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CoxHealth Medicare Advantage (HMO)

2027 Formulary
(List of Covered Drugs)

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

This formulary was updated 10/13/2026. **Effective 01/01/2027**

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you.
Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

For more recent information or other questions, please contact CoxHealth Medicare Advantage.

Contact us at 1-855-752-3796 (TTY users should call 711):
October 1 to March 31, Seven days a week, 8 a.m. to 8 p.m. April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m.
www.coxhealthmedicareadvantage.com

CoxHealth Medicare Advantage (HMO)

2027 Formulary

(List of Covered Drugs)

Note to existing members:

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

When this drug list (formulary) refers to "we," "us", or "our," it means CoxHealth Medicare Advantage (HMO). When it refers to "plan" or "our plan," it means CoxHealth Medicare Advantage (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 10/13/2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the CoxHealth Medicare Advantage (HMO) Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1st, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.coxhealthmedicareadvantage.com.

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

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

  We can make these immediate changes only if we are adding a new generic version of a brand name

drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the CoxHealth Medicare Advantage (HMO) formulary?"

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive 30-day supply of the drug and notice of the change.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the CoxHealth Medicare Advantage (HMO) Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 13, 2026. To get updated information about the drugs covered by CoxHealth Medicare Advantage (HMO) please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary

changes, the formulary will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

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

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** CoxHealth Medicare Advantage (HMO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CoxHealth

Medicare Advantage (HMO) based on specific criteria before you fill your prescriptions. If you don't get approval, we may not cover the drug.

- **Quantity Limits:** For certain drugs, CoxHealth Medicare Advantage (HMO) limits the amount of the drug that we will cover. For example, CoxHealth Medicare Advantage (HMO) provides 30 tablets per 30 days for Everolimus. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, CoxHealth Medicare Advantage (HMO) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the CoxHealth Medicare Advantage (HMO) formulary?" on page iv information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that CoxHealth Medicare Advantage (HMO) does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.

- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CoxHealth Medicare Advantage (HMO) Formulary?

You can ask CoxHealth Medicare Advantage (HMO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CoxHealth Medicare Advantage (HMO) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

Exceptions are available for beneficiaries who have experienced a change in the level of care they are receiving, which requires them to transition from one facility or treatment center to another. Examples of situations in which beneficiaries would be eligible for the one-time temporary fill exception when they are outside of the three-month effective date into the Part D program are as follows:

- Beneficiary was discharged from the hospital and was provided a discharge list of medications based upon the formulary of the hospital;
- Beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert back to their Part D plan formulary;
- Beneficiaries who give up Hospice Status to revert back to standard Medicare Part A and B benefits;
- Beneficiaries who are discharged from Chronic Psychiatric Hospitals with medication regimens that are highly individualized.

For more information

For more detailed information about your CoxHealth Medicare Advantage (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CoxHealth Medicare Advantage (HMO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

CoxHealth Medicare Advantage (HMO) Formulary

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

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

The information in the Requirements/Limits column tells you if CoxHealth Medicare Advantage (HMO) has any special requirements for coverage of your drug.

Prescription Drugs are assigned one of five tier levels. CoxHealth Medicare Advantage covers both brand-name and generic drugs. A generic drug is approved by the Food and Drug Administration (FDA)as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Tier 1 – Preferred Generic: Generic or some brand drugs that are available at the lowest cost share.

Tier 2 – Generic: Generic or brand drugs that the plan offers at a higher cost than Tier 1 Preferred Generic.

Tier 3 – Preferred Brand: Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred Drug.

Tier 4 – Non-Preferred Drug: Generic or brand drugs that the plan offers at a higher cost to than Tier 3 Preferred Brand.

Tier 5 – Specialty: Some injectable and other high-cost drugs.

The cost of your prescription depends on:

- Which tier your drug is on
- Whether you fill your drug at a network pharmacy
- Your current drug payment stage – please read your Evidence of Coverage (EOC) for more information

The following table describes the symbols/abbreviations used in the Drug List Table

ABBREVIATION/SYMBOL	DESCRIPTION
NMO	Not available through Mail Order.
QL	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	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	Prior Authorization- Part B vs. Part D, This Prescription May be Covered under Medicare Part B or D depending on the Circumstances.
PA NSO	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.
ST	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
EX	Excluded drugs that are not normally covered in a Medicare Prescription Drug Plan, but we do allow. The amount you pay does not count towards your total drug costs. Additionally, if you are receiving "extra help", you will not receive it for these drugs.

You can find information on what the symbols and abbreviations on this table mean by going to page vii of the introduction. Formulary ID: 27347, Ver. 6 Last Updated 10/13/2026 Effective Date: 01/01/2027

NDS	Non-Extended Day Supply
8 hr	8 hour
12 hr or 12h	12 hour
24 hr or 24hr	24 hour
72 hr	72 hour
act	activated
admix	admixture
aero	aerosol
admin	administration
ampul	ampule
app	applicator

appl	applicator
auto	automatic
cap	capsule
chew	chewable
CT	Coated
comb	combo
del	delayed
diagn.	diagnostic
disinteg	disintegrating
disintegrat	disintegrating
dose	dosage
DR	delayed release
EC	Enteric-Coated

emolnt	emollient
ENFit	enteral feeding connector
er	extended release
ER	extended release
ext	extended
extnd	extended
extend	extended
ext. rel	extended release
ext. rel.	extended release
extend. release	extended release
gast	gastric
HFA	hydrofluoroalkane
hi	high
IR	immediate release

liqd	liquid
loz	lozenge
lo	low
lozeng	lozenge
mini lozenge	miniature lozenge
misc	miscellaneous
MP	multiphase
muco-adhesive	mucosal adhesive
pak	packet
pack	packet
PCA	Patient Controlled Analgesia
pca	patient-controlled analgesia
pell	pellets
pk	pack

Powdr	powder
pt	patient
recon	reconstituted
rel	release
releas	release
soln	solution
sprink	sprinkle
sprinkl	sprinkle
susp	suspension
suspen	suspension
syring	syringe
tab	tablet
TD	transdermal
var	variable
w/	with

Cox HealthPlan (List of Covered Drugs)

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Drug Name		Drug Tier	Requirements/Limits
ANALGESICS			
Analgesics, Miscellaneous			
acetaminophen-codeine oral solution 120-12 mg/5ml		4	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		2	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		2	QL (180 per 30 days)
acetaminophen-codeine solution 300-30 mg/12.5ml oral		4	QL (4500 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	(Butrans)	4	QL (4 per 28 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg		4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	(BAC (Butalbital-Acetamin-Caff))	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
endocet oral tablet 10-325 mg	(Endocet)	2	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	2	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(Endocet)	2	QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg		5	PA; NMO; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg		4	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		4	QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml		4	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		2	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg		2	QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	2	QL (180 per 30 days)
METHADONE HCL ORAL SOLUTION 10 MG/5ML	2	QL (600 per 30 days)
METHADONE HCL ORAL SOLUTION 5 MG/5ML	2	QL (1200 per 30 days)
methadone hcl oral tablet 10 mg	2	QL (120 per 30 days)
methadone hcl oral tablet 5 mg	2	QL (180 per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	PA; QL (180 per 30 days)
morphine sulfate er oral tablet extended release 100 mg	2	QL (60 per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 30 mg (MS Contin)	2	QL (90 per 30 days)
morphine sulfate er oral tablet extended release 200 mg	4	QL (60 per 30 days)
morphine sulfate er oral tablet extended release 60 mg (MS Contin)	2	QL (60 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML	2	QL (700 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML	2	QL (300 per 30 days)
MORPHINE SULFATE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE SULFATE ORAL TABLET 30 MG	4	QL (120 per 30 days)
oxycodone hcl oral capsule 5 mg	2	QL (180 per 30 days)
oxycodone hcl oral tablet 10 mg, 5 mg	2	QL (180 per 30 days)
oxycodone hcl oral tablet 15 mg, 30 mg (Roxicodone)	2	QL (120 per 30 days)
oxycodone hcl oral tablet 20 mg	2	QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg (Endocet)	2	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg (Endocet)	4	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 5-325 mg (Endocet)	2	QL (360 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	2	QL (240 per 30 days)
tramadol hcl oral tablet 50 mg		1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		2	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(CeleBREX)	2	QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		2	QL (120 per 30 days)
diclofenac sodium er oral tablet extended release 24 hour 100 mg		2	
diclofenac sodium oral tablet delayed release 25 mg		2	
diclofenac sodium oral tablet delayed release 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet delayed release 75 mg		2	QL (60 per 30 days)
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	(Arthrotec)	4	
etodolac oral capsule 200 mg, 300 mg		2	
etodolac oral tablet 400 mg	(Lodine)	2	
etodolac oral tablet 500 mg		2	
flurbiprofen oral tablet 100 mg	(Lurbiro)	2	
FLURBIPROFEN ORAL TABLET 50 MG		2	
ibu oral tablet 400 mg, 600 mg, 800 mg	(IBU)	1	
ibuprofen oral suspension 100 mg/5ml	(Childrens Advil)	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg, 50 mg		2	PA-HRM; AGE (Max 64 Years)

Drug Name		Drug Tier	Requirements/Limits
ketorolac tromethamine oral tablet 10 mg		2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg		1	
nabumetone oral tablet 500 mg, 750 mg		2	
naproxen 375 mg tablet (rx)		1	
naproxen oral tablet 250 mg, 375 mg, 500 mg		1	
naproxen oral tablet delayed release 375 mg		2	
sulindac oral tablet 150 mg, 200 mg		2	
ANESTHETICS			
Local Anesthetics			
glydo external prefilled syringe 2 %	(Glydo)	2	QL (30 per 30 days)
lidocaine external ointment 5 %		2	PA; QL (240 per 30 days)
lidocaine external patch 5 %	(Lidocan)	4	PA; QL (90 per 30 days)
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	(Glydo)	4	QL (30 per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %		2	
lidocaine-prilocaine external cream 2.5-2.5 %		2	PA; QL (30 per 30 days)
lidocan external patch 5 %	(Lidocan)	4	PA; 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		4	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg		4	

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)	4	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg		2	
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg		2	
disulfiram oral tablet 250 mg, 500 mg		4	
KLOXXADO NASAL LIQUID 8 MG/0.1ML		3	QL (4 per 30 days)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		2	
naloxone hcl injection solution cartridge 0.4 mg/ml		4	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml		2	
naltrexone hcl oral tablet 50 mg		2	
NICOTROL NS NASAL SOLUTION 10 MG/ML		4	QL (240 per 180 days)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	(Chantix Starting Month Pak)	4	
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	4	QL (336 per 365 days)
varenicline tartrate(continue) oral tablet 1 mg	(Chantix)	4	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)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		2	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)

Drug Name		Drug Tier	Requirements/Limits
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		2	QL (90 per 30 days)
clonazepam oral tablet dispersible 2 mg		2	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		4	QL (180 per 30 days)
diazepam injection solution 5 mg/ml		2	QL (10 per 28 days)
diazepam intensol oral concentrate 5 mg/ml		2	QL (1200 per 30 days)
diazepam oral solution 5 mg/5ml		2	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	QL (120 per 30 days)
diazepam solution 5 mg/ml injection		4	
lorazepam concentrate 2 mg/ml oral	(LORazepam Intensol)	2	QL (150 per 30 days)
lorazepam injection solution 2 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam injection solution 4 mg/ml	(Ativan)	4	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(LORazepam Intensol)	2	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	QL (150 per 30 days)
lorazepam solution 4 mg/ml injection	(Ativan)	1	QL (2 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	1	QL (30 per 30 days)
temazepam oral capsule 22.5 mg	(Restoril)	2	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	2	QL (120 per 30 days)
ANTIBACTERIALS			
Aminoglycosides			
amikacin sulfate injection solution 500 mg/2ml		4	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		5	PA; NMO; NDS; QL (235.2 per 28 days)
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml		2	
neomycin 500 mg tablet		2	
neomycin sulfate oral tablet 500 mg		2	

Drug Name		Drug Tier	Requirements/Limits
streptomycin sulfate intramuscular solution reconstituted 1 gm		5	NMO; NDS
TOBI PODHALER INHALATION CAPSULE 28 MG		5	NMO; NDS; QL (224 per 28 days)
tobramycin inhalation nebulization solution 300 mg/5ml	(Kitabis Pak (w/ nebulizer))	5	PA BvD; NMO; NDS
tobramycin pak inhalation nebulization solution 300 mg/5ml	(Kitabis Pak (w/ nebulizer))	5	PA BvD; NMO; NDS
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml		4	
Antibacterials, Miscellaneous			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin)	2	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	(Cleocin Phosphate)	4	
clindamycin phosphate injection solution 9 gm/60ml		4	
colistimethate sodium (cba) injection solution reconstituted 150 mg	(Coly-Mycin M)	4	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG		4	PA BvD
daptomycin intravenous solution reconstituted 500 mg		4	PA BvD
fosfomycin tromethamine oral packet 3 gm		4	
linezolid intravenous solution 600 mg/300ml	(Zyvox)	4	PA BvD
linezolid oral suspension reconstituted 100 mg/5ml		5	NMO; NDS
linezolid oral tablet 600 mg		4	
methenamine hippurate oral tablet 1 gm		2	
metronidazole intravenous solution 500 mg/100ml		2	PA BvD
metronidazole oral tablet 250 mg, 500 mg		2	

Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	2	QL (120 per 30 days)
nitrofurantoin monohyd macro oral capsule 100 mg (Macrobid)	2	QL (60 per 30 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5	PA BvD; NMO; NDS
SIVEXTRO ORAL TABLET 200 MG	5	NMO; NDS
trimethoprim oral tablet 100 mg	2	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg	4	PA BvD
vancomycin hcl oral capsule 125 mg (Vancocin)	4	QL (77 per 28 days)
vancomycin hcl oral capsule 250 mg (Vancocin)	4	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (90 per 30 days)
Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	4	
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	4	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	4	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cefepime hcl injection solution reconstituted 1 gm	4	
cefepime hcl intravenous solution reconstituted 2 gm	4	
cefixime oral capsule 400 mg	3	
cefixime oral tablet 400 mg	3	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	3	

Drug Name		Drug Tier	Requirements/Limits
cefprozil oral tablet 250 mg, 500 mg		2	
ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg	(Teflaro)	5	PA BvD; NMO; NDS
ceftazidime injection solution reconstituted 1 gm	(Tazicef)	4	
ceftazidime injection solution reconstituted 6 gm		4	
ceftazidime intravenous solution reconstituted 2 gm	(Tazicef)	4	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg		4	
ceftriaxone sodium intravenous solution reconstituted 10 gm		4	
cefuroxime axetil oral tablet 250 mg, 500 mg		2	
cefuroxime sodium injection solution reconstituted 750 mg		2	
cefuroxime sodium intravenous solution reconstituted 1.5 gm		4	PA BvD
cephalexin oral capsule 250 mg, 500 mg		1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	
tazicef injection solution reconstituted 1 gm	(Tazicef)	4	
tazicef intravenous solution reconstituted 2 gm	(Tazicef)	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM		4	
Macrolides			
azithromycin intravenous solution reconstituted 500 mg		4	
azithromycin oral suspension reconstituted 100 mg/5ml		2	

Drug Name		Drug Tier	Requirements/Limits
azithromycin oral suspension reconstituted 200 mg/5ml	(Zithromax)	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)	(Zithromax)	1	
azithromycin oral tablet 600 mg		1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		4	
clarithromycin oral tablet 250 mg, 500 mg		2	
erythromycin base oral tablet 250 mg, 500 mg		3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	(E.E.S. Granules)	3	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	(EryPed 400)	3	
fidaxomicin oral tablet 200 mg	(Dificid)	5	NMO; NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics			
aztreonam injection solution reconstituted 1 gm, 2 gm		4	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		5	PA; NMO; NDS
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm		4	PA BvD
ertapenem sodium injection solution reconstituted 1 gm		4	
imipenem-cilastatin intravenous solution reconstituted 250 mg		4	PA BvD
imipenem-cilastatin intravenous solution reconstituted 500 mg	(Primaxin IV)	4	PA BvD
meropenem intravenous solution reconstituted 1 gm, 500 mg		2	PA BvD

Drug Name	Drug Tier	Requirements/Limits
MEROPENEM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	4	PA BvD
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml	2	
amoxicillin oral suspension reconstituted 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	2	
amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml (Augmentin ES-600)	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	4	
ampicillin sodium intravenous solution reconstituted 10 gm	4	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm (Unasyn)	4	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm (Unasyn)	4	

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
dicloxacillin sodium oral capsule 250 mg, 500 mg	2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	4	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	4	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	4	
nafcillin sodium intravenous solution reconstituted 10 gm	4	
penicillin g potassium injection solution reconstituted 20000000 unit (Pfizerpen)	4	
PENICILLIN V POTASSIUM ORAL SOLUTION RECONSTITUTED 125 MG/5ML	2	
penicillin v potassium oral solution reconstituted 250 mg/5ml	2	
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	4	PA BvD
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	2	
ciprofloxacin hcl oral tablet 750 mg	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	2	PA BvD

Drug Name		Drug Tier	Requirements/Limits
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml		2	PA BvD
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		2	
MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML		4	PA BvD
moxifloxacin hcl oral tablet 400 mg		4	
MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS		4	PA BvD
Sulfonamides			
sulfadiazine oral tablet 500 mg		5	NMO; NDS
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	(Sulfatrim Pediatric)	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetracyclines			
doxy 100 intravenous solution reconstituted 100 mg	(Doxy 100)	4	PA BvD
doxycycline hyclate intravenous solution reconstituted 100 mg	(Doxy 100)	4	PA BvD
doxycycline hyclate oral capsule 100 mg, 50 mg		2	
doxycycline hyclate oral tablet 100 mg, 20 mg		2	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	2	
doxycycline monohydrate oral capsule 50 mg		2	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml		4	
doxycycline monohydrate oral tablet 100 mg, 50 mg		2	

Drug Name		Drug Tier	Requirements/Limits
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg		2	
tetracycline hcl oral capsule 250 mg, 500 mg		4	
tigecycline intravenous solution reconstituted 50 mg	(Tygacil)	4	PA BvD
ANTICANCER AGENTS			
Anticancer Agents			
abiraterone acetate oral tablet 250 mg	(Abirtega)	4	PA NSO; QL (120 per 30 days)
abirtega oral tablet 250 mg	(Abirtega)	4	PA NSO; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		5	PA NSO; NMO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		5	PA NSO; NMO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		5	PA NSO; NMO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		5	PA NSO; NMO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		5	PA NSO; NMO; NDS
anastrozole oral tablet 1 mg	(Arimidex)	1	
AUGTYRO ORAL CAPSULE 160 MG		5	PA NSO; NMO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		5	PA NSO; NMO; NDS; QL (240 per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG		5	PA NSO; NMO; NDS; QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		5	PA NSO; NMO; NDS; QL (30 per 30 days)
azacitidine injection suspension reconstituted 100 mg	(Vidaza)	5	NMO; NDS
BALVERSA ORAL TABLET 3 MG		5	PA NSO; NMO; NDS; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NMO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NMO; NDS; QL (28 per 28 days)
bendamustine hcl intravenous solution reconstituted 25 mg (Treanda)	4	PA NSO
BEQALZI ORAL TABLET 1 MG, 20 MG, 5 MG, 80 MG	5	PA NSO; NMO; NDS
BEQALZI STARTER PACK ORAL TABLET THERAPY PACK 1 & 5 & 20 & 80 MG	5	PA NSO; NMO; NDS
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML	5	PA NSO; NMO; NDS; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA NSO; NMO; NDS; QL (2 per 28 days)
bexarotene external gel 1 % (Targretin)	5	PA NSO; NMO; NDS
bexarotene oral capsule 75 mg (Targretin)	2	PA NSO
bicalutamide oral tablet 50 mg (Casodex)	2	
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	2	
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG	4	PA NSO
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 3.5 MG	5	PA NSO; NMO; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NMO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG (bosutinib)	5	PA NSO; NMO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 500 MG (bosutinib)	5	PA NSO; NMO; NDS; QL (30 per 30 days)
bosutinib oral tablet 100 mg (Bosulif)	5	PA NSO; NMO; NDS; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
bosutinib oral tablet 400 mg, 500 mg (Bosulif)	5	PA NSO; NMO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NMO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG	4	PA NSO
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA NSO; NMO; NDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA NSO; NMO; NDS; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA NSO; NMO; NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NMO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NMO; NDS; QL (63 per 28 days)
cyclophosphamide injection solution reconstituted 1 gm	4	PA BvD
cyclophosphamide injection solution reconstituted 2 gm, 500 mg	5	PA BvD; NMO; NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/2.5ML	5	PA BvD; NMO; NDS

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	2	PA BvD; ST
cyclophosphamide oral tablet 25 mg	3	PA BvD; ST
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	PA BvD; ST
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NMO; NDS; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Phyrago)	5	PA NSO; NMO; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg (Phyrago)	5	PA NSO; NMO; NDS; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
decitabine intravenous solution reconstituted 50 mg	4	
doxorubicin hcl liposomal intravenous suspension 2 mg/ml (Doxil)	5	PA BvD; NMO; NDS
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA NSO
ENSACOVE ORAL CAPSULE 100 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	5	PA NSO; NMO; NDS; QL (270 per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NMO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
erlotinib hcl oral tablet 100 mg	5	PA NSO; NMO; NDS; QL (60 per 30 days)
erlotinib hcl oral tablet 150 mg	5	PA NSO; NMO; NDS; QL (90 per 30 days)
erlotinib hcl oral tablet 25 mg	4	PA NSO; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
etoposide intravenous solution 100 mg/5ml	(Avopef)	2	
EULEXIN ORAL CAPSULE 125 MG		5	NMO; NDS
everolimus oral tablet 10 mg	(Yulithira)	5	PA NSO; NMO; NDS; QL (60 per 30 days)
everolimus oral tablet 2.5 mg, 5 mg	(Yulithira)	4	PA NSO; QL (30 per 30 days)
everolimus oral tablet 7.5 mg	(Yulithira)	4	PA NSO; QL (60 per 30 days)
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	5	PA NSO; NMO; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	2	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL		5	PA BvD; NMO; NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG		3	PA BvD
floxuridine injection solution reconstituted 0.5 gm		2	PA BvD
fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml		4	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		5	PA NSO; NMO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		5	PA NSO; NMO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG		5	PA NSO; NMO; NDS; QL (21 per 28 days)
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	(Cligavyx)	4	
GAVRETO ORAL CAPSULE 100 MG		5	PA NSO; NMO; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg	(Iressa)	5	PA NSO; NMO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA NSO; NMO; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI ORAL CAPSULE 1 MG	5	PA NSO; NMO; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA NSO; NMO; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET SOLUBLE 1 MG	5	PA NSO; NMO; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	5	PA NSO; NMO; NDS; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	5	PA NSO; NMO; NDS; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg (Hydrea)	2	
HYRNUO ORAL TABLET 10 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NMO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NMO; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA NSO; NMO; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	4	
ifosfamide intravenous solution reconstituted 1 gm (Ifex)	4	
imatinib mesylate oral tablet 100 mg (Gleevec)	2	PA NSO; QL (180 per 30 days)
imatinib mesylate oral tablet 400 mg (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NMO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NMO; NDS; QL (216 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA NSO; NMO; NDS; QL (28 per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA NSO; NMO; NDS; QL (280 per 28 days)
INLEXZO INTRAVESICAL IMPLANT 225 MG	5	PA BvD; NMO; NDS
INLURIYO ORAL TABLET 200 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NMO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NMO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NMO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NMO; NDS; QL (90 per 30 days)
JIDEYTRO ORAL TABLET 100 MG, 25 MG	5	PA NSO; NMO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5	PA NSO; NMO; NDS

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395-4800 MG -UNT/2.4ML, 790-9600 MG -UNT/4.8ML	5	PA NSO; NMO; NDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NMO; NDS; QL (21 per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NMO; NDS; QL (42 per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NMO; NDS; QL (63 per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NMO; NDS; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NMO; NDS; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NMO; NDS; QL (91 per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	5	PA NSO; NMO; NDS
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NMO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG	5	PA NSO; NMO; NDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE SPRINKLE 7.5 MG	5	PA NSO; NMO; NDS; QL (390 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NMO; NDS; QL (180 per 30 days)
lapatinib ditosylate oral tablet 250 mg (Tykerb)	5	PA NSO; NMO; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	5	PA NSO; NMO; NDS; QL (28 per 28 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA NSO; NMO; NDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA NSO; NMO; NDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA NSO; NMO; NDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA NSO; NMO; NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA NSO; NMO; NDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA NSO; NMO; NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA NSO; NMO; NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA NSO; NMO; NDS
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	5	NMO; NDS
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	4	PA NSO
leuprolide acetate injection kit 1 mg/0.2ml	4	PA NSO

Drug Name	Drug Tier	Requirements/Limits
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG	5	PA NSO; NMO; NDS
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG	5	PA NSO; NMO; NDS
lomustine oral capsule 10 mg, 40 mg (Gleostine)	4	
lomustine oral capsule 100 mg (Gleostine)	5	NMO; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NMO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NMO; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NMO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NMO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NMO; NDS; QL (90 per 30 days)
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5ML	5	PA BvD; NMO; NDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA NSO; NMO; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	5	PA NSO; NMO; NDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA NSO; NMO; NDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA NSO; NMO; NDS

Drug Name	Drug Tier	Requirements/Limits
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	4	PA NSO
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NMO; NDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NMO; NDS; QL (140 per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NMO; NDS; QL (140 per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NMO; NDS; QL (140 per 28 days)
MATULANE ORAL CAPSULE 50 MG	5	NMO; NDS
megestrol acetate oral tablet 20 mg, 40 mg	2	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA NSO; NMO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NMO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NMO; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 2000 mg/100ml (Purixan)	5	NMO; NDS
mercaptopurine oral tablet 50 mg	2	
methotrexate (anti-rheumatic) oral tablet 2.5 mg	2	PA BvD; ST
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	2	
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML	2	

Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium injection solution reconstituted 1 gm	2	
methotrexate sodium oral tablet 2.5 mg	2	PA BvD; ST
mitoxantrone hcl intravenous concentrate 20 mg/10ml	2	
MODEYSO ORAL CAPSULE 125 MG	5	PA NSO; NMO; NDS; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NMO; NDS; QL (180 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg (Tasigna)	5	PA NSO; NMO; NDS; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg (Tasigna)	5	PA NSO; NMO; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg	5	NMO; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NMO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NMO; NDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NMO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NMO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA NSO; NMO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA NSO; NMO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NMO; NDS; QL (14 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	5	PA NSO; NMO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300-5000 MG -UT/2.5ML, 600-10000 MG-UT/5ML	5	PA NSO; NMO; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NMO; NDS; QL (90 per 30 days)
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	PA BvD; NMO; NDS
pazopanib hcl oral tablet 200 mg (Votrient)	5	PA NSO; NMO; NDS; QL (120 per 30 days)
pazopanib hcl oral tablet 400 mg	5	PA NSO; NMO; NDS; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	5	NMO; NDS
pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg	4	
pemetrexed disodium intravenous solution reconstituted 500 mg, 750 mg	5	NMO; NDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NMO; NDS; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA NSO; NMO; NDS; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA NSO; NMO; NDS; QL (56 per 28 days)
POMALIDOMIDE ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	5	PA NSO; NMO; NDS; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	5	PA NSO; NMO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NMO; NDS; QL (90 per 30 days)
RASONQUE ORAL TABLET 100 MG, 150 MG	5	PA NSO; NMO; NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NMO; NDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA NSO; NMO; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NMO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NMO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NMO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PACKET 50 MG	5	PA NSO; NMO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	4	
toremifene citrate oral tablet 60 mg (Fareston)	4	
torpenz oral tablet 10 mg (Yulithira)	5	PA NSO; NMO; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg (Yulithira)	5	PA NSO; NMO; NDS; QL (30 per 30 days)
tretinoin oral capsule 10 mg	5	NMO; NDS
TRUQAP ORAL TABLET 200 MG	5	PA NSO; NMO; NDS; QL (64 per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG	5	PA NSO; NMO; NDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NMO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NMO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NMO; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA NSO; NMO; NDS
VEPPANU ORAL TABLET 100 MG, 200 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NMO; NDS; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	4	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NMO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NMO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NMO; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NMO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA NSO; NMO; NDS; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA NSO; NMO; NDS; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA NSO; NMO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NMO; NDS; QL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA NSO; NMO; NDS; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA NSO; NMO; NDS; QL (16 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NMO; NDS; QL (4 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		5	PA NSO; NMO; NDS; QL (8 per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG		5	PA NSO; NMO; NDS; QL (4 per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; NMO; NDS; QL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG		5	PA NSO; NMO; NDS; QL (8 per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; NMO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG		5	PA NSO; NMO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG		5	PA NSO; NMO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG		5	PA NSO; NMO; NDS; QL (60 per 30 days)
YONSA ORAL TABLET 125 MG	(abiraterone acetate micronized)	5	PA NSO; NMO; NDS; QL (120 per 30 days)
yulithira oral tablet 10 mg, 7.5 mg	(Yulithira)	4	PA NSO; QL (60 per 30 days)
yulithira oral tablet 2.5 mg, 5 mg	(Yulithira)	4	PA NSO; QL (30 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		5	PA NSO; NMO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG		5	PA NSO; NMO; NDS; QL (240 per 30 days)
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG		5	PA NSO; NMO; NDS
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML		5	PA BvD; NMO; NDS
ZOLINZA ORAL CAPSULE 100 MG		5	NMO; NDS

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NMO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NMO; NDS; QL (84 per 28 days)
ANTICONVULSANTS		
Anticonvulsants		
brivaracetam intravenous solution 50 mg/5ml (Briviact)	5	NMO; NDS; QL (80 per 30 days)
brivaracetam oral solution 10 mg/ml (Briviact)	4	QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg (Briviact)	5	NMO; NDS; QL (60 per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg (Carbatrol)	4	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg (TEGretol-XR)	4	
carbamazepine oral suspension 100 mg/5ml (TEGretol)	4	
carbamazepine oral tablet 200 mg (TEGretol)	2	
carbamazepine oral tablet chewable 100 mg, 200 mg	2	
clobazam oral suspension 2.5 mg/ml (Onfi)	4	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg (Onfi)	4	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NMO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NMO; NDS; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG	5	PA NSO; NMO; NDS; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG	5	PA NSO; NMO; NDS; QL (180 per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	4	
DILANTIN ORAL CAPSULE 30 MG	4	

Drug Name		Drug Tier	Requirements/Limits
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	(Depakote ER)	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	(Depakote Sprinkles)	4	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	(Depakote)	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA NSO; NMO; NDS
epitol oral tablet 200 mg	(TEGretol)	2	
eslicarbazepine acetate oral tablet 200 mg, 400 mg	(Aptiom)	4	ST; QL (30 per 30 days)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	(Aptiom)	4	ST; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	2	
ethosuximide oral solution 250 mg/5ml	(Zarontin)	2	
felbamate oral suspension 600 mg/5ml		4	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		5	PA NSO; NMO; NDS
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	(Cerebyx)	4	
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	1	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	1	QL (270 per 30 days)
gabapentin oral solution 250 mg/5ml	(Neurontin)	4	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	2	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	2	QL (120 per 30 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	4	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	4	QL (60 per 30 days)
lamotrigine 100 mg tablet	(Subvenite)	1	
lamotrigine 150 mg tablet	(Subvenite)	1	

Drug Name		Drug Tier	Requirements/Limits
lamotrigine 200 mg tablet	(Subvenite)	1	
lamotrigine 25 mg tablet	(Subvenite)	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	(LaMICtal)	2	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	(LaMICtal ODT)	4	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	(Keppra XR)	2	
levetiracetam intravenous solution 500 mg/5ml	(Keppra)	4	
levetiracetam oral solution 100 mg/ml	(Keppra)	2	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	2	
levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg	(Spritam)	4	ST
methsuximide oral capsule 300 mg	(Celontin)	4	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		4	PA NSO; QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5ml	(Trileptal)	2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	2	
perampanel oral suspension 0.5 mg/ml	(Fycompa)	5	ST; NMO; NDS; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg	(Fycompa)	4	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	4	ST; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5ml		4	PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		2	PA NSO-HRM; AGE (Max 64 Years)
phenytek oral capsule 200 mg, 300 mg	(Phenytek)	2	

Drug Name		Drug Tier	Requirements/Limits
phenytoin oral suspension 125 mg/5ml	(Dilantin-125)	2	
phenytoin oral tablet chewable 50 mg	(Dilantin Infatabs)	2	
phenytoin sodium extended oral capsule 100 mg	(Dilantin)	2	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	2	
phenytoin sodium injection solution 50 mg/ml		2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	2	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	2	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	2	QL (900 per 30 days)
primidone oral tablet 125 mg		4	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	2	
rufinamide oral suspension 40 mg/ml	(Banzel)	5	NMO; NDS
rufinamide oral tablet 200 mg, 400 mg	(Banzel)	4	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 750 MG		4	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML		4	PA NSO
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG		5	PA NSO; NMO; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG		4	PA NSO; QL (60 per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg		4	
topiramate oral capsule sprinkle 15 mg, 25 mg	(Topamax Sprinkle)	4	
topiramate oral capsule sprinkle 50 mg		4	
topiramate oral solution 25 mg/ml	(Eprontia)	4	ST

Drug Name	Drug Tier	Requirements/Limits
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Topamax)	1	
valproate sodium intravenous solution 100 mg/ml	4	
valproic acid oral capsule 250 mg	2	
valproic acid oral solution 250 mg/5ml	2	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	5	PA NSO; NMO; NDS; QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	5	PA NSO; NMO; NDS; QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	5	PA NSO; NMO; NDS; QL (10 per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	5	PA NSO; NMO; NDS; QL (10 per 30 days)
vigabatrin oral packet 500 mg (Vigadrone)	5	PA NSO; NMO; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg (Vigadrone)	5	PA NSO; NMO; NDS; QL (180 per 30 days)
vigadrone oral packet 500 mg (Vigadrone)	5	PA NSO; NMO; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg (Vigadrone)	5	PA NSO; NMO; NDS; QL (180 per 30 days)
vigpoder oral packet 500 mg (Vigadrone)	5	PA NSO; NMO; NDS; QL (180 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	NMO; NDS; QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5	NMO; NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	NMO; NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	NMO; NDS; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	NMO; NDS
ZONISADE ORAL SUSPENSION 100 MG/5ML	5	NMO; NDS
zonisamide oral capsule 100 mg, 25 mg (Zonegran)	2	
zonisamide oral capsule 50 mg	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NMO; NDS; QL (1080 per 30 days)
ANTIDEMENTIA AGENTS		
Antidementia Agents		
donepezil hcl oral tablet 10 mg, 5 mg (Aricept)	1	QL (30 per 30 days)
donepezil hcl oral tablet 23 mg (Aricept)	2	QL (30 per 30 days)
donepezil hcl oral tablet dispersible 10 mg	2	
donepezil hcl oral tablet dispersible 5 mg	2	QL (30 per 30 days)
ergoloid mesylates oral tablet 1 mg	4	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	4	QL (30 per 30 days)
galantamine hydrobromide oral solution 4 mg/ml	4	QL (200 per 30 days)
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	4	QL (60 per 30 days)
LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2 X 250 MG/1.25ML	5	PA; NMO; NDS; QL (10 per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	5	PA; NMO; NDS; QL (7.2 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg		2	ST; QL (30 per 30 days)
memantine hcl oral solution 2 mg/ml		4	QL (300 per 30 days)
memantine hcl oral tablet 10 mg, 5 mg		2	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		4	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	(Exelon)	4	QL (30 per 30 days)
ANTIDEPRESSANTS			
Antidepressants			
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		2	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG		5	NMO; NDS
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG		5	NMO; NDS
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	(Wellbutrin SR)	2	
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	(Wellbutrin SR)	1	
bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral	(Wellbutrin SR)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	(Wellbutrin XL)	2	
bupropion hcl oral tablet 100 mg, 75 mg		2	
citalopram hydrobromide oral solution 10 mg/5ml		4	

Drug Name		Drug Tier	Requirements/Limits
citalopram hydrobromide oral tablet 10 mg	(CeleXA)	1	QL (120 per 30 days)
citalopram hydrobromide oral tablet 20 mg, 40 mg	(CeleXA)	1	QL (30 per 30 days)
clomipramine hcl oral capsule 25 mg, 75 mg	(Anafranil)	2	
clomipramine hcl oral capsule 50 mg	(Anafranil)	4	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	(Pristiq)	2	QL (30 per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
doxepin hcl oral concentrate 10 mg/ml		2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG		4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG		4	ST; QL (30 per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg		2	QL (120 per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg		2	QL (90 per 30 days)
duloxetine hcl oral capsule delayed release particles 60 mg		2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		5	ST; NMO; NDS; QL (30 per 30 days)
escitalopram 10 mg tablet f/c	(Lexapro)	1	
escitalopram 20 mg tablet f/c	(Lexapro)	1	
escitalopram oxalate oral solution 5 mg/5ml		4	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	1	

Drug Name	Drug Tier	Requirements/Limits
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	5	PA NSO; NMO; NDS; QL (30 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl oral solution 20 mg/5ml	4	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
MARPLAN ORAL TABLET 10 MG	4	
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	1	
mirtazapine oral tablet 45 mg	1	
mirtazapine oral tablet 7.5 mg	2	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg (Remeron SolTab)	2	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1	
nortriptyline hcl oral solution 10 mg/5ml	4	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	2	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral suspension 10 mg/5ml	4	PA NSO-HRM; AGE (Max 64 Years)

Drug Name		Drug Tier	Requirements/Limits
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		4	
phenelzine sulfate oral tablet 15 mg	(Nardil)	2	
protriptyline hcl oral tablet 10 mg, 5 mg		4	
RALDESY ORAL SOLUTION 10 MG/ML		5	PA NSO; NMO; NDS; 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)	2	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
tranylcypromine sulfate oral tablet 10 mg	(Parnate)	4	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg		4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		4	QL (30 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	(Effexor XR)	2	QL (30 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	(Effexor XR)	2	QL (90 per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		2	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		5	PA NSO; NMO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		5	PA NSO; NMO; NDS; QL (14 per 14 days)

Drug Name		Drug Tier	Requirements/Limits
ANTIDIABETIC AGENTS			
Antidiabetic Agents, Miscellaneous			
acarbose oral tablet 100 mg, 25 mg, 50 mg		2	
dapagliflozin oral tablet 10 mg, 5 mg	(Farxiga)	2	QL (30 per 30 days)
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-1000 mg, 5-500 mg	(Xigduo XR)	2	
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG		3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG		3	QL (30 per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg		1	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg		1	QL (60 per 30 days)
metformin hcl oral 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 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)	5	PA; NMO; NDS; QL (112 per 28 days)
nateglinide oral tablet 120 mg, 60 mg		2	QL (90 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
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		2	QL (90 per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-850 mg	(Actoplus Met)	2	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		2	QL (120 per 30 days)
repaglinide oral tablet 2 mg		2	QL (240 per 30 days)
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg	(Janumet XR)	2	QL (30 per 30 days)
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg	(Janumet XR)	2	QL (60 per 30 days)
sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg	(Janumet)	2	QL (60 per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	(Januvia)	2	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG		3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG		3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG		3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG		3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG		3	QL (60 per 30 days)
Insulins			

Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	max $35 copay per month supply; QL (30 per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML	3	max $35 copay per month supply; QL (40 per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	max $35 copay per month supply; QL (30 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	max $35 copay per month supply; QL (24 per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml (Semglee (yfgn))	3	max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml (Semglee (yfgn))	3	max $35 copay per month supply; QL (30 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	max $35 copay per month supply; QL (30 per 28 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	max $35 copay per month supply; QL (40 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS	3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION	3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin aspart flexpen)	3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (insulin aspart)	3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (insulin asp prot & asp flexpen)	3	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	max $35 copay per month supply; QL (30 per 28 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	max $35 copay per month supply; QL (15 per 25 days)

Drug Name		Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	(insulin glargine max solostar)	3	max $35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	(insulin glargine solostar)	3	max $35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML		3	max $35 copay per month supply; QL (15 per 28 days)
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg		1	QL (30 per 30 days)
glimepiride oral tablet 4 mg		1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg		1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg		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 (90 per 30 days)
glipizide oral tablet 5 mg		1	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg		2	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg		2	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		1	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	PA-HRM; AGE (Max 64 Years)
ANTIFUNGALS			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		4	PA BvD
amphotericin b intravenous solution reconstituted 50 mg		4	PA BvD

Drug Name		Drug Tier	Requirements/Limits
amphotericin b liposome intravenous suspension reconstituted 50 mg	(AmBisome)	5	PA BvD; NMO; NDS
ciclopirox external solution 8 %	(Ciclodan)	2	QL (19.8 per 30 days)
ciclopirox olamine external cream 0.77 %		2	QL (180 per 30 days)
ciclopirox olamine external suspension 0.77 %		4	QL (180 per 30 days)
clotrimazole external cream 1 %	(Lotrimin AF)	2	
clotrimazole external solution 1 %	(Lasolex)	2	
clotrimazole mouth/throat troche 10 mg		2	
clotrimazole-betamethasone external cream 1-0.05 %		2	QL (90 per 30 days)
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG		5	NMO; NDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		5	PA; NMO; NDS
econazole nitrate external cream 1 %		2	QL (170 per 30 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%		4	
fluconazole oral suspension reconstituted 10 mg/ml		4	
fluconazole oral suspension reconstituted 40 mg/ml	(Diflucan)	4	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		2	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	5	NMO; NDS
griseofulvin microsize oral suspension 125 mg/5ml		4	
griseofulvin microsize oral tablet 500 mg		4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		4	
itraconazole oral capsule 100 mg	(Sporanox)	4	
ketoconazole external cream 2 %		2	QL (180 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ketoconazole external shampoo 2 %		2	QL (360 per 30 days)
ketoconazole oral tablet 200 mg		2	
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg		4	
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG		2	
nyamyc external powder 100000 unit/gm	(Nystop)	2	QL (60 per 30 days)
nystatin external cream 100000 unit/gm		2	QL (60 per 30 days)
nystatin external ointment 100000 unit/gm		2	QL (60 per 30 days)
nystatin external powder 100000 unit/gm	(Nystop)	2	QL (60 per 30 days)
nystatin mouth/throat suspension 100000 unit/ml		2	
nystatin oral tablet 500000 unit		2	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%		2	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%		2	
nystop external powder 100000 unit/gm	(Nystop)	2	QL (60 per 30 days)
posaconazole oral tablet delayed release 100 mg		4	PA
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous solution 200 mg/20ml		4	PA BvD
voriconazole intravenous solution reconstituted 200 mg	(Vfend IV)	4	PA BvD
voriconazole oral suspension reconstituted 40 mg/ml	(Vfend)	5	PA; NMO; NDS
voriconazole oral tablet 200 mg, 50 mg		3	
ANTIGOUT AGENTS			
Antigout Agents, Other			

Drug Name	Drug Tier	Requirements/Limits
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet 0.6 mg	2	QL (120 per 30 days)
colchicine-probenecid oral tablet 0.5-500 mg	4	
febuxostat oral tablet 40 mg, 80 mg (Uloric)	4	QL (30 per 30 days)
probenecid oral tablet 500 mg	2	
ANTIHISTAMINES		
Antihistamines		
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
levocetirizine dihydrochloride oral tablet 5 mg (Xyzal Allergy 24HR)	1	
ANTIHYPOGLYCEMIC AGENTS		
Antihypoglycemic Agents, Miscellaneous		
diazoxide oral suspension 50 mg/ml (Proglycem)	5	NMO; NDS
ANTIMIGRAINE AGENTS		
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
dihydroergotamine mesylate nasal solution 4 mg/ml	2	PA; QL (8 per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	2	QL (18 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
NURTEC ORAL TABLET DISPERSIBLE 75 MG		3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		3	PA; QL (30 per 30 days)
rizatriptan benzoate oral tablet 10 mg	(Maxalt)	2	QL (18 per 30 days)
rizatriptan benzoate oral tablet 5 mg		2	QL (18 per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg	(Maxalt-MLT)	2	QL (18 per 30 days)
rizatriptan benzoate oral tablet dispersible 5 mg		2	QL (18 per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act		4	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	2	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	2	QL (18 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		4	QL (5 per 28 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	(Imitrex STATdose System)	4	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		3	PA; QL (16 per 30 days)
ANTIMYCOBACTERIALS			
Antimycobacterials			
dapsone oral tablet 100 mg, 25 mg		2	
ethambutol hcl oral tablet 100 mg, 400 mg		2	
isoniazid oral tablet 100 mg, 300 mg		1	
PRETOMANID ORAL TABLET 200 MG		4	QL (30 per 30 days)
pyrazinamide oral tablet 500 mg		4	
rifabutin oral capsule 150 mg		3	
rifampin intravenous solution reconstituted 600 mg		4	

Drug Name		Drug Tier	Requirements/Limits
rifampin oral capsule 150 mg, 300 mg		4	
rifapentine oral tablet 150 mg	(Priftin)	2	
SIRTURO ORAL TABLET 100 MG, 20 MG		5	PA; NMO; NDS
TRECATOR ORAL TABLET 250 MG		4	
ANTINAUSEA AGENTS			
Antinausea Agents			
aprepitant oral capsule 125 mg		4	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		4	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend BiPack)	4	PA BvD; QL (8 per 28 days)
aprepitant oral capsule therapy pack 80 & 125 mg	(Emend TriPack)	4	PA BvD
compro rectal suppository 25 mg	(Compro)	4	
dronabinol oral capsule 10 mg, 5 mg		3	PA; QL (60 per 30 days)
dronabinol oral capsule 2.5 mg	(Marinol)	3	PA; QL (60 per 30 days)
meclizine hcl oral tablet 12.5 mg		1	
meclizine hcl oral tablet 25 mg	(Dramamine)	1	
ondansetron hcl oral tablet 4 mg, 8 mg		2	PA BvD
ondansetron oral tablet dispersible 4 mg, 8 mg		2	PA BvD
prochlorperazine edisylate injection solution 10 mg/2ml		2	
prochlorperazine maleate oral tablet 10 mg, 5 mg		2	
prochlorperazine rectal suppository 25 mg	(Compro)	4	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg		1	PA-HRM; AGE (Max 64 Years)
scopolamine transdermal patch 72 hour 1 mg/3days	(Transderm Scop)	3	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)

Drug Name		Drug Tier	Requirements/Limits
ANTIPARASITE AGENTS			
Antiparasite Agents			
albendazole oral tablet 200 mg		4	
atovaquone oral suspension 750 mg/5ml	(Mepron)	4	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	(Malarone)	4	
chloroquine phosphate oral tablet 250 mg, 500 mg		4	
COARTEM ORAL TABLET 20-120 MG		4	
hydroxychloroquine sulfate oral tablet 100 mg		2	QL (180 per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	(Plaquenil)	2	QL (90 per 30 days)
hydroxychloroquine sulfate oral tablet 300 mg	(Sovuna)	2	QL (60 per 30 days)
hydroxychloroquine sulfate oral tablet 400 mg		2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		5	PA; NMO; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	2	
ivermectin oral tablet 6 mg		4	
mefloquine hcl oral tablet 250 mg		2	
nitazoxanide oral tablet 500 mg		5	NMO; NDS; QL (60 per 30 days)
pentamidine isethionate inhalation solution reconstituted 300 mg	(Nebupent)	4	PA BvD
pentamidine isethionate injection solution reconstituted 300 mg	(Pentam)	4	
praziquantel oral tablet 600 mg	(Biltricide)	4	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG		4	
pyrimethamine oral tablet 25 mg	(Daraprim)	5	PA; NMO; NDS
quinine sulfate oral capsule 324 mg		4	PA
tinidazole oral tablet 250 mg, 500 mg		4	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
Antiparkinsonian Agents		
amantadine hcl oral capsule 100 mg	2	
amantadine hcl oral solution 50 mg/5ml	2	
amantadine hcl oral tablet 100 mg	2	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	2	
bromocriptine mesylate oral tablet 2.5 mg	4	
cabergoline oral tablet 0.5 mg	2	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	
carbidopa-levodopa oral tablet 10-100 mg (Sinemet)	2	
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	2	
carbidopa-levodopa oral tablet 25-250 mg	2	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	4	
entacapone oral tablet 200 mg	4	
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	5	PA; NMO; NDS; QL (600 per 30 days)
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline mesylate oral tablet 0.5 mg, 1 mg (Azilect)	3	
ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg	2	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	2	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	2	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	5	PA; NMO; NDS; QL (560 per 28 days)
ANTIPSYCHOTIC AGENTS		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	NMO; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	NMO; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NMO; NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NMO; NDS; QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	4	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	2	
aripiprazole oral tablet dispersible 10 mg	4	ST; QL (90 per 30 days)
aripiprazole oral tablet dispersible 15 mg	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	NMO; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	NMO; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	NMO; NDS; QL (1.6 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	NMO; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	NMO; NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg (Saphris)	4	QL (60 per 30 days)
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NMO; NDS; QL (60 per 30 days)
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK 1 & 2 & 4 & 6 MG	4	ST
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK 1 & 2 & 6 & 8 MG	4	ST
BYSANTI TITRATION PACK C ORAL TABLET THERAPY PACK 1 & 2 & 6 MG	4	ST
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NMO; NDS; QL (30 per 30 days)
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	4	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
clozapine oral tablet 100 mg, 25 mg (Clozaril)	2	
clozapine oral tablet 200 mg, 50 mg	2	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg	4	ST; QL (90 per 30 days)
clozapine oral tablet dispersible 150 mg	4	ST; QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	ST; NMO; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	5	ST; NMO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	NMO; NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	NMO; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	NMO; NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	NMO; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	NMO; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	NMO; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	NMO; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	NMO; NDS; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	4	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg (Latuda)	4	

Drug Name		Drug Tier	Requirements/Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		5	NMO; NDS; QL (30 per 30 days)
molindone hcl oral tablet 10 mg, 5 mg		4	QL (120 per 30 days)
molindone hcl oral tablet 25 mg		4	QL (270 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG		5	PA NSO; NMO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG		5	PA NSO; NMO; NDS; QL (30 per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	(ZyPREXA)	4	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(ZyPREXA)	2	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	(ZyPREXA Zydis)	4	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG		5	ST; NMO; NDS
paliperidone er oral tablet extended release 24 hour 1.5 mg		4	QL (30 per 30 days)
paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg	(Invega)	4	QL (30 per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	(Invega)	4	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		2	
pimozide oral tablet 1 mg, 2 mg		4	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(SEROquel XR)	2	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(SEROquel)	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	NMO; NDS; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg	(RisperDAL Consta)	4	QL (2 per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg	(RisperDAL Consta)	5	NMO; NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(RisperDAL)	4	QL (480 per 30 days)
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	QL (60 per 30 days)
risperidone oral tablet dispersible 4 mg		4	QL (120 per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG		5	NMO; NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		5	ST; NMO; NDS; QL (30 per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		4	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg		2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		5	ST; NMO; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG		3	QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	2	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	(Geodon)	4	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG		4	QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	5	NMO; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	NMO; NDS; QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)		
Antiretrovirals		
abacavir sulfate oral solution 20 mg/ml (Ziagen)	2	
abacavir sulfate oral tablet 300 mg	2	
abacavir sulfate-lamivudine oral tablet 600-300 mg	2	
APTIVUS ORAL CAPSULE 250 MG	5	NMO; NDS
atazanavir sulfate oral capsule 150 mg	2	
atazanavir sulfate oral capsule 200 mg, 300 mg (Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NMO; NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	5	NMO; NDS
CIMDUO ORAL TABLET 300-300 MG	5	NMO; NDS
darunavir oral tablet 600 mg, 800 mg (Prezista)	4	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NMO; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NMO; NDS
DOVATO ORAL TABLET 50-300 MG	5	NMO; NDS
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	5	NMO; NDS
efavirenz oral capsule 200 mg, 50 mg	4	
efavirenz oral tablet 600 mg	4	

Drug Name		Drug Tier	Requirements/Limits
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg		4	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg		5	NMO; NDS
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	(Symfi)	5	NMO; NDS
emtricitabine oral capsule 200 mg	(Emtriva)	4	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	4	
emtricitabine-tenofovir df oral tablet 200-300 mg	(Truvada)	2	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	(Complera)	5	NMO; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		4	
etravirine oral tablet 100 mg, 200 mg	(Intelence)	4	
EVOTAZ ORAL TABLET 300-150 MG		5	NMO; NDS
fosamprenavir calcium oral tablet 700 mg		4	
GENVOYA ORAL TABLET 150-150-200-10 MG		5	NMO; NDS
IDVYNSO ORAL TABLET 100-0.25 MG		5	NMO; NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG		4	
ISENTRESS HD ORAL TABLET 600 MG		5	NMO; NDS
ISENTRESS ORAL PACKET 100 MG		5	NMO; NDS
ISENTRESS ORAL TABLET 400 MG		5	NMO; NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG		5	NMO; NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG		3	

Drug Name	Drug Tier	Requirements/Limits
JULUCA ORAL TABLET 50-25 MG	5	NMO; NDS
KALETRA ORAL SOLUTION 400-100 MG/5ML	4	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml (Epivir)	2	
lamivudine oral tablet 100 mg	2	
lamivudine oral tablet 150 mg, 300 mg (Epivir)	2	
lamivudine-zidovudine oral tablet 150-300 mg	4	
lopinavir-ritonavir oral solution 400-100 mg/5ml (Kaletra)	4	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	4	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	4	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg (Selzentry)	5	NMO; NDS
nevirapine er oral tablet extended release 24 hour 400 mg	4	QL (30 per 30 days)
nevirapine oral suspension 50 mg/5ml	4	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	2	QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NMO; NDS
PIFELTRO ORAL TABLET 100 MG	5	NMO; NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	5	NMO; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NMO; NDS
PREZISTA ORAL TABLET 150 MG	5	NMO; NDS
PREZISTA ORAL TABLET 75 MG	4	
REYATAZ ORAL PACKET 50 MG	5	NMO; NDS
rilpivirine hcl oral tablet 25 mg (Edurant)	5	NMO; NDS

Drug Name	Drug Tier	Requirements/Limits
ritonavir oral tablet 100 mg (Norvir)	4	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NMO; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NMO; NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NMO; NDS
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NMO; NDS
SUNLENCA ORAL TABLET 300 MG	5	NMO; NDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	5	NMO; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NMO; NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NMO; NDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	5	NMO; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NMO; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NMO; NDS
VIREAD ORAL POWDER 40 MG/GM	5	NMO; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NMO; NDS
zidovudine oral capsule 100 mg (Retrovir)	4	

Drug Name	Drug Tier	Requirements/Limits
zidovudine oral syrup 50 mg/5ml (Retrovir)	4	
zidovudine oral tablet 300 mg	2	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NMO; NDS
oseltamivir phosphate oral capsule 30 mg	2	QL (84 per 180 days)
oseltamivir phosphate oral capsule 45 mg	2	QL (48 per 180 days)
oseltamivir phosphate oral capsule 75 mg (Tamiflu)	2	QL (42 per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml (Tamiflu)	4	QL (540 per 180 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	2	QL (20 per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	2	QL (11 per 28 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	2	QL (30 per 5 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NMO; NDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; NMO; NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NMO; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; NMO; NDS; QL (28 per 28 days)
EPCLUSA ORAL PACKET 200-50 MG	5	PA; NMO; NDS; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NMO; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	5	PA; NMO; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NMO; NDS; QL (28 per 28 days)
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5ml	4	
acyclovir oral tablet 400 mg, 800 mg	2	
acyclovir sodium intravenous solution 50 mg/ml	4	PA BvD
adefovir dipivoxil oral tablet 10 mg	4	
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	4	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
ribavirin oral capsule 200 mg	4	
ribavirin oral tablet 200 mg	2	
valacyclovir hcl oral tablet 1 gm, 500 mg (Valtrex)	2	
valganciclovir hcl oral solution reconstituted 50 mg/ml (Valcyte)	5	NMO; NDS
valganciclovir hcl oral tablet 450 mg	2	
VEMLIDY ORAL TABLET 25 MG	5	NMO; NDS; QL (30 per 30 days)
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
Anticoagulants		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg (Pradaxa)	4	QL (60 per 30 days)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	3	QL (960 per 30 days)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	3	QL (960 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	3	QL (120 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	3	QL (960 per 30 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml (Lovenox)	4	QL (60 per 30 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml (Lovenox)	4	QL (48 per 30 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml (Lovenox)	4	QL (18 per 30 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml (Lovenox)	4	QL (24 per 30 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml (Lovenox)	4	QL (36 per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml (Arixtra)	5	NMO; NDS; QL (24 per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml (Arixtra)	4	QL (15 per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml (Arixtra)	5	NMO; NDS; QL (12 per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml (Arixtra)	4	QL (18 per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
rivaroxaban oral suspension reconstituted 1 mg/ml (Xarelto)	2	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg (Xarelto)	2	

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
Blood Formation Modifiers		
eltrombopag olamine oral packet 12.5 mg (Promacta)	5	PA; NMO; NDS; QL (90 per 30 days)
eltrombopag olamine oral packet 25 mg (Promacta)	5	PA; NMO; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg (Promacta)	5	PA; NMO; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg (Promacta)	5	PA; NMO; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg (Promacta)	5	PA; NMO; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5	PA; NMO; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5	PA; NMO; NDS; QL (20 per 30 days)
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; NMO; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NMO; NDS
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO; NDS
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO; NDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	3	PA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO; NDS
Hematologic Agents, Miscellaneous		
anagrelide hcl oral capsule 0.5 mg (Agrylin)	4	
anagrelide hcl oral capsule 1 mg	4	
tranexamic acid oral tablet 650 mg	2	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	4	
cilostazol oral tablet 100 mg, 50 mg	2	
clopidogrel bisulfate oral tablet 75 mg (Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	4	PA-HRM; AGE (Max 64 Years)
pentoxifylline er oral tablet extended release 400 mg	2	
prasugrel hcl oral tablet 10 mg, 5 mg (Effient)	2	
ticagrelor oral tablet 60 mg, 90 mg (Brilinta)	2	
CALORIC AGENTS		
Caloric Agents		
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	4	PA BvD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	4	PA BvD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	4	PA BvD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	4	PA BvD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	4	PA BvD
dextrose intravenous solution 5 %	2	PA BvD
dextrose-nacl intravenous solution 5-0.9 %	2	

Drug Name		Drug Tier	Requirements/Limits
dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %		2	
PROSOL INTRAVENOUS SOLUTION 20 %		4	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)	4	
clonidine transdermal patch weekly 0.2 mg/24hr	(Catapres-TTS-2)	4	
clonidine transdermal patch weekly 0.3 mg/24hr	(Catapres-TTS-3)	4	
guanfacine hcl oral tablet 1 mg, 2 mg		2	
midodrine hcl oral tablet 10 mg		4	
midodrine hcl oral tablet 2.5 mg, 5 mg		2	
Alpha-Adrenergic Blocking Agents			
doxazosin mesylate 4 mg tab	(Cardura)	1	
doxazosin mesylate 8 mg tab	(Cardura)	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg		2	
Angiotensin Ii Receptor Antagonists			
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	2	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	4	
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	1	
irbesartan oral tablet 75 mg		1	

Drug Name		Drug Tier	Requirements/Limits
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	2	
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)	2	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	4	
sacubitril-valsartan oral tablet 24-26 mg	(Entresto)	2	QL (180 per 30 days)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	(Entresto)	2	QL (60 per 30 days)
telmisartan oral tablet 20 mg, 80 mg		2	
telmisartan oral tablet 40 mg	(Micardis)	2	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	2	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	2	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	2	
Angiotensin-Converting Enzyme Inhibitors			
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	
benazepril hcl oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	2	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		2	

Drug Name		Drug Tier	Requirements/Limits
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		2	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(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		2	
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		2	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		2	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg		1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg		2	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg		1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		2	
Antiarrhythmic Agents			
amiodarone hcl oral tablet 100 mg, 200 mg	(Pacerone)	2	
amiodarone hcl oral tablet 400 mg		2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	2	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg		2	

Drug Name	Drug Tier	Requirements/Limits
MULTAQ ORAL TABLET 400 MG	3	
pacerone oral tablet 100 mg, 200 mg (Pacerone)	4	
pacerone oral tablet 400 mg	4	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	4	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	2	
quinidine sulfate oral tablet 200 mg, 300 mg	4	
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule 200 mg, 400 mg	2	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	2	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg (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	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)	2	

Drug Name		Drug Tier	Requirements/Limits
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	2	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml		2	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		2	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	(Betapace AF)	2	
sotalol hcl oral tablet 120 mg, 160 mg, 80 mg	(Betapace)	2	
sotalol hcl oral tablet 240 mg		2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		4	
Calcium-Channel Blocking Agents			
amlodipine besy-benazepril hcl oral capsule 10-20 mg	(Lotrel)	1	
amlodipine besy-benazepril hcl oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg		1	
amlodipine besylate 10 mg tab	(Norvasc)	1	
amlodipine besylate 2.5 mg tab	(Norvasc)	1	
amlodipine besylate 5 mg tab	(Norvasc)	1	
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)	2	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	2	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	4	

Drug Name		Drug Tier	Requirements/Limits
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	2	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	(Tiadylt ER)	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	2	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg		4	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	2	
diltiazem hcl oral tablet 90 mg		2	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		2	
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		2	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	(Procardia XL)	2	
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg		2	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		2	
taztia xt oral capsule extended release 24 hour 360 mg	(Tiadylt ER)	2	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		2	
tiadylt er oral capsule extended release 24 hour 360 mg, 420 mg	(Tiadylt ER)	2	

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	
verapamil hcl er oral capsule extended release 24 hour 360 mg	4	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	2	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
Cardiovascular Agents, Miscellaneous		
digoxin oral tablet 125 mcg, 250 mcg (Digox)	1	
icatibant acetate subcutaneous solution 30 mg/3ml	5	PA; NMO; NDS; QL (18 per 30 days)
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml (Firazyr)	5	PA; NMO; NDS; QL (18 per 30 days)
ivabradine hcl oral tablet 5 mg, 7.5 mg (Corlanor)	4	ST; QL (60 per 30 days)
metyrosine oral capsule 250 mg	5	PA; NMO; NDS
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur)	2	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	2	
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NMO; NDS; QL (30 per 30 days)
Diuretics		
amiloride hcl oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	
chlorthalidone oral tablet 25 mg, 50 mg	1	
furosemide injection solution 10 mg/ml	1	

Drug Name		Drug Tier	Requirements/Limits
furosemide oral solution 10 mg/ml, 8 mg/ml		1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg		1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolactone-hctz oral tablet 25-25 mg		2	
tolvaptan oral tablet 15 mg, 30 mg	(Jynarque)	5	PA; NMO; NDS; QL (120 per 30 days)
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	(Jynarque)	5	PA; NMO; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	
triamterene-hctz oral capsule 37.5-25 mg		1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg		1	
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	4	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		4	
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	
cholestyramine light oral packet 4 gm	(Prevalite)	4	

Drug Name		Drug Tier	Requirements/Limits
cholestyramine oral packet 4 gm	(Questran)	4	
colesevelam hcl oral tablet 625 mg	(Welchol)	2	
colestipol hcl oral packet 5 gm		4	
colestipol hcl oral tablet 1 gm	(Colestid)	4	
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)	2	QL (30 per 30 days)
fenofibrate capsule 134 mg oral		1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		1	
fenofibrate oral tablet 145 mg	(Tricor)	1	
fenofibrate oral tablet 160 mg		4	
fenofibrate oral tablet 48 mg, 54 mg		1	
fenofibrate tablet 160 mg oral		1	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	(Lescol XL)	4	
fluvastatin sodium oral capsule 20 mg, 40 mg		4	QL (60 per 30 days)
gemfibrozil oral tablet 600 mg	(Lopid)	1	
icosapent ethyl oral capsule 0.5 gm	(Vascepa)	4	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gm	(Vascepa)	4	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	
NEXLETOL ORAL TABLET 180 MG		3	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		3	ST; QL (30 per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg		2	
omega-3-acid ethyl esters oral capsule 1 gm	(Lovaza)	2	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	4	QL (30 per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg		1	

Drug Name	Drug Tier	Requirements/Limits
prevalite oral packet 4 gm (Prevalite)	4	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	ST; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	ST; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	ST; QL (6 per 28 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Crestor)	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg (Zocor)	1	
simvastatin oral tablet 5 mg, 80 mg	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO; NDS; QL (0.8 per 28 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
aliskiren fumarate oral tablet 150 mg, 300 mg (Tekturna)	4	
eplerenone oral tablet 25 mg, 50 mg	2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; QL (30 per 30 days)
Vasodilators		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	2	
minoxidil oral tablet 10 mg, 2.5 mg	2	

Drug Name		Drug Tier	Requirements/Limits
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	2	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		4	PA; QL (30 per 30 days)
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)	2	QL (30 per 30 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	(Adderall XR)	2	QL (60 per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	2	QL (60 per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg		4	QL (60 per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg		4	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		5	PA; NMO; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		5	PA; NMO; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG		5	PA; NMO; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG		5	PA; NMO; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG		5	PA; NMO; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG		5	PA; NMO; NDS; QL (210 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG		5	PA; NMO; NDS
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv)	2	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		5	PA; NMO; NDS; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG		5	PA; NMO; NDS; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		5	PA; NMO; NDS
lithium carbonate er oral tablet extended release 300 mg	(Lithobid)	2	
lithium carbonate er oral tablet extended release 450 mg		2	
lithium carbonate oral capsule 150 mg, 300 mg		1	
LITHIUM CARBONATE ORAL CAPSULE 600 MG		1	
lithium carbonate oral tablet 300 mg		1	
lithium oral solution 8 meq/5ml		4	
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	(Methylin)	4	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	2	QL (90 per 30 days)
riluzole oral tablet 50 mg		4	
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	4	PA; QL (112 per 28 days)
VEOZAH ORAL TABLET 45 MG		4	PA; QL (30 per 30 days)
CONTRACEPTIVES			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(Aviane)	2	
altavera oral tablet 0.15-30 mg-mcg	(Altavera)	1	
alyacen 1/35 oral tablet 1-35 mg-mcg	(Nylia 1/35)	2	

Drug Name		Drug Tier	Requirements/Limits
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Nylia 7/7/7)	2	
amethia oral tablet 0.15-0.03 &0.01 mg	(Ashlyna)	1	QL (91 per 84 days)
amethyst oral tablet 90-20 mcg	(Amethyst)	2	
apri oral tablet 0.15-30 mg-mcg		1	
ashlyna oral tablet 0.15-0.03 &0.01 mg	(Ashlyna)	1	QL (91 per 84 days)
aubra eq oral tablet 0.1-20 mg-mcg	(Aviane)	2	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg		2	
aurovela 1/20 oral tablet 1-20 mg-mcg		2	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)		1	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Blisovi Fe 1.5/30)	2	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	(Blisovi FE 1/20)	2	
aviane oral tablet 0.1-20 mg-mcg	(Aviane)	1	
ayuna oral tablet 0.15-30 mg-mcg	(Altavera)	2	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	2	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)		2	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Blisovi Fe 1.5/30)	1	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	(Blisovi FE 1/20)	1	
camila oral tablet 0.35 mg	(Deblitane)	2	
camrese lo oral tablet 0.1-0.02 & 0.01 mg	(Camrese Lo)	1	QL (91 per 84 days)
camrese oral tablet 0.15-0.03 &0.01 mg	(Ashlyna)	1	QL (91 per 84 days)
chateal eq oral tablet 0.15-30 mg-mcg	(Altavera)	2	
cryselle oral tablet 0.3-30 mg-mcg		2	

Drug Name		Drug Tier	Requirements/Limits
cyred eq oral tablet 0.15-30 mg-mcg		2	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(Nylia 1/35)	2	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Nylia 7/7/7)	2	
daysee oral tablet 0.15-0.03 &0.01 mg	(Ashlyna)	1	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	(Deblitane)	1	
delyla oral tablet 0.1-20 mg-mcg	(Aviane)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	2	
dolishale oral tablet 90-20 mcg	(Amethyst)	2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Lo-Zumandimine)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Syeda)	1	
elinest oral tablet 0.3-30 mg-mcg		2	
eluryng vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	2	QL (1 per 28 days)
emzahh oral tablet 0.35 mg	(Deblitane)	1	
enilloring vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	2	QL (1 per 28 days)
enpresse-28 oral tablet 50-30/75-40/125-30 mcg	(Levonest)	2	
enskyce oral tablet 0.15-30 mg-mcg		1	
errin oral tablet 0.35 mg	(Deblitane)	1	
estarylla oral tablet 0.25-35 mg-mcg	(Mili)	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35)	2	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya 1/50)	2	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	2	QL (1 per 28 days)
falmina oral tablet 0.1-20 mg-mcg	(Aviane)	1	
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	(Blisovi Fe 1.5/30)	2	
feirza 1/20 oral tablet 1-20 mg-mcg	(Blisovi FE 1/20)	2	

Drug Name		Drug Tier	Requirements/Limits
hailey 24 fe oral tablet 1-20 mg-mcg(24)		2	
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Blisovi Fe 1.5/30)	1	
hailey fe 1/20 oral tablet 1-20 mg-mcg	(Blisovi FE 1/20)	1	
haloette vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	2	QL (1 per 28 days)
heather oral tablet 0.35 mg	(Deblitane)	1	
iclevia oral tablet 0.15-0.03 mg	(Setlakin)	2	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(Deblitane)	1	
introvale oral tablet 0.15-0.03 mg	(Setlakin)	2	QL (91 per 84 days)
isibloom oral tablet 0.15-30 mg-mcg		2	
jaimiess oral tablet 0.15-0.03 &0.01 mg	(Ashlyna)	1	QL (91 per 84 days)
jencycla oral tablet 0.35 mg	(Deblitane)	1	
jolessa oral tablet 0.15-0.03 mg	(Setlakin)	4	QL (91 per 84 days)
juleber oral tablet 0.15-30 mg-mcg		1	
junel 1.5/30 oral tablet 1.5-30 mg-mcg		2	
junel 1/20 oral tablet 1-20 mg-mcg		2	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Blisovi Fe 1.5/30)	1	
junel fe 1/20 oral tablet 1-20 mg-mcg	(Blisovi 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)	2	
kelnor 1/35 oral tablet 1-35 mg-mcg	(Kelnor 1/35)	2	
kelnor 1/50 oral tablet 1-50 mg-mcg	(Valtya 1/50)	2	
kurvelo oral tablet 0.15-30 mg-mcg	(Altavera)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG		4	
larin 1.5/30 oral tablet 1.5-30 mg-mcg		2	
larin 1/20 oral tablet 1-20 mg-mcg		2	

Drug Name		Drug Tier	Requirements/Limits
larin 24 fe oral tablet 1-20 mg-mcg(24)		1	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Blisovi Fe 1.5/30)	2	
larin fe 1/20 oral tablet 1-20 mg-mcg	(Blisovi FE 1/20)	2	
lessina oral tablet 0.1-20 mg-mcg	(Aviane)	1	
levonest oral tablet 50-30/75-40/ 125-30 mcg	(Levonest)	2	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	(Rivelsa)	1	QL (91 per 84 days)
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg	(Camrese Lo)	1	QL (91 per 84 days)
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg	(Ashlyna)	1	QL (91 per 84 days)
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	(Setlakin)	1	QL (91 per 84 days)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	(Balcoltra)	4	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Aviane)	1	
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	(Altavera)	1	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	(Amethyst)	4	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	(Levonest)	2	
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	(Altavera)	2	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		3	
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	(Camrese Lo)	1	QL (91 per 84 days)
low-ogestrel oral tablet 0.3-30 mg-mcg		2	
lo-zumandimine oral tablet 3-0.02 mg	(Lo-Zumandimine)	1	

Drug Name		Drug Tier	Requirements/Limits
luizza 1.5/30 oral tablet 1.5-30 mg-mcg		2	
luizza 1/20 oral tablet 1-20 mg-mcg		2	
lutera oral tablet 0.1-20 mg-mcg	(Aviane)	1	
lyleq oral tablet 0.35 mg	(Deblitane)	2	
lyza oral tablet 0.35 mg	(Deblitane)	2	
marlissa oral tablet 0.15-30 mg-mcg	(Altavera)	1	
meleya oral tablet 0.35 mg	(Deblitane)	1	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg		2	
microgestin 1/20 oral tablet 1-20 mg-mcg		2	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Blisovi Fe 1.5/30)	1	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	(Blisovi FE 1/20)	1	
mili oral tablet 0.25-35 mg-mcg	(Mili)	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY		4	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE		4	
mono-linyah oral tablet 0.25-35 mg-mcg	(Mili)	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		3	
nikki oral tablet 3-0.02 mg	(Lo-Zumandimine)	1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	(Xulane)	2	QL (3 per 28 days)
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	(Blisovi Fe 1.5/30)	1	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	(Blisovi FE 1/20)	1	
norethindrone oral tablet 0.35 mg	(Deblitane)	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	2	

Drug Name		Drug Tier	Requirements/Limits
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	(Mili)	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-Sprintec)	1	
norlyroc oral tablet 0.35 mg	(Deblitane)	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg		2	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	(Nylia 1/35)	2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(Nylia 1/35)	2	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Nylia 7/7/7)	2	
nylia 1/35 oral tablet 1-35 mg-mcg	(Nylia 1/35)	1	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Nylia 7/7/7)	1	
orquidea oral tablet 0.35 mg	(Deblitane)	2	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	2	
portia-28 oral tablet 0.15-30 mg-mcg	(Altavera)	2	
reclipsen oral tablet 0.15-30 mg-mcg		2	
rivelsa oral tablet 42-21-21-7 days	(Rivelsa)	1	QL (91 per 84 days)
rosyrah oral tablet 42-21-21-7 days	(Rivelsa)	1	QL (91 per 84 days)
setlakin oral tablet 0.15-0.03 mg	(Setlakin)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(Deblitane)	2	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	2	
simpesse oral tablet 0.15-0.03 &0.01 mg	(Ashlyna)	1	QL (91 per 84 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG		4	
sprintec 28 oral tablet 0.25-35 mg-mcg	(Mili)	1	
sronyx oral tablet 0.1-20 mg-mcg	(Aviane)	2	

Drug Name		Drug Tier	Requirements/Limits
tarina 24 fe oral tablet 1-20 mg-mcg(24)		1	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	(Blisovi FE 1/20)	2	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	2	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Sprintec)	2	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	2	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Sprintec)	2	
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)	2	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	2	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Sprintec)	2	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Sprintec)	2	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri-Sprintec)	1	
trivora (28) oral tablet 50-30/75-40/125-30 mcg	(Levonest)	2	
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-Sprintec)	2	
turqoz oral tablet 0.3-30 mg-mcg		2	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG		4	
valtya 1/35 oral tablet 1-35 mg-mcg	(Kelnor 1/35)	2	
valtya 1/50 oral tablet 1-50 mg-mcg	(Valtya 1/50)	2	
vienva oral tablet 0.1-20 mg-mcg	(Aviane)	1	

Drug Name		Drug Tier	Requirements/Limits
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	2	
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	2	
vylibra oral tablet 0.25-35 mg-mcg	(Mili)	2	
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	2	
xulane transdermal patch weekly 150-35 mcg/24hr	(Xulane)	4	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24hr	(Xulane)	4	QL (3 per 28 days)
zovia 1/35 (28) oral tablet 1-35 mg-mcg	(Kelnor 1/35)	2	
DENTAL AND ORAL AGENTS			
Dental And Oral Agents			
cevimeline hcl oral capsule 30 mg	(Evoxac)	4	
chlorhexidine gluconate mouth/throat solution 0.12 %	(Periogard)	1	
periogard mouth/throat solution 0.12 %	(Periogard)	1	
pilocarpine hcl oral tablet 5 mg	(Salagen)	2	
pilocarpine hcl oral tablet 7.5 mg	(Salagen)	4	
triamcinolone acetonide mouth/throat paste 0.1 %	(Kourzeq)	2	
DERMATOLOGICAL AGENTS			
Anti-Infectives (Skin And Mucous Membrane)			
acyclovir external ointment 5 %	(Zovirax)	2	QL (30 per 30 days)
clindamycin phosphate vaginal cream 2 %	(Cleocin)	3	
metronidazole vaginal gel 0.75 %	(Vandazole)	3	
terconazole vaginal cream 0.4 %, 0.8 %		2	

Drug Name	Drug Tier	Requirements/Limits
terconazole vaginal suppository 80 mg	4	
Dermatological Agents, Other		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	
ALTRENO EXTERNAL LOTION 0.05 %	4	PA
ammonium lactate external cream 12 %	2	
ammonium lactate external lotion 12 % (AL12)	2	
calcipotriene external cream 0.005 %	4	QL (120 per 30 days)
calcipotriene external ointment 0.005 % (Calcitrene)	4	QL (120 per 30 days)
calcipotriene external solution 0.005 % (Pellix)	4	QL (120 per 30 days)
cvs isopropyl alcohol wipes external 70 %	1	PA; ST
fluorouracil external cream 5 %	4	
fluorouracil external solution 2 %, 5 %	4	
imiquimod external cream 5 %	2	QL (24 per 30 days)
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	5	ST; NMO; NDS; QL (5 per 5 days)
methoxsalen rapid oral capsule 10 mg	5	NMO; NDS
nitroglycerin rectal ointment 0.4 % (Rectiv)	4	QL (30 per 30 days)
PANRETIN EXTERNAL GEL 0.1 %	5	NMO; NDS; QL (60 per 28 days)
podofilox external solution 0.5 %	4	
QC ALCOHOL EXTERNAL 70 %	1	PA; ST
ra isopropyl alcohol wipes external 70 %	1	PA; ST
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	QL (180 per 30 days)
selenium sulfide external lotion 2.5 %	2	

Drug Name		Drug Tier	Requirements/Limits
silver sulfadiazine external cream 1 %	(SSD)	2	
ssd external cream 1 %	(SSD)	4	
tazarotene external cream 0.1 %	(Tazorac)	4	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	4	PA
VALCHLOR EXTERNAL GEL 0.016 %		5	PA NSO; NMO; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg		4	
Dermatological Antibacterials			
clindamycin phosphate external solution 1 %		2	QL (180 per 30 days)
clindamycin phosphate external swab 1 %	(Clindacin ETZ)	2	
erythromycin external solution 2 %		2	
gentamicin sulfate external cream 0.1 %		2	QL (90 per 30 days)
metronidazole external cream 0.75 %		2	
metronidazole external gel 0.75 %, 1 %		4	
mupirocin external ointment 2 %		1	QL (220 per 30 days)
Dermatological Anti-Inflammatory Agents			
ala-cort external cream 1 %	(Aveeno Anti-Itch Max St)	2	
betamethasone dipropionate aug external cream 0.05 %		2	
betamethasone dipropionate aug external gel 0.05 %		4	
betamethasone dipropionate aug external lotion 0.05 %		4	
betamethasone dipropionate aug external ointment 0.05 %	(Diprolene)	4	
betamethasone dipropionate external cream 0.05 %		2	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate external lotion 0.05 %	2	
betamethasone dipropionate external ointment 0.05 %	2	
betamethasone dp aug 0.05% gel	4	
betamethasone valerate external cream 0.1 %	2	
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %	2	
betamethasone valerate external ointment 0.1 %	2	
clobetasol propionate e external cream 0.05 %	4	
clobetasol propionate external cream 0.05 %	2	
clobetasol propionate external gel 0.05 %	4	
clobetasol propionate external ointment 0.05 %	2	
clobetasol propionate external shampoo 0.05 % (Clodan)	4	
clobetasol propionate external solution 0.05 %	2	
diclofenac sodium external solution 1.5 %	2	QL (300 per 30 days)
diclofenac sodium external solution 2 %	4	PA; QL (224 per 28 days)
EUCRISA EXTERNAL OINTMENT 2 %	3	
fluocinolone acetonide external cream 0.01 %	4	
fluocinolone acetonide external cream 0.025 % (Synalar)	4	
fluocinolone acetonide external ointment 0.025 % (Synalar)	4	
fluocinonide external cream 0.05 %, 0.1 %	2	
fluocinonide external gel 0.05 %	4	

Drug Name		Drug Tier	Requirements/Limits
fluocinonide external ointment 0.05 %		2	
fluocinonide external solution 0.05 %		2	
fluticasone propionate external cream 0.05 %		2	
halobetasol propionate external cream 0.05 %		2	
halobetasol propionate external ointment 0.05 %		2	
hydrocortisone (perianal) external cream 2.5 %	(Procto-Med HC)	2	
hydrocortisone cream 2.5 % external		2	
hydrocortisone external cream 1 %	(Aveeno Anti-Itch Max St)	2	
hydrocortisone external lotion 2.5 %		2	
hydrocortisone external ointment 1 %	(Aquaphor Itch Relief Children)	1	
hydrocortisone external ointment 2.5 %		1	
hydrocortisone valerate external cream 0.2 %		2	
mometasone furoate external cream 0.1 %		2	
mometasone furoate external ointment 0.1 %		2	
mometasone furoate external solution 0.1 %		2	
procto-med hc external cream 2.5 %	(Procto-Med HC)	2	
proctosol hc external cream 2.5 %	(Procto-Med HC)	2	
proctozone-hc external cream 2.5 %	(Procto-Med HC)	2	
triamcinolone acetonide external cream 0.025 %, 0.1 %		1	
triamcinolone acetonide external cream 0.5 %	(Triderm)	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %		2	

Drug Name		Drug Tier	Requirements/Limits
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %		2	
Scabicides And Pediculicides			
malathion external lotion 0.5 %	(Ovide)	2	
permethrin external cream 5 %		2	QL (60 per 30 days)
DEVICES			
Devices			
1ST TIER UNIFINE PENTIPS 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
1ST TIER UNIFINE PENTIPS 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
1ST TIER UNIFINE PENTIPS 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
1ST TIER UNIFINE PENTIPS 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
1ST TIER UNIFINE PENTIPS 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
1ST TIER UNIFINE PENTIPS 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
1ST TIER UNIFINE PENTIPS 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ABOUTTIME PEN NEEDLE 30G X 8 MM	(pen needles)	2	PA; ST
ABOUTTIME PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ABOUTTIME PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
ABOUTTIME PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ADVOCATE ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	2	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	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

Drug Name		Drug Tier	Requirements/Limits
ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
AQ INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
AQ INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
AQINJECT PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
AQINJECT PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	(pen needles)	2	PA; ST
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	2	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)	2	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	2	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
AUM MINI INSULIN PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	2	PA; ST
AUM PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
AUM PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
AUM PEN NEEDLE 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
AUM PEN NEEDLE 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
AUM PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
AUM PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	2	PA; ST
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
AUM SAFETY PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	2	PA; ST
AUM SAFETY PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
AURORA PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
AURORA PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
AURORA PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
AUTOKEEPER SAFETY PEN NEEDLE 30G X 5 MM	(pen needles)	2	PA; ST
AUTOKEEPER SAFETY PEN NEEDLE 30G X 8 MM	(pen needles)	2	PA; ST
BD AUTOSHIELD DUO 30G X 5 MM	(pen needles)	2	PA; ST
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML		2	PA; ST
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML		2	PA; ST
BD INSULIN SYRINGE 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	2	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC)	(global inject ease insulin syr)	2	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (RX)	(global inject ease insulin syr)	2	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)	(aq insulin syringe)	2	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	(aq insulin syringe)	2	PA; ST
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML		2	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (OTC)	(global inject ease insulin syr)	2	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX)	(global inject ease insulin syr)	2	PA; ST
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
BD INSULIN SYRINGE U-100 1 ML		2	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
BD PEN NEEDLE MINI U/F 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	(sure comfort pen needles)	2	PA; ST
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	2	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	2	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	2	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML		2	PA; ST
BD SWAB SINGLE USE REGULAR 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)	2	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	2	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	2	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	(global easy glide insulin syr)	2	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	2	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	2	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	(global easy glide insulin syr)	2	PA; ST
CAREFINE PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
CAREFINE PEN NEEDLES 30G X 8 MM	(pen needles)	2	PA; ST
CAREFINE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
CAREFINE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
CAREFINE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
CAREFINE PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
CAREFINE PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
CAREONE UNIFINE PENTIPS PLUS 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
CAREONE UNIFINE PENTIPS PLUS 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
CAREONE UNIFINE PENTIPS PLUS 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
CAREONE UNIFINE PENTIPS PLUS 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
CAREONE UNIFINE PENTIPS PLUS 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
CARETOUCH ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML		2	PA; ST
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
CARETOUCH PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
CARETOUCH PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
CARETOUCH PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
CARETOUCH PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
CARETOUCH PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
CARETOUCH PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
CLEVER CHOICE COMFORT EZ 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
CLEVER CHOICE COMFORT EZ 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
CLEVER CHOICE COMFORT EZ PLUS 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
CLICKFINE PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
CLICKFINE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
CLICKFINE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
CLICKFINE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT EZ PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT EZ PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT EZ PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT EZ PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
COMFORT EZ PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT EZ PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	2	PA; ST
COMFORT EZ PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT EZ PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
COMFORT EZ PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	2	PA; ST
COMFORT EZ PEN NEEDLES 33G X 8 MM		2	PA; ST
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM	(pen needles)	2	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM	(aum insulin safety pen needle)	2	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM	(aum insulin safety pen needle)	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM	(aum mini insulin pen needle)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 33G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
COMFORT TOUCH INSULIN PEN NEED 33G X 6 MM	(aum mini insulin pen needle)	2	PA; ST
CURITY ALCOHOL PREPS PAD 70 %	(alcohol pads)	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 ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	1	PA; ST
CVS GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
CVS GAUZE STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
CVS PREP PAD 70 %	(alcohol pads)	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	(1st tier unifine pentips)	2	PA; ST
DIATHRIVE PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
DIATHRIVE PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
DIATHRIVE PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML		2	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML		2	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML		2	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	2	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	2	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	2	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
DROPLET MICRON 34G X 3.5 MM		2	PA; ST
DROPLET PEN NEEDLES 29G X 10MM		2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
DROPLET PEN NEEDLES 30G X 8 MM	(pen needles)	2	PA; ST
DROPLET PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
DROPLET PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
DROPLET PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
DROPLET PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
DROPLET PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
DROPLET PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
DROPLET PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	2	PA; ST
DROPSAFE ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
DROPSAFE AUTOPROTECT DUO 31G X 4 MM	(aum insulin safety pen needle)	2	PA; ST
DROPSAFE AUTOPROTECT DUO 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
DROPSAFE AUTOPROTECT DUO 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	2	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML	(global easy glide insulin syr)	2	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
DRUG MART UNIFINE PENTIPS 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
DRUG MART UNIFINE PENTIPS 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
DRUG MART UNIFINE PENTIPS 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
EASY COMFORT ALCOHOL PADS PAD	(alcohol pads)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 0.5 ML		2	PA; ST
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML		2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML		2	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	(true comfort insulin syringe)	2	PA; ST
EASY COMFORT PEN NEEDLES 29G X 4MM		2	PA; ST
EASY COMFORT PEN NEEDLES 29G X 5MM	(easy comfort pen needles)	2	PA; ST
EASY COMFORT PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
EASY COMFORT PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
EASY COMFORT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
EASY COMFORT PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
EASY COMFORT PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
EASY COMFORT PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
EASY COMFORT PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	2	PA; ST
EASY GLIDE PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	(alcohol pads)	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML	(syringe luer slip)	2	PA; ST
EASY TOUCH INSULIN BARRELS U-100 1 ML		2	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML		2	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
EASY TOUCH PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
EASY TOUCH PEN NEEDLES 30G X 5 MM	(pen needles)	2	PA; ST
EASY TOUCH PEN NEEDLES 30G X 6 MM		2	PA; ST
EASY TOUCH PEN NEEDLES 30G X 8 MM	(pen needles)	2	PA; ST
EASY TOUCH PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
EASY TOUCH PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
EASY TOUCH PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
EASY TOUCH PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
EASY TOUCH PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
EASY TOUCH PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM	(easy comfort pen needles)	2	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM		2	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	2	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
EMBECTA AUTOSHIELD DUO 30G X 5 MM	(pen needles)	2	PA; ST
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	2	PA; ST
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	2	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	2	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	(global easy glide insulin syr)	2	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	(global inject ease insulin syr)	2	PA; ST
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	(global inject ease insulin syr)	2	PA; ST
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML		2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		2	PA; ST
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
EMBECTA PEN NEEDLE NANO 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	(sure comfort pen needles)	2	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
EMBRACE PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
EMBRACE PEN NEEDLES 30G X 5 MM	(pen needles)	2	PA; ST
EMBRACE PEN NEEDLES 30G X 8 MM	(pen needles)	2	PA; ST
EMBRACE PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
EMBRACE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
EMBRACE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
EMBRACE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	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" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
EQL INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
EQL INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
EQL INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
EQL INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
FIFTY50 ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
FIFTY50 PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
FIFTY50 PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
FIFTY50 PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
FIFTY50 PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML	(aq insulin syringe)	2	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	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	2	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	2	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	(global easy glide insulin syr)	2	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST
GLOBAL INSULIN SYRINGES 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
GNP ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
GNP CLICKFINE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
GNP CLICKFINE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
GNP INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
GNP INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
GNP INSULIN SYRINGES 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
GNP PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
GNP PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
GNP PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
GNP PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
GNP STERILE GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
GNP ULTICARE PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
GNP ULTICARE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
GNP ULTICARE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
GNP ULTICARE PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
GNP ULTIGUARD SAFEPACK NEEDLE 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
GOODSENSE ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
H-E-B INCONTROL ALCOHOL PAD	(alcohol pads)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM	(1st tier unifine pentips)	2	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)	2	PA; ST
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	(autopen)	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	(autopen)	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	(autopen)	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	(autopen)	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	(autopen)	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	(autopen)	3	
INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (OTC)	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (OTC)	(global inject ease insulin syr)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX)	(global inject ease insulin syr)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (OTC)	(global inject ease insulin syr)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)	(global inject ease insulin syr)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML (OTC)	(global inject ease insulin syr)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML (RX)	(global inject ease insulin syr)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML (OTC)	(aq insulin syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML (RX)	(aq insulin syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML (OTC)	(careone insulin syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML (RX)	(careone insulin syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML (OTC)	(aq insulin syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML (RX)	(aq insulin syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	2	PA; ST

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

Drug Name		Drug Tier	Requirements/Limits
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
KINRAY INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
KINRAY INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML		2	PA; ST
KMART VALU INSULIN SYRINGE 29G U-100 1 ML		2	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML		2	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML		2	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 1 ML		2	PA; ST
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
KROGER INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
KROGER INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
KROGER INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
KROGER INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
KROGER INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
KROGER INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
KROGER PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
KROGER PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
KROGER PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
KROGER PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
KROGER PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
KROGER PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
LEADER INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
LEADER INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
LEADER INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
LEADER INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
LEADER INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
LEADER INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
LEADER INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
LEADER UNIFINE PENTIPS 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
LEADER UNIFINE PENTIPS 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
LEADER UNIFINE PENTIPS PLUS 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
LITETOUCH PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	2	PA; ST
LITETOUCH PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
LITETOUCH PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
LITETOUCH PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
LITETOUCH PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
MARATHON MEDICAL PENTIPS 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
MARATHON MEDICAL PENTIPS 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
MARATHON MEDICAL PENTIPS 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
MARATHON MEDICAL PENTIPS 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	(easy comfort pen needles)	2	PA; ST
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM		2	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	2	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	2	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	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	(1st tier unifine pentips)	2	PA; ST
MEIJER PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
MEIJER PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
MICRODOT PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
MICRODOT PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
MICRODOT PEN NEEDLE 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
MIRASORB SPONGES 2"X2"	(cvs gauze)	1	PA; ST
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
MM PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
MM PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
MM PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
MM PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML		2	PA; ST
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	2	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	(global inject ease insulin syr)	2	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	(global inject ease insulin syr)	2	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	(global inject ease insulin syr)	2	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	(aq insulin syringe)	2	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	(aq insulin syringe)	2	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (OTC)	(easy comfort insulin syringe)	2	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	(easy comfort insulin syringe)	2	PA; ST
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
MONOJECT INSULIN SYRINGE U-100 1 ML		2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	(global inject ease insulin syr)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	(global inject ease insulin syr)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	(global inject ease insulin syr)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (RX)	(global inject ease insulin syr)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)	(global inject ease insulin syr)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	(global inject ease insulin syr)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (OTC)	(aq insulin syringe)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	(aq insulin syringe)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	(pen needles)	2	PA; ST
NOVOFINE PEN NEEDLE 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	(pivot insulin pump starter kit)	3	QL (1 per 365 days)

Drug Name		Drug Tier	Requirements/Limits
OMNIPOD 5 DEXG7G6 PODS GEN 5		3	QL (10 per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	(pivot insulin pump starter kit)	3	QL (1 per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)		3	QL (10 per 30 days)
OMNIPOD 5 LIBRE INTRO KIT	(pivot insulin pump starter kit)	3	QL (1 per 365 days)
OMNIPOD 5 LIBRE PODS		3	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)		3	QL (10 per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	(pivot insulin pump starter kit)	3	QL (1 per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	(pivot insulin pump starter kit)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)		3	QL (10 per 30 days)
PC UNIFINE PENTIPS 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
PC UNIFINE PENTIPS 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
PC UNIFINE PENTIPS 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
PEN NEEDLES 30G X 5 MM (OTC)	(pen needles)	2	PA; ST
PEN NEEDLES 30G X 5 MM (RX)	(pen needles)	2	PA; ST
PEN NEEDLES 30G X 8 MM	(pen needles)	2	PA; ST
PEN NEEDLES 31G X 5 MM (OTC)	(1st tier unifine pentips)	2	PA; ST
PEN NEEDLES 31G X 5 MM (RX)	(1st tier unifine pentips)	2	PA; ST
PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
PEN NEEDLES 31G X 8 MM (OTC)	(1st tier unifine pentips)	2	PA; ST
PEN NEEDLES 31G X 8 MM (RX)	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
PEN NEEDLES 32G X 4 MM (OTC)	(1st tier unifine pentips)	2	PA; ST
PEN NEEDLES 32G X 4 MM (RX)	(1st tier unifine pentips)	2	PA; ST
PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
PEN NEEDLES 5/16" 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
PENTIPS 29G X 12MM (OTC)	(1st tier unifine pentips)	2	PA; ST
PENTIPS 29G X 12MM (RX)	(1st tier unifine pentips)	2	PA; ST
PENTIPS 31G X 5 MM (OTC)	(1st tier unifine pentips)	2	PA; ST
PENTIPS 31G X 5 MM (RX)	(1st tier unifine pentips)	2	PA; ST
PENTIPS 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
PENTIPS 31G X 8 MM (OTC)	(1st tier unifine pentips)	2	PA; ST
PENTIPS 31G X 8 MM (RX)	(1st tier unifine pentips)	2	PA; ST
PENTIPS 32G X 4 MM (OTC)	(1st tier unifine pentips)	2	PA; ST
PENTIPS 32G X 4 MM (RX)	(1st tier unifine pentips)	2	PA; ST
PENTIPS 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
PENTIPS GENERIC PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
PENTIPS GENERIC PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
PHARMACIST CHOICE ALCOHOL PAD	(alcohol pads)	1	PA; ST
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	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)	2	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
PRO COMFORT PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
PRO COMFORT PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
PRO COMFORT PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
PRO COMFORT PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	2	PA; ST
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
PURE COMFORT ALCOHOL PREP PAD	(alcohol pads)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
PURE COMFORT PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
PURE COMFORT PEN NEEDLE 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
PURE COMFORT PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	2	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
PX MINI PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
PX PEN NEEDLE 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
PX PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
QC ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
QC BORDER ISLAND GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
QC PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
QC PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
QC PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
QC UNIFINE PENTIPS 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	2	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	2	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	2	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM		2	PA; ST
RA ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
RA INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
RA INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
RA PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
RA PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
RA STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
RAYA SURE PEN NEEDLE 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
RAYA SURE PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	2	PA; ST
RAYA SURE PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
RAYA SURE PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
RAYA SURE PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
REALITY SWABS PAD	(alcohol pads)	1	PA; ST
RELION ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
RELION ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
RELI-ON INSULIN SYRINGE 29G 0.3 ML		2	PA; ST
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	2	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	2	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	2	PA; ST
RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
RELION INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
RELION MINI PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
RELION PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
RELION PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
RELION PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
RELION PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
RELION SHORT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
RESTORE CONTACT LAYER PAD 2"X2"	(cvs gauze)	1	PA; ST
SAFETY PEN NEEDLES 30G X 5 MM	(pen needles)	2	PA; ST
SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	2	PA; ST
SAPS CARE ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
SAPS HEALTH ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST

Drug Name		Drug Tier	Requirements/Limits
SAPS HEALTH CARE ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
SB ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
SB INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	2	PA; ST
SECURESAFE SAFETY PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
SM STERILE 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
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
SURE COMFORT PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	2	PA; ST
SURE COMFORT PEN NEEDLES 30G X 8 MM	(pen needles)	2	PA; ST
SURE COMFORT PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
SURE COMFORT PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
SURE COMFORT PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)	(1st tier unifine pentips)	2	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (RX)	(1st tier unifine pentips)	2	PA; ST
SURE COMFORT PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
SURGICAL GAUZE SPONGE PAD 2"X2"	(cvs gauze)	1	PA; ST
TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	2	PA; ST
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	2	PA; ST
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	2	PA; ST
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
TECHLITE PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
TECHLITE PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
TECHLITE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
TECHLITE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
TECHLITE PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
TEGADERM FOAM PAD 2"X2"	(cvs gauze)	1	PA; ST
TODAYS HEALTH PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
TOPFINE INSULIN PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	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)	2	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	(true comfort insulin syringe)	2	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
TRUE COMFORT PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	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)	2	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML		2	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML	(true comfort insulin syringe)	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	2	PA; ST
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
TRUE COMFORT SAFETY PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	2	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
TRUEPLUS PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
TRUEPLUS PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
TRUEPLUS PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
TRUEPLUS PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
TRUEPLUS PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ULTICARE ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
ULTICARE ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC)	(aq insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	(aq insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC)	(careone insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (RX)	(careone insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC)	(careone insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (RX)	(careone insulin syringe)	2	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
ULTICARE MICRO PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
ULTICARE MICRO PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ULTICARE MINI PEN NEEDLES 30G X 5 MM	(pen needles)	2	PA; ST
ULTICARE MINI PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
ULTICARE MINI PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
ULTICARE PEN NEEDLES 29G X 12.7MM (OTC)	(sure comfort pen needles)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLES 29G X 12.7MM (RX)	(sure comfort pen needles)	2	PA; ST
ULTICARE PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
ULTICARE SHORT PEN NEEDLES 30G X 8 MM	(pen needles)	2	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC)	(1st tier unifine pentips)	2	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (RX)	(1st tier unifine pentips)	2	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	2	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
ULTILET ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
ULTILET PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ULTILET PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
ULTILET PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
ULTILET PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	2	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
ULTRA THIN PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ULTRA-CARE ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
ULTRACARE PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
ULTRACARE PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
ULTRACARE PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
ULTRACARE PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	2	PA; ST
ULTRACARE PEN NEEDLES 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
ULTRACARE PEN NEEDLES 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	2	PA; ST
UNIFINE OTC PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE OTC PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE PENTIPS 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE PENTIPS 30G X 5 MM	(pen needles)	2	PA; ST
UNIFINE PENTIPS 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE PENTIPS 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE PENTIPS 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
UNIFINE PENTIPS 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE PENTIPS 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE PENTIPS 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE PENTIPS PLUS 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE PENTIPS PLUS 30G X 5 MM	(pen needles)	2	PA; ST
UNIFINE PENTIPS PLUS 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE PENTIPS PLUS 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE PENTIPS PLUS 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE PENTIPS PLUS 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE PENTIPS PLUS 33G X 4 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	(pen needles)	2	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM	(pen needles)	2	PA; ST
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM	(pen needles)	2	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM	(pen needles)	2	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE ULTRA PEN NEEDLE 29G X 12MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE ULTRA PEN NEEDLE 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
UNIFINE ULTRA PEN NEEDLE 34G X 3.5 MM		2	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML		2	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML		2	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	(1st tier unifine pentips)	2	PA; ST
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
VERIFINE INSULIN PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
VERIFINE INSULIN PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM	(1st tier unifine pentips)	2	PA; ST
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML	(global inject ease insulin syr)	2	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(global inject ease insulin syr)	2	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	2	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	2	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	2	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
VERIFINE PLUS PEN NEEDLE 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
VERISAFE SAFETY INSULIN SYR 29G X 1/2" 1 ML	(aq insulin syringe)	2	PA; ST
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML	(global inject ease insulin syr)	2	PA; ST
WEBCOL ALCOHOL PREP LARGE PAD 70 %	(alcohol pads)	1	PA; ST
WEBCOL ALCOHOL PREP MEDIUM PAD 70 %	(alcohol pads)	1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST

Drug Name		Drug Tier	Requirements/Limits
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ZEVRX INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	2	PA; ST
ZEVRX INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	2	PA; ST
ZEVRX INSULIN SYRINGE 30G X 5/16" 0.5 ML	(aq insulin syringe)	2	PA; ST
ZEVRX INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	2	PA; ST
ZEVRX PEN NEEDLES 31G X 5 MM	(1st tier unifine pentips)	2	PA; ST
ZEVRX PEN NEEDLES 31G X 6 MM	(1st tier unifine pentips)	2	PA; ST
ZEVRX PEN NEEDLES 31G X 8 MM	(1st tier unifine pentips)	2	PA; ST
ZEVRX PEN NEEDLES 32G X 4 MM	(1st tier unifine pentips)	2	PA; ST
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %	(alcohol pads)	1	PA; ST
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		3	
javygtor oral tablet 100 mg	(Javygtor)	5	PA; NMO; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	5	PA; NMO; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML		5	PA; NMO; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML		5	PA; NMO; NDS

Drug Name	Drug Tier	Requirements/Limits
sapropterin dihydrochloride oral tablet 100 mg (Javygtor)	5	PA; NMO; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	5	PA; NMO; NDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	
EYE, EAR, NOSE, THROAT AGENTS		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
atropine sulfate ophthalmic solution 1 %	2	
azelastine hcl nasal solution 0.1 %	2	QL (60 per 30 days)
azelastine hcl nasal solution 0.15 % (Astepro)	2	QL (30 per 25 days)
azelastine hcl ophthalmic solution 0.05 %	2	
azelastine hcl solution 137 mcg/spray nasal	2	QL (60 per 30 days)
cromolyn sodium ophthalmic solution 4 %	2	
epinastine hcl ophthalmic solution 0.05 %	4	
ipratropium bromide nasal solution 0.03 %	2	QL (30 per 28 days)
ipratropium bromide nasal solution 0.06 %	2	QL (15 per 10 days)
olopatadine hcl ophthalmic solution 0.2 % (Advanced Eye Relief)	2	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
acetic acid otic solution 2 %	2	

Drug Name	Drug Tier	Requirements/Limits
bacitracin ophthalmic ointment 500 unit/gm	4	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	2	
ciprofloxacin hcl ophthalmic solution 0.3 %	2	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	4	QL (7.5 per 7 days)
erythromycin ophthalmic ointment 5 mg/gm	2	QL (3.5 per 4 days)
gentamicin sulfate ophthalmic solution 0.3 %	2	
hydrocortisone-acetic acid otic solution 1-2 %	4	
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 % (Zylet)	4	
moxifloxacin hcl ophthalmic solution 0.5 % (Vigamox)	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (Maxitrol)	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
neomycin-polymyxin-hc otic solution 1 %	4	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	4	
neo-polycin hc ophthalmic ointment 1 %	2	
neo-polycin ophthalmic ointment 3.5-400-10000	2	
ofloxacin ophthalmic solution 0.3 % (Ocuflox)	2	
ofloxacin otic solution 0.3 %	2	

Drug Name		Drug Tier	Requirements/Limits
polycin ophthalmic ointment 500-10000 unit/gm		2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%		1	
sulfacetamide sodium ophthalmic ointment 10 %		4	
sulfacetamide sodium ophthalmic solution 10 %		2	
tobramycin ophthalmic solution 0.3 %		1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %		2	
trifluridine ophthalmic solution 1 %		3	
XDEMVY OPHTHALMIC SOLUTION 0.25 %		5	PA; NMO; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %		4	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
bromfenac sodium ophthalmic solution 0.07 %	(Prolensa)	4	
cyclosporine (pf) ophthalmic emulsion 0.05 %	(Restasis)	4	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic solution 0.1 %		4	
diclofenac sodium ophthalmic solution 0.1 %		2	
difluprednate ophthalmic emulsion 0.05 %	(Durezol)	4	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %		3	QL (8.3 per 14 days)
flunisolide nasal solution 25 mcg/act (0.025%)		4	QL (50 per 25 days)
fluocinolone acetonide otic oil 0.01 %	(DermOtic)	2	
fluorometholone ophthalmic suspension 0.1 %	(FML Liquifilm)	4	

Drug Name		Drug Tier	Requirements/Limits
flurbiprofen sodium ophthalmic solution 0.03 %		2	
fluticasone propionate nasal suspension 50 mcg/act	(Flonase Allergy Rel Childrens)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		3	
INVELTYS OPHTHALMIC SUSPENSION 1 %		3	QL (5.6 per 14 days)
ketorolac tromethamine ophthalmic solution 0.5 %	(Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %		3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC GEL 0.38 %		3	QL (5 per 16 days)
loteprednol etabonate ophthalmic gel 0.5 %	(Lotemax)	4	QL (10 per 14 days)
loteprednol etabonate ophthalmic suspension 0.2 %		4	ST
loteprednol etabonate ophthalmic suspension 0.5 %	(Lotemax)	4	QL (15 per 19 days)
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML		3	QL (12 per 28 days)
mometasone furoate nasal suspension 50 mcg/act	(Nasonex 24HR)	2	QL (34 per 30 days)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	(Maxitrol)	2	
prednisolone acetate ophthalmic suspension 1 %	(Pred Forte)	2	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %		2	
XIIDRA OPHTHALMIC SOLUTION 5 %		3	QL (60 per 30 days)
GASTROINTESTINAL AGENTS			
Antiulcer Agents And Acid Suppressants			

Drug Name		Drug Tier	Requirements/Limits
cimetidine hcl oral solution 300 mg/5ml		4	
esomeprazole magnesium oral capsule delayed release 20 mg	(GoodSense Esomeprazole)	1	
esomeprazole magnesium oral capsule delayed release 40 mg	(NexIUM)	1	
famotidine oral tablet 20 mg	(MM Acid-Pep Maximum Strength)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule delayed release 15 mg	(Prevacid 24HR)	2	QL (30 per 30 days)
lansoprazole oral capsule delayed release 30 mg	(Prevacid)	2	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg		1	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	(Protonix)	1	
rabeprazole sodium oral tablet delayed release 20 mg	(Aciphex)	2	
sucralfate oral tablet 1 gm	(Carafate)	2	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG		4	QL (168 per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG		4	PA
Gastrointestinal Agents, Other			
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	(Pylera)	4	QL (168 per 14 days)
calcium acetate (phos binder) oral capsule 667 mg		2	
calcium acetate (phos binder) oral tablet 667 mg	(Calphron)	2	
calcium acetate tablet 667 mg oral	(Calphron)	2	
carglumic acid oral tablet soluble 200 mg	(Carbaglu)	5	PA; NMO; NDS
constulose oral solution 10 gm/15ml		2	

Drug Name		Drug Tier	Requirements/Limits
cromolyn sodium oral concentrate 100 mg/5ml	(Gastrocrom)	4	
dicyclomine hcl oral capsule 10 mg		2	
dicyclomine hcl oral solution 10 mg/5ml		4	
dicyclomine hcl oral tablet 20 mg		2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	2	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gm/15ml		2	
generlac oral solution 10 gm/15ml		2	
glycopyrrolate oral tablet 1 mg, 2 mg		2	
kionex combination suspension 15 gm/60ml	(Kionex)	4	
lactulose oral solution 10 gm/15ml		2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM		3	QL (34 per 30 days)
LOKELMA ORAL PACKET 5 GM		3	QL (30 per 30 days)
loperamide hcl oral capsule 2 mg	(Imodium A-D)	2	
lubiprostone oral capsule 24 mcg	(Amitiza)	2	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	(Amitiza)	2	QL (120 per 30 days)
metoclopramide hcl oral solution 5 mg/5ml		2	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	QL (30 per 30 days)
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	(Renvela)	3	
sevelamer carbonate oral tablet 800 mg	(Renvela)	3	
sevelamer hcl oral tablet 400 mg, 800 mg		3	
sodium polystyrene sulfonate combination suspension 15 gm/60ml	(Kionex)	4	
sodium polystyrene sulfonate oral powder		4	

Drug Name		Drug Tier	Requirements/Limits
sps (sodium polystyrene sulf) combination suspension 15 gm/60ml	(Kionex)	4	
TRULANCE ORAL TABLET 3 MG		3	QL (30 per 30 days)
ursodiol oral capsule 300 mg		2	
ursodiol oral tablet 250 mg		2	
ursodiol oral tablet 500 mg	(Urso Forte)	2	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM		3	
VOWST ORAL CAPSULE		5	PA; NMO; NDS; QL (12 per 30 days)
XERMELO ORAL TABLET 250 MG		5	PA; NMO; NDS; QL (84 per 28 days)
Inflammatory Bowel Disease Agents			
alosetron hcl oral tablet 0.5 mg, 1 mg	(Lotronex)	4	
balsalazide disodium oral capsule 750 mg		4	
budesonide oral capsule delayed release particles 3 mg		3	
budesonide rectal foam 2 mg	(Uceris)	4	
hydrocortisone rectal enema 100 mg/60ml	(Cortenema)	4	
mesalamine er oral capsule extended release 24 hour 0.375 gm	(Apriso)	4	
mesalamine er oral capsule extended release 500 mg	(Pentasa)	4	
mesalamine oral tablet delayed release 1.2 gm	(Lialda)	4	QL (120 per 30 days)
mesalamine rectal enema 4 gm		4	
mesalamine rectal suppository 1000 mg	(Canasa)	4	
sulfasalazine oral tablet 500 mg	(Azulfidine)	2	
sulfasalazine oral tablet delayed release 500 mg	(Azulfidine EN-tabs)	4	
Laxatives			
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		2	

Drug Name		Drug Tier	Requirements/Limits
gavilyte-g oral solution reconstituted 236 gm	(GaviLyte-G)	2	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	(GaviLyte-N with Flavor Pack)	2	
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)	4	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	(GaviLyte-N with Flavor Pack)	2	
peg-3350/electrolytes oral solution reconstituted 236 gm	(GaviLyte-G)	2	
GENITOURINARY AGENTS			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		2	
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg		2	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	(Toviaz)	2	
flavoxate hcl oral tablet 100 mg		4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	(mirabegron er)	2	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg		2	
oxybutynin chloride oral solution 5 mg/5ml		2	
oxybutynin chloride oral tablet 5 mg		1	
solifenacin succinate oral tablet 10 mg, 5 mg		2	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg		2	
tolterodine tartrate oral tablet 1 mg, 2 mg		2	
trospium chloride oral tablet 20 mg		2	

Drug Name		Drug Tier	Requirements/Limits
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)	2	
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)	5	PA; NMO; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	2	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	5	PA; NMO; NDS
trientine hcl oral capsule 250 mg	(Syprine)	5	PA; NMO; NDS; QL (240 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING			
Androgens			
danazol oral capsule 100 mg, 200 mg, 50 mg		4	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	(Depo-Testosterone)	2	PA
testosterone enanthate intramuscular solution 200 mg/ml		2	PA; QL (5 per 28 days)
testosterone transdermal gel 12.5 mg/act (1%)	(Vogelxo Pump)	4	PA; QL (300 per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	(AndroGel Pump)	4	PA; QL (150 per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%)		4	PA; QL (300 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
testosterone transdermal gel 50 mg/5gm (1%)	(Testim)	4	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)	2	PA-HRM; AGE (Max 64 Years)
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	(Dotti)	4	QL (8 per 28 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	(Dotti)	4	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)	4	QL (4 per 28 days)
estradiol vaginal cream 0.01 %	(Estrace)	2	
estradiol vaginal tablet 10 mcg	(Yuvafem)	4	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	2	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	2	PA-HRM; AGE (Max 64 Years)
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	(Premarin)	2	
mimvey oral tablet 1-0.5 mg	(Abigale)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GM		3	
PREMPHASE ORAL TABLET 0.625-5 MG		3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	PA-HRM; AGE (Max 64 Years)

Drug Name		Drug Tier	Requirements/Limits
raloxifene hcl oral tablet 60 mg	(Evista)	2	
yuvafem vaginal tablet 10 mcg	(Yuvafem)	4	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
dexamethasone oral solution 0.5 mg/5ml		2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		2	
dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 4 mg/ml		1	
fludrocortisone acetate oral tablet 0.1 mg		2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	2	
ISTURISA ORAL TABLET 1 MG		5	PA; NMO; NDS; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG		5	PA; NMO; NDS; QL (360 per 30 days)
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	2	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	2	
methylprednisolone oral tablet 32 mg		2	
methylprednisolone oral tablet therapy pack 4 mg	(Medrol)	1	
prednisolone oral solution 15 mg/5ml		4	
prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml		4	
prednisolone sodium phosphate solution 15 mg/5ml oral		4	
prednisone oral solution 5 mg/5ml		4	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	PA BvD
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)		2	

Drug Name	Drug Tier	Requirements/Limits
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	5	PA; NMO; NDS; QL (120 per 30 days)
triamcinolone acetonide injection suspension 40 mg/ml (Kenalog-40)	2	
Incretin Mimetics		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL (2 per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	3	PA; QL (30 per 30 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	3	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 per 28 days)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	3	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	3	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; QL (3 per 28 days)

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

Drug Name		Drug Tier	Requirements/Limits
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG		5	PA; NMO; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		5	PA; NMO; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML		5	PA NSO; NMO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML		5	PA NSO; NMO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; NMO; NDS
Progestins			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML		3	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(Gallifrey)	2	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	(Depo-Provera)	1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	(Depo-Provera)	2	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol acetate oral suspension 40 mg/ml		2	PA-HRM; AGE (Max 64 Years)
megestrol acetate oral suspension 625 mg/5ml		4	PA-HRM; AGE (Max 64 Years)
megestrol acetate suspension 400 mg/10ml oral		2	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Gallifrey)	2	
progesterone oral capsule 100 mg, 200 mg	(Prometrium)	2	

Drug Name		Drug Tier	Requirements/Limits
Thyroid And Antithyroid Agents			
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Levoxyl)	1	
levothyroxine sodium oral tablet 300 mcg	(Synthroid)	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	2	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	2	
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		5	PA; NMO; NDS
IMMUNOLOGICAL AGENTS			
Immunological Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML		5	PA; NMO; NDS
adalimumab-aaty (1 pen) auto-injector kit 40 mg/0.4ml subcutaneous	(Yuflyma (1 Pen))	5	PA; NMO; NDS
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	(Yuflyma (1 Pen))	5	PA; NMO; NDS
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	(Yuflyma (1 Pen))	5	PA; NMO; NDS
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml		5	PA; NMO; NDS
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	(Yuflyma (2 Syringe))	5	PA; NMO; NDS
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	(Yuflyma (1 Pen))	5	PA; NMO; NDS

Drug Name	Drug Tier	Requirements/Limits
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; NMO; NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; NMO; NDS; QL (1 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NMO; NDS; QL (1 per 28 days)
azathioprine oral tablet 50 mg (Imuran)	2	PA BvD
azathioprine sodium injection solution reconstituted 100 mg	2	PA BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NMO; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NMO; NDS; QL (8 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NMO; NDS; QL (15 per 30 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO; NDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO; NDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NMO; NDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; NMO; NDS
cyclosporine intravenous solution 50 mg/ml (SandIMMUNE)	4	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	4	PA BvD

Drug Name		Drug Tier	Requirements/Limits
cyclosporine modified oral capsule 50 mg		4	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Neoral)	4	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(SandIMMUNE)	4	PA BvD
dimethyl fumarate oral capsule delayed release 120 mg	(Tecfidera)	4	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	(Tecfidera)	4	PA; QL (60 per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	(Tecfidera)	4	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML		5	PA; NMO; NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML		5	PA; NMO; NDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		5	PA; NMO; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		5	PA; NMO; NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		5	PA; NMO; NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		5	PA; NMO; NDS
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		5	PA; NMO; NDS
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML		5	PA; NMO; NDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG		4	PA BvD

Drug Name		Drug Tier	Requirements/Limits
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	(Zortress)	4	PA BvD
everolimus oral tablet 1 mg	(Zortress)	5	PA BvD; NMO; NDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML		5	PA; NMO; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML		5	PA; NMO; NDS; QL (1 per 28 days)
fingolimod hcl oral capsule 0.5 mg	(Gilenya)	4	PA; QL (30 per 30 days)
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML		5	PA BvD; NMO; NDS
gengraf oral capsule 100 mg, 25 mg	(Gengraf)	4	PA BvD
gengraf oral solution 100 mg/ml	(Neoral)	4	PA BvD
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	(Glatopa)	5	PA; NMO; NDS; QL (30 per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	(Glatopa)	5	PA; NMO; NDS; QL (12 per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	(Glatopa)	5	PA; NMO; NDS; QL (30 per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	(Glatopa)	5	PA; NMO; NDS; QL (12 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	(adalimumab-bwwd)	5	PA; NMO; NDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML		5	PA; NMO; NDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	(adalimumab-bwwd)	5	PA; NMO; NDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML		5	PA; NMO; NDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML		5	PA; NMO; NDS; Only NDCs starting with 00074

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	5	PA; NMO; NDS; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO; NDS; Only NDCs starting with 00074
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO; NDS; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO; NDS; Only NDCs starting with 00074
infliximab intravenous solution reconstituted 100 mg (Remicade)	5	PA; NMO; NDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; NMO; NDS; QL (1.2 per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	5	PA; NMO; NDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	5	PA; NMO; NDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NMO; NDS
leflunomide oral tablet 10 mg, 20 mg (Arava)	2	
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg (CellCept Intravenous)	4	PA BvD
mycophenolate mofetil oral capsule 250 mg (CellCept)	2	PA BvD
mycophenolate mofetil oral suspension reconstituted 200 mg/ml (CellCept)	4	PA BvD

Drug Name	Drug Tier	Requirements/Limits
mycophenolate mofetil oral tablet 500 mg (CellCept)	2	PA BvD
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg (Myfortic)	2	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/2.2ML, 9 MG/0.9ML	5	PA NSO; NMO; NDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NMO; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NMO; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; NMO; NDS; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NMO; NDS; QL (3 per 28 days)
OMLYCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; NMO; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NMO; NDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	5	PA; NMO; NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	5	PA; NMO; NDS
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	5	PA; NMO; NDS
OTULFI INTRAVENOUS SOLUTION 130 MG/26ML	5	PA; NMO; NDS
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
OTULFI SUBCUTANEOUS (ustekinumab-aauz) SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA
OTULFI SUBCUTANEOUS (ustekinumab-aauz) SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; NMO; NDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	5	PA; NMO; NDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	5	PA; NMO; NDS
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	5	PA; NMO; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	PA; NMO; NDS; QL (1 per 28 days)
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	PA BvD
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NMO; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NMO; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; NMO; NDS
SAPHNELO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/0.8ML	5	PA; NMO; NDS; QL (3.2 per 28 days)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	5	PA; NMO; NDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA

Drug Name		Drug Tier	Requirements/Limits
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	(ustekinumab-aekn)	5	PA; NMO; NDS
sirolimus oral solution 1 mg/ml		4	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		4	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML		5	PA; NMO; NDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		5	PA; NMO; NDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML		5	PA; NMO; NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 55 MG/0.37ML		5	PA; NMO; NDS
tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg	(Astagraf XL)	2	PA BvD
tacrolimus external ointment 0.03 %, 0.1 %		4	QL (100 per 30 days)
tacrolimus intravenous solution 5 mg/ml	(Prograf)	4	PA BvD
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	4	PA BvD
TAVNEOS ORAL CAPSULE 10 MG		5	PA; NMO; NDS; QL (180 per 30 days)
THALOMID ORAL CAPSULE 100 MG		5	PA NSO; NMO; NDS; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG		5	PA NSO; NMO; NDS; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG		5	PA NSO; NMO; NDS; QL (224 per 28 days)
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	(Xeljanz XR)	5	PA; NMO; NDS
tofacitinib citrate oral solution 1 mg/ml	(Xeljanz)	5	PA; NMO; NDS

Drug Name	Drug Tier	Requirements/Limits
tofacitinib citrate oral tablet 10 mg, 5 mg (Xeljanz)	5	PA; NMO; NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	5	PA; NMO; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	5	PA; NMO; NDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; NMO; NDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	5	PA; NMO; NDS
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; NMO; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	5	PA; NMO; NDS
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA; NMO; NDS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; NMO; NDS
VELSIPITY ORAL TABLET 2 MG	5	PA; NMO; NDS; QL (30 per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5	PA; NMO; NDS; QL (120 per 30 days)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	5	PA; NMO; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; NMO; NDS

Drug Name	Drug Tier	Requirements/Limits
ZYMFENTRA (1 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS	5	PA; NMO; NDS
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	5	PA; NMO; NDS
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML	5	PA; NMO; NDS
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	3	$0 copay
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	$0 copay
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	3	$0 copay
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	3	$0 copay
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	3	$0 copay
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	$0 copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	

Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	QL (3 per 365 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	PA BvD; $0 copay
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	PA BvD; $0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	3	$0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	3	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML	3	$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	PA BvD; $0 copay
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	PA BvD; $0 copay
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION SUSPENSION	3	$0 copay
IXIARO INTRAMUSCULAR SUSPENSION	3	$0 copay
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	$0 copay
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	

Drug Name	Drug Tier	Requirements/Limits
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	3	$0 copay
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	$0 copay
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	$0 copay
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	3	$0 copay
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	$0 copay
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	$0 copay
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	$0 copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA BvD; $0 copay
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	PA BvD; $0 copay
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION	3	

Drug Name	Drug Tier	Requirements/Limits
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	3	$0 copay; QL (2 per 365 days)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	$0 copay
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	$0 copay
TENIVAC SUSPENSION 5-2 LF/0.5ML INTRAMUSCULAR	3	$0 copay
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	3	$0 copay
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	$0 copay
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	$0 copay
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	$0 copay

Drug Name	Drug Tier	Requirements/Limits
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	3	$0 copay
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	3	$0 copay
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	$0 copay
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	3	$0 copay
VIVOTIF ORAL CAPSULE DELAYED RELEASE	3	$0 copay
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	$0 copay
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
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	2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
cinacalcet hcl oral tablet 30 mg, 60 mg (Sensipar)	4	QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg (Sensipar)	4	QL (120 per 30 days)
ibandronate sodium oral tablet 150 mg	1	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NMO; NDS
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	4	

Drug Name	Drug Tier	Requirements/Limits
paricalcitol oral capsule 4 mcg	4	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	5	NMO; NDS; QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 per 180 days)
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml (Bonsity)	5	PA; NMO; NDS; QL (2.24 per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; NMO; NDS; QL (1.56 per 30 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
Miscellaneous Therapeutic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	3	
betaine oral powder (Cystadane)	5	PA; NMO; NDS
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
dalfampridine er oral tablet extended release 12 hour 10 mg (Ampyra)	2	PA; QL (60 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; NMO; NDS; QL (30 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	

Drug Name		Drug Tier	Requirements/Limits
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg		2	
leucovorin calcium oral tablet 5 mg	(Lederle Leucovorin)	2	
l-glutamine oral packet 5 gm	(Endari)	5	PA; NMO; NDS; QL (180 per 30 days)
mesna oral tablet 400 mg	(Mesnex)	4	
OPHTHALMIC AGENTS			
Antiglaucoma Agents			
acetazolamide er oral capsule extended release 12 hour 500 mg		2	
acetazolamide oral tablet 125 mg, 250 mg		2	
acetazolamide sodium injection solution reconstituted 500 mg		2	
betaxolol hcl ophthalmic solution 0.5 %		4	
bimatoprost ophthalmic solution 0.01 %	(Lumigan)	4	
bimatoprost ophthalmic solution 0.03 %		4	QL (2.5 per 25 days)
brimonidine tartrate ophthalmic solution 0.1 %	(Alphagan P)	4	
brimonidine tartrate ophthalmic solution 0.15 %	(Alphagan P)	2	
brimonidine tartrate ophthalmic solution 0.2 %		2	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	(Combigan)	4	
brinzolamide ophthalmic suspension 1 %	(Azopt)	4	
carteolol hcl ophthalmic solution 1 %		1	
dorzolamide hcl ophthalmic solution 2 %		2	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	(Cosopt)	1	
latanoprost ophthalmic solution 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)

Drug Name		Drug Tier	Requirements/Limits
levobunolol hcl ophthalmic solution 0.5 %		2	
methazolamide oral tablet 25 mg, 50 mg		4	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %		2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		3	
timolol hemihydrate ophthalmic solution 0.5 %	(Betimol)	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %		1	
travoprost (bak free) ophthalmic solution 0.004 %	(Travatan Z)	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %		4	QL (5 per 30 days)
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)			
Parasympathomimetic (Cholinergic Agents)			
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	2	
REPLACEMENT PREPARATIONS			
Replacement Preparations			
klor-con m10 oral tablet extended release 10 meq	(Klor-Con M10)	2	
klor-con m15 oral tablet extended release 15 meq	(Klor-Con M15)	2	
klor-con m20 oral tablet extended release 20 meq	(Klor-Con M20)	2	
MAGNESIUM SULFATE INJECTION SOLUTION 50 %		4	

Drug Name		Drug Tier	Requirements/Limits
magnesium sulfate injection solution 50 % (10ml syringe)		2	
potassium chloride crys er oral tablet extended release 10 meq	(Klor-Con M10)	2	
potassium chloride crys er oral tablet extended release 15 meq	(Klor-Con M15)	2	
potassium chloride crys er oral tablet extended release 20 meq	(Klor-Con M20)	2	
potassium chloride er oral capsule extended release 10 meq, 8 meq		2	
potassium chloride er oral tablet extended release 10 meq	(Klor-Con 10)	2	
potassium chloride er oral tablet extended release 15 meq, 20 meq		2	
potassium chloride er oral tablet extended release 8 meq	(Klor-Con)	2	
potassium chloride intravenous solution 2 meq/ml		2	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		4	
potassium citrate er oral tablet extended release 10 meq (1080 mg)	(Urocit-K 10)	2	
potassium citrate er oral tablet extended release 15 meq (1620 mg)	(Urocit-K 15)	4	
potassium citrate er oral tablet extended release 5 meq (540 mg)		2	
sodium chloride intravenous solution 0.45 %, 0.9 %		2	
RESPIRATORY TRACT AGENTS			
Anti-Inflammatories, Inhaled Corticosteroids			
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	(fluticasone furoate ellipta)	3	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	(Pulmicort)	4	PA BvD; QL (120 per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act		4	QL (12 per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act		4	QL (24 per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act		4	QL (21.2 per 30 days)
Antileukotrienes			
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		4	
Bronchodilators			
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	(fluticasone-salmeterol)	3	QL (12 per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT		3	QL (32.1 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	(Ventolin HFA)	2	QL (17 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	(Ventolin HFA)	2	QL (13.4 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	(Ventolin HFA)	2	QL (36 per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml		2	PA BvD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	(umeclidinium-vilanterol)	3	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	(fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH		3	QL (60 per 30 days)
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act		4	QL (30.9 per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-18-4.8 MCG/ACT INHALATION		3	QL (10.7 per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION		3	QL (10.7 per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT, 160-9-4.8 MCG/ACT		3	QL (23.6 per 28 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		3	QL (8 per 30 days)
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	(Breo Ellipta)	3	QL (60 per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	(Wixela Inhub)	2	QL (60 per 30 days)
ipratropium bromide hfa inhalation aerosol solution 17 mcg/act	(Atrovent HFA)	4	QL (25.8 per 28 days)
ipratropium bromide inhalation solution 0.02 %		2	PA BvD
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		2	PA BvD; QL (540 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	QL (4 per 28 days)
theophylline er oral tablet extended release 12 hour 100 mg, 450 mg	4	
theophylline er oral tablet extended release 12 hour 200 mg	2	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	2	
theophylline oral solution 80 mg/15ml	4	
tiotropium bromide inhalation capsule 18 mcg (Spiriva HandiHaler)	4	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 per 30 days)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Wixela Inhub)	2	QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10 %, 20 %	4	PA BvD
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	5	NMO; NDS; QL (560 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
cromolyn sodium inhalation nebulization solution 20 mg/2ml		2	PA BvD
JASCAYD ORAL TABLET 18 MG, 9 MG		5	PA; NMO; NDS; QL (60 per 30 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG		5	PA; NMO; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG		5	PA; NMO; NDS; QL (56 per 28 days)
nintedanib esylate oral capsule 100 mg, 150 mg	(Ofev)	5	PA; NMO; NDS; QL (60 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	(nintedanib esylate)	5	PA; NMO; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		5	PA; NMO; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg		2	PA; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	(Esbriet)	5	PA; NMO; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg		5	PA; NMO; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	2	PA; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML		5	PA BvD; NMO; NDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		5	PA BvD; NMO; NDS
roflumilast oral tablet 250 mcg	(Daliresp)	4	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(Daliresp)	4	QL (30 per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG		5	PA; NMO; NDS; QL (84 per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG		5	PA; NMO; NDS; QL (56 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		5	PA; NMO; NDS; QL (1 per 21 days)

Drug Name		Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		5	PA; NMO; NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		5	PA; NMO; NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		5	PA; NMO; NDS
SKELETAL MUSCLE RELAXANTS			
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg, 20 mg, 5 mg		2	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		1	
dantrolene sodium oral capsule 100 mg, 50 mg		4	
dantrolene sodium oral capsule 25 mg	(Dantrium)	4	
methocarbamol oral tablet 500 mg, 750 mg		2	
tizanidine hcl oral tablet 2 mg		2	
tizanidine hcl oral tablet 4 mg	(Zanaflex)	2	
SLEEP DISORDER AGENTS			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		3	QL (30 per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	(Silenor)	4	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	2	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	2	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	2	PA; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
sodium oxybate oral solution 500 mg/ml	(Xyrem)	5	PA; NMO; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		2	QL (30 per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
SYMPATHOMIMETIC (ADRENERGIC) AGENTS			
Sympathomimetic (Adrenergic) Agents			
droxidopa oral capsule 100 mg, 300 mg	(Northera)	4	PA; QL (180 per 30 days)
droxidopa oral capsule 200 mg	(Northera)	5	PA; NMO; NDS; QL (180 per 30 days)
epinephrine injection solution 0.3 mg/0.3ml		3	QL (4 per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.15ml	(Auvi-Q)	3	QL (4 per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml	(EpiPen Jr 2-Pak)	4	QL (4 per 30 days)
epinephrine injection solution auto-injector 0.3 mg/0.3ml	(Auvi-Q)	4	QL (4 per 30 days)
VASODILATING AGENTS			
Vasodilating Agents			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; NMO; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg		2	PA; QL (60 per 30 days)
ambrisentan oral tablet 10 mg	(Letairis)	4	PA; QL (30 per 30 days)
ambrisentan oral tablet 5 mg	(Letairis)	5	PA; NMO; NDS; QL (30 per 30 days)
macitentan oral tablet 10 mg	(Opsumit)	5	PA; NMO; NDS; QL (30 per 30 days)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	2	EX; QL (6 per 30 days)
sildenafil citrate oral tablet 20 mg	(Revatio)	2	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		4	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
tadalafil oral tablet 5 mg (Cialis)	4	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 100 MCG	5	PA; NMO; NDS; QL (480 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NMO; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 150 MCG	5	PA; NMO; NDS; QL (300 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NMO; NDS; QL (240 per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA; NMO; NDS
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	5	PA; NMO; NDS
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Vitamins And Minerals		
FOLIVANE-OB CAPSULE 85-1 MG ORAL	1	
NIVA-PLUS TABLET 27-1 MG ORAL (prenatal)	1	
PNV 27-CA/FE/FA TABLET 60-1 MG ORAL	1	
PNV-SELECT TABLET 27-0.6-0.4 MG ORAL	1	
PRENA1 TABLET CHEWABLE 1.4 MG ORAL	1	
PRENATAL ORAL TABLET 27-1 MG (prenatal)	1	
PRENATAL-U CAPSULE 106.5-1 MG ORAL	1	
PRENATE MAX ORAL TABLET 15-0.4-0.6 MG	1	
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