COMPREHENSIVE FORMULARY

2026

List of Covered Drugs

Please Read: This document contains information about the drugs we cover in this plan.

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For more information or other questions, please contact Valor Health Plan Services at **1-800-485-3793** or for **TTY: 711** (8:00 a.m. to 8:00 p.m., 7 days a week), or visit **http://www.valorhealthplan.com**

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List of Covered Drugs

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Legend

1: Covered Medications

PA: Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

PA BvD: Part B vs. Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make this determination.

PA NSO: Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug.

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

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

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen oral tablet 5-325 mg	1	QL (240 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	QL (150 per 30 days)
hydromorphone hcl oral liquid 1 mg/ml (Dilaudid)	1	QL (1200 per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	1	QL (180 per 30 days)
methadone hcl oral tablet 10 mg	1	QL (120 per 30 days)
methadone hcl oral tablet 5 mg	1	QL (180 per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	ST; QL (60 per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 200 mg	1	QL (60 per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 30 mg (MS Contin)	1	QL (90 per 30 days)
morphine sulfate er oral tablet extended release 60 mg (MS Contin)	1	QL (60 per 30 days)
MORPHINE SULFATE INTRAVENOUS SOLUTION 1 MG/ML	1	
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml	1	
MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML	1	QL (700 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML	1	QL (300 per 30 days)
MORPHINE SULFATE ORAL TABLET 15 MG	1	QL (180 per 30 days)
MORPHINE SULFATE ORAL TABLET 30 MG	1	QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
oxycodone hcl oral capsule 5 mg		1	QL (180 per 30 days)
oxycodone hcl oral solution 5 mg/5ml		1	QL (1300 per 30 days)
oxycodone hcl oral tablet 10 mg, 5 mg		1	QL (180 per 30 days)
oxycodone hcl oral tablet 15 mg, 30 mg	(Roxicodone)	1	QL (120 per 30 days)
oxycodone hcl oral tablet 20 mg		1	QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	1	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	1	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	1	QL (240 per 30 days)
TRAMADOL HCL ORAL SOLUTION 5 MG/ML		1	PA; QL (2400 per 30 days)
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg		1	QL (120 per 30 days)
tramadol hcl oral tablet 50 mg		1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		1	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(CeleBREX)	1	QL (60 per 30 days)
diclofenac epolamine external patch 1.3 %	(Flector)	1	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		1	QL (120 per 30 days)
diclofenac sodium er oral tablet extended release 24 hour 100 mg		1	
diclofenac sodium external gel 1 %	(Aspercreme Arthritis Pain)	1	QL (1000 per 30 days)
diclofenac sodium external solution 1.5 %		1	QL (300 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
diclofenac sodium external solution 2 %	(Pennsaid)	1	PA; QL (224 per 28 days)
diclofenac sodium oral tablet delayed release 25 mg		1	
diclofenac sodium oral tablet delayed release 50 mg		1	QL (120 per 30 days)
diclofenac sodium oral tablet delayed release 75 mg		1	QL (60 per 30 days)
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	(Arthrotec)	1	
etodolac oral capsule 200 mg, 300 mg		1	
etodolac oral tablet 400 mg	(Lodine)	1	
etodolac oral tablet 500 mg		1	
flurbiprofen oral tablet 100 mg		1	
FLURBIPROFEN ORAL TABLET 50 MG		1	
ibu oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(IBU)	1	
ibuprofen oral suspension 100 mg/5ml	(Childrens Advil)	1	
ibuprofen oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg, 50 mg		1	
ketorolac tromethamine oral tablet 10 mg		1	QL (20 per 30 days)
meloxicam oral tablet 15 mg, 7.5 mg		1	
nabumetone oral tablet 500 mg, 750 mg		1	
naproxen dr oral tablet delayed release 500 mg	(EC-Naprosyn)	1	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
naproxen oral tablet delayed release 375 mg	(EC-Naprosyn)	1	
naproxen tablet delayed release 500 mg oral	(EC-Naprosyn)	1	
sulindac oral tablet 150 mg, 200 mg		1	
ANESTHETICS			
Local Anesthetics			
glydo external prefilled syringe 2 %	(Glydo)	1	QL (30 per 30 days)
lidocaine external ointment 5 %		1	PA; QL (240 per 30 days)
lidocaine external patch 5 %	(Lidocan)	1	QL (90 per 30 days)
lidocaine hcl (pf) injection solution 1 %	(Xylocaine MPF +RFID)	1	
lidocaine hcl injection solution 1 %	(Xylocaine)	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	(Glydo)	1	QL (30 per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %		1	
lidocaine-prilocaine external cream 2.5-2.5 %		1	PA; QL (30 per 30 days)
lidocan external patch 5 %	(Lidocan)	1	QL (90 per 30 days)
ZTLIDO EXTERNAL PATCH 1.8 %		1	QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate calcium oral tablet delayed release 333 mg		1	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	
disulfiram oral tablet 250 mg, 500 mg	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML	1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	
naloxone hcl nasal liquid 4 mg/0.1ml (Narcan)	1	
naltrexone hcl oral tablet 50 mg	1	
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	QL (240 per 180 days)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	1	
varenicline tartrate oral tablet 0.5 mg	1	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack) (Chantix)	1	QL (336 per 365 days)
ANTIANXIETY AGENTS		
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg (Xanax)	1	QL (120 per 30 days)
alprazolam oral tablet 2 mg (Xanax)	1	QL (150 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg		1	QL (120 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(KlonoPIN)	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(KlonoPIN)	1	QL (300 per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		1	QL (90 per 30 days)
clonazepam oral tablet dispersible 2 mg		1	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		1	QL (180 per 30 days)
diazepam injection solution 5 mg/ml		1	QL (10 per 28 days)
diazepam intensol oral concentrate 5 mg/ml		1	QL (1200 per 30 days)
diazepam oral solution 5 mg/5ml		1	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	QL (120 per 30 days)
diazepam solution 5 mg/ml injection		1	
lorazepam concentrate 2 mg/ml oral	(LORazepam Intensol)	1	
lorazepam injection solution 2 mg/ml	(Ativan)	1	
lorazepam injection solution 4 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(LORazepam Intensol)	1	
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	QL (150 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	(Restoril)	1	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	1	QL (120 per 30 days)
ANTIBACTERIALS			
Aminoglycosides			
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		1	PA; QL (235.2 per 28 days)
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%		1	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml		1	
neomycin sulfate oral tablet 500 mg		1	
streptomycin sulfate intramuscular solution reconstituted 1 gm		1	
TOBI PODHALER INHALATION CAPSULE 28 MG		1	QL (224 per 28 days)
tobramycin inhalation nebulization solution 300 mg/5ml	(Kitabis Pak (w/ nebulizer))	1	PA BvD
tobramycin pak inhalation nebulization solution 300 mg/5ml	(Kitabis Pak (w/ nebulizer))	1	PA BvD
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml		1	
Antibacterials, Miscellaneous			
chloramphenicol sod succinate intravenous solution reconstituted 1 gm		1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin)	1	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 900 mg/50ml		1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml	(Cleocin Phosphate)	1	
colistimethate sodium (cba) injection solution reconstituted 150 mg	(Coly-Mycin M)	1	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
daptomycin intravenous solution reconstituted 500 mg		1	
daptomycin-sodium chloride intravenous solution 1000-0.9 mg/100ml-%, 700-0.9 mg/100ml-%		1	
fosfomycin tromethamine oral packet 3 gm		1	
linezolid intravenous solution 600 mg/300ml	(Zyvox)	1	
linezolid oral suspension reconstituted 100 mg/5ml	(Zyvox)	1	
linezolid oral tablet 600 mg	(Zyvox)	1	
methenamine hippurate oral tablet 1 gm	(Hiprex)	1	
metronidazole intravenous solution 500 mg/100ml		1	
metronidazole oral capsule 375 mg		1	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	(Macrodantin)	1	QL (120 per 30 days)
nitrofurantoin monohyd macro oral capsule 100 mg	(Macrobid)	1	QL (60 per 30 days)
nitrofurantoin oral suspension 25 mg/5ml		1	QL (2400 per 30 days)
polymyxin b sulfate injection solution reconstituted 500000 unit		1	
trimethoprim oral tablet 100 mg		1	
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 500 MG/100ML, 750 MG/150ML		1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.5 gm, 10 gm, 5 gm, 500 mg, 750 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM	1	
vancomycin hcl oral capsule 125 mg (Vancocin)	1	QL (56 per 14 days)
vancomycin hcl oral capsule 250 mg (Vancocin)	1	QL (112 per 14 days)
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml (Firvanq)	1	
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 per 30 days)
Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	1	
cefazolin sodium intravenous solution reconstituted 3 gm	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefepime hcl injection solution reconstituted 1 gm	1	
cefepime hcl intravenous solution reconstituted 100 gm, 2 gm	1	
cefixime oral capsule 400 mg	1	
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
cefprozil oral tablet 250 mg, 500 mg	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ceftazidime injection solution reconstituted 1 gm	(Tazicef)	1	
ceftazidime injection solution reconstituted 6 gm		1	
ceftazidime intravenous solution reconstituted 2 gm	(Tazicef)	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg		1	
ceftriaxone sodium intravenous solution reconstituted 10 gm		1	
cefuroxime axetil oral tablet 250 mg, 500 mg		1	
cefuroxime sodium injection solution reconstituted 750 mg		1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm		1	
cephalexin oral capsule 250 mg, 500 mg		1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		1	
tazicef injection solution reconstituted 1 gm	(Tazicef)	1	
tazicef intravenous solution reconstituted 2 gm	(Tazicef)	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM		1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG		1	
Macrolides			
azithromycin intravenous solution reconstituted 500 mg	(Zithromax)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	(Zithromax)	1	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)	(Zithromax)	1	
azithromycin oral tablet 600 mg		1	
clarithromycin er oral tablet extended release 24 hour 500 mg		1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		1	
clarithromycin oral tablet 250 mg, 500 mg		1	
DIFICID ORAL TABLET 200 MG	(fidaxomicin)	1	QL (20 per 10 days)
erythromycin base oral tablet 250 mg, 500 mg		1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	(E.E.S. Granules)	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	(EryPed 400)	1	
erythromycin lactobionate intravenous solution reconstituted 500 mg	(Erythrocin Lactobionate)	1	
fidaxomicin oral tablet 200 mg	(Dificid)	1	QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics			
aztreonam injection solution reconstituted 1 gm, 2 gm	(Azactam)	1	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		1	PA
ertapenem sodium injection solution reconstituted 1 gm		1	

Drug Name		Drug Tier	Requirements/Limits
imipenem-cilastatin intravenous solution reconstituted 250 mg		1	
imipenem-cilastatin intravenous solution reconstituted 500 mg	(Primaxin IV)	1	
meropenem intravenous solution reconstituted 1 gm, 500 mg		1	
MEROPENEM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM		1	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet chewable 125 mg, 250 mg		1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml		1	
amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml	(Augmentin ES-600)	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg		1	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg		1	
ampicillin oral capsule 500 mg		1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ampicillin sodium intravenous solution reconstituted 10 gm	1	
ampicillin-sulbactam sodium (Unasyn) injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1	
ampicillin-sulbactam sodium (Unasyn) intravenous solution reconstituted 15 (10-5) gm	1	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	1	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	1	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	1	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1	
nafcillin sodium intravenous solution reconstituted 10 gm	1	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1	
oxacillin sodium intravenous solution reconstituted 10 gm	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
penicillin g potassium injection solution reconstituted 20000000 unit (Pfizerpen)	1	
penicillin g procaine intramuscular suspension 600000 unit/ml	1	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	1	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	1	
levofloxacin intravenous solution 25 mg/ml	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML	1	
moxifloxacin hcl oral tablet 400 mg	1	
MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
Sulfonamides			
sulfadiazine oral tablet 500 mg		1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml		1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	(Sulfatrim Pediatric)	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetracyclines			
demeclocycline hcl oral tablet 150 mg, 300 mg		1	
doxy 100 intravenous solution reconstituted 100 mg	(Doxy 100)	1	
doxycycline hyclate intravenous solution reconstituted 100 mg	(Doxy 100)	1	
doxycycline hyclate oral capsule 100 mg, 50 mg		1	
doxycycline hyclate oral tablet 100 mg, 20 mg		1	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	
doxycycline monohydrate oral capsule 50 mg		1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml		1	
doxycycline monohydrate oral tablet 100 mg, 50 mg		1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg		1	
tetracycline hcl oral capsule 250 mg, 500 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		1	
ANTICANCER AGENTS			
Anticancer Agents			
abiraterone acetate oral tablet 250 mg	(Abirtega)	1	PA NSO; QL (120 per 30 days)
abiraterone acetate oral tablet 500 mg	(Zytiga)	1	PA NSO; QL (120 per 30 days)
abirtega oral tablet 250 mg	(Abirtega)	1	PA NSO; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		1	PA NSO; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		1	PA NSO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		1	PA NSO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		1	PA NSO; QL (120 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		1	PA NSO
anastrozole oral tablet 1 mg	(Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML		1	PA NSO; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG		1	PA NSO; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		1	PA NSO; QL (240 per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG		1	PA NSO; QL (66 per 28 days)
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	(pemetrexed dipotassium)	1	

Drug Name		Drug Tier	Requirements/Limits
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		1	PA NSO; QL (30 per 30 days)
azacitidine injection suspension reconstituted 100 mg	(Vidaza)	1	
BALVERSA ORAL TABLET 3 MG		1	PA NSO; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		1	PA NSO; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		1	PA NSO; QL (28 per 28 days)
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	(bendamustine hcl)	1	PA NSO
bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg	(Treanda)	1	PA NSO
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	(bendamustine hcl)	1	PA NSO
bexarotene external gel 1 %	(Targretin)	1	PA NSO
bexarotene oral capsule 75 mg	(Targretin)	1	PA NSO
bicalutamide oral tablet 50 mg	(Casodex)	1	
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML		1	PA NSO; QL (75 per 28 days)
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit		1	
bortezomib injection solution reconstituted 1 mg, 2.5 mg		1	PA NSO
bortezomib injection solution reconstituted 3.5 mg	(Velcade)	1	PA NSO
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML		1	PA NSO
BOSULIF ORAL CAPSULE 100 MG		1	PA NSO; QL (180 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL CAPSULE 50 MG	1	PA NSO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA NSO; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA NSO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA NSO; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA NSO; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA NSO; QL (60 per 30 days)
CALQUENCE ORAL TABLET 100 MG	1	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA NSO; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA NSO
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA NSO; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA NSO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA NSO; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA NSO; QL (63 per 28 days)
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	1	PA BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml (Frindovyx)	1	PA BvD
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	1	PA BvD
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	1	PA BvD; ST
cyclophosphamide oral capsule 50 mg	1	PA BvD; ST
cyclophosphamide oral tablet 25 mg	1	PA BvD; ST
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	1	PA NSO; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA NSO; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Sprycel)	1	PA NSO; QL (30 per 30 days)
dasatinib oral tablet 20 mg (Sprycel)	1	PA NSO; QL (90 per 30 days)
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	PA NSO
DAURISMO ORAL TABLET 100 MG	1	PA NSO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA NSO; QL (60 per 30 days)
decitabine intravenous solution reconstituted 50 mg	1	
doxorubicin hcl liposomal intravenous suspension 2 mg/ml (Doxil)	1	PA BvD
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	1	PA NSO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML	1	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML	1	PA NSO; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	1	
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 20 MG	1	PA NSO
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	1	PA NSO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	1	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	1	PA NSO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA NSO; QL (90 per 30 days)
erlotinib hcl oral tablet 100 mg (Tarceva)	1	PA NSO; QL (60 per 30 days)
erlotinib hcl oral tablet 150 mg	1	PA NSO; QL (90 per 30 days)
erlotinib hcl oral tablet 25 mg	1	PA NSO; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	
etoposide intravenous solution 100 mg/5ml	1	
EULEXIN ORAL CAPSULE 125 MG	1	
everolimus oral tablet 10 mg (Torpenz)	1	PA NSO; QL (56 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
everolimus oral tablet 2.5 mg	(Torpenz)	1	PA NSO; QL (28 per 28 days)
everolimus oral tablet 5 mg, 7.5 mg	(Torpenz)	1	PA NSO; QL (30 per 30 days)
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	1	PA NSO; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	1	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL		1	PA BvD
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG		1	PA BvD
floxuridine injection solution reconstituted 0.5 gm		1	PA BvD
fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml		1	PA BvD
FLUTAMIDE ORAL CAPSULE 125 MG		1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		1	PA NSO; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		1	PA NSO; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG		1	PA NSO; QL (21 per 28 days)
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	(Faslodex)	1	
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG		1	PA NSO
GAVRETO ORAL CAPSULE 100 MG		1	PA NSO; QL (120 per 30 days)
gefitinib oral tablet 250 mg	(Iressa)	1	PA NSO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		1	PA NSO; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	
GOMEKLI ORAL CAPSULE 1 MG	1	PA NSO; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA NSO; QL (112 per 28 days)
GOMEKLI ORAL TABLET SOLUBLE 1 MG	1	PA NSO; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	1	PA NSO; QL (5 per 21 days)
hydroxyurea oral capsule 500 mg (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	1	PA NSO; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA NSO; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; QL (30 per 30 days)
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	1	
ifosfamide intravenous solution reconstituted 1 gm (Ifex)	1	
imatinib mesylate oral tablet 100 mg (Gleevec)	1	PA NSO; QL (180 per 30 days)
imatinib mesylate oral tablet 400 mg (Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; QL (28 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA NSO; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA NSO; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	1	PA NSO
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	1	PA NSO
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA NSO; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	1	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA NSO; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	1	PA NSO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	1	PA NSO; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA NSO; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA NSO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA NSO; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	1	PA NSO
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA BvD; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	1	PA NSO
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	1	PA NSO; QL (2 per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (21 per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (42 per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (63 per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (91 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA NSO; QL (180 per 30 days)
lapatinib ditosylate oral tablet 250 mg (Tykerb)	1	PA NSO
LAZCLUZE ORAL TABLET 240 MG	1	PA NSO; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA NSO; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	1	PA NSO; QL (28 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA NSO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA NSO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA NSO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA NSO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA NSO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA NSO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA NSO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA NSO
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA NSO
leuprolide acetate injection kit 1 mg/0.2ml	1	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; QL (80 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	1	PA NSO
LORBRENA ORAL TABLET 100 MG	1	PA NSO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA NSO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA NSO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA NSO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA NSO; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	1	PA NSO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1	PA NSO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	1	PA NSO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA NSO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA NSO
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA NSO
LYNOZYFIC INTRAVENOUS SOLUTION 200 MG/10ML	1	PA NSO; QL (40 per 28 days)
LYNOZYFIC INTRAVENOUS SOLUTION 5 MG/2.5ML	1	PA NSO; QL (15 per 8 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	1	PA NSO
MATULANE ORAL CAPSULE 50 MG	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	1	PA NSO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; QL (180 per 30 days)
mercaptopurine oral suspension 2000 mg/100ml (Purixan)	1	
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	1	PA BvD; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
mitoxantrone hcl intravenous concentrate 20 mg/10ml	1	
NERLYNX ORAL TABLET 40 MG	1	PA NSO; QL (180 per 30 days)
nilutamide oral tablet 150 mg (Nilandron)	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	1	PA NSO; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	1	PA NSO; QL (96 per 28 days)
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	1	PA NSO; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA NSO; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA NSO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	1	PA NSO
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	1	PA NSO
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ORSERDU ORAL TABLET 345 MG	1	PA NSO; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA NSO; QL (90 per 30 days)
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	1	PA BvD
pazopanib hcl oral tablet 200 mg (Votrient)	1	PA NSO; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; QL (30 per 30 days)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	1	
pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg (Alimta)	1	
pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg	1	
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA NSO; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA NSO; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; QL (21 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
QINLOCK ORAL TABLET 50 MG	1	PA NSO; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA NSO; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA NSO; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA NSO; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA NSO; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA NSO; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA NSO; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA NSO; QL (60 per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	1	PA NSO
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA NSO; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; QL (90 per 30 days)
ROZLYTREK ORAL PACKET 50 MG	1	PA NSO; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; QL (120 per 30 days)
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	1	PA NSO
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; QL (224 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	1	PA NSO
SCEMBLIX ORAL TABLET 100 MG	1	PA NSO; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA NSO; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA NSO; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	
sorafenib tosylate oral tablet 200 mg (NexAVAR)	1	PA NSO; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	1	PA NSO; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA NSO
TABLOID ORAL TABLET 40 MG	1	
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; QL (120 per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	1	PA NSO; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML	1	PA NSO
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA NSO; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
tamoxifen citrate oral tablet 10 mg, 20 mg		1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	(nilotinib hcl)	1	PA NSO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	(nilotinib hcl)	1	PA NSO; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG		1	PA NSO; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML		1	PA NSO
TEPMETKO ORAL TABLET 225 MG		1	PA NSO; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML		1	PA NSO
TIBSOVO ORAL TABLET 250 MG		1	PA NSO; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG		1	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG		1	PA NSO; QL (5 per 21 days)
toposar intravenous solution 100 mg/5ml		1	
toremifene citrate oral tablet 60 mg	(Fareston)	1	
torpenz oral tablet 10 mg	(Torpenz)	1	PA NSO; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	1	PA NSO; QL (30 per 30 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG		1	PA NSO
tretinoin oral capsule 10 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA NSO; QL (64 per 28 days)
TRUQAP TABLET THERAPY PACK 160 MG ORAL	1	PA NSO; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO
TUKYSA ORAL TABLET 150 MG	1	PA NSO; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA NSO; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	1	PA NSO; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA NSO
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; QL (56 per 28 days)
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	1	
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS (bendamustine hcl) SOLUTION 100 MG/4ML	1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA NSO
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 300 MG	1	PA NSO
WELIREG ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	1	PA NSO; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	1	PA NSO; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	1	PA NSO; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA NSO; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	1	PA NSO; QL (16 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (4 per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (8 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA NSO; QL (4 per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA NSO; QL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (8 per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA NSO; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA NSO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	1	PA NSO
YONSA ORAL TABLET 125 MG	1	PA NSO; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA NSO; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; QL (240 per 30 days)
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	1	PA NSO
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	1	
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA NSO; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	1	PA NSO
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	1	PA NSO; QL (20 per 28 days)
ANTICHOLINERGIC AGENTS		
Antimuscarinics/Antispasmodics		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg (Librax)	1	
glycopyrrolate oral solution 1 mg/5ml (Cuvposa)	1	
ANTICONVULSANTS		
Anticonvulsants		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	1	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	1	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	QL (60 per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg (Carbatrol)	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg (TEGretol-XR)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
carbamazepine oral suspension 100 mg/5ml	(TEGretol)	1	
carbamazepine oral tablet 200 mg	(Epitol)	1	
carbamazepine oral tablet chewable 100 mg, 200 mg		1	
clobazam oral suspension 2.5 mg/ml	(Onfi)	1	
clobazam oral tablet 10 mg, 20 mg	(Onfi)	1	
DIACOMIT ORAL CAPSULE 250 MG		1	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		1	PA NSO; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG		1	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG		1	PA NSO; QL (180 per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg		1	
DILANTIN ORAL CAPSULE 30 MG		1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	(Depakote ER)	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	(Depakote Sprinkles)	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	(Depakote)	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG		1	ST; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG		1	ST; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
epitol oral tablet 200 mg	(Epitol)	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	(topiramate)	1	ST
eslicarbazepine acetate oral tablet 200 mg, 400 mg	(Aptiom)	1	ST; QL (30 per 30 days)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	(Aptiom)	1	ST; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	1	
ethosuximide oral solution 250 mg/5ml	(Zarontin)	1	
felbamate oral suspension 600 mg/5ml		1	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		1	PA NSO
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	(Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		1	ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 8 MG	(perampanel)	1	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	(perampanel)	1	ST; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	1	
gabapentin oral solution 250 mg/5ml	(Neurontin)	1	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	1	
lacosamide intravenous solution 200 mg/20ml	(Vimpat)	1	
lacosamide oral solution 10 mg/ml	(Vimpat)	1	
lacosamide oral tablet 100 mg, 150 mg, 50 mg	(Vimpat)	1	
lacosamide oral tablet 200 mg	(Vimpat)	1	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(LaMICtal XR)	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	(LaMICtal)	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	(LaMICtal ODT)	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	(Keppra XR)	1	
levetiracetam intravenous solution 500 mg/5ml	(Keppra)	1	
levetiracetam oral solution 100 mg/ml	(Keppra)	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	
levetiracetam oral tablet disintegrating soluble 250 mg	(Spritam)	1	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		1	QL (10 per 30 days)
methsuximide oral capsule 300 mg	(Celontin)	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		1	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5ml	(Trileptal)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	
perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg	(Fycompa)	1	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	1	ST; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5ml		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		1	
phenytek oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin oral suspension 125 mg/5ml	(Dilantin-125)	1	
phenytoin oral tablet chewable 50 mg	(Dilantin Infatabs)	1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin)	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin sodium injection solution 50 mg/ml		1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	1	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	1	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	1	QL (900 per 30 days)
primidone oral tablet 125 mg		1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
rufinamide oral suspension 40 mg/ml	(Banzel)	1	ST
rufinamide oral tablet 200 mg, 400 mg	(Banzel)	1	ST
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		1	PA BvD
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG		1	ST
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	(levetiracetam)	1	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		1	PA NSO; QL (60 per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg		1	
topiramate oral capsule sprinkle 15 mg, 25 mg	(Topamax Sprinkle)	1	
topiramate oral capsule sprinkle 50 mg		1	
topiramate oral solution 25 mg/ml	(Eprontia)	1	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 100 mg/ml		1	
valproic acid oral capsule 250 mg		1	
valproic acid oral solution 250 mg/5ml		1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		1	QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		1	QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		1	QL (10 per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		1	QL (10 per 30 days)
vigabatrin oral packet 500 mg	(Vigadrone)	1	
vigabatrin oral tablet 500 mg	(Vigadrone)	1	
vigadrone oral packet 500 mg	(Vigadrone)	1	
vigadrone oral tablet 500 mg	(Vigadrone)	1	
vigpoder oral packet 500 mg	(Vigadrone)	1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		1	QL (56 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	1	
ZONISADE ORAL SUSPENSION 100 MG/5ML	1	
zonisamide oral capsule 100 mg, 25 mg (Zonegran)	1	
zonisamide oral capsule 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA NSO; QL (1080 per 30 days)
ANTIDEMENTIA AGENTS		
Antidementia Agents		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg (Aricept)	1	QL (30 per 30 days)
donepezil hcl oral tablet dispersible 10 mg	1	
donepezil hcl oral tablet dispersible 5 mg	1	QL (30 per 30 days)
ergoloid mesylates oral tablet 1 mg	1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	QL (30 per 30 days)
galantamine hydrobromide oral solution 4 mg/ml	1	QL (200 per 30 days)
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

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

Drug Name	Drug Tier	Requirements/Limits
desipramine hcl oral tablet 10 mg, 25 mg (Norpramin)	1	
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg (Pristiq)	1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral concentrate 10 mg/ml	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	1	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	1	ST; QL (30 per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL (60 per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	1	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	ST; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
fluoxetine hcl oral capsule 10 mg, 40 mg	1	
fluoxetine hcl oral capsule 20 mg (PROzac)	1	
fluoxetine hcl oral solution 20 mg/5ml	1	
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	1	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
MARPLAN ORAL TABLET 10 MG	1	
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	1	
mirtazapine oral tablet 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg (Remeron SolTab)	1	
nefazodone hcl oral tablet 100 mg, 250 mg, 50 mg	1	
NEFAZODONE HCL ORAL TABLET 150 MG, 200 MG	1	
nefazodone hcl tablet 150 mg oral	1	
nefazodone hcl tablet 200 mg oral	1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1	
nortriptyline hcl oral solution 10 mg/5ml	1	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	1	
paroxetine hcl oral suspension 10 mg/5ml	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		1	
phenelzine sulfate oral tablet 15 mg	(Nardil)	1	
protriptyline hcl oral tablet 10 mg, 5 mg		1	
RALDESY ORAL SOLUTION 10 MG/ML		1	PA NSO; QL (1200 per 30 days)
sertraline hcl 100 mg tablet f/c	(Zoloft)	1	
sertraline hcl 25 mg tablet f/c	(Zoloft)	1	
sertraline hcl 50 mg tablet f/c	(Zoloft)	1	
sertraline hcl oral concentrate 20 mg/ml	(Zoloft)	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		1	PA NSO
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		1	PA NSO
tranylcypromine sulfate oral tablet 10 mg	(Parnate)	1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg		1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		1	QL (30 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	(Effexor XR)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	(Effexor XR)	1	QL (90 per 30 days)
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg		1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		1	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	1	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		1	PA NSO; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		1	PA NSO; QL (14 per 14 days)
ANTIDIABETIC AGENTS			
Antidiabetic Agents, Miscellaneous			
acarbose oral tablet 100 mg, 25 mg, 50 mg		1	
dapagliflozin propanediol oral tablet 10 mg, 5 mg	(Farxiga)	1	QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	1	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		1	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		1	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG		1	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG		1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	1	QL (30 per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (60 per 30 days)
metformin hcl oral solution 500 mg/5ml (Riomet)	1	QL (765 per 30 days)
metformin hcl oral tablet 1000 mg	1	QL (75 per 30 days)
metformin hcl oral tablet 500 mg	1	QL (150 per 30 days)
metformin hcl oral tablet 750 mg, 850 mg	1	QL (90 per 30 days)
metformin hcl tablet 1000 mg oral	1	QL (75 per 30 days)
metformin hcl tablet 500 mg oral	1	QL (150 per 30 days)
mifepristone oral tablet 300 mg (Korlym)	1	PA; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML	1	PA; QL (3 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

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

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG (dapagliflozin pro-metformin er)	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-500 MG	1	QL (60 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (dapagliflozin pro-metformin er)	1	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max $35 copay per month supply; QL (30 per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML	1	max $35 copay per month supply; QL (40 per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	max $35 copay per month supply; QL (30 per 28 days)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	max $35 copay per month supply
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	1	max $35 copay per month supply; QL (24 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	(NovoLOG Mix 70/30 FlexPen)	1	max $35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	(insulin aspart flexpen)	1	max $35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	(insulin aspart)	1	max $35 copay per month supply; QL (40 per 28 days)
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	(insulin aspart penfill)	1	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	(NovoLOG Mix 70/30)	1	max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee (yfgn))	1	max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	(Semglee (yfgn))	1	max $35 copay per month supply; QL (30 per 28 days)
insulin lispro injection solution 100 unit/ml	(Admelog)	1	QL (40 per 28 days)
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	(HumaLOG Junior KwikPen)	1	ST; QL (30 per 28 days)
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	(HumaLOG Mix 75/25 KwikPen)	1	ST; QL (30 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG FLEXPEN (insulin aspart flexpen) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG INJECTION (insulin aspart) SOLUTION 100 UNIT/ML	1	max $35 copay per month supply; QL (40 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	(insulin asp prot & asp flexpen)	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	(insulin aspart prot & aspart)	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	(insulin aspart penfill)	1	max $35 copay per month supply; QL (30 per 28 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		1	max $35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	(insulin glargine max solostar)	1	max $35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	(insulin glargine solostar)	1	max $35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML		1	max $35 copay per month supply; QL (15 per 28 days)
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg		1	QL (30 per 30 days)
glimepiride oral tablet 4 mg		1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	(Glucotrol XL)	1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg		1	QL (30 per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	(Glucotrol XL)	1	QL (30 per 30 days)
glipizide oral tablet 10 mg		1	QL (120 per 30 days)
glipizide oral tablet 2.5 mg		1	QL (60 per 30 days)
glipizide oral tablet 5 mg		1	QL (240 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	PA BvD
amphotericin b intravenous solution reconstituted 50 mg	1	PA BvD
amphotericin b liposome intravenous suspension reconstituted 50 mg (AmBisome)	1	PA BvD
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 % (Ciclodan)	1	QL (19.8 per 30 days)
ciclopirox olamine external cream 0.77 %	1	QL (180 per 30 days)
ciclopirox olamine external suspension 0.77 %	1	QL (180 per 30 days)
clotrimazole external cream 1 % (Lotrimin AF)	1	
clotrimazole external solution 1 %	1	
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	QL (90 per 30 days)
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	1	

Drug Name	Drug Tier	Requirements/Limits
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	1	PA
econazole nitrate external cream 1 %	1	QL (170 per 30 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
fluconazole oral suspension reconstituted 10 mg/ml	1	
fluconazole oral suspension reconstituted 40 mg/ml (Diflucan)	1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1	
fluconazole oral tablet 150 mg (Diflucan)	1	
flucytosine oral capsule 250 mg, 500 mg (Ancobon)	1	
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	1	
itraconazole oral capsule 100 mg (Sporanox)	1	
ketoconazole external cream 2 %	1	QL (180 per 30 days)
ketoconazole external shampoo 2 %	1	QL (360 per 30 days)
ketoconazole oral tablet 200 mg	1	
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg (Mycamine)	1	
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG	1	
nyamyc external powder 100000 unit/gm (Nyamyc)	1	QL (60 per 30 days)
nystatin external cream 100000 unit/gm	1	QL (60 per 30 days)
nystatin external ointment 100000 unit/gm	1	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
nystatin external powder 100000 unit/gm	(Nyamyc)	1	QL (60 per 30 days)
nystatin mouth/throat suspension 100000 unit/ml		1	
nystatin oral tablet 500000 unit		1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%		1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%		1	
nystop external powder 100000 unit/gm	(Nyamyc)	1	QL (60 per 30 days)
posaconazole oral tablet delayed release 100 mg	(Noxafil)	1	PA
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous solution reconstituted 200 mg	(Vfend IV)	1	PA BvD
voriconazole oral suspension reconstituted 40 mg/ml	(Vfend)	1	PA
voriconazole oral tablet 200 mg, 50 mg		1	
ANTIGOUT AGENTS			
Antigout Agents, Other			
allopurinol oral tablet 100 mg, 300 mg		1	
colchicine oral capsule 0.6 mg	(Mitigare)	1	QL (60 per 30 days)
colchicine oral tablet 0.6 mg		1	QL (120 per 30 days)
colchicine-probenecid oral tablet 0.5-500 mg		1	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	1	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg		1	
ANTIHISTAMINES			
Antihistamines			
cetirizine hcl oral solution 5 mg/5ml	(KLS Aller-Tec Childrens)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
cetirizine hcl solution 1 mg/ml oral (rx)	(KLS Aller-Tec Childrens)	1	
cyproheptadine hcl oral syrup 2 mg/5ml		1	
cyproheptadine hcl oral tablet 4 mg		1	
desloratadine oral tablet 5 mg	(Clarinex)	1	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml		1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
levocetirizine dihydrochloride oral tablet 5 mg	(Xyzal Allergy 24HR)	1	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	
metronidazole vaginal gel 0.75 %	(Vandazole)	1	
terconazole vaginal cream 0.4 %, 0.8 %		1	
terconazole vaginal suppository 80 mg		1	
ANTIMIGRAINE AGENTS			
Antimigraine Agents			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML		1	PA; QL (1 per 30 days)
dihydroergotamine mesylate nasal solution 4 mg/ml		1	ST; QL (8 per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		1	PA; QL (3 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		1	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		1	PA; QL (2 per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg		1	QL (9 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG		1	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		1	PA; QL (30 per 30 days)
rizatriptan benzoate oral tablet 10 mg	(Maxalt)	1	QL (18 per 30 days)
rizatriptan benzoate oral tablet 5 mg		1	QL (18 per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg	(Maxalt-MLT)	1	QL (18 per 30 days)
rizatriptan benzoate oral tablet dispersible 5 mg		1	QL (18 per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act		1	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	(Imitrex STATdose Refill)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		1	QL (5 per 28 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	(Imitrex STATdose System)	1	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		1	PA; QL (16 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ANTIMYCOBACTERIALS			
Antimycobacterials			
dapsone oral tablet 100 mg, 25 mg		1	
ethambutol hcl oral tablet 100 mg, 400 mg		1	
isoniazid oral tablet 100 mg, 300 mg		1	
PRIFTIN ORAL TABLET 150 MG		1	
pyrazinamide oral tablet 500 mg		1	
rifabutin oral capsule 150 mg		1	
rifampin intravenous solution reconstituted 600 mg	(Rifadin)	1	
rifampin oral capsule 150 mg, 300 mg		1	
SIRTURO ORAL TABLET 100 MG, 20 MG		1	PA
TRECATOR ORAL TABLET 250 MG		1	
ANTINAUSEA AGENTS			
Antinausea Agents			
aprepitant oral capsule 125 mg		1	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		1	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 & 125 mg	(Emend TriPack)	1	PA BvD
aprepitant oral capsule 80 mg	(Emend BiPack)	1	PA BvD; QL (4 per 28 days)
compro rectal suppository 25 mg	(Compro)	1	
dronabinol oral capsule 10 mg, 5 mg		1	PA; QL (60 per 30 days)
dronabinol oral capsule 2.5 mg	(Marinol)	1	PA; QL (60 per 30 days)
meclizine hcl oral tablet 12.5 mg		1	
meclizine hcl oral tablet 25 mg	(Dramamine)	1	
ondansetron hcl injection solution 40 mg/20ml		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	1	
ondansetron hcl oral solution 4 mg/5ml	1	PA BvD
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	1	PA BvD
ondansetron oral tablet dispersible 4 mg, 8 mg	1	PA BvD
prochlorperazine edisylate injection solution 10 mg/2ml	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg (Compro)	1	
promethazine hcl injection solution 25 mg/ml (Phenergan)	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 25 mg (Promethegan)	1	
promethegan rectal suppository 12.5 mg	1	
promethegan rectal suppository 25 mg (Promethegan)	1	
scopolamine transdermal patch 72 hour 1 mg/3days	1	QL (10 per 30 days)
trimethobenzamide hcl oral capsule 300 mg	1	
ANTIPARASITE AGENTS		
Antiparasite Agents		
albendazole oral tablet 200 mg	1	
atovaquone oral suspension 750 mg/5ml (Mepron)	1	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg (Malarone)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
chloroquine phosphate oral tablet 250 mg, 500 mg		1	
COARTEM ORAL TABLET 20-120 MG		1	
hydroxychloroquine sulfate oral tablet 100 mg		1	QL (180 per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	(Plaquenil)	1	QL (90 per 30 days)
hydroxychloroquine sulfate oral tablet 300 mg	(Sovuna)	1	QL (60 per 30 days)
hydroxychloroquine sulfate oral tablet 400 mg		1	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		1	PA; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	1	
ivermectin oral tablet 6 mg		1	
mefloquine hcl oral tablet 250 mg		1	
nitazoxanide oral tablet 500 mg		1	QL (60 per 30 days)
pentamidine isethionate inhalation solution reconstituted 300 mg	(Nebupent)	1	PA BvD
pentamidine isethionate injection solution reconstituted 300 mg	(Pentam)	1	
praziquantel oral tablet 600 mg	(Biltricide)	1	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG		1	
pyrimethamine oral tablet 25 mg	(Daraprim)	1	PA
quinine sulfate oral capsule 324 mg		1	PA
tinidazole oral tablet 250 mg, 500 mg		1	
ANTIPARKINSONIAN AGENTS			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
amantadine hcl oral solution 50 mg/5ml		1	
amantadine hcl oral tablet 100 mg		1	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg		1	
bromocriptine mesylate oral tablet 2.5 mg	(Parlodel)	1	
cabergoline oral tablet 0.5 mg		1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg		1	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	1	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	1	
carbidopa-levodopa oral tablet 25-250 mg		1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg		1	
entacapone oral tablet 200 mg		1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		1	PA; QL (150 per 30 days)
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25&30 MG		1	PA
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML		1	PA; QL (600 per 30 days)
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		1	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	(Azilect)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	1	PA; QL (560 per 28 days)
ANTIPSYCHOTIC AGENTS		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	1	
aripiprazole oral tablet dispersible 10 mg	1	ST; QL (90 per 30 days)
aripiprazole oral tablet dispersible 15 mg	1	ST; QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

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

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	1	QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	1	ST
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	1	ST
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml (Haldol Decanoate)	1	
haloperidol decanoate intramuscular solution 50 mg/ml, 50 mg/ml(1ml)	1	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 per 21 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg (Latuda)	1	
lurasidone hcl oral tablet 80 mg (Latuda)	1	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	QL (30 per 30 days)
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; QL (30 per 30 days)
olanzapine intramuscular solution reconstituted 10 mg (ZyPREXA)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg	1	
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg (ZyPREXA)	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	1	ST
paliperidone er oral tablet extended release 24 hour 1.5 mg	1	
paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg (Invega)	1	
paliperidone er oral tablet extended release 24 hour 6 mg (Invega)	1	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg	1	
prochlorperazine edisylate solution 10 mg/2ml injection	1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg (SEROquel XR)	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (SEROquel)	1	
quetiapine fumarate oral tablet 150 mg	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg (RisperDAL Consta)	1	
risperidone oral solution 1 mg/ml (RisperDAL)	1	
risperidone oral tablet 0.25 mg	1	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (RisperDAL)	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	1	QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	ST; QL (30 per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	1	QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	1	QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	1	QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	1	QL (0.56 per 56 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	1	QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	1	QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	1	QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	ST; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1	
ziprasidone mesylate intramuscular solution reconstituted 20 mg (Geodon)	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	1	QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)		
Antiretrovirals		
abacavir sulfate oral solution 20 mg/ml (Ziagen)	1	
abacavir sulfate oral tablet 300 mg	1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	
APTIVUS ORAL CAPSULE 250 MG	1	

Drug Name	Drug Tier	Requirements/Limits
atazanavir sulfate oral capsule 150 mg	1	
atazanavir sulfate oral capsule 200 mg, 300 mg (Reyataz)	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	1	
CIMDUO ORAL TABLET 300-300 MG	1	
darunavir oral tablet 600 mg, 800 mg (Prezista)	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	
DOVATO ORAL TABLET 50-300 MG	1	
EDURANT ORAL TABLET 25 MG	1	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	1	
efavirenz oral capsule 200 mg, 50 mg	1	
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg (Symfi)	1	
emtricitabine oral capsule 200 mg (Emtriva)	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg (Complera)	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	
etravirine oral tablet 100 mg, 200 mg (Intelence)	1	
EVOTAZ ORAL TABLET 300-150 MG	1	
fosamprenavir calcium oral tablet 700 mg	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	
ISENTRESS ORAL PACKET 100 MG	1	
ISENTRESS ORAL TABLET 400 MG	1	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML	1	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml (Epivir)	1	
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg (Epivir)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
lamivudine-zidovudine oral tablet 150-300 mg	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
lopinavir-ritonavir oral solution 400-100 mg/5ml (Kaletra)	1	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	1	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	1	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg (Selzentry)	1	
nevirapine er oral tablet extended release 24 hour 100 mg	1	QL (90 per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	1	QL (30 per 30 days)
nevirapine oral suspension 50 mg/5ml	1	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	1	QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG	1	
NORVIR ORAL SOLUTION 80 MG/ML	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	
PIFELTRO ORAL TABLET 100 MG	1	
PREZCOBIX ORAL TABLET 800-150 MG	1	
PREZISTA ORAL SUSPENSION 100 MG/ML	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL PACKET 50 MG	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ritonavir oral tablet 100 mg (Norvir)	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	
SUNLENCA ORAL TABLET 300 MG	1	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	1	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	1	PA BvD
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	1	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	1	QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	1	
TRIZIVIR ORAL TABLET 300-150-300 MG	1	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
VEMLIDY ORAL TABLET 25 MG		1	QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG		1	
VIREAD ORAL POWDER 40 MG/GM		1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		1	
VOCABRIA ORAL TABLET 30 MG		1	
zidovudine oral capsule 100 mg	(Retrovir)	1	
zidovudine oral syrup 50 mg/5ml	(Retrovir)	1	
zidovudine oral tablet 300 mg		1	
Antivirals, Miscellaneous			
LIVTENCITY ORAL TABLET 200 MG		1	PA
oseltamivir phosphate oral capsule 30 mg	(Tamiflu)	1	QL (84 per 180 days)
oseltamivir phosphate oral capsule 45 mg	(Tamiflu)	1	QL (48 per 180 days)
oseltamivir phosphate oral capsule 75 mg	(Tamiflu)	1	QL (42 per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	(Tamiflu)	1	QL (540 per 180 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		1	QL (20 per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG		1	QL (11 per 28 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		1	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		1	PA; QL (28 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	1	QL (60 per 180 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	1	QL (4 per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	1	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PACKET 150-37.5 MG	1	PA; QL (28 per 28 days)
EPCLUSA ORAL PACKET 200-50 MG	1	PA; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	1	PA; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	1	PA; QL (28 per 28 days)
HARVONI ORAL PACKET 33.75-150 MG	1	PA; QL (28 per 28 days)
HARVONI ORAL PACKET 45-200 MG	1	PA; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	1	PA; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	1	PA; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; QL (28 per 28 days)
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
Nucleosides And Nucleotides			
acyclovir oral capsule 200 mg		1	
acyclovir oral suspension 200 mg/5ml		1	
acyclovir oral tablet 400 mg, 800 mg		1	
acyclovir sodium intravenous solution 50 mg/ml		1	PA BvD
adefovir dipivoxil oral tablet 10 mg		1	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		1	
ribavirin oral tablet 200 mg		1	
valacyclovir hcl oral tablet 1 gm, 500 mg	(Valtrex)	1	
valganciclovir hcl oral solution reconstituted 50 mg/ml	(Valcyte)	1	
valganciclovir hcl oral tablet 450 mg	(Valcyte)	1	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS			
Anticoagulants			
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	1	QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		1	
ELIQUIS ORAL TABLET 2.5 MG		1	
ELIQUIS ORAL TABLET 5 MG		1	QL (74 per 30 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	(Lovenox)	1	QL (60 per 30 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	(Lovenox)	1	QL (48 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	(Lovenox)	1	QL (18 per 30 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	(Lovenox)	1	QL (24 per 30 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	(Lovenox)	1	QL (36 per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	(Arixtra)	1	QL (24 per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	(Arixtra)	1	QL (15 per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	(Arixtra)	1	QL (12 per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	(Arixtra)	1	QL (18 per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	1	
rivaroxaban oral suspension reconstituted 1 mg/ml	(Xarelto)	1	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	(rivaroxaban)	1	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		1	
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	1	ST
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		1	
Blood Formation Modifiers			

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	1	PA; QL (60 per 30 days)
eltrombopag olamine oral packet 12.5 mg (Promacta)	1	PA; QL (90 per 30 days)
eltrombopag olamine oral packet 25 mg (Promacta)	1	PA; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg (Promacta)	1	PA; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg (Promacta)	1	PA; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg (Promacta)	1	PA; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	1	PA; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	1	PA; QL (20 per 30 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	1	PA; QL (4 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		1	PA
Hematologic Agents, Miscellaneous			
anagrelide hcl oral capsule 0.5 mg	(Agrylin)	1	
anagrelide hcl oral capsule 1 mg		1	
tranexamic acid oral tablet 650 mg		1	
Platelet-Aggregation Inhibitors			
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg		1	
BRILINTA ORAL TABLET 90 MG	(ticagrelor)	1	
cilostazol oral tablet 100 mg, 50 mg		1	
clopidogrel bisulfate oral tablet 75 mg	(Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		1	
pentoxifylline er oral tablet extended release 400 mg		1	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	1	QL (30 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	(Brilinta)	1	
CALORIC AGENTS			
Caloric Agents			
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %		1	PA BvD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %		1	PA BvD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %		1	PA BvD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %		1	PA BvD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %		1	PA BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
clinisol sf intravenous solution 15 %		1	PA BvD
dextrose intravenous solution 5 %		1	
plenamine intravenous solution 15 %		1	PA BvD
PROSOL INTRAVENOUS SOLUTION 20 %		1	PA BvD
CARDIOVASCULAR AGENTS			
Alpha-Adrenergic Agents			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	
clonidine transdermal patch weekly 0.1 mg/24hr	(Catapres-TTS-1)	1	
clonidine transdermal patch weekly 0.2 mg/24hr	(Catapres-TTS-2)	1	
clonidine transdermal patch weekly 0.3 mg/24hr	(Catapres-TTS-3)	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	1	PA; QL (180 per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg		1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg		1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg		1	
Angiotensin Ii Receptor Antagonists			
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		1	QL (240 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	1	QL (60 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	1	
irbesartan oral tablet 75 mg		1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	(Entresto)	1	
telmisartan oral tablet 20 mg		1	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors			
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
benazepril hcl oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg		1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg		1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
moexipril hcl oral tablet 15 mg, 7.5 mg		1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	(Accuretic)	1	
quinapril-hydrochlorothiazide oral tablet 20-25 mg		1	
ramipril oral capsule 1.25 mg, 10 mg, 5 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ramipril oral capsule 2.5 mg	(Altace)	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	
Antiarrhythmic Agents			
amiodarone hcl oral tablet 100 mg, 200 mg	(Pacerone)	1	
amiodarone hcl oral tablet 400 mg		1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	1	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg		1	
MULTAQ ORAL TABLET 400 MG		1	
pacerone oral tablet 100 mg, 200 mg	(Pacerone)	1	
pacerone oral tablet 400 mg		1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg		1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg		1	
quinidine sulfate oral tablet 200 mg, 300 mg		1	
Beta-Adrenergic Blocking Agents			
acebutolol hcl oral capsule 200 mg, 400 mg		1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		1	
metoprolol-hydrochlorothiazide oral tablet 50-25 mg		1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	
sorine oral tablet 120 mg, 160 mg, 80 mg	(Betapace)	1	
sorine oral tablet 240 mg		1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	(Betapace AF)	1	
sotalol hcl oral tablet 120 mg, 160 mg, 80 mg	(Betapace)	1	
sotalol hcl oral tablet 240 mg		1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	
Calcium-Channel Blocking Agents			

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem 90 mg tablet		1	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	(Tiadylt ER)	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg		1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	
diltiazem hcl oral tablet 90 mg		1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		1	
taztia xt oral capsule extended release 24 hour 360 mg	(Tiadylt ER)	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		1	
tiadylt er oral capsule extended release 24 hour 360 mg, 420 mg	(Tiadylt ER)	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	(Verelan)	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents, Miscellaneous		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	1	QL (600 per 30 days)
digoxin oral tablet 125 mcg, 250 mcg (Digox)	1	
epinephrine injection solution 0.3 mg/0.3ml	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml (Auvi-Q)	1	
epinephrine injection solution auto-injector 0.15 mg/0.3ml (EpiPen Jr 2-Pak)	1	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
icatibant acetate subcutaneous solution 30 mg/3ml	1	PA; QL (18 per 30 days)
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml (Firazyr)	1	PA; QL (18 per 30 days)
ivabradine hcl oral tablet 5 mg, 7.5 mg (Corlanor)	1	QL (60 per 30 days)
metyrosine oral capsule 250 mg (Demser)	1	PA
ranolazine er oral tablet extended release 12 hour 1000 mg	1	QL (60 per 30 days)
ranolazine er oral tablet extended release 12 hour 500 mg	1	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA; QL (30 per 30 days)
Dihydropyridines		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)	1	
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg		1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg		1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	(Procardia XL)	1	
nifedipine oral capsule 10 mg, 20 mg		1	
Diuretics			
amiloride hcl oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	
bumetanide injection solution 0.25 mg/ml		1	
bumetanide oral tablet 0.5 mg	(Bumex)	1	
bumetanide oral tablet 1 mg, 2 mg		1	
chlorthalidone oral tablet 25 mg, 50 mg		1	
furosemide injection solution 10 mg/ml		1	
furosemide oral solution 10 mg/ml, 8 mg/ml		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)	1	PA; QL (120 per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	1	
spironolactone-hctz oral tablet 25-25 mg	1	
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg (Jynarque)	1	PA; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 5 mg	1	
torsemide oral tablet 20 mg (Soaanz)	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
Dyslipidemics		
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg (Caduet)	1	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet)	1	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	
cholestyramine light oral packet 4 gm	(Prevalite)	1	
cholestyramine oral packet 4 gm	(Questran)	1	
colesevelam hcl oral packet 3.75 gm	(Welchol)	1	
colesevelam hcl oral tablet 625 mg	(Welchol)	1	
colestipol hcl oral packet 5 gm		1	
colestipol hcl oral tablet 1 gm	(Colestid)	1	
ezetimibe oral tablet 10 mg	(Zetia)	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	(Vytorin)	1	
fenofibrate capsule 134 mg oral		1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		1	
fenofibrate oral tablet 145 mg, 48 mg	(Tricor)	1	
fenofibrate oral tablet 160 mg, 54 mg		1	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	(Lescol XL)	1	
fluvastatin sodium oral capsule 20 mg, 40 mg		1	QL (60 per 30 days)
gemfibrozil oral tablet 600 mg	(Lopid)	1	
icosapent ethyl oral capsule 0.5 gm	(Vascepa)	1	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gm	(Vascepa)	1	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	
NEXLETOL ORAL TABLET 180 MG		1	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		1	ST; QL (30 per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
omega-3-acid ethyl esters oral capsule 1 gm	(Lovaza)	1	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	1	QL (30 per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg		1	
prevalite oral packet 4 gm	(Prevalite)	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		1	ST; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		1	ST; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		1	ST; QL (6 per 28 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	1	
simvastatin oral tablet 5 mg, 80 mg		1	
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren fumarate oral tablet 150 mg, 300 mg	(Tekturna)	1	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		1	PA; QL (30 per 30 days)
Vasodilators			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg		1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	
minoxidil oral tablet 10 mg, 2.5 mg		1	
NITRO-BID TRANSDERMAL OINTMENT 2 %		1	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	1	
CENTRAL NERVOUS SYSTEM AGENTS			
Central Nervous System Agents			
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	(Adderall XR)	1	QL (30 per 30 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	(Adderall XR)	1	QL (60 per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	QL (60 per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg		1	QL (60 per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg		1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		1	PA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		1	PA; QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	1	PA; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG	1	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	1	PA; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	1	PA; QL (210 per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG	1	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA; QL (1 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	1	PA; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; QL (15 per 30 days)
dalfampridine er oral tablet extended release 12 hour 10 mg (Ampyra)	1	PA; QL (60 per 30 days)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg (Focalin)	1	QL (60 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg (Zenzedi)	1	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 5 mg (Zenzedi)	1	QL (120 per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg (Tecfidera)	1	PA; QL (14 per 7 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
dimethyl fumarate oral capsule delayed release 240 mg	(Tecfidera)	1	PA; QL (60 per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	(Tecfidera)	1	PA
fingolimod hcl oral capsule 0.5 mg	(Gilenya)	1	PA; QL (30 per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	(Glatopa)	1	PA; QL (30 per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	(Glatopa)	1	PA; QL (12 per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	(Glatopa)	1	PA; QL (30 per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	(Glatopa)	1	PA; QL (12 per 28 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv)	1	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG		1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML		1	PA; QL (1.2 per 28 days)
lithium carbonate er oral tablet extended release 300 mg	(Lithobid)	1	
lithium carbonate er oral tablet extended release 450 mg		1	
lithium carbonate oral capsule 150 mg, 300 mg		1	
LITHIUM CARBONATE ORAL CAPSULE 600 MG		1	
lithium carbonate oral tablet 300 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
lithium oral solution 8 meq/5ml	1	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; QL (30 per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	1	PA
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml (Methylin)	1	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	1	QL (90 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; QL (60 per 30 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	1	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML		1	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML		1	PA; QL (1 per 28 days)
riluzole oral tablet 50 mg		1	
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	1	PA; QL (112 per 28 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML		1	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG		1	PA; QL (120 per 30 days)
CONTRACEPTIVES			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
altavera oral tablet 0.15-30 mg-mcg	(Altavera)	1	
alyacen 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
amethyst oral tablet 90-20 mcg	(Amethyst)	1	
apri oral tablet 0.15-30 mg-mcg	(Apri)	1	
aubra eq oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg		1	
aurovela 1/20 oral tablet 1-20 mg-mcg		1	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)		1	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
aviane oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	

Drug Name		Drug Tier	Requirements/Limits
ayuna oral tablet 0.15-30 mg-mcg	(Altavera)	1	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)		1	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
camila oral tablet 0.35 mg	(Camila)	1	
chateal eq oral tablet 0.15-30 mg-mcg	(Altavera)	1	
cryselle-28 oral tablet 0.3-30 mg-mcg		1	
cyred eq oral tablet 0.15-30 mg-mcg	(Apri)	1	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
deblitane oral tablet 0.35 mg	(Camila)	1	
delyla oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	(Apri)	1	
dolishale oral tablet 90-20 mcg	(Amethyst)	1	
elinest oral tablet 0.3-30 mg-mcg		1	
eluryng vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
emzahh oral tablet 0.35 mg	(Camila)	1	
enilloring vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
enpresse-28 oral tablet 50-30/75-40/125-30 mcg	(Enpresse-28)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
enskyce oral tablet 0.15-30 mg-mcg	(Apri)	1	
errin oral tablet 0.35 mg	(Camila)	1	
estarylla oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1/50)	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
falmina oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
feirza 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
femynor oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
hailey 24 fe oral tablet 1-20 mg-mcg(24)		1	
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
hailey fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
haloette vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
heather oral tablet 0.35 mg	(Camila)	1	
iclevia oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(Camila)	1	
introvale oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
isibloom oral tablet 0.15-30 mg-mcg	(Apri)	1	
jencycla oral tablet 0.35 mg	(Camila)	1	
jolessa oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
juleber oral tablet 0.15-30 mg-mcg	(Apri)	1	
junel 1.5/30 oral tablet 1.5-30 mg-mcg		1	
junel 1/20 oral tablet 1-20 mg-mcg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
junel fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
junel fe 24 oral tablet 1-20 mg-mcg(24)		1	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
kelnor 1/35 oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
kelnor 1/50 oral tablet 1-50 mg-mcg	(Kelnor 1/50)	1	
kurvelo oral tablet 0.15-30 mg-mcg	(Altavera)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG		1	
larin 1.5/30 oral tablet 1.5-30 mg-mcg		1	
larin 1/20 oral tablet 1-20 mg-mcg		1	
larin 24 fe oral tablet 1-20 mg-mcg(24)		1	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
larin fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
lessina oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
levonest oral tablet 50-30/75-40/ 125-30 mcg	(Enpresse-28)	1	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	(Balcoltra)	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	(Altavera)	1	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	(Amethyst)	1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	(Enpresse-28)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	(Altavera)	1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		1	
low-ogestrel oral tablet 0.3-30 mg-mcg		1	
lutera oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
lyleq oral tablet 0.35 mg	(Camila)	1	
lyza oral tablet 0.35 mg	(Camila)	1	
marlissa oral tablet 0.15-30 mg-mcg	(Altavera)	1	
meleya oral tablet 0.35 mg	(Camila)	1	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg		1	
microgestin 1/20 oral tablet 1-20 mg-mcg		1	
microgestin 24 fe oral tablet 1-20 mg-mcg		1	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
mili oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY		1	
mono-linyah oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	(Xulane)	1	QL (3 per 28 days)
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	

Drug Name		Drug Tier	Requirements/Limits
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
norethindrone oral tablet 0.35 mg	(Camila)	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	
norlyroc oral tablet 0.35 mg	(Camila)	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
nylia 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
nymyo oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
orquidea oral tablet 0.35 mg	(Camila)	1	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
portia-28 oral tablet 0.15-30 mg-mcg	(Altavera)	1	
reclipsen oral tablet 0.15-30 mg-mcg	(Apri)	1	
setlakin oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(Camila)	1	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
sprintec 28 oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
sronyx oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
tarina 24 fe oral tablet 1-20 mg-mcg(24)		1	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	
trivora (28) oral tablet 50-30/75-40/125-30 mcg	(Enpresse-28)	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Estarylla)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
turqoz oral tablet 0.3-30 mg-mcg		1	
valtya 1/50 oral tablet 1-50 mg-mcg	(Kelnor 1/50)	1	
vienva oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
vylibra oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
xulane transdermal patch weekly 150-35 mcg/24hr	(Xulane)	1	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24hr	(Xulane)	1	QL (3 per 28 days)
zovia 1/35 (28) oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
DENTAL AND ORAL AGENTS			
Dental And Oral Agents			
cevimeline hcl oral capsule 30 mg	(Evoxac)	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	(Periogard)	1	
denta 5000 plus dental cream 1.1 %	(Denta 5000 Plus)	1	
dentagel dental gel 1.1 %	(DentaGel)	1	
periogard mouth/throat solution 0.12 %	(Periogard)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen)	1	
sf 5000 plus dental cream 1.1 %	(Denta 5000 Plus)	1	
SODIUM FLUORIDE 5000 SENSITIVE DENTAL GEL 1.1-5 %		1	
sodium fluoride dental gel 1.1 %	(DentaGel)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
sodium fluoride mouth/throat solution 0.2 %	(PreviDent)	1	
triamcinolone acetonide mouth/throat paste 0.1 %	(Kourzeq)	1	
DERMATOLOGICAL AGENTS			
Dermatological Agents, Other			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		1	
acyclovir external ointment 5 %	(Zovirax)	1	QL (30 per 30 days)
ammonium lactate external cream 12 %		1	
ammonium lactate external lotion 12 %	(AL12)	1	
calcipotriene external cream 0.005 %		1	QL (120 per 30 days)
calcipotriene external ointment 0.005 %	(Calcitrene)	1	QL (120 per 30 days)
calcipotriene external solution 0.005 %		1	QL (120 per 30 days)
calcitriol external ointment 3 mcg/gm	(Vectical)	1	
fluorouracil external cream 5 %		1	
fluorouracil external solution 2 %, 5 %		1	
imiquimod external cream 5 %		1	QL (24 per 30 days)
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %		1	ST; QL (5 per 5 days)
methoxsalen rapid oral capsule 10 mg		1	
PANRETIN EXTERNAL GEL 0.1 %		1	QL (60 per 28 days)
podofilox external solution 0.5 %		1	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		1	QL (180 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
VALCHLOR EXTERNAL GEL 0.016 %		1	PA NSO
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg		1	
Dermatological Antibacterials			
clindamycin phos (once-daily) external gel 1 %	(Clindagel)	1	QL (120 per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %		1	
clindamycin phosphate external lotion 1 %	(Cleocin-T)	1	QL (120 per 30 days)
clindamycin phosphate external solution 1 %		1	QL (180 per 30 days)
clindamycin phosphate external swab 1 %	(Clindacin ETZ)	1	
erythromycin external gel 2 %	(Erygel)	1	
erythromycin external solution 2 %		1	
gentamicin sulfate external cream 0.1 %		1	QL (90 per 30 days)
gentamicin sulfate external ointment 0.1 %		1	QL (120 per 30 days)
metronidazole external cream 0.75 %	(MetroCream)	1	
metronidazole external gel 0.75 %		1	
metronidazole external gel 1 %	(Metrogel)	1	
mupirocin external ointment 2 %		1	QL (220 per 30 days)
rosadan external cream 0.75 %	(MetroCream)	1	
selenium sulfide external lotion 2.5 %		1	
silver sulfadiazine external cream 1 %	(SSD)	1	
ssd external cream 1 %	(SSD)	1	
Dermatological Anti-Inflammatory Agents			
ala-cort external cream 1 %	(Aveeno Anti-Itch Max St)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 % (Diprolene)	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
betamethasone dp aug 0.05% gel	1	
betamethasone valerate external cream 0.1 %	1	
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate emulsion external foam 0.05 % (Tovet)	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external gel 0.05 %	1	
clobetasol propionate external lotion 0.05 % (Clobex)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
clobetasol propionate external ointment 0.05 %		1	
clobetasol propionate external shampoo 0.05 %	(Clobex)	1	
clobetasol propionate external solution 0.05 %		1	
desonide external ointment 0.05 %		1	
desoximetasone external cream 0.25 %		1	QL (120 per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %		1	
fluocinolone acetonide body oil 0.01 % external	(Derma-Smoothe/FS Body)	1	
fluocinolone acetonide external cream 0.01 %		1	
fluocinolone acetonide external cream 0.025 %	(Synalar)	1	
fluocinolone acetonide external ointment 0.025 %	(Synalar)	1	
fluocinolone acetonide external solution 0.01 %		1	
fluocinolone acetonide scalp external oil 0.01 %	(Derma-Smoothe/FS Scalp)	1	
fluocinonide emulsified base external cream 0.05 %		1	
fluocinonide external cream 0.05 %		1	
fluocinonide external gel 0.05 %		1	
fluocinonide external ointment 0.05 %		1	
fluocinonide external solution 0.05 %		1	
fluticasone propionate external cream 0.05 %		1	
fluticasone propionate external ointment 0.005 %		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
halobetasol propionate external cream 0.05 %		1	
halobetasol propionate external ointment 0.05 %		1	
hydrocortisone (perianal) external cream 2.5 %	(Procto-Med HC)	1	
hydrocortisone cream 2.5 % external		1	
hydrocortisone external cream 1 %	(Aveeno Anti-Itch Max St)	1	
hydrocortisone external lotion 2.5 %		1	
hydrocortisone external ointment 1 %	(Aquaphor Itch Relief Children)	1	
hydrocortisone external ointment 2.5 %		1	
hydrocortisone valerate external cream 0.2 %		1	
mometasone furoate external cream 0.1 %		1	
mometasone furoate external ointment 0.1 %		1	
mometasone furoate external solution 0.1 %		1	
pimecrolimus external cream 1 %	(Elidel)	1	QL (100 per 30 days)
PROCTOFOAM HC EXTERNAL FOAM 1-1 %		1	
procto-med hc external cream 2.5 %	(Procto-Med HC)	1	
proctosol hc external cream 2.5 %	(Procto-Med HC)	1	
proctozone-hc external cream 2.5 %	(Procto-Med HC)	1	
tacrolimus external ointment 0.03 %, 0.1 %		1	QL (100 per 30 days)
triamcinolone acetonide external cream 0.025 %, 0.1 %		1	
triamcinolone acetonide external cream 0.5 %	(Triderm)	1	

Drug Name		Drug Tier	Requirements/Limits
triamcinolone acetonide external lotion 0.025 %, 0.1 %		1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %		1	
Dermatological Retinoids			
adapalene external cream 0.1 %	(Differin)	1	
adapalene external gel 0.3 %	(Differin)	1	
ALTRENO EXTERNAL LOTION 0.05 %		1	PA
tazarotene external cream 0.1 %	(Tazorac)	1	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	1	PA
tretinoin external gel 0.01 %, 0.025 %	(Retin-A)	1	PA
Scabicides And Pediculicides			
malathion external lotion 0.5 %	(Ovide)	1	
permethrin external cream 5 %	(Elimite)	1	QL (60 per 30 days)
DEVICES			
Devices			
ABOUTTIME PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST
ABOUTTIME PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ABOUTTIME PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ABOUTTIME PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ALCOHOL PADS PAD 70 %	(alcohol pads)	1	PA; ST
ALCOHOL PREP PAD	(alcohol pads)	1	PA; ST
ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	1	PA; ST
ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
AQ INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
AQINJECT PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
AQINJECT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
AUM ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
AUM PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
AUM PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
AUM PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
AUM PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
AUM PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
AUM PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
AUM SAFETY PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
BD AUTOSHIELD DUO 30G X 5 MM	(pen needles)	1	PA; ST
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML		1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
BD INSULIN SYRINGE 25G X 1" 1 ML		1	PA; ST
BD INSULIN SYRINGE 25G X 5/8" 1 ML		1	PA; ST
BD INSULIN SYRINGE 26G X 1/2" 1 ML		1	PA; ST
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML		1	PA; ST
BD INSULIN SYRINGE 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC)	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (RX)	(gnp insulin syringes 29gx1/2")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML		1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYRINGE U-100 1 ML		1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
BD PEN NEEDLE MINI U/F 31G X 5 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML		1	PA; ST
BD SWABS SINGLE USE BUTTERFLY PAD	(alcohol pads)	1	PA; ST
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
CAREFINE PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
CAREFINE PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
CARETOUCH ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML		1	PA; ST
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
CARETOUCH PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
CARETOUCH PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
CARETOUCH PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
CARETOUCH PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
CLEVER CHOICE COMFORT EZ 29G X 12MM	(global ease inject pen needles)	1	PA; ST
CLEVER CHOICE COMFORT EZ 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
CLICKFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
CLICKFINE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 8 MM		1	PA; ST
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM	(aqinject pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM	(aqinject pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
CURITY ALL PURPOSE SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST
CURITY GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
CURITY GAUZE SPONGE PAD 2"X2"	(cvs gauze)	1	PA; ST
CURITY SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST
CVS GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
CVS GAUZE STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
DERMACEA GAUZE SPONGE PAD 2"X2"	(cvs gauze)	1	PA; ST
DERMACEA IV DRAIN SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST
DERMACEA TYPE VII GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
DIATHRIVE PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
DROPLET MICRON 34G X 3.5 MM		1	PA; ST
DROPLET PEN NEEDLES 29G X 10MM		1	PA; ST
DROPLET PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
DROPLET PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
DROPLET PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
DROPLET PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
DROPLET PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
DROPLET PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
DROPLET PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
DROPLET PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
DROPLET PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
DROPSAFE ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
DRUG MART UNIFINE PENTIPS 31G X 5 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT ALCOHOL PADS PAD	(alcohol pads)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 0.5 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML		1	PA; ST
EASY COMFORT PEN NEEDLES 29G X 4MM		1	PA; ST
EASY COMFORT PEN NEEDLES 29G X 5MM	(easy comfort pen needles)	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
EASY COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
EASY GLIDE PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML	(syringe luer slip)	1	PA; ST
EASY TOUCH INSULIN BARRELS U-100 1 ML		1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EASY TOUCH PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLES 30G X 6 MM		1	PA; ST
EASY TOUCH PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM	(easy comfort pen needles)	1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM		1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EMBECTA AUTOSHIELD DUO 30G X 5 MM	(pen needles)	1	PA; ST
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML		1	PA; ST
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		1	PA; ST
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
EMBRACE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EMBRACE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EQL ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
EQL GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST
GAUZE PADS PAD 2"X2"	(cvs gauze)	1	PA; ST
GAUZE TYPE VII MEDI-PAK PAD 2"X2"	(cvs gauze)	1	PA; ST
GLOBAL ALCOHOL PREP EASE PAD 70 %	(alcohol pads)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
GNP CLICKFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
GNP CLICKFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
GNP INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP INSULIN SYRINGES 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
GNP STERILE GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
GOODSENSE ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM	(global ease inject pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM	(aqinject pen needle)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM	(aqinject pen needle)	1	PA; ST
H-E-B INCONTROL ALCOHOL PAD	(alcohol pads)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
HM STERILE ALCOHOL PREP PAD	(alcohol pads)	1	PA; ST
HM STERILE PADS PAD 2"X2"	(cvs gauze)	1	PA; ST
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	(autopen)	1	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	(autopen)	1	
INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (OTC)	(careone insulin syringe)	1	PA; ST
INSUPEN PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
INSUPEN PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
INSUPEN PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
INSUPEN PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
INSUPEN SENSITIVE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
INSUPEN SENSITIVE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
INSUPEN ULTRAFIN 29G X 12MM	(global ease inject pen needles)	1	PA; ST
INSUPEN ULTRAFIN 30G X 8 MM	(pen needles)	1	PA; ST
INSUPEN ULTRAFIN 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
INSUPEN ULTRAFIN 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
INSUPEN32G EXTR3ME 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
J & J GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	(cvs gauze)	1	PA; ST
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	(cvs gauze)	1	PA; ST
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
KMART VALU INSULIN SYRINGE 29G U-100 1 ML		1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML		1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 1 ML		1	PA; ST
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
KROGER PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
KROGER PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
LEADER UNIFINE PENTIPS 31G X 5 MM	(aqinject pen needle)	1	PA; ST
LEADER UNIFINE PENTIPS 32G X 4 MM	(aqinject pen needle)	1	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	(aqinject pen needle)	1	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
LITETOUCH PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
LITETOUCH PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	(easy comfort pen needles)	1	PA; ST
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM		1	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
MEDPURA ALCOHOL PADS 70 % EXTERNAL		1	PA; ST
MEIJER ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
MEIJER PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
MEIJER PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MEIJER PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
MICRODOT PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MICRODOT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
MICRODOT PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
MIRASORB SPONGES 2"X2"	(cvs gauze)	1	PA; ST
MM PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MM PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML		1	PA; ST
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	(easy comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE U-100 1 ML		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)	(gnp insulin syringes 30gx5/16")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	(gnp insulin syringes 30gx5/16")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
MS INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
NOVOFINE AUTOCOVER 30G X 8 MM	(pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
NOVOFINE PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
NOVOTWIST PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT		1	QL (1 per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5		1	QL (10 per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT		1	QL (1 per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)		1	QL (10 per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT		1	QL (1 per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS		1	QL (10 per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT		1	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)		1	QL (10 per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT		1	QL (1 per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT		1	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)		1	QL (10 per 30 days)
PC UNIFINE PENTIPS 31G X 5 MM	(aqinject pen needle)	1	PA; ST
PC UNIFINE PENTIPS 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PC UNIFINE PENTIPS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
PEN NEEDLES 30G X 5 MM (OTC)	(pen needles)	1	PA; ST
PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
PENTIPS 29G X 12MM (RX)	(global ease inject pen needles)	1	PA; ST
PENTIPS 31G X 5 MM (RX)	(aqinject pen needle)	1	PA; ST
PENTIPS 31G X 8 MM (RX)	(dropsafe safety pen needles)	1	PA; ST
PENTIPS 32G X 4 MM (RX)	(aqinject pen needle)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	(aqinject pen needle)	1	PA; ST
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	(global ease inject pen needles)	1	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
PRO COMFORT ALCOHOL PAD 70 %	(alcohol pads)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 8 MM 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
PURE COMFORT ALCOHOL PREP PAD	(alcohol pads)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
QC ALCOHOL EXTERNAL 70 %		1	PA; ST
QC ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
QC BORDER ISLAND GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM		1	PA; ST
RA ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
RA INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ra isopropyl alcohol wipes external 70 %		1	PA; ST
RA PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
RA PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
RA STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
RAYA SURE PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
REALITY SWABS PAD	(alcohol pads)	1	PA; ST
RELION ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
RELI-ON INSULIN SYRINGE 29G 0.3 ML		1	PA; ST
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
RELION MINI PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
RELION PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
RELION PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
RELION PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
RESTORE CONTACT LAYER PAD 2"X2"	(cvs gauze)	1	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
SAFETY PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
SB ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
SB INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
SM ALCOHOL PREP PAD	(alcohol pads)	1	PA; ST
SM ALCOHOL PREP PAD 6-70 % EXTERNAL		1	PA; ST
SM ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
SM GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
STERILE GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
SURE COMFORT ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
SURE COMFORT PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)	(aqinject pen needle)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (RX)	(aqinject pen needle)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
SURE-PREP ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
SURGICAL GAUZE SPONGE PAD 2"X2"	(cvs gauze)	1	PA; ST
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TECHLITE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TERUMO INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
THERAGAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
TODAYS HEALTH PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML		1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUE COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML		1	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML		1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUEPLUS PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC)	(easy comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC)	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (RX)	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC)	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (RX)	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTICARE MINI PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
ULTICARE MINI PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
ULTICARE MINI PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
ULTICARE PEN NEEDLES 29G X 12.7MM (OTC)	(sure comfort pen needles)	1	PA; ST
ULTICARE PEN NEEDLES 29G X 12.7MM (RX)	(sure comfort pen needles)	1	PA; ST
ULTICARE PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTICARE SHORT PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC)	(dropsafe safety pen needles)	1	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (RX)	(dropsafe safety pen needles)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTILET ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
ULTILET PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
ULTILET PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTILET PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTILET PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTRA THIN PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
UNIFINE OTC PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
UNIFINE OTC PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE PENTIPS 29G X 12MM	(global ease inject pen needles)	1	PA; ST
UNIFINE PENTIPS 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE PENTIPS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE PENTIPS 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE PENTIPS PLUS 29G X 12MM	(global ease inject pen needles)	1	PA; ST
UNIFINE PENTIPS PLUS 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE PENTIPS PLUS 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	(pen needles)	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM	(pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML		1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML		1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
VERIFINE PLUS PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
V-GO 20 KIT 20 UNIT/24HR		1	QL (30 per 30 days)
V-GO 30 KIT 30 UNIT/24HR		1	QL (30 per 30 days)
V-GO 40 KIT 40 UNIT/24HR		1	QL (30 per 30 days)
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
WEBCOL ALCOHOL PREP LARGE PAD 70 %	(alcohol pads)	1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %	(alcohol pads)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ENZYME COFACTORS/CHAPERONES			
Enzyme Cofactors/Chaperones			
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		1	PA; QL (90 per 30 days)
ENZYME REPLACEMENT/MODIFIERS			
Enzyme Replacement/Modifiers			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		1	
javygtor oral tablet 100 mg	(Javygtor)	1	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML		1	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		1	PA BvD
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML		1	PA
sapropterin dihydrochloride oral tablet 100 mg	(Javygtor)	1	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML		1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	1	
EYE, EAR, NOSE, THROAT AGENTS		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
atropine sulfate ophthalmic solution 1 %	1	
azelastine hcl nasal solution 0.1 %	1	QL (60 per 30 days)
azelastine hcl nasal solution 0.15 % (Astepro)	1	QL (30 per 25 days)
azelastine hcl ophthalmic solution 0.05 %	1	
azelastine hcl solution 137 mcg/spray nasal	1	QL (60 per 30 days)
cromolyn sodium ophthalmic solution 4 %	1	
epinastine hcl ophthalmic solution 0.05 %	1	
ipratropium bromide nasal solution 0.03 %	1	QL (30 per 28 days)
ipratropium bromide nasal solution 0.06 %	1	QL (15 per 10 days)
levofloxacin ophthalmic solution 0.5 %	1	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	1	QL (12 per 28 days)
olopatadine hcl ophthalmic solution 0.1 % (Pataday)	1	
olopatadine hcl ophthalmic solution 0.2 % (Advanced Eye Relief)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetic acid otic solution 2 %		1	
bacitracin ophthalmic ointment 500 unit/gm		1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	(Polycin)	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	(Neo-Polycin HC)	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		1	
ciprofloxacin hcl ophthalmic solution 0.3 %		1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %		1	QL (7.5 per 7 days)
erythromycin ophthalmic ointment 5 mg/gm		1	QL (3.5 per 4 days)
GENTAK OPHTHALMIC OINTMENT 0.3 %		1	
gentamicin sulfate ophthalmic solution 0.3 %		1	
hydrocortisone-acetic acid otic solution 1-2 %		1	
moxifloxacin hcl ophthalmic solution 0.5 %	(Vigamox)	1	
NATACYN OPHTHALMIC SUSPENSION 5 %		1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	(Neo-Polycin)	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	(Maxitrol)	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	(Maxitrol)	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
neomycin-polymyxin-hc otic solution 1 %		1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1		1	
neo-polycin hc ophthalmic ointment 1 %	(Neo-Polycin HC)	1	
neo-polycin ophthalmic ointment 3.5-400-10000	(Neo-Polycin)	1	
ofloxacin ophthalmic solution 0.3 %	(Ocuflox)	1	
ofloxacin otic solution 0.3 %		1	
polycin ophthalmic ointment 500-10000 unit/gm	(Polycin)	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%		1	
sulfacetamide sodium ophthalmic ointment 10 %		1	
sulfacetamide sodium ophthalmic solution 10 %		1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %		1	
tobramycin ophthalmic solution 0.3 %		1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %		1	
trifluridine ophthalmic solution 1 %		1	
XDEMVY OPHTHALMIC SOLUTION 0.25 %		1	PA; QL (10 per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %		1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %		1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
bromfenac sodium ophthalmic solution 0.07 %	(Prolensa)	1	
cyclosporine ophthalmic emulsion 0.05 %	(Restasis)	1	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic solution 0.1 %		1	
diclofenac sodium ophthalmic solution 0.1 %		1	
difluprednate ophthalmic emulsion 0.05 %	(Durezol)	1	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %		1	QL (8.3 per 14 days)
flunisolide nasal solution 25 mcg/act (0.025%)		1	QL (50 per 25 days)
fluocinolone acetonide otic oil 0.01 %	(DermOtic)	1	
fluorometholone ophthalmic suspension 0.1 %	(FML Liquifilm)	1	
flurbiprofen sodium ophthalmic solution 0.03 %		1	
fluticasone propionate nasal suspension 50 mcg/act	(Flonase Allergy Rel Childrens)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		1	
INVELTYS OPHTHALMIC SUSPENSION 1 %		1	QL (5.6 per 14 days)
ketorolac tromethamine ophthalmic solution 0.5 %	(Acular)	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %		1	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC GEL 0.38 %		1	QL (5 per 16 days)
loteprednol etabonate ophthalmic gel 0.5 %	(Lotemax)	1	QL (10 per 14 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
loteprednol etabonate ophthalmic suspension 0.2 %	(Alrex)	1	ST
loteprednol etabonate ophthalmic suspension 0.5 %	(Lotemax)	1	QL (15 per 19 days)
mometasone furoate nasal suspension 50 mcg/act	(Nasonex 24HR)	1	QL (34 per 30 days)
prednisolone acetate ophthalmic suspension 1 %	(Pred Forte)	1	
prednisolone sodium phosphate ophthalmic solution 1 %		1	
XIIDRA OPHTHALMIC SOLUTION 5 %		1	QL (60 per 30 days)
GASTROINTESTINAL AGENTS			
Antiulcer Agents And Acid Suppressants			
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg		1	
cimetidine hcl oral solution 300 mg/5ml		1	
cimetidine oral tablet 200 mg	(Tagamet HB)	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		1	
esomeprazole magnesium oral capsule delayed release 20 mg	(GoodSense Esomeprazole)	1	
esomeprazole magnesium oral capsule delayed release 40 mg	(NexIUM)	1	QL (60 per 30 days)
esomeprazole magnesium oral packet 10 mg, 20 mg	(NexIUM)	1	ST
esomeprazole magnesium oral packet 40 mg	(NexIUM)	1	ST; QL (60 per 30 days)
famotidine oral suspension reconstituted 40 mg/5ml		1	
famotidine oral tablet 20 mg	(MM Acid-Pep Maximum Strength)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule delayed release 15 mg	(Prevacid 24HR)	1	
lansoprazole oral capsule delayed release 30 mg	(Prevacid)	1	QL (60 per 30 days)
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	(Prevacid SoluTab)	1	ST
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	
nizatidine oral capsule 150 mg, 300 mg		1	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg		1	
pantoprazole sodium oral packet 40 mg	(Protonix)	1	ST; QL (60 per 30 days)
pantoprazole sodium oral tablet delayed release 20 mg	(Protonix)	1	
pantoprazole sodium oral tablet delayed release 40 mg	(Protonix)	1	QL (60 per 30 days)
rabeprazole sodium oral tablet delayed release 20 mg	(Aciphex)	1	
sucralfate oral suspension 1 gm/10ml	(Carafate)	1	
sucralfate oral tablet 1 gm	(Carafate)	1	
VOQUEZNA ORAL TABLET 10 MG, 20 MG		1	PA
Gastrointestinal Agents, Other			
carglumic acid oral tablet soluble 200 mg	(Carbaglu)	1	PA
constulose oral solution 10 gm/15ml		1	
cromolyn sodium oral concentrate 100 mg/5ml	(Gastrocrom)	1	
dicyclomine hcl oral capsule 10 mg		1	
dicyclomine hcl oral solution 10 mg/5ml		1	
dicyclomine hcl oral tablet 20 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	
enulose oral solution 10 gm/15ml		1	
generlac oral solution 10 gm/15ml		1	
glycopyrrolate oral tablet 1 mg, 2 mg		1	
kionex combination suspension 15 gm/60ml		1	
lactulose oral solution 10 gm/15ml		1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		1	QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM, 5 GM		1	
loperamide hcl oral capsule 2 mg	(Imodium A-D)	1	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	1	QL (60 per 30 days)
metoclopramide hcl injection solution 5 mg/ml		1	
metoclopramide hcl oral solution 5 mg/5ml		1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		1	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder		1	
sps (sodium polystyrene sulf) combination suspension 15 gm/60ml		1	
URSODIOL ORAL CAPSULE 200 MG, 400 MG		1	
ursodiol oral capsule 300 mg		1	
ursodiol oral tablet 250 mg		1	
ursodiol oral tablet 500 mg	(Urso Forte)	1	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
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Drug Name		Drug Tier	Requirements/Limits
XERMELO ORAL TABLET 250 MG		1	PA; QL (84 per 28 days)
Laxatives			
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		1	
gavilyte-g oral solution reconstituted 236 gm	(GaviLyte-G)	1	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	(GaviLyte-N with Flavor Pack)	1	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)	(Suprep Bowel Prep Kit)	1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	(GaviLyte-N with Flavor Pack)	1	
peg-3350/electrolytes oral solution reconstituted 236 gm	(GaviLyte-G)	1	
Phosphate Binders			
calcium acetate (phos binder) oral capsule 667 mg		1	
calcium acetate oral tablet 667 mg	(Calphron)	1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	(Renvela)	1	
sevelamer carbonate oral tablet 800 mg	(Renvela)	1	
sevelamer hcl oral tablet 400 mg, 800 mg		1	
GENITOURINARY AGENTS			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		1	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	(Toviaz)	1	
flavoxate hcl oral tablet 100 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	(mirabegron er)	1	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg		1	
oxybutynin chloride oral solution 5 mg/5ml		1	
oxybutynin chloride oral tablet 5 mg		1	
solifenacin succinate oral tablet 10 mg, 5 mg	(VESIcare)	1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg		1	
tolterodine tartrate oral tablet 1 mg		1	
tolterodine tartrate oral tablet 2 mg	(Detrol)	1	
trospium chloride oral tablet 20 mg		1	
Genitourinary Agents, Miscellaneous			
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	(Uroxatral)	1	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	1	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin hcl oral capsule 0.4 mg		1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
HEAVY METAL ANTAGONISTS			
Heavy Metal Antagonists			
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	1	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	1	PA

Drug Name		Drug Tier	Requirements/Limits
trientine hcl oral capsule 250 mg	(Syprine)	1	PA; QL (240 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING			
Androgens			
danazol oral capsule 100 mg, 200 mg, 50 mg		1	
oxandrolone oral tablet 10 mg, 2.5 mg		1	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	(Depo-Testosterone)	1	PA
testosterone enanthate intramuscular solution 200 mg/ml		1	PA; QL (5 per 28 days)
testosterone gel 1.62 % transdermal	(AndroGel Pump)	1	PA; QL (150 per 30 days)
testosterone transdermal gel 12.5 mg/act (1%)	(Vogelxo Pump)	1	PA; QL (300 per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	(AndroGel Pump)	1	PA; QL (150 per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%)		1	PA; QL (300 per 30 days)
testosterone transdermal gel 50 mg/5gm (1%)	(Testim)	1	PA; QL (300 per 30 days)
Estrogens And Antiestrogens			
abigale lo oral tablet 0.5-0.1 mg	(Abigale Lo)	1	
abigale oral tablet 1-0.5 mg	(Abigale)	1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	(Estrogel)	1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	(Alora)	1	QL (8 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr	(Dotti)	1	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	(Climara)	1	QL (4 per 28 days)
estradiol vaginal cream 0.1 mg/gm	(Estrace)	1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	1	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	1	
mimvey oral tablet 1-0.5 mg	(Abigale)	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		1	
PREMARIN VAGINAL CREAM 0.625 MG/GM		1	
PREMPHASE ORAL TABLET 0.625-5 MG		1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		1	
raloxifene hcl oral tablet 60 mg	(Evista)	1	
yuvafem vaginal tablet 10 mcg	(Yuvafem)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
dexamethasone oral solution 0.5 mg/5ml		1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		1	
dexamethasone sod phosphate pf injection solution 10 mg/ml		1	

Drug Name		Drug Tier	Requirements/Limits
dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 4 mg/ml		1	
fludrocortisone acetate oral tablet 0.1 mg		1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	1	
methylprednisolone acetate injection suspension 80 mg/ml	(DEPO-Medrol)	1	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	1	
methylprednisolone oral tablet 32 mg		1	
methylprednisolone oral tablet therapy pack 4 mg	(Medrol)	1	
methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg		1	
prednisolone oral solution 15 mg/5ml		1	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5ml		1	PA BvD
prednisolone sodium phosphate oral solution 5 mg/5ml	(Pediapred)	1	PA BvD
prednisolone sodium phosphate solution 15 mg/5ml oral		1	PA BvD
prednisone oral solution 5 mg/5ml		1	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	PA BvD
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)		1	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog-40)	1	
Pituitary			

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

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG		1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		1	PA; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML		1	PA NSO; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML		1	PA NSO; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		1	PA
Progestins			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML		1	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(Gallifrey)	1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	(Depo-Provera)	1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	(Depo-Provera)	1	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml		1	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	1	
progesterone oral capsule 100 mg, 200 mg	(Prometrium)	1	
Thyroid And Antithyroid Agents			

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg (Levo-T)	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg (Cytomel)	1	
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	1	PA
IMMUNOLOGICAL AGENTS		
Immunological Agents		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	1	PA BvD
azathioprine oral tablet 50 mg (Imuran)	1	PA BvD
azathioprine sodium injection solution reconstituted 100 mg	1	PA BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	1	PA NSO; QL (2 per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG		1	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		1	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		1	PA
cyclosporine intravenous solution 50 mg/ml	(SandIMMUNE)	1	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	1	PA BvD
cyclosporine modified oral capsule 50 mg		1	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	1	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(SandIMMUNE)	1	PA BvD
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 pen))	1	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 syringe))	1	PA

Drug Name		Drug Tier	Requirements/Limits
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 pen))	1	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 pen))	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML		1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML		1	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		1	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	1	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML		1	PA BvD
gengraf oral capsule 100 mg, 25 mg	(Gengraf)	1	PA BvD
gengraf oral solution 100 mg/ml	(Gengraf)	1	PA BvD
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML		1	PA; Only NDCs starting with 00074

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; Only NDCs starting with 00074
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; Only NDCs starting with 00074
infliximab intravenous solution reconstituted 100 mg (Remicade)	1	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA
leflunomide oral tablet 10 mg, 20 mg (Arava)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	(CellCept Intravenous)	1	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	1	PA BvD
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	(CellCept)	1	PA BvD
mycophenolate mofetil oral tablet 500 mg	(CellCept)	1	PA BvD
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	(Myfortic)	1	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML		1	PA NSO
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		1	PA BvD
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML		1	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		1	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML		1	PA
OTEZLA ORAL TABLET 20 MG, 30 MG		1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG		1	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML		1	PA BvD
PROGRAF ORAL PACKET 0.2 MG, 1 MG		1	PA BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	1	ST
REZUROCK ORAL TABLET 200 MG	1	PA NSO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	1	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	PA BvD
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	1	PA
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA
sirolimus oral solution 1 mg/ml	1	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (ustekinumab)	1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (ustekinumab)	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (ustekinumab)	1	PA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	1	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	1	PA; QL (180 per 30 days)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	1	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	1	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	1	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA
ustekinumab subcutaneous solution 45 mg/0.5ml (Stelara)	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	(Stelara)	1	PA
XELJANZ ORAL SOLUTION 1 MG/ML		1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG		1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG		1	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML		1	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML		1	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		1	PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	(adalimumab-aaty (1 pen))	1	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	(adalimumab-aaty (2 syringe))	1	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	(adalimumab-aaty (1 pen))	1	PA
Vaccines			
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML		1	$0 copay
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		1	

Drug Name	Drug Tier	Requirements/Limits
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	$0 copay
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	$0 copay
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	1	$0 copay
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	$0 copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	QL (3 per 365 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	PA BvD; $0 copay
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	PA BvD; $0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	1	$0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	1	$0 copay

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	PA BvD; $0 copay
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	PA BvD; $0 copay
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOL INJECTION INJECTABLE	1	$0 copay
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	$0 copay
IXIARO INTRAMUSCULAR SUSPENSION	1	$0 copay
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	$0 copay
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	$0 copay
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	1	$0 copay
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	$0 copay
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	$0 copay
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	$0 copay

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	$0 copay
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	$0 copay
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	$0 copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	PA BvD; $0 copay
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	PA BvD; $0 copay
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION	1	
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	$0 copay; QL (2 per 365 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	$0 copay
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	$0 copay
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	$0 copay
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	$0 copay
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	$0 copay
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	1	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	1	$0 copay
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	1	$0 copay
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	$0 copay
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	1	$0 copay

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
VIVOTIF ORAL CAPSULE DELAYED RELEASE		1	$0 copay
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)		1	$0 copay
INFLAMMATORY BOWEL DISEASE AGENTS			
Inflammatory Bowel Disease Agents			
alosetron hcl oral tablet 0.5 mg, 1 mg	(Lotronex)	1	
balsalazide disodium oral capsule 750 mg	(Colazal)	1	
budesonide oral capsule delayed release particles 3 mg		1	
budesonide rectal foam 2 mg	(Uceris)	1	
hydrocortisone rectal enema 100 mg/60ml	(Cortenema)	1	
mesalamine er oral capsule extended release 24 hour 0.375 gm	(Apriso)	1	
mesalamine er oral capsule extended release 500 mg	(Pentasa)	1	
mesalamine oral tablet delayed release 1.2 gm	(Lialda)	1	QL (120 per 30 days)
mesalamine rectal enema 4 gm		1	
mesalamine rectal suppository 1000 mg	(Canasa)	1	
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	
sulfasalazine oral tablet delayed release 500 mg	(Azulfidine EN-tabs)	1	
IRRIGATING SOLUTIONS			
Irrigating Solutions			
RENACIDIN IRRIGATION SOLUTION		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
sodium chloride irrigation solution 0.9 %	(Argyle Sterile Saline)	1	
METABOLIC BONE DISEASE AGENTS			
Metabolic Bone Disease Agents			
alendronate sodium oral solution 70 mg/75ml		1	QL (300 per 28 days)
alendronate sodium oral tablet 10 mg		1	QL (30 per 30 days)
alendronate sodium oral tablet 35 mg		1	QL (4 per 28 days)
alendronate sodium oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal solution 200 unit/act		1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	1	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	1	
cinacalcet hcl oral tablet 30 mg, 60 mg	(Sensipar)	1	QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	(Sensipar)	1	QL (120 per 30 days)
ibandronate sodium oral tablet 150 mg		1	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML		1	PA
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	1	
paricalcitol oral capsule 4 mcg		1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG		1	QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		1	QL (1 per 180 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML		1	PA; QL (2.24 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	1	PA
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	1	
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	1	
betaine oral powder (Cystadane)	1	PA
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
diazoxide oral suspension 50 mg/ml (Proglycem)	1	
ELMIRON ORAL CAPSULE 100 MG	1	
glucagon emergency injection kit 1 mg	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	1	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		1	
levocarnitine oral solution 1 gm/10ml	(Carnitor)	1	
levocarnitine oral tablet 330 mg	(Carnitor)	1	
l-glutamine oral packet 5 gm	(Endari)	1	PA; QL (180 per 30 days)
mesna oral tablet 400 mg	(Mesnex)	1	
nitroglycerin rectal ointment 0.4 %	(Rectiv)	1	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	1	
THALOMID ORAL CAPSULE 100 MG		1	PA NSO; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG		1	PA NSO; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG		1	PA NSO; QL (224 per 28 days)
TYBOST ORAL TABLET 150 MG		1	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		1	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE		1	PA; QL (12 per 30 days)
OPHTHALMIC AGENTS			
Antiglaucoma Agents			
acetazolamide er oral capsule extended release 12 hour 500 mg		1	
acetazolamide oral tablet 125 mg, 250 mg		1	
acetazolamide sodium injection solution reconstituted 500 mg		1	
betaxolol hcl ophthalmic solution 0.5 %		1	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	(Alphagan P)	1	
brimonidine tartrate ophthalmic solution 0.2 %		1	

Drug Name		Drug Tier	Requirements/Limits
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	(Combigan)	1	
brinzolamide ophthalmic suspension 1 %	(Azopt)	1	
carteolol hcl ophthalmic solution 1 %		1	
dorzolamide hcl ophthalmic solution 2 %		1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	(Cosopt)	1	
latanoprost ophthalmic solution 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)
levobunolol hcl ophthalmic solution 0.5 %		1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		1	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %		1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		1	
timolol hemihydrate ophthalmic solution 0.5 %	(Betimol)	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %		1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %		1	
travoprost (bak free) ophthalmic solution 0.004 %	(Travatan Z)	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %		1	QL (5 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
REPLACEMENT PREPARATIONS			
Replacement Preparations			
dextrose-nacl intravenous solution 5-0.9 %		1	
dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %		1	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 40-5-0.45 meq/l-%-%		1	
klor-con m10 oral tablet extended release 10 meq	(Klor-Con M10)	1	
klor-con m15 oral tablet extended release 15 meq	(Klor-Con M15)	1	
klor-con m20 oral tablet extended release 20 meq	(Klor-Con M20)	1	
LACTATED RINGERS INTRAVENOUS SOLUTION		1	
MAGNESIUM SULFATE INJECTION SOLUTION 50 %		1	
magnesium sulfate injection solution 50 % (10ml syringe)		1	
potassium chloride crys er oral tablet extended release 10 meq	(Klor-Con M10)	1	
potassium chloride crys er oral tablet extended release 15 meq	(Klor-Con M15)	1	
potassium chloride crys er oral tablet extended release 20 meq	(Klor-Con M20)	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq		1	
potassium chloride er oral tablet extended release 10 meq	(Klor-Con 10)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
potassium chloride er oral tablet extended release 15 meq, 20 meq		1	
potassium chloride er oral tablet extended release 8 meq	(Klor-Con)	1	
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%		1	PA BvD
potassium chloride intravenous solution 2 meq/ml		1	
potassium chloride oral packet 20 meq	(Klor-Con)	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		1	
potassium citrate er oral tablet extended release 10 meq (1080 mg)	(Urocit-K 10)	1	
potassium citrate er oral tablet extended release 15 meq (1620 mg)	(Urocit-K 15)	1	
potassium citrate er oral tablet extended release 5 meq (540 mg)		1	
potassium cl in dextrose 5% intravenous solution 20 meq/l		1	PA BvD
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %		1	
RESPIRATORY TRACT AGENTS			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	(fluticasone-salmeterol)	1	QL (12 per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT		1	QL (32.1 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	(fluticasone furoate ellipta)	1	QL (30 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	(fluticasone furoate-vilanterol)	1	QL (60 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH		1	QL (60 per 30 days)
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	(Breyna)	1	QL (30.9 per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	(Pulmicort)	1	PA BvD; QL (120 per 30 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	(Breyna)	1	QL (30.6 per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act		1	QL (12 per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act		1	QL (24 per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act		1	QL (21.2 per 30 days)
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	(Advair HFA)	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	(Wixela Inhub)	1	QL (60 per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	(Wixela Inhub)	1	QL (60 per 30 days)
Antileukotrienes			
montelukast sodium oral packet 4 mg	(Singulair)	1	
montelukast sodium oral tablet 10 mg	(Singulair)	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	(Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	1	
Bronchodilators			
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION		1	QL (32.1 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	(Ventolin HFA)	1	QL (17 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	(Ventolin HFA)	1	QL (13.4 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	(Ventolin HFA)	1	QL (36 per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml		1	PA BvD
albuterol sulfate oral syrup 2 mg/5ml		1	
albuterol sulfate oral tablet 2 mg, 4 mg		1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	(umeclidinium-vilanterol)	1	QL (60 per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		1	QL (25.8 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	1	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %	1	PA BvD
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	PA BvD; QL (540 per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	PA BvD
levalbuterol tartrate inhalation aerosol 45 mcg/act (Xopenex HFA)	1	QL (30 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	1	QL (4 per 28 days)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
theophylline oral solution 80 mg/15ml	1	
tiotropium bromide monohydrate inhalation capsule 18 mcg (Spiriva HandiHaler)	1	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	1	QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10 %, 20 %	1	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	1	PA; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	1	PA; QL (90 per 30 days)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	1	QL (560 per 28 days)
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	PA BvD
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	1	PA; QL (1 per 28 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; QL (56 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; QL (3 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		1	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML		1	PA; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG		1	PA; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		1	PA; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		1	PA; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	(Esbriet)	1	PA; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	(Esbriet)	1	PA; QL (270 per 30 days)
pirfenidone oral tablet 534 mg		1	PA; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	1	PA; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML		1	PA BvD
roflumilast oral tablet 250 mcg	(Daliresp)	1	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(Daliresp)	1	QL (30 per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG		1	PA; QL (84 per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG		1	PA; QL (56 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		1	PA; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		1	PA
SKELETAL MUSCLE RELAXANTS			
Skeletal Muscle Relaxants			
baclofen oral solution 10 mg/5ml	(Ozobax DS)	1	QL (1200 per 30 days)
baclofen oral tablet 10 mg, 20 mg, 5 mg		1	
carisoprodol oral tablet 350 mg	(Soma)	1	QL (120 per 30 days)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		1	
dantrolene sodium oral capsule 100 mg, 50 mg		1	
dantrolene sodium oral capsule 25 mg	(Dantrium)	1	
methocarbamol oral tablet 500 mg, 750 mg		1	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg		1	
tizanidine hcl oral tablet 2 mg		1	
tizanidine hcl oral tablet 4 mg	(Zanaflex)	1	
SLEEP DISORDER AGENTS			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		1	QL (30 per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	(Silenor)	1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	1	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	1	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	1	PA; QL (60 per 30 days)
ramelteon oral tablet 8 mg	(Rozerem)	1	QL (30 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	1	PA; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		1	QL (30 per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	(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		1	PA; QL (90 per 30 days)
alyq oral tablet 20 mg		1	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	1	PA; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		1	PA; QL (30 per 30 days)
sildenafil citrate oral tablet 20 mg	(Revatio)	1	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		1	PA; QL (30 per 30 days)
tadalafil oral tablet 5 mg	(Cialis)	1	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG		1	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		1	PA; QL (240 per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG		1	PA
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Vitamins And Minerals			
C-NATE DHA CAPSULE 28-1-200 MG ORAL		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
COMPLETENATE TABLET CHEWABLE 29-1 MG ORAL		1	
FOLIVANE-OB CAPSULE 85-1 MG ORAL		1	
KOSHER PRENATAL PLUS IRON TABLET 30-1 MG ORAL		1	
M-NATAL PLUS TABLET 27-1 MG ORAL	(m-natal plus)	1	
NIVA-PLUS TABLET 27-1 MG ORAL	(m-natal plus)	1	
OBSTETRIX DHA 29-1 & 350 MG ORAL		1	
PNV 27-CA/FE/FA TABLET 60-1 MG ORAL		1	
PNV TABS 29-1 TABLET 29-1 MG ORAL		1	
PNV-DHA+DOCUSATE CAPSULE 27-1.25-300 MG ORAL		1	
PNV-OMEGA CAPSULE 28-0.6-0.4-340 MG ORAL	(pnv-omega)	1	
PRENA 1 TRUE 30-1.4 & 300 MG ORAL		1	
PRENAISSANCE CAPSULE 29-1.25-325 MG ORAL		1	
PRENAISSANCE PLUS CAPSULE 28-1-250 MG ORAL		1	
PRENATABS FA TABLET 29-1 MG ORAL		1	
PRENATAL ORAL TABLET 27-1 MG	(m-natal plus)	1	
PRENATAL-U CAPSULE 106.5-1 MG ORAL		1	
PREPLUS TABLET 27-1 MG ORAL	(m-natal plus)	1	
PRETAB TABLET 29-1 MG ORAL		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
SELECT-OB TABLET CHEWABLE 29-0.6-0.4 MG ORAL	1	
SELECT-OB TABLET CHEWABLE 29-1 MG ORAL	1	
SE-NATAL 19 TABLET CHEWABLE 29-1 MG ORAL	1	
TARON-C DHA CAPSULE 35-1 MG ORAL	1	
TARON-PREX CAPSULE 30-1.2-265 MG ORAL	1	
VIRT-C DHA CAPSULE 53.5-38-1 MG ORAL	1	
VIRT-NATE DHA CAPSULE 28-1-200 MG ORAL	1	
VIRT-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL (pnv-dha)	1	
VIRT-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL (pnv-omega)	1	
VITAFOL GUMMIES TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL	1	
VITAFOL-OB+DHA 65-1 & 250 MG ORAL	1	
VP-PNV-DHA CAPSULE 28-1-215.8 MG ORAL	1	
ZATEAN-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL (pnv-dha)	1	
ZATEAN-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL (pnv-omega)	1	

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Valor Health Plan is committed to integrity, positive outcomes, and compassionate care driven by strong partnerships in order to provide an enhanced quality of life for the members we serve.