	42	NORDITROPIN FLEXPRO	
<i>mometasone</i>	105, 155	NATPARA	180	.....	165
<i>mondoxyne nl</i>	17	NAYZILAM	35	<i>norelgestromin-ethin.estradiol</i> ..	96
MONOJECT INSULIN		<i>nebivolol</i>	79	<i>norethindrone (contraceptive)</i> ..	96
SAFETY SYRING	130	<i>necon 0.5/35 (28)</i>	96	<i>norethindrone acetate</i>	166
MONOJECT INSULIN		<i>nefazodone</i>	40	<i>norethindrone ac-eth estradiol</i>	
SYRINGE	129, 130	<i>neomycin</i>	10	.....	96, 97, 162
MONOJECT SYRINGE	129	<i>neomycin-bacitracin-poly-hc</i> ...	152	<i>norethindrone-e.estradiol-iron</i> ..	97
MONOJECT ULTRA		<i>neomycin-bacitracin-</i>		<i>norgestimate-ethinyl estradiol</i> ..	97
COMFORT INSULIN	145	<i>polymyxin</i>	153		
<i>mono-lynyah</i>	96	<i>neomycin-polymyxin b gu</i>	103		
<i>montelukast</i>	187				

NORMOSOL-M IN 5 %	OCALIVA.....	158	OMNIPOD GO PODS 15	
DEXTROSE.....	OCREVUS.....	90	UNITS/DAY.....	131
<i>nortrel 0.5/35 (28)</i>	OCTAGAM.....	170	OMNIPOD GO PODS 20	
<i>nortrel 1/35 (21)</i>	<i>octreotide acetate</i>	165	UNITS/DAY.....	131
<i>nortrel 1/35 (28)</i>	ODEFSEY.....	65	OMNIPOD GO PODS 25	
<i>nortrel 7/7/7 (28)</i>	ODOMZO.....	27	UNITS/DAY.....	131
<i>nortriptyline</i>	OFEV.....	190	OMNIPOD GO PODS 30	
NORVIR.....	<i>ofloxacin</i>	153	UNITS/DAY.....	131
NOVOFINE 30.....	OGIVRI.....	27	OMNIPOD GO PODS 40	
NOVOFINE 32.....	OGSIVEO.....	27	UNITS/DAY.....	131
NOVOFINE PLUS.....	OJJAARA.....	27	<i>ondansetron</i>	53
NOVOLIN 70/30 U-100	<i>olanzapine</i>	59	<i>ondansetron hcl</i>	53
INSULIN.....	<i>olmesartan</i>	76	<i>ondansetron hcl (pf)</i>	53
NOVOLIN 70-30 FLEXPEN	<i>olmesartan-amlodipin-</i>		ONTRUZANT.....	27
U-100.....	<i>hcthiazid</i>	76	ONUREG.....	27
NOVOLIN N FLEXPEN.....	<i>olmesartan-</i>		OPDIVO.....	27
NOVOLIN N NPH U-100	<i>hydrochlorothiazide</i>	76	OPDUALAG.....	27
INSULIN.....	<i>olopatadine</i>	152	OPSUMIT.....	192
NOVOLIN R FLEXPEN.....	OLUMIANT.....	171	<i>oralone</i>	100
NOVOLIN R REGULAR	<i>omega-3 acid ethyl esters</i>	85	ORENCIA.....	171
U100 INSULIN.....	<i>omeprazole</i>	156	ORENCIA (WITH	
NOVOTWIST.....	OMNIPOD 5 G6 INTRO		MALTOSE).....	171
NOXAFIL.....	KIT (GEN 5).....	130	ORENCIA CLICKJECT.....	171
NUBEQA.....	OMNIPOD 5 G6 PODS		ORFADIN.....	150
NUCALA.....	(GEN 5).....	131	ORGOVYX.....	165
NULOJIX.....	OMNIPOD 5 G6-G7 INTRO		ORLISSA.....	165
NUPLAZID.....	KT(GEN5).....	131	ORKAMBI.....	190
NURTEC ODT.....	OMNIPOD 5 G6-G7 PODS		ORSERDU.....	27
NUTRILIPID.....	(GEN 5).....	131	<i>oseltamivir</i>	67
<i>nyamyc</i>	OMNIPOD CLASSIC PODS		OSMOLEX ER.....	55, 56
<i>nylia 1/35 (28)</i>	(GEN 3).....	131	OTEZLA.....	171
<i>nylia 7/7/7 (28)</i>	OMNIPOD DASH INTRO		OTEZLA STARTER.....	171
<i>nymyo</i>	KIT (GEN 4).....	131	<i>oxandrolone</i>	160
<i>nystatin</i>	OMNIPOD DASH PDM		<i>oxazepam</i>	10
<i>nystatin-triamcinolone</i>	KIT (GEN 4).....	131	<i>oxcarbazepine</i>	35
<i>nystop</i>	OMNIPOD DASH PODS		OXLUMO.....	182
NYVEPRIA.....	(GEN 4).....	131	<i>oxybutynin chloride</i>	159
<i>obstetrix dha</i>	OMNIPOD GO PODS.....	132	<i>oxycodone</i>	5
<i>obstetrix dha prenatal duo</i>	OMNIPOD GO PODS 10		<i>oxycodone-acetaminophen</i>	5
<i>o-cal prenatal</i>	UNITS/DAY.....	131	OXYCONTIN.....	5

<i>oxymorphone</i>	5	<i>perigard</i>	100	<i>potassium chloride-0.45 % nacl</i>	186
OZEMPIC	42, 43	<i>permethrin</i>	106	.....	186
<i>pacerone</i>	78	<i>perphenazine</i>	60	<i>potassium citrate</i>	186
<i>paclitaxel protein-bound</i>	27	PERSERIS	60	<i>pr natal 400</i>	194
<i>paliperidone</i>	59, 60	<i>pfizerpen-g</i>	16	<i>pr natal 400 ec</i>	194
PALYNZIQ	150	<i>phenelzine</i>	40	<i>pr natal 430</i>	194
PANRETIN	102	<i>phenobarbital</i>	36	<i>pr natal 430 ec</i>	194
<i>pantoprazole</i>	156	<i>phenylephrine hcl</i>	75	PRALUENT PEN	85
<i>paricalcitol</i>	180	<i>phenytoin</i>	36	<i>pramipexole</i>	56
<i>paroex oral rinse</i>	100	<i>phenytoin sodium</i>	36	<i>prasugrel</i>	73
<i>paromomycin</i>	54	<i>phenytoin sodium extended</i>	36	<i>pravastatin</i>	85
<i>paroxetine hcl</i>	40	<i>philitih</i>	97	<i>prazosin</i>	75
PAXLOVID	67	PHOSLYRA	159	<i>prednicarbate</i>	105
<i>pazopanib</i>	27	PIFELTRO	65	<i>prednisolone</i>	163
PEDIARIX (PF)	175	<i>pilocarpine hcl</i>	100, 183	<i>prednisolone acetate</i>	155
PEDVAX HIB (PF)	175	<i>pimecrolimus</i>	105	<i>prednisolone sodium phosphate</i>	155, 163, 164
PEGASYS	68	<i>pimozide</i>	60	.....	164
<i>peg-electrolyte soln</i>	158	<i>pimtreea (28)</i>	97	<i>prednisone</i>	164
PEMAZYRE	27	<i>pindolol</i>	79	<i>pregabalin</i>	36
<i>pemetrexed disodium</i>	27	<i>pioglitazone</i>	43	PREHEVBRIO (PF)	176
PEMRYDI RTU	28	<i>pioglitazone-metformin</i>	43	PREMARIN	162
PEN NEEDLE	122, 132, 135	PIP PEN NEEDLE	133	PREMPHASE	162
PEN NEEDLE, DIABETIC	114, 129, 132, 134	<i>piperacillin-tazobactam</i>	16	PREMPRO	162
PEN NEEDLE, DIABETIC,		PIQRAY	28	<i>prenal true</i>	194
SAFETY	135	<i>pirfenidone</i>	190	<i>prenaissance</i>	194
PENBRAYA (PF)	175	<i>pirmella</i>	97, 98	<i>prenaissance plus</i>	194
PENBRAYA MENACWY		<i>piroxicam</i>	7	<i>prenatabs fa</i>	194
COMPONENT(PF)	176	PLASMA-LYTE A	185	<i>prenatal 19</i>	194
PENBRAYA MENB		PLEGRIDY	90, 91	<i>prenatal 19 (with docusate)</i>	194
COMPONENT (PF)	176	<i>pnv 29-1</i>	193	<i>prenatal low iron</i>	194
<i>penicillamine</i>	160	<i>pnv-dha + docusate</i>	194	<i>prenatal plus</i>	194
<i>penicillin g potassium</i>	15	<i>pnv-omega</i>	194	<i>prenatal plus (calcium carb)</i> ..	193
<i>penicillin g procaine</i>	15	<i>podofilox</i>	102	<i>prenatal vitamin plus low iron</i> .	194
<i>penicillin v potassium</i>	16	<i>polycin</i>	153	<i>prenatal-u</i>	194
PENTACEL (PF)	176	<i>polymyxin b sulfate</i>	11	<i>preplus</i>	194
<i>pentamidine</i>	54	<i>polymyxin b sulf-trimethoprim</i>	153	<i>pretab</i>	194
PENTIPS	132	POMALYST	28	PRETOMANID	51
<i>pentoxifylline</i>	73	<i>portia 28</i>	98	<i>prevalite</i>	85
<i>perindopril erbumine</i>	77	<i>posaconazole</i>	48	PREVENT DROPSAFE	
		<i>potassium chloride</i>	185	PEN NEEDLE	133

PREVYMIS.....	67	<i>protriptyline</i>	40	REPATHA SYRINGE.....	85
PREZCOBIX.....	65	PULMOZYME.....	150	RESTASIS.....	155
PREZISTA.....	65	PURE COMFORT		RESTASIS MULTIDOSE....	155
PRIFTIN.....	51	ALCOHOL PADS.....	102	RETACRIT.....	72
PRIMAQUINE.....	54	PURE COMFORT PEN		RETEVMO.....	28
<i>primidone</i>	36	NEEDLE.....	134	RETROVIR.....	65
PRIORIX (PF).....	176	PURE COMFORT SAFETY		<i>revonto</i>	191
PRIVIGEN.....	171	PEN NEEDLE.....	134	REXULTI.....	60
PRO COMFORT		PURIXAN.....	28	REYATAZ.....	65
ALCOHOL PADS.....	102	<i>pyrazinamide</i>	51	REZLIDHIA.....	28
PRO COMFORT INSULIN		<i>pyridostigmine bromide</i>	182	REZUROCK.....	171
SYRINGE.....	133	<i>pyrimethamine</i>	54	RHOPRESSA.....	183
PRO COMFORT PEN		QINLOCK.....	28	RIABNI.....	28
NEEDLE.....	133	QUADRACEL (PF).....	176	<i>ribavirin</i>	68
<i>probenecid</i>	49	<i>quetiapine</i>	60	RIDAURA.....	171
<i>probenecid-colchicine</i>	49	<i>quinapril</i>	77	<i>rifabutin</i>	51
<i>procainamide</i>	78	<i>quinapril-hydrochlorothiazide</i> ...77		<i>rifampin</i>	51, 52
<i>prochlorperazine</i>	53	<i>quinidine gluconate</i>	78	<i>rilpivirine</i>	65
<i>prochlorperazine edisylate</i> ..	53, 60	<i>quinidine sulfate</i>	78	<i>riluzole</i>	91
<i>prochlorperazine maleate</i>	53	<i>quinine sulfate</i>	54	<i>rimantadine</i>	67
<i>proctosol hc</i>	105	QULIPTA.....	50	RINVOQ.....	171
<i>proctozone-hc</i>	105	RABAVERT (PF).....	176	<i>risedronate</i>	180
PRODIGY INSULIN		<i>rabeprazole</i>	156	<i>risperidone</i>	60
SYRINGE.....	133, 134	<i>raloxifene</i>	163	<i>risperidone microspheres</i>	60
<i>progesterone</i>	166	<i>ramipril</i>	77	<i>ritonavir</i>	65
<i>progesterone micronized</i>	166	<i>ranolazine</i>	82	RITUXAN HYCELA.....	28
PROGRAF.....	171	<i>rasagiline</i>	56	<i>rivastigmine</i>	38
PROLASTIN-C.....	190	RASUVO (PF).....	171	<i>rivastigmine tartrate</i>	38
PROLIA.....	180	RAVICTI.....	158	<i>rizatriptan</i>	50
PROMACTA.....	71	RAYALDEE.....	180	<i>r-natal ob</i>	194
<i>promethazine</i>	49, 53	<i>reclipsen (28)</i>	98	ROCKLATAN.....	184
<i>promethegan</i>	53	RECOMBIVAX HB (PF).....	177	<i>roflumilast</i>	190
<i>propafenone</i>	78	RECTIV.....	182	<i>ropinirole</i>	56
<i>proparacaine</i>	152	RELENZA DISKHALER....	67	<i>rosadan</i>	103
<i>propranolol</i>	79, 80	RELEUKO.....	71	<i>rosuvastatin</i>	86
<i>propranolol-hydrochlorothiazid</i>	80	RELION NEEDLES.....	135	ROTARIX.....	177
<i>propylthiouracil</i>	166	RELION PEN NEEDLES....	135	ROTATEQ VACCINE.....	177
PROQUAD (PF).....	176	<i>repaglinide</i>	43	ROZLYTREK.....	28
PROSOL 20 %.....	74	REPATHA PUSHTRONEX..	85	RUBRACA.....	28
<i>protamine</i>	72	REPATHA SURECLICK.....	85	<i>rufinamide</i>	36

RUKOBIA.....	65	<i>sildenafil (pulm.hypertension)</i>	192	<i>ssd</i>	103
RUXIENCE.....	28	<i>silver sulfadiazine</i>	103	<i>stavudine</i>	66
RYBELSUS.....	43	SIMBRINZA.....	184	STELARA.....	172
RYBREVANT.....	28	<i>simliya (28)</i>	98	STERILE PADS.....	136
RYDAPT.....	29	<i>simpesse</i>	98	STIOLTO RESPIMAT.....	189
SAFESNAP INSULIN		<i>simvastatin</i>	86	STIVARGA.....	29
SYRINGE.....	135	<i>sirolimus</i>	171	STRENSIQ.....	150
SAFETY PEN NEEDLE.....	135	SIRTURO.....	52	<i>streptomycin</i>	10
<i>sajazir</i>	82	SKY SAFETY PEN		STRIBILD.....	66
SANTYL.....	102	NEEDLE.....	135	STRIVERDI RESPIMAT....	189
<i>sapropterin</i>	150	SKYRIZI.....	172	<i>subvenite</i>	36
SAVELLA.....	91	<i>sodium chloride 0.45 %</i>	186	<i>sucralfate</i>	156
SCSEMBLIX.....	29	<i>sodium chloride 0.9 %</i>	186	<i>sulfacetamide sodium</i>	153
<i>scopolamine base</i>	54	<i>sodium fluoride-pot nitrate</i>	100	<i>sulfacetamide sodium (acne)</i> ..	103
SECUADO.....	61	<i>sodium oxybate</i>	192	<i>sulfacetamide-prednisolone</i>	154
SECURESAFE INSULIN		<i>sodium phenylbutyrate</i>	158	<i>sulfadiazine</i>	16
SYRINGE.....	135	<i>sodium polystyrene sulfonate</i> ..	158	<i>sulfamethoxazole-</i>	
SECURESAFE PEN		<i>sodium,potassium,mag sulfates</i>		<i>trimethoprim</i>	16, 17
NEEDLE.....	135	.....	158	<i>sulfasalazine</i>	179
<i>select-ob</i>	194	SOLQUA 100/33.....	45	<i>sulindac</i>	7
<i>select-ob (folic acid)</i>	194	SOLTAMOX.....	29	<i>sumatriptan</i>	50
<i>selegiline hcl</i>	56	SOLU-CORTEF ACT-O-		<i>sumatriptan succinate</i>	51
<i>selenium sulfide</i>	103	VIAL (PF).....	164	<i>sumatriptan-naproxen</i>	51
SELZENTRY.....	65, 66	SOMATULINE DEPOT		<i>sunitinib malate</i>	29
SEMGLEE(INSULIN		.....	165, 166	SUNLENCA.....	66
GLARGINE-YFGN).....	45	SOMAVERT.....	166	SUNOSI.....	192
SEMGLEE(INSULIN		<i>sorafenib</i>	29	SURE COMFORT	
GLARG-YFGN)PEN.....	45	<i>sorine</i>	80	ALCOHOL PREP PADS.....	102
<i>se-natal 19 chewable</i>	195	<i>sotalol</i>	80	SURE COMFORT INS.	
SEREVENT DISKUS.....	188	<i>sotalol af</i>	80	SYR. U-100.....	136
SEROSTIM.....	165	SPIRIVA RESPIMAT.....	188	SURE COMFORT	
<i>sertraline</i>	41	SPIRIVA WITH		INSULIN SYRINGE.....	136
<i>setlakin</i>	98	HANDIHALER.....	188	SURE COMFORT PEN	
<i>sevelamer carbonate</i>	159	<i>spironolactone</i>	83	NEEDLE.....	136, 137
<i>sevelamer hcl</i>	159	SPRAVATO.....	41	SURE COMFORT SAFETY	
SEZABY.....	36	<i>sprintec (28)</i>	98	PEN NEEDLE.....	136
<i>sf 5000 plus</i>	100	SPRITAM.....	36	SURE-FINE PEN	
<i>sharobel</i>	98	SPRYCEL.....	29	NEEDLES.....	137
SHINGRIX (PF).....	177	<i>sps (with sorbitol)</i>	158	SURE-JECT INSULIN	
SIGNIFOR.....	165	<i>sronyx</i>	98	SYRINGE.....	137

SURE-PREP ALCOHOL	TECHLITE INSULIN	TICOVAC.....177
PREP PADS..... 102	SYRINGE..... 138	<i>tigecycline</i> 17
SUTAB..... 159	TECHLITE INSULN	<i>timolol maleate</i>.....80, 184
<i>syeda</i> 98	SYR(HALF UNIT)..... 137, 138	<i>tiopronin</i> 160
SYMDEKO..... 190	TECHLITE PEN NEEDLE	TIVDAK.....30
SYMLINPEN 120..... 43	..... 138, 139	TIVICAY.....66
SYMLINPEN 60..... 43	TECVAYLI..... 30	TIVICAY PD.....66
SYMPAZAN..... 36, 37	TEFLARO.....13	<i>tizanidine</i> 191
SYMTUZA.....66	<i>telmisartan</i>.....76	<i>tobramycin</i> 10, 154
SYNAREL.....166	<i>telmisartan-hydrochlorothiazid</i> .76	<i>tobramycin in 0.225 % nacl</i> 10
SYNJARDY.....43	<i>temazepam</i>.....10	<i>tobramycin sulfate</i>.....10
SYNJARDY XR..... 43	TEMIXYS.....66	<i>tobramycin-dexamethasone</i> 154
SYNRIBO.....29	TENIVAC (PF).....177	<i>tolterodine</i>.....159
SYRINGE WITH NEEDLE,	<i>tenofovir disoproxil fumarate</i> ... 66	TOPCARE CLICKFINE
SAFETY..... 135	TEPMETKO..... 30	..... 139, 140
TABLOID..... 29	<i>terazosin</i> 160	TOPCARE ULTRA
TABRECTA.....29	<i>terbinafine hcl</i> 48	COMFORT..... 140
<i>tacrolimus</i>.....105, 172	<i>terbutaline</i>.....189	<i>topiramate</i> 37
<i>tadalafil (pulm. hypertension)</i> 192	<i>terconazole</i>.....49, 50	<i>toposar</i>.....30
TAFINLAR.....29	<i>teriflunomide</i>.....91	<i>toremifene</i>.....30
TAGRISSO..... 29	<i>teriparatide</i> 180	<i>torseamide</i> 83
TAKHZYRO.....182	TERUMO INSULIN	TOUJEO MAX U-300
TALTZ AUTOINJECTOR.. 172	SYRINGE..... 139	SOLOSTAR.....45
TALTZ SYRINGE..... 172	<i>testosterone</i> 161	TOUJEO SOLOSTAR U-300
TALVEY..... 29	<i>testosterone cypionate</i> 161	INSULIN.....46
TALZENNA..... 29	<i>testosterone enanthate</i> 161	TRACLEER..... 192
<i>tamoxifen</i>.....29	TETANUS,DIPHThERIA	TRADJENTA..... 43
<i>tamsulosin</i>.....160	TOX PED(PF)..... 177	<i>tramadol</i>.....5
<i>tarina 24 fe</i> 98	<i>tetrabenazine</i> 91	<i>tramadol-acetaminophen</i>.....5
<i>tarina fe 1-20 eq (28)</i>.....98	<i>tetracycline</i> 17	<i>trandolapril</i>.....77
<i>taron-c dha</i>.....195	THALOMID..... 182	<i>trandolapril-verapamil</i>.....77
<i>taron-prex prenatal-dha</i> 195	<i>theophylline</i>.....189	<i>tranexamic acid</i> 72
TASCENSO ODT..... 91	THINPRO INSULIN	<i>tranylcypromine</i>.....41
TASIGNA..... 30	SYRINGE..... 139	TRAVASOL 10 %..... 75
<i>tasimelteon</i>.....192	<i>thioridazine</i>.....61	<i>travoprost</i> 184
<i>tazarotene</i> 106	<i>thiothixene</i>.....61	TRAZIMERA..... 30
TAZORAC..... 106	<i>tiadylt er</i> 80	<i>trazodone</i>.....41
<i>taztia xt</i> 80	<i>tiagabine</i>.....37	TRECTOR.....52
TAZVERIK.....30	TIBSOVO..... 30	TRELEGY ELLIPTA..... 189
TDVAX..... 177	TICE BCG.....30	TRELSTAR.....30

TREMFYA.....	172	TRUE COMFORT PEN		ULTIGUARD SAFEPACK-	
<i>tretinoin</i>	106	NEEDLE.....	140, 141	PEN NEEDLE.....	143, 144
<i>tretinoin (antineoplastic)</i>	30	TRUE COMFORT PRO		ULTILET ALCOHOL	
<i>triamcinolone acetonide</i>		ALCOHOL PADS.....	102	SWAB.....	102
.....	100, 105, 164	TRUE COMFORT PRO INS		ULTILET INSULIN	
<i>triamterene-hydrochlorothiazid</i>	83	SYRINGE.....	140, 141	SYRINGE.....	125, 144
<i>trientine</i>	160	TRUE COMFORT SAFETY		ULTILET PEN NEEDLE....	144
<i>tri-estarylla</i>	98	PEN NEEDLE.....	140	ULTRA CMFT INS SYR	
<i>trifluoperazine</i>	61	TRUEPLUS INSULIN.	141, 142	(HALF UNIT).....	123, 136
<i>trifluridine</i>	154	TRUEPLUS PEN NEEDLE	141	ULTRA COMFORT	
<i>trihexyphenidyl</i>	56	TRULICITY.....	43	INSULIN SYRINGE	
TRIJARDY XR.....	43	TRUMENBA.....	177	.....	117, 123, 144, 145
TRIKAFTA.....	190	TRUQAP.....	30	ULTRA FLO INSUL	
<i>tri-legest fe</i>	98	TRUSELTIQ.....	30	SYR(HALF UNIT).....	145
<i>tri-lynyah</i>	98	TRUXIMA.....	30	ULTRA FLO INSULIN	
<i>tri-lo-estarylla</i>	98	TUKYSA.....	31	SYRINGE.....	145
<i>tri-lo-marzia</i>	98	<i>tulana</i>	99	ULTRA FLO PEN NEEDLE	
<i>tri-lo-mili</i>	98	TURALIO.....	31	.....	145
<i>tri-lo-sprintec</i>	98	<i>turqoz (28)</i>	99	ULTRA THIN PEN	
<i>trimethoprim</i>	11	TWINRIX (PF).....	178	NEEDLE.....	145
<i>tri-mili</i>	99	<i>tyblume</i>	99	ULTRACARE INSULIN	
<i>trimipramine</i>	41	TYBOST.....	182	SYRINGE.....	146
TRINTELLIX.....	41	TYMLOS.....	180	ULTRACARE PEN	
<i>tri-nymyo</i>	99	TYPHIM VI.....	178	NEEDLE.....	146
<i>tri-sprintec (28)</i>	99	TYSABRI.....	172	ULTRA-THIN II (SHORT)	
TRIUMEQ.....	66	UBRELVY.....	51	INS SYR.....	146, 147
TRIUMEQ PD.....	66	UDENYCA.....	72	ULTRA-THIN II (SHORT)	
<i>triveen-duo dha</i>	195	UDENYCA		PEN NDL.....	147
<i>trivora (28)</i>	99	AUTOINJECTOR.....	72	ULTRA-THIN II INS PEN	
<i>tri-vylibra</i>	99	UDENYCA ONBODY.....	72	NEEDLES.....	147
<i>tri-vylibra lo</i>	99	ULTICARE.....	142, 143	ULTRA-THIN II INSULIN	
TRIZIVIR.....	66	ULTICARE INSULIN		SYRINGE.....	147
TROGARZO.....	66	SYRINGE.....	142	UNIFINE PEN NEEDLE....	147
TROPHAMINE 10 %.....	75	ULTICARE INSULN		UNIFINE PENTIPS.....	132, 147
<i>trosipium</i>	159	SYR(HALF UNIT).....	142	UNIFINE PENTIPS	
TRUE COMFORT		ULTICARE PEN NEEDLE	143	MAXFLOW.....	147
ALCOHOL PADS.....	102	ULTICARE SAFETY PEN		UNIFINE PENTIPS PLUS..	148
TRUE COMFORT		NEEDLE.....	143	UNIFINE PENTIPS PLUS	
INSULIN SYRINGE.....	140	ULTIGUARD SAFEPACK-		MAXFLOW.....	148
		INSULIN SYR.....	143, 144	UNIFINE PROTECT.....	148

UNIFINE SAFECONTROL	148	VERIFINE PLUS PEN		VUMERITY	91
UNIFINE ULTRA PEN		NEEDLE	149	<i>vyfemla (28)</i>	99
NEEDLE	148	VERIFINE PLUS PEN		<i>vylibra</i>	99
UPTRAVI	192	NEEDLE-SHARP	149	<i>warfarin</i>	70
<i>ursodiol</i>	158	VERQUVO	82	WEBCOL	102
UZEDY	61	VERSACLOZ	61	WELIREG	31
<i>valacyclovir</i>	69	VERSALON	150	<i>wera (28)</i>	99
VALCHLOR	102	VERZENIO	31	<i>wixela inhub</i>	187
<i>valganciclovir</i>	69	<i>vestura (28)</i>	99	XALKORI	31, 32
<i>valproate sodium</i>	37	V-GO 20	150	XARELTO	70
<i>valproic acid</i>	37	V-GO 30	150	XARELTO DVT-PE TREAT	
<i>valproic acid (as sodium salt)</i>	37	V-GO 40	150	30D START	70
<i>valsartan</i>	76	<i>vienna</i>	99	XATMEP	32
<i>valsartan-hydrochlorothiazide</i>	76	<i>vigabatrin</i>	37	XCOPRI	37
VALTOCO	37	<i>vigadrone</i>	37	XCOPRI MAINTENANCE	
<i>vancomycin</i>	11, 12	<i>vigpoder</i>	37	PACK	37
VANFLYTA	31	<i>vilazodone</i>	41	XCOPRI TITRATION	
VANISHPOINT INSULIN		<i>vinate care</i>	195	PACK	38
SYRINGE	149	<i>vinorelbine</i>	31	XELJANZ	172
VANISHPOINT SYRINGE	149	<i>viorele (28)</i>	99	XELJANZ XR	173
VAQTA (PF)	178	VIRACEPT	66	XERMELO	158
<i>varenicline</i>	9	VIREAD	66, 67	XGEVA	180
VARIVAX (PF)	178	<i>virt-c dha</i>	195	XHANCE	155
VASCEPA	86	<i>virt-nate dha</i>	195	XIFAXAN	12
VEGZELMA	31	<i>virt-pn dha</i>	195	XIGDUO XR	44
VELCADE	31	<i>virt-pn plus</i>	195	XIIDRA	155
<i>velivet triphasic regimen (28)</i>	99	<i>vitafol gummies</i>	195	XOFLUZA	67
VELPHORO	159	<i>vitafol nano</i>	195	XOLAIR	191
VELTASSA	158	<i>vitafol-ob+dha</i>	195	XOSPATA	32
VEMLIDY	66	VITRAKVI	31	XPOVIO	32
VENCLEXTA	31	VIZIMPRO	31	XTAMPZA ER	5
VENCLEXTA STARTING		VOCABRIA	67	XTANDI	32
PACK	31	<i>volnea (28)</i>	99	<i>xulane</i>	99
<i>venlafaxine</i>	41	VONJO	31	XULTOPHY 100/3.6	46
<i>venlafaxine besylate</i>	41	<i>voriconazole</i>	48	XYOSTED	161
<i>verapamil</i>	81	VOSEVI	68	<i>yargesa</i>	151
VERIFINE INSULIN		VOWST	182	YERVOY	32
SYRINGE	149, 150	<i>vp-ch-pnv</i>	195	YF-VAX (PF)	178
VERIFINE PEN NEEDLE	149	<i>vp-pnv-dha</i>	195	YONSA	32
		VRAYLAR	61	<i>yuvaferm</i>	163

<i>zafemy</i>	99
<i>zafirlukast</i>	187
<i>zaleplon</i>	192
<i>zarah</i>	100
ZARXIO.....	72
<i>zatean-pn dha</i>	195
<i>zatean-pn plus</i>	195
ZEGALOGUE	
AUTOINJECTOR.....	183
ZEGALOGUE SYRINGE...	183
ZEJULA.....	32
ZELBORAF.....	32
<i>zenatane</i>	102
ZENPEP.....	151
<i>zidovudine</i>	67
<i>zingiber</i>	195
<i>ziprasidone hcl</i>	61
<i>ziprasidone mesylate</i>	62
ZIRABEV.....	33
ZIRGAN.....	154
ZOLADEX.....	33
<i>zoledronic acid</i>	180
<i>zoledronic acid-mannitol-water</i>	180
ZOLINZA.....	33
<i>zolmitriptan</i>	51
<i>zolpidem</i>	192
ZONISADE.....	38
<i>zonisamide</i>	38
<i>zovia 1-35 (28)</i>	100
ZTALMY.....	38
ZTLIDO.....	8
<i>zumandimine (28)</i>	100
ZURZUVAE.....	41
ZYDELIG.....	33
ZYKADIA.....	33
ZYLET.....	154
ZYNLONTA.....	33
ZYNYZ.....	33
ZYPREXA RELPREVV.....	62

This formulary was updated on 05/01/2024. For more recent information or other questions, please contact CenterLight Healthcare PACE at 1-833-252-2737 (TTY users should call 711), 8AM - 8PM, Monday to Friday, or visit www.centerlighthealthcare.org.

CenterLight Healthcare has an approved PACE contract with the Centers for Medicare and Medicaid Services (CMS) and NY State (NYS). Enrollment in CenterLight Healthcare depends on renewal of its contract with CMS and NYS. Participants may be fully and personally liable for the costs of unauthorized or out-of-PACE program agreement services.