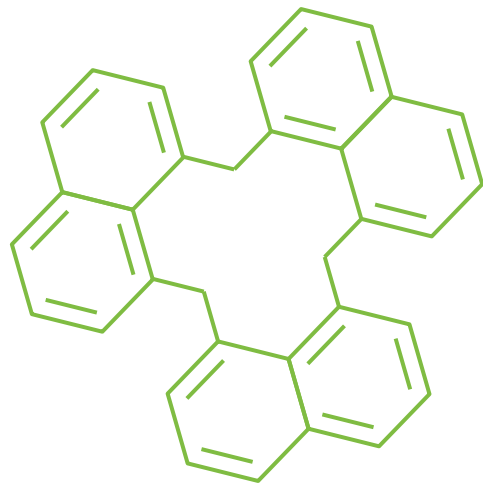


2024 Prescription Drug Formulary

This formulary was updated on 07/01/2024. For the most recent information or if you have questions, contact **BayCarePlus**® Member Services at (866) 509-5396 (TTY: 711) from 8am to 8pm, or go to Member.BayCarePlus.org. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.



BayCarePlus Rewards (HMO)
BayCarePlus Value (HMO)
BayCarePlus Complete (HMO)
BayCarePlus Premier (HMO)
BayCarePlus Freedom (HMO-POS)

Serving Hillsborough, Pasco, Pinellas and Polk Counties

 **BayCarePlus**®
Medicare Advantage

BayCare Health Plans (HMO)

2024 Formulary

(List of Covered Drugs)

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

Note to existing members: This formulary has changed since last year.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

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, even if the insulin is not considered a Select Insulin under the plan's Prescription Drug Formulary.

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 **BayCare** Health Plans. When it refers to "plan" or "our plan," it means **BayCare** Health Plans (HMO).

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

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

HPMS Formulary File Submission ID: 00024086 Version Number 10

H2235_24-012_C
07/01/2024

What is the BayCare Health Plans (HMO) Formulary?

A formulary is a list of covered drugs selected by our plan 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 plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but 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.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information 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 **BayCare Health Plans (HMO) Formulary?**”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the **BayCare Health Plans (HMO) Formulary?**”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those 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 July 2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If we make other types of formulary changes than those listed above (non-maintenance changes), we will mail written notification to affected members in the form of Formulary Errata Sheets.

How do I use the Formulary?

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

Medical Condition

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide eighteen per prescription for *sumatriptan 50mg tablet*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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 **BayCare** Health Plans formulary?” on page iv for 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 our plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- 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 BayCare Health Plans (HMO) Formulary?

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

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

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier (Tier 5). 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, we limit 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, we 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, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing 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.

Members who have a change in level of care (setting) will be allowed up to a one-time 30-day transition supply per drug. Examples include beneficiaries who are entering a long-term care facility are discharged from a hospital to home, or are ending a long-term care stay and returning to the community.

For more information

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

If you have questions about **BayCare** Health Plans, 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 day a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

BayCare Health Plans Formulary

The formulary below provides coverage information about the drugs covered by **BayCare** Health Plans. 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., *warfarin*).

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

List of Abbreviations

CB: Capped benefit. For drugs not normally covered in a Medicare Prescription Drug Plan, we limit the amount of the drug that the plan will cover. For example, we provide six tablets per 30-day prescription for *sildenafil*.

EX: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Provider Directory or call customer service at 1-866-509-5396 toll free, seven days a week from 8am to 8pm. You may reach a messaging service on weekends and holidays from April 1 through September 30. Please leave a message, and your call will be returned the next business day. TTY users should call 711.

NDS: Non-Extended Days Supply. This drug can only be obtained for a one-month supply or less. You cannot fill a prescription for more than a one-month supply.

NM: Non-Mail Order. The prescription cannot be filled by a plan network mail order pharmacy.

PA: Prior Authorization. We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **BayCare** Health Plans before you fill your prescriptions. If you don't get approval, the plan may not cover the drug.

PA BvD: Prior Authorization for Part B vs Part D Determination. This prescription drug has a Part B versus D administrative prior authorization requirement. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, the plan may not cover this drug.

PA NSO: Prior Authorization, New Starts Only. If you are a new member or if you have not taken this drug before, you or your physician are required to get prior authorization from **BayCare** Health Plans before you fill your prescription for this drug. Without prior approval, the plan may not cover this drug.

QL: Quantity Limit. For certain drugs, we limit the amount of the drug that the plan will cover. For example, we provide eighteen tablets per prescription for *sumatriptan succinate*. This may be in addition to a standard one-month or three-month supply.

SI: Select Insulins which are part of the Insulin Savings Program and therefore will incur low, consistent copays through the Coverage Gap phase. See the Evidence of Coverage for more information regarding Select Insulins, including full cost-sharing information. **NOTE:** Insulin administered via durable equipment insulin pump is NOT covered under this Part D benefit; Per Medicare, such insulin would be covered under Medicare Part B. The Insulin Savings Program is only applicable to BayCarePlus Complete (HMO) and BayCarePlus Premier (HMO) plans.

ST: Step Therapy. In some cases, we require 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, the plan will then cover Drug B.

See information below regarding copayment amounts and/or coinsurance percentages. For more information, refer to Chapter 6, Section 5.2 and Section 5.4 in your Evidence of Coverage.

Cost Sharing Tier Level	Standard retail or Long-term care (LTC) cost sharing for a one-month supply at a network pharmacy	Standard retail cost sharing for a three-month supply at a network pharmacy	Mail-order cost sharing for a three-month supply
BayCarePlus Complete (HMO)			
Tier 1 - Preferred Generics	\$0	\$0	\$0
Tier 2 - Generics	\$3	\$9	\$0
Tier 2 – Select Insulins	\$3	\$9	N/A
Tier 3 – Preferred Brand	\$35	\$105	\$95
Tier 3 – Select Insulins	\$35	\$105	\$95
Tier 4 – Non-Preferred Brand	\$85	\$255	\$245
Tier 5 - Specialty	33%	A three-month supply is not available for drugs in Tier 5	A three-month supply is not available for drugs in Tier 5

Cost Sharing Tier Level	Standard retail or Long-term care (LTC) cost sharing for a one-month supply at a network pharmacy	Standard retail cost sharing for a three-month supply at a network pharmacy	Mail-order cost sharing for a three-month supply
BayCarePlus Rewards (HMO)			
Tier 1 - Preferred Generics	\$0	\$0	\$0
Tier 2 - Generics	\$10	\$30	\$0
Tier 2 – Select Insulins	\$10	\$30	N/A
Tier 3 – Preferred Brand	\$47	\$141	\$125
Tier 3- Select Insulins	\$35	\$105	\$105
Tier 4 – Non-Preferred Brand	\$100	\$300	\$275
Tier 5 - Specialty	33%	A three-month supply is not available for drugs in Tier 5	A three-month supply is not available for drugs in Tier 5
BayCarePlus Premier (HMO)			
Tier 1 - Preferred Generics	\$0	\$0	\$0
Tier 2 - Generics	\$0	\$0	\$0
Tier 2 – Select Insulins	\$0	\$0	N/A
Tier 3 – Preferred Brand	\$30	\$90	\$80
Tier 3 – Select Insulins	\$30	\$90	\$80
Tier 4 – Non-Preferred Brand	\$85	\$255	\$245
Tier 5 - Specialty	33%	A three-month supply is not available for drugs in Tier 5	A three-month supply is not available for drugs in Tier 5
BayCarePlus Value (HMO)			
Tier 1 - Preferred Generics	\$0	\$0	\$0
Tier 2 - Generics	\$10	\$30	\$0
Tier 2 – Select Insulins	\$10	\$30	N/A
Tier 3 – Preferred Brand	\$47	\$141	\$125
Tier 3 – Select Insulins	\$35	\$105	\$105
Tier 4 – Non-Preferred Brand	\$100	\$300	\$275
Tier 5 - Specialty	33%	A three-month supply is not available for drugs in Tier 5	A three-month supply is not available for drugs in Tier 5

Cost Sharing Tier Level	Standard retail or Long-term care (LTC) cost sharing for a one-month supply at a network pharmacy	Standard retail cost sharing for a three-month supply at a network pharmacy	Mail-order cost sharing for a three-month supply
BayCarePlus Freedom (HMO-POS)			
Tier 1 - Preferred Generics	\$0	\$0	\$0
Tier 2 - Generics	\$3	\$9	\$0
Tier 2 – Select Insulins	\$3	\$9	N/A
Tier 3 – Preferred Brand	\$35	\$105	\$95
Tier 3 – Select Insulins	\$35	\$105	\$95
Tier 4 – Non-Preferred Brand	\$85	\$255	\$245
Tier 5 - Specialty	33%	A three-month supply is not available for drugs in Tier 5	A three-month supply is not available for drugs in Tier 5

Table of Contents

Analgesics.....	3
Anesthetics.....	7
Anti-Addiction/Substance Abuse Treatment Agents.....	7
Antianxiety Agents.....	8
Antibacterials.....	9
Anticancer Agents.....	14
Anticonvulsants.....	26
Antidementia Agents.....	30
Antidepressants.....	30
Antidiabetic Agents.....	33
Antifungals.....	37
Antigout Agents.....	38
Antihistamines.....	38
Anti-Infectives (Skin And Mucous Membrane).....	39
Antimigraine Agents.....	39
Antimycobacterials.....	40
Antinausea Agents.....	41
Antiparasite Agents.....	42
Antiparkinsonian Agents.....	42
Antipsychotic Agents.....	44
Antivirals (Systemic).....	48
Blood Products/Modifiers/Volume Expanders.....	53
Caloric Agents.....	57
Cardiovascular Agents.....	58
Central Nervous System Agents.....	67
Contraceptives.....	71
Cough And Cold Products.....	76
Dental And Oral Agents.....	76
Dermatological Agents.....	77
Devices.....	81
Enzyme Replacement/Modifiers.....	115
Eye, Ear, Nose, Throat Agents.....	116
Gastrointestinal Agents.....	120
Genitourinary Agents.....	123
Heavy Metal Antagonists.....	124
Hormonal Agents, Stimulant/Replacement/Modifying.....	124

Immunological Agents.....	129
Inflammatory Bowel Disease Agents.....	138
Metabolic Bone Disease Agents.....	138
Miscellaneous Therapeutic Agents.....	139
Ophthalmic Agents.....	141
Replacement Preparations.....	142
Respiratory Tract Agents.....	144
Skeletal Muscle Relaxants.....	148
Sleep Disorder Agents.....	148
Vasodilating Agents.....	149
Vitamins And Minerals.....	149

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 per 30 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	2	QL (180 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	2	QL (5 per 28 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	QL (180 per 30 days)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (2700 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	2	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i>	2	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i>	2	QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	2	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	2	QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	PA; QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	2	QL (120 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	3	QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	QL (240 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	5	NDS; QL (60 per 30 days)
<i>tencon oral tablet 50-325 mg</i>	2	QL (180 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	5	NDS; QL (240 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i>	2	QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i>	1	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	2	QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL (100 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i>	5	PA; NDS; QL (224 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>ec-naproxen oral tablet,delayed release (drlec) 500 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>fenoprofen oral tablet 600 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 400 mg</i>	1	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg</i>	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	2	PA; QL (90 per 30 days)
<i>indomethacin oral capsule 25 mg</i>	1	QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	QL (120 per 30 days)
<i>indomethacin oral capsule, extended release 75 mg</i>	2	QL (60 per 30 days)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	
<i>ketorolac injection solution 15 mg/ml</i>	2	QL (40 per 30 days)
<i>ketorolac injection solution 30 mg/ml, 30 mg/ml (1 ml)</i>	2	QL (20 per 30 days)
<i>ketorolac injection syringe 15 mg/ml</i>	2	QL (40 per 30 days)
<i>ketorolac injection syringe 30 mg/ml</i>	2	QL (20 per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	QL (20 per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	QL (20 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet,delayed release (drlec) 375 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 600 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	QL (30 per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl 2% 40 mg/2 ml ampule outer,plf,sdv 20 mg/ml (2 %)</i>	2	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	2	
<i>lidocaine hcl injection solution 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PA
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; QL (30 per 30 days)
<i>tridacaine topical adhesive patch,medicated 5 %</i>	2	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse		
Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (drlec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naloxone nasal spray,non-aerosol 4 mglactuation</i>	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (2688 per 365 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	NDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	NDS; QL (1.5 per 30 days)
<i>varenicline oral tablet 0.5 mg</i>	2	QL (336 per 365 days)
<i>varenicline oral tablet 1 mg</i>	2	QL (336 per 365 days)
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	2	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i>	2	QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i>	2	QL (90 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>estazolam oral tablet 1 mg</i>	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>estazolam oral tablet 2 mg</i>	2	QL (30 per 30 days)
<i>flurazepam oral capsule 15 mg</i>	2	QL (60 per 30 days)
<i>flurazepam oral capsule 30 mg</i>	2	QL (30 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i>	2	QL (150 per 30 days)
<i>lorazepam 2 mg/ml vial 25's, outer</i>	1	
<i>lorazepam 4 mg/ml vial inner</i>	1	
<i>lorazepam injection solution 2 mg/ml</i>	2	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i>	4	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i>	2	QL (10 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	2	QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA BvD; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	5	PA BvD; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	2	
Antibacterials, Miscellaneous		
<i>bacitracin intramuscular recon soln 50,000 unit</i>	2	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	NDS
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	2	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	5	NDS
<i>linezolid oral tablet 600 mg</i>	2	
<i>methenamine hippurate oral tablet 1 gram</i>	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	QL (120 per 30 days)
<i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i>	2	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg</i>	2	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i>	2	QL (112 per 14 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	4	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefazolin intravenous recon soln 3 gram</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>cefotaxime injection recon soln 1 gram</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 600 mg</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	5	NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
<i>nafcillin 1 gml 50 ml inj 1 gram/50 ml</i>	2	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>penicillin g potassium injection recon soln 20 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5% dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin 400 mg/250 ml bag</i>	2	
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>mondoxylene nl oral capsule 100 mg</i>	2	
<i>mondoxylene nl oral capsule 75 mg</i>	2	QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i>	5	NDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	5	PA NSO; NDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA BvD; NDS
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i>	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i>	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i>	5	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i>	5	PA NSO; NDS
<i>bexarotene topical gel 1 %</i>	5	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i>	2	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	
<i>bortezomib injection recon soln 1 mg</i>	4	PA NSO
<i>bortezomib injection recon soln 2.5 mg, 3.5 mg</i>	5	PA NSO; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i>	2	
<i>cladribine intravenous solution 10 mg/10 ml</i>	2	PA BvD
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i>	5	PA BvD; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NDS; QL (120 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; LA; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i>	5	NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)</i>	2	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	5	PA BvD; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML	5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i>	2	
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	5	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	5	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i>	2	
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NDS; QL (21 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	5	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	2	PA BvD
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	2	PA BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i>	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i>	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 560 MG	5	NDS; QL (28 per 28 days)
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	4	PA NSO; QL (4 per 365 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	2	
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i>	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA NSO; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	5	NDS
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	4	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI 12 MG DOSE (3X 4 MG TB) 12 MG/DAY (4 MG X 3)	5	PA NSO; NDS; QL (140 per 28 days)
LYTGOBI 16 MG DOSE (4X 4 MG TB) 16 MG/DAY (4 MG X 4)	5	PA NSO; NDS; QL (140 per 28 days)
LYTGOBI 20 MG DOSE (5X 4 MG TB) 20 MG/DAY (4 MG X 5)	5	PA NSO; NDS; QL (140 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
LYTGOBI ORAL TABLET 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB)	5	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	2	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	2	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	2	PA BvD
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i>	5	PA BvD; NDS
<i>pazopanib oral tablet 200 mg</i>	5	PA NSO; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i>	5	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
<i>sorafenib oral tablet 200 mg</i>	5	PA NSO; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NDS
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i>	2	
<i>toremifene oral tablet 60 mg</i>	5	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	3	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NDS; QL (64 per 28 days)
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA NSO; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	2	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NDS; QL (20 per 28 days)

Anticonvulsants

Anticonvulsants

APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	4	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i>	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST; QL (480 per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i>	2	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i>	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i>	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (900 per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	NDS
<i>rufinamide oral tablet 200 mg</i>	2	
<i>rufinamide oral tablet 400 mg</i>	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
SEZABY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 5 MG/SPRAY (0.1 ML)	4	
VALTOCO NASAL SPRAY, NON-AEROSOL 20 MG/2 SPRAY (10MG/0.1ML X2)	5	NDS
<i>vigabatrin oral powder in packet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i>	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	ST

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Drug Name	Drug Tier	Requirements/Limits
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i>	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	QL (60 per 30 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	4	ST
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 40 mg</i>	2	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i>	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	4	PA NSO
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	4	QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i>	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	2	QL (90 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NDS; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i>	2	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i>	5	PA; NDS; QL (112 per 28 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA NSO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA NSO; QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA NSO; QL (1.5 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	2	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	2	QL (150 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA NSO; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA NSO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	2	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	2	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	2	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	max \$35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	2	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	5	PA BvD; NDS
<i>caspofungin intravenous recon soln 50 mg</i>	2	
<i>caspofungin intravenous recon soln 70 mg</i>	5	NDS
<i>ciclopirox topical cream 0.77 %</i>	2	QL (180 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	2	QL (300 per 30 days)
<i>ciclopirox topical shampoo 1 %</i>	2	
<i>ciclopirox topical solution 8 %</i>	2	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	2	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i>	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (90 per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	2	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	
<i>itraconazole oral solution 10 mg/ml</i>	5	PA; NDS
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole topical foam 2 %</i>	2	ST; QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	5	NDS
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	5	PA; NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000- 0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>posaconazole intravenous solution 300 mg/16.7 ml</i>	5	NDS
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	5	PA; NDS
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i>	5	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i>	5	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	2	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
Antihistamines		
Antihistamines		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	2	
<i>levocetirizine oral tablet 5 mg</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
Antimigraine Agents		
Antimigraine Agents		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	5	NDS; QL (24 per 28 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	5	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (12 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer, sub</i>	2	QL (4 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactation</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/lactation</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (4 per 28 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	2	QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	QL (6 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin intravenous recon soln 600 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
TRECATOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD
APONVIE INTRAVENOUS EMULSION 7.2 MG/ML	4	QL (4.4 per 28 days)
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	2	PA BvD
<i>compro rectal suppository 25 mg</i>	2	
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	PA; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	2	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	5	PA BvD; NDS; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i>	2	QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	2	
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	
<i>granisetron hcl oral tablet 1 mg</i>	2	PA BvD
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	5	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i>	2	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i>	2	
KRINTAFEL ORAL TABLET 150 MG	4	
<i>mefloquine oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	5	NDS
<i>paromomycin oral capsule 250 mg</i>	2	
<i>pentamidine inhalation recon soln 300 mg</i>	2	PA BvD
<i>pentamidine injection recon soln 300 mg</i>	2	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i>	2	PA; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	5	PA; NDS; QL (60 per 30 days)
<i>benztropine injection solution 1 mg/ml</i>	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	ST; QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG	5	PA; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NDS; QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NDS; QL (1 per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	2	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	2	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	5	ST; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NDS; QL (3.5 per 166 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	2	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
<i>quetiapine oral tablet 150 mg</i>	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	
REXULTI ORAL TABLET 0.25 MG	5	ST; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	NDS; QL (0.28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i>	2	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	5	NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	5	NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml), 600 mg/3 ml (200 mg/ml)</i>	5	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NDS
<i>darunavir oral tablet 600 mg, 800 mg</i>	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS
<i>didanosine oral capsule,delayed release(drlec) 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	5	NDS
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NDS
<i>emtricitabine oral capsule 200 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	2	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i>	5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NDS
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NDS
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	2	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	2	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NDS
<i>ritonavir oral tablet 100 mg</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	5	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NDS
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	ST; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 10 mg/ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA
<i>foscarnet intravenous solution 24 mg/ml</i>	2	PA BvD
<i>oseltamivir oral capsule 30 mg</i>	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i>	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	\$0 copay; QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i>	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
XOFLUZA 40 MG TAB (80 MG DOSE)	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NDS; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i>	2	
<i>cidofovir intravenous solution 75 mg/ml</i>	5	NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	5	PA BvD; NDS
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	5	PA BvD; NDS
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)
<i>ribavirin inhalation recon soln 6 gram</i>	5	PA BvD; NDS
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	2	
<i>valganciclovir oral recon soln 50 mg/ml</i>	5	NDS
<i>valganciclovir oral tablet 450 mg</i>	2	
VEKLURY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	2	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	NDS; QL (18 per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NDS; QL (60 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NDS
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	5	NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NDS; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NDS; QL (60 per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	5	PA; NDS
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	5	PA; NDS
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
CABLIVI INJECTION KIT 11 MG	5	PA; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; NDS
<i>protamine intravenous solution 10 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	2	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	4	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	
<i>dextrose 5%-water iv soln single use</i>	2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i>	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	2	QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>phenylephrine hcl injection solution 10 mg/ml</i>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i>	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral solution 1 mg/ml</i>	2	ST; QL (1200 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	
<i>procainamide intravenous syringe 100 mg/ml</i>	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg</i>	1	
<i>quinidine sulfate oral tablet 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digox oral tablet 125 mcg (0.125 mg)</i>	2	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	2	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL (4 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>hydralazine injection solution 20 mg/ml</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; NDS; QL (18 per 30 days)
<i>metyrosine oral capsule 250 mg</i>	5	NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	2	QL (120 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	5	PA; NDS; QL (18 per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	4	QL (4 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	ST; QL (300 per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NDS; QL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; NDS; QL (56 per 28 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg</i>	2	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i>	2	
<i>colesevelam oral tablet 625 mg</i>	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 per 30 days)
<i>ezetimibe oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i>	2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG	5	PA; NDS; QL (28 per 28 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; NDS; QL (56 per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>niacor oral tablet 500 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	ST; QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	2	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	2	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
<i>spironolactone oral suspension 25 mg/5 ml</i>	2	ST; QL (600 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	2	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	2	PA BvD
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; NDS; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	2	PA; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	2	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	2	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i>	2	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i>	5	PA; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i>	5	PA; NDS
<i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i>	5	PA; NDS; QL (60 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; NDS
<i>fingolimod oral capsule 0.5 mg</i>	5	PA; NDS; QL (30 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	
GILENYA ORAL CAPSULE 0.25 MG	5	PA; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA

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Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS
<i>metadate er oral tablet extended release 20 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30- 70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30- 70 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50- 50 10 mg, 20 mg, 40 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50- 50 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 36 mg (bx rating)</i>	2	QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	5	PA; NDS; QL (2800 per 28 days)
<i>riluzole oral tablet 50 mg</i>	2	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	

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Drug Name	Drug Tier	Requirements/Limits
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	5	PA; NDS; QL (30 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	5	PA; NDS; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	2	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>ayuna oral tablet 0.15-0.03 mg</i>	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>camila oral tablet 0.35 mg</i>	1	
<i>caziant (28) oral tablet 0.11/125/1.15-25 mg-mcg</i>	2	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	1	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	2	
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	
ELLA ORAL TABLET 30 MG	4	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	2	QL (1 per 28 days)
<i>emzahh oral tablet 0.35 mg</i>	1	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	2	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	2	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	2	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>kalliga oral tablet 0.15-0.03 mg</i>	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	2	
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyleq oral tablet 0.35 mg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	2	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
SLYND ORAL TABLET 4 MG (28)	4	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>syeda oral tablet 3-0.03 mg</i>	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tulana oral tablet 0.35 mg</i>	1	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>	4	
<i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	2	
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	2	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	2	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	2	

Cough And Cold Products

Cough And Cold Products

<i>benzonatate oral capsule 100 mg, 200 mg</i>	2	EX
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Dental And Oral Agents

Dental And Oral Agents

<i>cevimeline oral capsule 30 mg</i>	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
KOURZEQ DENTAL PASTE 0.1 %	2	
<i>oralone dental paste 0.1 %</i>	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	
Dermatological Agents		
Dermatological Agents, Other		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>acyclovir topical cream 5 %</i>	2	QL (5 per 4 days)
<i>acyclovir topical ointment 5 %</i>	2	QL (30 per 30 days)
ALCOHOL 70% SWABS	1	
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	1	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	1	
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i>	2	
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	1	
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	QL (120 per 30 days)
CARETOUCH ALCOHOL 70% PREP PAD	1	
CURITY ALCOHOL PREPS 2 PLY, MEDIUM	1	
DROPSAFE ALCOHOL 70% PREP PADS	1	
EASY COMFORT ALCOHOL 70% PAD	1	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil topical cream 0.5 %</i>	5	NDS
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
HEB INCONTROL ALCOHOL 70% PADS	1	
<i>imiquimod topical cream in packet 5 %</i>	2	QL (24 per 30 days)
IV PREP WIPES TOPICAL PADS, MEDICATED	1	
KENDALL ALCOHOL 70% PREP PAD	1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (180 per 30 days)
<i>penciclovir topical cream 1 %</i>	2	
<i>podofilox topical solution 0.5 %</i>	2	
PRO COMFORT ALCOHOL 70% PADS	1	
PURE COMFORT ALCOHOL 70% PADS	1	
REGANEX TOPICAL GEL 0.01 %	5	PA; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	1	
SURE-PREP ALCOHOL PREP PADS	1	
TRUE COMFORT ALCOHOL 70% PADS	1	
TRUE COMFORT PRO ALCOHOL PADS	1	
ULTILET ALCOHOL STERL SWAB	1	
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NDS
WEBCOL ALCOHOL PREPS 20'S,LARGE	1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i>	2	QL (100 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	2	
<i>ery pads topical swab 2 %</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	2	QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	2	QL (180 per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin topical cream 0.1 %</i>	2	QL (120 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	
<i>mupirocin topical ointment 2 %</i>	1	QL (220 per 30 days)
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	
<i>rosadan topical cream 0.75 %</i>	2	
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i>	2	
<i>ssd topical cream 1 %</i>	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i>	2	
<i>ala-scalp topical lotion 2 %</i>	2	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam 0.12 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical foam 0.05 %</i>	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i>	2	
<i>clobetasol topical ointment 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical shampoo 0.05 %</i>	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i>	2	
<i>desonide topical cream 0.05 %</i>	2	
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	2	QL (120 per 30 days)
<i>desoximetasone topical gel 0.05 %</i>	2	QL (120 per 30 days)
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	2	QL (120 per 30 days)
<i>diflorasone topical ointment 0.05 %</i>	2	QL (180 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone topical ointment 0.025 %</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-emollient topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone 2.5% cream</i>	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	2	QL (236 per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>pimecrolimus topical cream 1 %</i>	2	QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	2	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i>	2	
<i>adapalene topical gel 0.1 %</i>	2	
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.1 %</i>	2	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i>	2	
<i>permethrin topical cream 5 %</i>	2	QL (60 per 30 days)
Devices		
Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	2	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	2	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	2	
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	2	
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	2	
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	2	
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	2	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	2	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	2	
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	2	
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	2	
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	2	
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	2	
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	2	
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	2	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	2	
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	2	
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	2	
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	2	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	2	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	2	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	2	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	2	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	2	
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	2	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	2	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	2	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	2	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	2	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	2	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	2	
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	2	

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE 1 ML W/O NEEDLE	2	
BD LUER-LOK SYRINGE 1 ML	2	
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	2	
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	2	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	2	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	2	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	2	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	2	
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	2	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	2	
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	2	
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	2	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	2	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	

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Drug Name	Drug Tier	Requirements/Limits
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	2	
BORDERED GAUZE 2"X2" 2 X 2 "	1	
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	2	
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	2	
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	2	
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	2	
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	2	
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	2	
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	2	
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	2	
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	2	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	2	
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	2	
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	2	
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	2	
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	2	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	2	
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	2	
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	2	
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	2	
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	2	
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	2	
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	2	
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	2	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	2	
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	2	
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	2	
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	2	
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	2	
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	2	
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	2	
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	2	
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	2	
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	2	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	2	
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	2	
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	2	
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	2	
CURAD GAUZE PADS 2" X 2" 2 X 2 "	1	
CURITY GAUZE SPONGES (12 PLY)- 200/BAG 2 X 2 "	1	
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	1	
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	1	
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	2	
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	2	
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	2	
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	2	
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	2	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	2	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	2	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	2	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	2	
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	2	
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	2	

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

Drug Name	Drug Tier	Requirements/Limits
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	2	
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	2	
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	2	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	2	
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16"	2	
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	2	
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16"	2	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	2	
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	2	
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	2	
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	2	
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	2	
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	2	
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	2	
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	2	
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	2	

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Drug Name	Drug Tier	Requirements/Limits
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	2	
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	2	
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	2	
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	2	
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	2	
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	2	
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	2	
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	2	
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	2	
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	2	
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	2	
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	2	
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	2	
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	2	
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	2	
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	2	
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	2	
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	2	
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	2	
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	2	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	2	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	2	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	2	
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	2	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	2	
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	2	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	

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

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	2	
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	2	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	2	
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	2	
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	2	
EASY TOUCH INSULIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	
EASY TOUCH INSULIN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	
EASY TOUCH INSULIN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	
EASY TOUCH INSULIN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	
EASY TOUCH INSULIN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	
EASY TOUCH INSULIN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	
EASY TOUCH LUER LOK INSUL 1 ML	2	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	2	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	2	
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	2	
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	2	
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	2	
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	2	
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	2	
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	2	
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	2	
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	2	
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	2	
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	2	
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	2	
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	2	
EASY TOUCH UNI-SLIP SYR 1 ML	2	
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	2	
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	2	
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	2	
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	2	
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	2	
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	

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Drug Name	Drug Tier	Requirements/Limits
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	2	
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	2	
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	2	
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	2	
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	2	
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	2	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	2	
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	2	
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	2	
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	2	
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	2	
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	2	
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	2	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	2	
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	2	
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	2	
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	2	
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	2	
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	2	
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	2	
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"	2	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	2	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	2	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	2	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	2	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	2	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INSULIN SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	2	
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	2	
INSULIN SYRINGE 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	2	
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	2	
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	2	
INSULIN SYRINGE 0.5 ML 1/2 ML 29	2	
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	2	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	2	
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	2	
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	2	
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	2	
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	2	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	2	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	2	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	2	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	2	

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Drug Name	Drug Tier	Requirements/Limits
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	2	
LISCO SPONGES 100/BAG 2 X 2 "	1	
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	2	
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	2	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	2	
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	2	
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	2	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	2	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	2	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	2	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	2	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	2	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	2	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	2	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	2	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	2	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	2	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	2	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	2	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	2	
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	2	
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	2	
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	2	
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	2	
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	2	
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	2	
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	2	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	2	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	2	
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	2	
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	2	
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	2	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	2	
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	2	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	2	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	2	
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	2	
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	2	
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	2	
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	2	
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16"	2	
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2", 29 GAUGE X 1/2"	2	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	2	
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	2	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
NOVOFINE 30 NEEDLE	2	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	2	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	2	
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	2	
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	2	
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	2	
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	2	
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	2	
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	2	
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	2	
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	2	
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	2	
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	2	
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	2	
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	2	
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	2	
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	2	
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	

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

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	2	
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	2	
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	2	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	2	
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	2	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	2	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	2	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	2	
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	2	
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	2	
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	2	
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	2	
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	2	

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Drug Name	Drug Tier	Requirements/Limits
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	2	
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	2	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	2	
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	2	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	2	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	2	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	2	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	2	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	2	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	2	
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	2	
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	2	
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	2	
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	
SECURES SAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	2	
SECURES SAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	2	
SECURES SAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	2	
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	2	
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
STERILE PADS 2" X 2" 2 X 2 "	1	
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
NEEDLES, INSULIN DISP., SAFETY	2	
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	2	
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	2	
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	2	
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	2	
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	2	
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	2	
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	2	
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	2	
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	2	
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	2	

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Drug Name	Drug Tier	Requirements/Limits
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	2	
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	2	
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	2	
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	2	
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	2	
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	2	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	2	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	2	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	2	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	2	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	2	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	2	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	2	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	2	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	2	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	2	
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	2	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	2	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	2	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	2	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	2	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	2	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	2	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	2	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	2	
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	2	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	2	
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8"	2	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	2	

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Drug Name	Drug Tier	Requirements/Limits
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8"	2	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	2	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	2	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	2	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	2	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	2	
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	2	
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	2	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	2	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	2	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	2	
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	2	
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	2	

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Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	2	
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	2	
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	2	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	2	
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	2	
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	2	
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	2	
TRUE COMFORT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	2	
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	2	
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	2	
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"	2	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	2	
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	2	
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	2	
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	2	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	2	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	2	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	2	
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	2	
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	2	
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	2	
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	2	
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
ULTILET PEN NEEDLE 29 GAUGE	2	
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	2	
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	2	
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	2	

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

Drug Name	Drug Tier	Requirements/Limits
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	2	
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	2	
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	2	
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	2	
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	2	
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	2	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	2	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	2	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	2	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	2	
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	2	
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	2	
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	2	
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	2	
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	2	
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	2	
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	2	
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	2	
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	2	
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	2	
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	2	
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	2	
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	2	
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	2	
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	2	
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	2	
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	2	
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	2	
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	2	
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	2	
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	2	

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	2	
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	2	
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	2	
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	2	
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	2	
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	2	
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	2	
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	2	
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	2	
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	2	
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	2	
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	2	
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	2	
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	2	
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	2	
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	2	
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	2	
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	2	
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	2	
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	2	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	2	

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

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Drug Name	Drug Tier	Requirements/Limits
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	2	
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	2	
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	2	
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	2	
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	2	
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	
V-GO 20 DEVICE	3	QL (30 per 30 days)
V-GO 30 DEVICE	3	QL (30 per 30 days)
V-GO 40 DEVICE	3	QL (30 per 30 days)
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NDS
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NDS; QL (14 per 28 days)
<i>javygtor oral tablet,soluble 100 mg</i>	5	PA; NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
<i>miglustat oral capsule 100 mg</i>	5	PA; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NDS
<i>sapropterin oral tablet, soluble 100 mg</i>	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
<i>yargesa oral capsule 100 mg</i>	5	PA; NDS; QL (90 per 30 days)
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>alcaïne ophthalmic (eye) drops 0.5 %</i>	2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	2	QL (30 per 25 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	2	ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	2	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	5	PA; NDS; QL (20 per 28 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NDS; QL (60 per 28 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	2	QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	2	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA; NDS
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	QL (3.5 per 4 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	

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Drug Name	Drug Tier	Requirements/Limits
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %</i>	3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	4	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>fluticasone propionate nasal spray,suspension 50 mcglactuation</i>	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	2	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	3	ST; QL (10 per 25 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol 50 mcglactuation</i>	2	QL (34 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (5.5 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 20 mg</i>	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 40 mg</i>	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	2	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	ST; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	2	
<i>famotidine intravenous solution 10 mg/ml</i>	2	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(drlec) 15 mg</i>	1	QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(drlec) 30 mg</i>	1	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20- 1.1 mg-gram, 40-1.1 mg-gram</i>	2	ST; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i>	2	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i>	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i>	2	
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i>	5	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i>	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	2	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>enulose oral solution 10 gram/15 ml</i>	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NDS
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i>	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	QL (60 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NDS
RELISTOR ORAL TABLET 150 MG	5	PA; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; NDS; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i>	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	5	NDS
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	5	NDS
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	2	
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	2	
<i>flavoxate oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	2	
<i>tropium oral tablet 20 mg</i>	2	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	2	
ENTADFI ORAL CAPSULE 5-5 MG	4	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiopronin oral tablet 100 mg</i>	5	NDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; NDS
<i>deferasirox oral tablet 90 mg</i>	2	PA
<i>deferasirox oral tablet, dispersible 125 mg</i>	2	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; NDS
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	5	PA; NDS
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	5	PA; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	5	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NDS
<i>penicillamine oral tablet 250 mg</i>	5	PA; NDS
<i>trientine oral capsule 250 mg</i>	5	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	2	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i>	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	2	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i>	2	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i>	2	
<i>yuvaferm vaginal tablet 10 mcg</i>	2	QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
Glucocorticoids/Mineralocorticoids		
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	2	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
HEMADY ORAL TABLET 20 MG	4	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	1	
<i>prednisolone 15 mg/5 ml soln dlf 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin ac 4 mcg/ml ampul plf, outer, sdv</i>	5	NDS
<i>desmopressin injection solution 4 mcg/ml</i>	2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	
<i>octreotide acetate injection solution 500 mcg/ml</i>	5	NDS
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA NSO; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	PA; NDS
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	PA; NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	4	QL (1 per 84 days)
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	5	NDS
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	5	NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	PA BvD
AVSOLA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
<i>azathioprine oral tablet 50 mg</i>	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	2	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NDS

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Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	2	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
<i>infliximab intravenous recon soln 100 mg</i>	5	PA; NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i>	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	5	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NDS

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Drug Name	Drug Tier	Requirements/Limits
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i>	5	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
Vaccines		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5- 3-5 MCG)-5LF/0.5 ML	3	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	3	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; \$0 copay

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

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; \$0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	\$0 copay; QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	\$0 copay; QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	\$0 copay
IXCHIQ INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	\$0 copay

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Drug Name	Drug Tier	Requirements/Limits
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	3	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	\$0 copay
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	QL (0.75 per 365 days)
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	\$0 copay; QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	\$0 copay; QL (2 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	\$0 copay
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg</i>	2	
<i>alosetron oral tablet 1 mg</i>	5	NDS
<i>balsalazide oral capsule 750 mg</i>	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	
<i>budesonide rectal foam 2 mg/lactuation</i>	2	
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	2	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	2	QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i>	2	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	5	NDS
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i>	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	2	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	2	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i>	2	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i>	2	QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	2	QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
<i>betaine oral powder 1 gram/scoop</i>	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	5	NDS
<i>diazoxide oral suspension 50 mg/ml</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	5	NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	2	
<i>leucovorin calcium injection solution 10 mg/ml</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
<i>levocarnitine sf 1 g/10 ml sol 100 mg/ml</i>	2	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	NDS
<i>mesna intravenous solution 100 mg/ml</i>	2	
MESNEX ORAL TABLET 400 MG	5	NDS
<i>nitroglycerin rectal ointment 0.4% (w/w)</i>	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NDS
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	2	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	2	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	5	PA; NDS
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	5	PA; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NDS
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NDS; QL (24 per 14 days)
VOWST ORAL CAPSULE	5	PA; NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	5	PA; NDS
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	5	PA; NDS
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	2	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	2	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	2	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>electrolyte-148 intravenous parenteral solution</i>	2	
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	4	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	2	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	PA BvD
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	2	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	

Respiratory Tract Agents

Anti-Inflammatories, Inhaled Corticosteroids

ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	QL (60 per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	PA BvD; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL (30.6 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	2	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	2	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	2	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i>	2	PA BvD; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	2	PA BvD; QL (120 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i>	2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NDS
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	2	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA BvD; NDS
<i>roflumilast oral tablet 250 mcg</i>	2	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i>	2	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NDS; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	5	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
<i>chlorzoxazone oral tablet 250 mg</i>	5	NDS; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>chlorzoxazone oral tablet 750 mg</i>	2	QL (120 per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>revonto intravenous recon soln 20 mg</i>	2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; NDS; QL (150 per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; LA; NDS; QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	5	PA; NDS; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	2	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; NDS; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; LA; NDS; QL (60 per 30 days)
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	5	PA; NDS
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA; NDS; QL (37.5 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; QL (360 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	2	EX; CB (6 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	2	PA; QL (60 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NDS; QL (112 per 28 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	5	PA; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	
<i>bal-care dha essential pack 27 mg iron-1 mg - 374 mg</i>	2	
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	2	
<i>folivane-ob capsule 85-1 mg</i>	2	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	2	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>m-natal plus tablet 27 mg iron- 1 mg</i>	2	
<i>mynatal advance oral tablet 90-1-50 mg</i>	2	
<i>mynatal capsule 65 mg iron- 1 mg</i>	2	
<i>mynatal oral tablet 90-1-50 mg</i>	2	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	2	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	2	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	2	
<i>newgen tablet 32-1,000 mg-mcg</i>	2	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	2	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	2	
<i>obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg</i>	2	
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	2	
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	2	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	2	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	2	
<i>pnv-omega softgel 28-1-300 mg</i>	2	
<i>pr natal 400 combo pack 29-1-400 mg</i>	2	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	2	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	2	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	2	
<i>prenal true combo pack 30 mg iron- 1.4 mg-300 mg</i>	2	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	2	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	2	
<i>prenatabs fa tablet 29-1 mg</i>	2	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	2	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	2	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	2	
<i>prenatal-u capsule 106.5-1 mg</i>	2	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>taron-c dha capsule 35-1-200 mg</i>	2	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	2	
<i>triveen-duo dha combo pack 29-1-400 mg</i>	2	
<i>vinate care oral tablet, chewable 40 mg iron- 1 mg</i>	2	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	2	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	2	
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	2	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	2	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	2	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	2	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	2	
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	2	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	2	
<i>zatean-pn plus softgel 28-1-300 mg</i>	2	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	2	

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

INDEX

1ST TIER UNIFINE PENTIPS.....	81	ADVAIR HFA.....	144	<i>amabelz</i>	125
1ST TIER UNIFINE PENTIPS PLUS.....	81	ADVOCATE PEN NEEDLE.....	82	<i>amantadine hcl</i>	42
<i>abacavir</i>	48	ADVOCATE SYRINGES.....	82	<i>ambrisentan</i>	149
<i>abacavir-lamivudine</i>	48	<i>afirmelle</i>	71	<i>amethia</i>	71
ABELCET.....	37	AIRSUPRA.....	144, 145	<i>amiloride</i>	64
ABILIFY ASIMTUFII.....	44	AJOVY AUTOINJECTOR....	39	<i>amiloride-hydrochlorothiazide</i> ..	64
ABILIFY MAINTENA.....	44	AJOVY SYRINGE.....	39	<i>amiodarone</i>	60
<i>abiraterone</i>	14	AKEEGA.....	15	<i>amitriptyline</i>	30
ABOUTTIME PEN NEEDLE.....	81, 82	AKYNZEO (FOSNETUPITANT).....	41	<i>amitriptyline-chlordiazepoxide</i> ..	30
ABRAXANE.....	14	AKYNZEO (NETUPITANT).....	41	<i>amlodipine</i>	64
ABRYSVO.....	134	<i>ala-cort</i>	79	<i>amlodipine-atorvastatin</i>	65
<i>acamprosate</i>	7	<i>ala-scalp</i>	79	<i>amlodipine-benazepril</i>	64
<i>acarbose</i>	33	<i>albendazole</i>	42	<i>amlodipine-olmesartan</i>	64
<i>accutane</i>	77	<i>albuterol sulfate</i>	145	<i>amlodipine-valsartan</i>	64
<i>acebutolol</i>	61	<i>alcaine</i>	116	<i>amlodipine-valsartan-hcthiazid</i> ..	64
<i>acetaminophen-codeine</i>	3	<i>alclometasone</i>	79	<i>ammonium lactate</i>	77
<i>acetazolamide</i>	141	ALCOHOL PADS.....	77	<i>amoxapine</i>	30
<i>acetazolamide sodium</i>	142	ALCOHOL PREP PADS.....	78	<i>amoxicil-clarithromy-</i> <i>lansopraz</i>	120
<i>acetic acid</i>	117	ALCOHOL PREP SWABS....	77	<i>amoxicillin</i>	12
<i>acetylcysteine</i>	146	ALCOHOL SWABS.....	77	<i>amoxicillin-pot clavulanate</i> ..	12, 13
<i>acitretin</i>	77	ALCOHOL WIPES.....	77	<i>amphotericin b</i>	37
ACTEMRA.....	129	ALDURAZYME.....	115	<i>amphotericin b liposome</i>	37
ACTEMRA ACTPEN.....	129	ALECENSA.....	15	<i>ampicillin</i>	13
ACTHAR.....	127	<i>alendronate</i>	138	<i>ampicillin sodium</i>	13
ACTHIB (PF).....	134	<i>alfuzosin</i>	123	<i>ampicillin-sulbactam</i>	13
ACTIMMUNE.....	139	<i>aliskiren</i>	67	<i>anagrelide</i>	56
<i>acyclovir</i>	53, 77	<i>allopurinol</i>	38	<i>anastrozole</i>	15
<i>acyclovir sodium</i>	53	<i>alozetron</i>	138	ANKTIVA.....	15
ADACEL(TDAP ADOLESN/ADULT)(PF)....	134	<i>alprazolam</i>	8	ANORO ELLIPTA.....	145
ADAKVEO.....	56	<i>altavera (28)</i>	71	<i>apomorphine</i>	43
<i>adapalene</i>	81	ALTRENO.....	81	APONVIE.....	41
<i>adefovir</i>	53	ALUNBRIG.....	15	<i>apraclonidine</i>	116
ADEMPAS.....	149	ALVAIZ.....	55	<i>aprepitant</i>	41
<i>adrucil</i>	14	<i>alyacen 1/35 (28)</i>	71	APRETUDE.....	49
		<i>alyacen 7/7/7 (28)</i>	71	<i>apri</i>	71
		<i>alyq</i>	149	APTIOM.....	26
				APTIVUS.....	49

AQINJECT PEN NEEDLE... 82	<i>aurovela fe 1-20 (28)</i> 71	BD NANO 2ND GEN PEN NEEDLE..... 84
<i>aranelle (28)</i> 71	AUSTEDO 67	BD SAFETYGLIDE INSULIN SYRINGE 84
ARCALYST 129	AUSTEDO XR 67	BD SAFETYGLIDE SYRINGE 84
AREXVY (PF) 134	AUSTEDO XR TITRATION KT(WK1-4) 67	BD ULTRA-FINE MICRO PEN NEEDLE 84
AREXVY ANTIGEN COMPONENT 134	AUVELITY 30	BD ULTRA-FINE MINI PEN NEEDLE 84
<i>aripiprazole</i> 44	<i>aviane</i> 71	BD ULTRA-FINE NANO PEN NEEDLE 84
ARISTADA 44, 45	AVONEX 67	BD ULTRA-FINE ORIG PEN NEEDLE 84
ARISTADA INITIO 44	AVSOLA 129	BD ULTRA-FINE SHORT PEN NEEDLE 84
<i>armodafinil</i> 148	<i>ayuna</i> 71	BD VEO INSULIN SYR (HALF UNIT) 84
ARNUITY ELLIPTA 144	AYVAKIT 15	BD VEO INSULIN SYRINGE UF 84, 85
<i>ascomp with codeine</i> 3	<i>azacitidine</i> 15	BELSOMRA 148
<i>asenapine maleate</i> 45	<i>azathioprine</i> 129	<i>benazepril</i> 60
<i>ashlyna</i> 71	<i>azathioprine sodium</i> 129	<i>benazepril-hydrochlorothiazide</i> . 60
<i>aspirin-dipyridamole</i> 57	<i>azelastine</i> 116	<i>bendamustine</i> 15
ASSURE ID DUO PRO SFTY PEN NDL 82	<i>azithromycin</i> 11, 12	BENDAMUSTINE 15
ASSURE ID DUO-SHIELD 82, 83	<i>aztreonam</i> 12	BENDEKA 15
ASSURE ID INSULIN SAFETY 83	<i>azurette (28)</i> 71	BENLYSTA 129
ASSURE ID PEN NEEDLE.. 83	<i>bacitracin</i> 9, 117	<i>benzonatate</i> 76
ASSURE ID PRO PEN NEEDLE 83	<i>bacitracin-polymyxin b</i> 117	<i>benztropine</i> 43
ASTAGRAF XL 129	<i>baclofen</i> 148	<i>bepotastine besilate</i> 117
<i>atazanavir</i> 49	<i>bal-care dha</i> 149	BESREMI 129
<i>atenolol</i> 61	<i>bal-care dha essential</i> 149	<i>betaine</i> 139
<i>atenolol-chlorthalidone</i> 61	<i>balsalazide</i> 138	<i>betamethasone acet,sod phos</i> ... 126
<i>atomoxetine</i> 67	BALVERSA 15	<i>betamethasone dipropionate</i> 79
<i>atorvastatin</i> 65	<i>balziva (28)</i> 71	<i>betamethasone valerate</i> 79
<i>atovaquone</i> 42	BCG VACCINE, LIVE (PF). 134	<i>betamethasone, augmented</i> 79
<i>atovaquone-proguanil</i> 42	BD ALCOHOL SWABS 77	BETASERON 68
<i>atropine</i> 116	BD AUTOSHIELD DUO PEN NEEDLE 83	<i>betaxolol</i> 61, 142
ATROVENT HFA 145	BD ECLIPSE LUER-LOK 83	<i>bethanechol chloride</i> 123
<i>aubra eq</i> 71	BD INSULIN SYRINGE 83	<i>bexarotene</i> 15
AUGTYRO 15	BD INSULIN SYRINGE (HALF UNIT) 83	
<i>aurovela 1.5/30 (21)</i> 71	BD INSULIN SYRINGE SLIP TIP 84	
<i>aurovela 1/20 (21)</i> 71	BD INSULIN SYRINGE U-500 83	
<i>aurovela 24 fe</i> 71	BD INSULIN SYRINGE ULTRA-FINE 83	
<i>aurovela fe 1.5/30 (28)</i> 71		

BEXSERO.....	134	<i>butalbital-acetaminop-caf-cod</i>	3	<i>carglumic acid</i>	121
BEYFORTUS.....	52	<i>butalbital-acetaminophen</i>	3	<i>carteolol</i>	142
<i>bicalutamide</i>	15	<i>butalbital-acetaminophen-caff</i>	3	<i>cartia xt</i>	62
BICILLIN L-A.....	13	<i>butalbital-aspirin-caffeine</i>	3	<i>carvedilol</i>	61
BIKTARVY.....	49	<i>butorphanol</i>	3	<i>caspofungin</i>	37
<i>bimatoprost</i>	142	CABENUVA.....	49	CAYSTON.....	12
<i>bisoprolol fumarate</i>	61	<i>cabergoline</i>	43	<i>caziant (28)</i>	72
<i>bisoprolol-hydrochlorothiazide</i> ..	61	CABLIVI.....	56	<i>cefaclor</i>	10
<i>bleomycin</i>	15	CABOMETYX.....	15	<i>cefadroxil</i>	10, 11
<i>blisovi 24 fe</i>	71	<i>cabotegravir</i>	49	<i>cefazolin</i>	11
<i>blisovi fe 1.5/30 (28)</i>	71	<i>caffeine citrate</i>	68	<i>cefazolin in dextrose (iso-os)</i>	11
<i>blisovi fe 1/20 (28)</i>	71	<i>calcipotriene</i>	77	<i>cefdinir</i>	11
BOOSTRIX TDAP.....	134	<i>calcitonin (salmon)</i>	138	<i>cefepime</i>	11
BORDERED GAUZE.....	85	<i>calcitriol</i>	138	<i>cefixime</i>	11
<i>bortezomib</i>	15	<i>calcium acetate(phosphat</i>		<i>cefotaxime</i>	11
<i>bosentan</i>	149	<i>bind)</i>	122	<i>cefoxitin</i>	11
BOSULIF.....	15	<i>calcium chloride</i>	142	<i>cefpodoxime</i>	11
BRAFTOVI.....	15	CALQUENCE		<i>cefprozil</i>	11
BREO ELLIPTA.....	144	(ACALABRUTINIB MAL)...	15	<i>ceftazidime</i>	11
<i>breyana</i>	144	<i>camila</i>	72	<i>ceftriaxone</i>	11
BREZTRI AEROSPHERE..	146	<i>candesartan</i>	59	<i>cefuroxime axetil</i>	11
<i>briellyn</i>	71	<i>candesartan-</i>		<i>cefuroxime sodium</i>	11
BRILINTA.....	57	<i>hydrochlorothiazid</i>	59	<i>celecoxib</i>	5
<i>brimonidine</i>	142	CAPLYTA.....	45	<i>cephalexin</i>	11
<i>brimonidine-timolol</i>	142	CAPRELSA.....	16	CERDELGA.....	115
<i>brinzolamide</i>	142	<i>captopril</i>	60	CEREZYME.....	115
BRIVIACT.....	26	<i>captopril-hydrochlorothiazide</i> ...	60	<i>cevimeline</i>	76
<i>bromfenac</i>	119	<i>carbamazepine</i>	26	<i>chateal eq (28)</i>	72
<i>bromocriptine</i>	43	<i>carbidopa</i>	43	<i>chloramphenicol sod succinate</i>	9
BRONCHITOL.....	146	<i>carbidopa-levodopa</i>	43	<i>chlordiazepoxide hcl</i>	8
BRUKINSA.....	15	<i>carbidopa-levodopa-entacapone</i>	43	<i>chlorhexidine gluconate</i>	76
<i>budesonide</i>	138, 144	<i>carbinoxamine maleate</i>	38	<i>chloroquine phosphate</i>	42
<i>budesonide-formoterol</i>	144	<i>carboplatin</i>	16	<i>chlorothiazide sodium</i>	64
<i>bumetanide</i>	64	CAREFINE PEN NEEDLE...	85	<i>chlorpromazine</i>	45
<i>buprenorphine</i>	3	CARETOUCH ALCOHOL		<i>chlorthalidone</i>	64
<i>buprenorphine hcl</i>	3, 7	PREP PAD.....	77	<i>chlorzoxazone</i>	148
<i>buprenorphine-naloxone</i>	7	CARETOUCH INSULIN		<i>cholestyramine (with sugar)</i>	65
<i>bupropion hcl</i>	30, 31	SYRINGE.....	85, 86	<i>cholestyramine light</i>	65
<i>bupropion hcl (smoking deter)</i> ...	7	CARETOUCH PEN		<i>ciclopirox</i>	37
<i>buspiron</i>	140	NEEDLE.....	85	<i>cidofovir</i>	53

<i>cilostazol</i>	57	CLINIMIX E 4.25%/D5W	COMPLERA.....	49
CIMDUO.....	49	SULF FREE.....	<i>completenate</i>	149
<i>cimetidine</i>	120	CLINIMIX E 5%/D15W	<i>compro</i>	41
<i>cimetidine hcl</i>	120	SULFIT FREE.....	<i>constulose</i>	121
<i>cinacalcet</i>	138	CLINIMIX E 5%/D20W	COPAXONE.....	68
CINQAIR.....	147	SULFIT FREE.....	COPIKTRA.....	16
CINRYZE.....	55	CLINIMIX E 8%-D10W	CORLANOR.....	63
<i>ciprofloxacin</i>	13	SULFITEFREE.....	CORTROPHIN GEL.....	127
<i>ciprofloxacin hcl</i>	13, 117	CLINIMIX E 8%-D14W	COSENTYX.....	130, 140
<i>ciprofloxacin in 5 % dextrose</i>	13	SULFITEFREE.....	COSENTYX (2 SYRINGES)	129
<i>ciprofloxacin-dexamethasone</i> ..	117	<i>clobazam</i>	COSENTYX PEN (2 PENS)	129
<i>citalopram</i>	31	<i>clobetasol</i>	COSENTYX UNOREADY	
<i>cladribine</i>	16	<i>clobetasol-emollient</i>	PEN.....	130
<i>clarithromycin</i>	12	<i>clomipramine</i>	COTELLIC.....	16
<i>clemastine</i>	39	<i>clonazepam</i>	CREON.....	115
CLENPIQ.....	122	<i>clonidine</i>	<i>cromolyn</i>	117, 121, 147
CLICKFINE PEN NEEDLE.	86	<i>clonidine hcl</i>	<i>cryselle (28)</i>	72
<i>clindamycin hcl</i>	10	<i>clopidogrel</i>	CURAD GAUZE PAD.....	88
<i>clindamycin in 5 % dextrose</i>	10	<i>clorazepate dipotassium</i>	CURITY ALCOHOL	
<i>clindamycin pediatric</i>	10	<i>clotrimazole</i>	SWABS.....	77
<i>clindamycin phosphate</i> ..	10, 39, 78	<i>clotrimazole-betamethasone</i>	CURITY GAUZE.....	88
<i>clindamycin-benzoyl peroxide</i> ...	78	<i>clozapine</i>	<i>cyclobenzaprine</i>	148
CLINIMIX 5%/D15W		<i>c-nate dha</i>	<i>cyclopentolate</i>	117
SULFITE FREE.....	57	COARTEM.....	<i>cyclophosphamide</i>	16
CLINIMIX 4.25%/D10W		<i>codeine sulfate</i>	<i>cyclosporine</i>	130
SULF FREE.....	57	<i>codeine-butalbital-asa-caff</i>	<i>cyclosporine modified</i>	130
CLINIMIX 4.25%/D5W		<i>colchicine</i>	<i>cyproheptadine</i>	39
SULFIT FREE.....	57	<i>colesevelam</i>	CYRAMZA.....	16
CLINIMIX 5%-		<i>colestipol</i>	<i>cyred eq</i>	72
D20W(SULFITE-FREE).....	57	<i>colistin (colistimethate na)</i>	CYSTADROPS.....	117
CLINIMIX 6%-D5W		COMBIVENT RESPIMAT..	CYSTARAN.....	117
(SULFITE-FREE).....	57	COMETRIQ.....	<i>d5 % and 0.9 % sodium</i>	
CLINIMIX 8%-		COMFORT EZ INSULIN	<i>chloride</i>	143
D10W(SULFITE-FREE).....	57	SYRINGE.....	<i>d5 %-0.45 % sodium chloride</i> ..	143
CLINIMIX 8%-		COMFORT EZ PEN	<i>dabigatran etexilate</i>	53
D14W(SULFITE-FREE).....	57	NEEDLES.....	<i>dalfampridine</i>	68
CLINIMIX E 2.75%/D5W		COMFORT EZ PRO	<i>danazol</i>	124
SULF FREE.....	57	SAFETY PEN NDL.....	<i>dantrolene</i>	148
CLINIMIX E 4.25%/D10W		COMFORT TOUCH PEN	DANYELZA.....	16
SUL FREE.....	58	NEEDLE.....	<i>dapsone</i>	40

DAPTACEL (DTAP PEDIATRIC) (PF).....	134	<i>dextroamphetamine sulfate</i>	68	DOPTELET (30 TAB PACK)	55
<i>daptomycin</i>	10	<i>dextroamphetamine-amphetamine</i>	68	<i>dorzolamide</i>	142
<i>darunavir</i>	49	<i>dextrose 10 % in water (d10w)</i> .	58	<i>dorzolamide-timolol</i>	142
DARZALEX.....	16	<i>dextrose 5 % in water (d5w)</i>	58	<i>dotti</i>	125
DARZALEX FASPRO.....	16	DIACOMIT.....	26, 27	DOVATO.....	49
<i>dasetta 1/35 (28)</i>	72	<i>diazepam</i>	8, 27	<i>doxazosin</i>	59
<i>dasetta 7/7 (28)</i>	72	<i>diazepam intensol</i>	8	<i>doxepin</i>	31
DAURISMO.....	16	<i>diazoxide</i>	140	<i>doxercalciferol</i>	139
<i>daysee</i>	72	<i>diclofenac potassium</i>	5	<i>doxorubicin</i>	16
<i>deblitane</i>	72	<i>diclofenac sodium</i>	5, 119	<i>doxorubicin, peg-liposomal</i>	16
<i>decitabine</i>	16	<i>diclofenac-misoprostol</i>	6	<i>doxy-100</i>	14
<i>deferasirox</i>	124	<i>dicloxacillin</i>	13	<i>doxycycline hyclate</i>	14
<i>deferiprone</i>	124	<i>dicyclomine</i>	121	<i>doxycycline monohydrate</i>	14
<i>deferoxamine</i>	124	<i>didanosine</i>	49	DRIZALMA SPRINKLE.....	31
DELSTRIGO.....	49	DIFICID.....	12	<i>dronabinol</i>	41
<i>demeclocycline</i>	14	<i>diflorasone</i>	80	<i>droperidol</i>	41
DENGVAXIA (PF).....	134	<i>diflunisal</i>	6	DROPLET INSULIN SYR(HALF UNIT).....	88
<i>denta 5000 plus</i>	77	<i>difluprednate</i>	119	DROPLET INSULIN SYRINGE.....	88, 89
<i>dentagel</i>	77	<i>digitek</i>	63	DROPLET MICRON PEN NEEDLE.....	89
DEPO-SUBQ PROVERA 104.....	128	<i>digox</i>	63	DROPLET PEN NEEDLE....	89
DERMACEA.....	88	<i>digoxin</i>	63	DROPSAFE ALCOHOL PREP PADS.....	77
DERMACEA NON-WOVEN.....	88	<i>dihydroergotamine</i>	39	DROPSAFE INSULIN SYRINGE.....	89, 90
DESCOVY.....	49	DILANTIN.....	27	DROPSAFE PEN NEEDLE..	90
<i>desipramine</i>	31	<i>diltiazem hcl</i>	62	<i>drosiprone-ethinyl estradiol</i> ...	72
<i>desmopressin</i>	127	<i>dilt-xr</i>	62	DROXIA.....	56
<i>desog-e.estradiolle.estradiol</i>	72	<i>dimenhydrinate</i>	41	<i>droxidopa</i>	59
<i>desogestrel-ethinyl estradiol</i>	72	<i>dimethyl fumarate</i>	68	DUAVEE.....	125
<i>desonide</i>	80	DIPENTUM.....	138	<i>duloxetine</i>	31
<i>desoximetasone</i>	80	<i>diphenhydramine hcl</i>	39	DUPIXENT PEN.....	130
<i>desvenlafaxine succinate</i>	31	<i>diphenoxylate-atropine</i>	121	DUPIXENT SYRINGE.....	130
<i>dexamethasone</i>	126	<i>dipyridamole</i>	57	<i>dutasteride</i>	123
<i>dexamethasone sodium phos (pf)</i>	126	<i>disopyramide phosphate</i>	60	<i>dutasteride-tamsulosin</i>	123
<i>dexamethasone sodium phosphate</i>	119, 126	<i>disulfiram</i>	7	EASY COMFORT ALCOHOL PAD.....	77
<i>dexamethylphenidate</i>	68	<i>divalproex</i>	27		
<i>dexrazoxane hcl</i>	140	<i>docetaxel</i>	16		
		<i>dofetilide</i>	60		
		<i>donepezil</i>	30		
		DOPTELET (10 TAB PACK)	55		
		DOPTELET (15 TAB PACK)	55		

EASY COMFORT	<i>electrolyte-148</i>	143	<i>enskyce</i>	72
INSULIN SYRINGE.....	ELFABRIO.....	115	ENSPRYNG.....	68
EASY COMFORT PEN	ELIGARD.....	17	<i>entacapone</i>	43
NEEDLES.....	ELIGARD (3 MONTH).....	16	ENTADFI.....	123
EASY COMFORT SAFETY	ELIGARD (4 MONTH).....	16	<i>entecavir</i>	53
PEN NEEDLE.....	ELIGARD (6 MONTH).....	17	ENTRESTO.....	59
EASY GLIDE INSULIN	<i>elinest</i>	72	<i>enulose</i>	121
SYRINGE.....	ELIQUIS.....	54	EPCLUSA.....	52
EASY GLIDE PEN	ELIQUIS DVT-PE TREAT		EPIDIOLEX.....	27
NEEDLE.....	30D START.....	54	<i>epinastine</i>	117
EASY TOUCH.....	ELITEK.....	115	<i>epinephrine</i>	63
EASY TOUCH ALCOHOL	<i>elixophyllin</i>	146	<i>epitol</i>	27
PREP PADS.....	ELLA.....	72	EPIVIR HBV.....	49
EASY TOUCH FLIPLOCK	ELMIRON.....	140	EPKINLY.....	17
INSULIN.....	ELREXFIO.....	17	<i>eplerenone</i>	67
EASY TOUCH FLIPLOCK	<i>eluryng</i>	72	<i>epoprostenol</i>	149
SYRINGE.....	EMBRACE PEN NEEDLE... 93		EPRONTIA.....	27
EASY TOUCH INSULIN	EMCYT.....	17	<i>eprosartan</i>	59
SAFETY SYR.....	EMEND.....	41	ERBITUX.....	17
EASY TOUCH INSULIN	EMGALITY PEN.....	39	<i>ergoloid</i>	30
SYRINGE.....	EMGALITY SYRINGE.....	39	ERIVEDGE.....	17
EASY TOUCH LUER	EMSAM.....	31	ERLEADA.....	17
LOCK INSULIN.....	<i>emtricitabine</i>	49	<i>erlotinib</i>	17
EASY TOUCH PEN	<i>emtricitabine-tenofovir (tdf)</i> ...	49	<i>errin</i>	72
NEEDLE.....	EMTRIVA.....	49	<i>ertapenem</i>	12
EASY TOUCH SAFETY	<i>emzahn</i>	72	<i>ery pads</i>	78
PEN NEEDLE.....	<i>enalapril maleate</i>	60	<i>erythromycin</i>	12, 117
EASY TOUCH	<i>enalaprilat</i>	60	<i>erythromycin ethylsuccinate</i>	12
SHEATHLOCK INSULIN... 92	<i>enalapril-hydrochlorothiazide</i> ... 60		<i>erythromycin with ethanol</i>	78
EASY TOUCH UNI-SLIP.... 93	ENBREL.....	130	<i>erythromycin-benzoyl peroxide</i> ..78	
<i>ec-naproxen</i>	ENBREL MINI.....	130	<i>escitalopram oxalate</i>	31
<i>econazole</i>	ENBREL SURECLICK.....	130	<i>esomeprazole magnesium</i>	120
EDARBI.....	ENDARI.....	140	<i>esomeprazole sodium</i>	120
EDARBYCLOR.....	<i>endocet</i>	3	<i>estarylla</i>	72
EDURANT.....	ENGERIX-B (PF).....	134, 135	<i>estazolam</i>	8, 9
<i>efavirenz</i>	ENGERIX-B PEDIATRIC		<i>estradiol</i>	125
<i>efavirenz-emtricitabin-tenofov</i> .. 49	(PF).....	135	<i>estradiol valerate</i>	125
<i>efavirenz-lamivu-tenofov disop</i> ..49	<i>enilloring</i>	72	<i>estradiol-norethindrone acet</i> ... 125	
EGRIFTA SV.....	<i>enoxaparin</i>	54	<i>eszopiclone</i>	148
ELAPRASE.....	<i>enpresse</i>	72	<i>ethambutol</i>	40

<i>ethosuximide</i>	27	<i>fenofibric acid (choline)</i>	66	<i>flurbiprofen</i>	6
<i>ethynodiol diac-eth estradiol</i>	72	<i>fenoprofen</i>	6	<i>flurbiprofen sodium</i>	119
<i>etodolac</i>	6	<i>fentanyl</i>	3	<i>fluticasone propionate</i> 80, 119, 145	
<i>etonogestrel-ethinyl estradiol</i>	72	<i>fentanyl citrate</i>	3	<i>fluticasone propion-salmeterol</i>	145
ETOPOPHOS.....	17	FERRIPROX.....	124	<i>fluvastatin</i>	66
<i>etoposide</i>	17	FERRIPROX (2 TIMES A		<i>fluvoxamine</i>	31
<i>etravirine</i>	49	DAY).....	124	<i>folivane-ob</i>	149
EUCRISA.....	80	<i>fesoterodine</i>	123	<i>fomepizole</i>	140
<i>everolimus (antineoplastic)</i>	17	FETZIMA.....	31	<i>fondaparinux</i>	54
<i>everolimus</i>		FIASP FLEXTOUCH U-100		<i>fosamprenavir</i>	50
(<i>immunosuppressive</i>).....	130	INSULIN.....	35	<i>fosaprepitant</i>	41
EVOTAZ.....	50	FIASP PENFILL U-100		<i>foscarnet</i>	52
EVRYSDI.....	140	INSULIN.....	35	<i>fosinopril</i>	60
EXEL INSULIN.....	94	FIASP U-100 INSULIN.....	35	<i>fosinopril-hydrochlorothiazide</i> ..	60
<i>exemestane</i>	17	<i>finasteride</i>	123	<i>fosphenytoin</i>	27
EXKIVITY.....	17	<i> fingolimod</i>	68	FOTIVDA.....	17
EXONDYS-51.....	140	FINTEPLA.....	27	FREESTYLE PRECISION...	94
EXTENCILLINE.....	13	FIRMAGON KIT W		FRUZAQLA.....	17
EYSUVIS.....	119	DILUENT SYRINGE.....	17	FULPHILA.....	55
EZALLOR SPRINKLE.....	65	<i>flavoxate</i>	123	<i>fulvestrant</i>	18
<i>ezetimibe</i>	65	FLEBOGAMMA DIF.....	130	<i>furosemide</i>	64
<i>ezetimibe-simvastatin</i>	65	<i>flecainide</i>	61	FUZEON.....	50
FABRAZYME.....	115	<i>floxuridine</i>	17	FYARRO.....	18
<i>falmina (28)</i>	72	<i>fluconazole</i>	37	<i>fyavolv</i>	125
<i>famciclovir</i>	53	<i>fluconazole in nacl (iso-osm)</i> ...	37	FYCOMPA.....	27
<i>famotidine</i>	120	<i>flucytosine</i>	37	FYLNETRA.....	55
<i>famotidine (pf)</i>	120	<i>fludrocortisone</i>	126	<i>gabapentin</i>	27
<i>famotidine (pf)-nacl (iso-os)</i> .	120	<i>flumazenil</i>	68	GALAFOLD.....	115
FANAPT.....	45	<i>flunisolide</i>	119	<i>galantamine</i>	30
FARXIGA.....	33	<i>fluocinolone</i>	80	GAMIFANT.....	130
FARYDAK.....	17	<i>fluocinolone acetonide oil</i>	119	GAMMAGARD LIQUID...	130
FASENRA.....	147	<i>fluocinonide</i>	80	GAMMAGARD S-D (IGA <	
FASENRA PEN.....	147	<i>fluocinonide-emollient</i>	80	1 MCG/ML).....	130
<i>febuxostat</i>	38	<i>fluoride (sodium)</i>	77	GAMMAPLEX.....	130
<i>felbamate</i>	27	<i>fluorometholone</i>	119	GAMMAPLEX (WITH	
<i>felodipine</i>	64	<i>fluorouracil</i>	17, 78	SORBITOL).....	130
FEMRING.....	125	<i>fluoxetine</i>	31	GAMUNEX-C.....	131
<i>fenofibrate</i>	66	<i>fluphenazine decanoate</i>	45	<i>ganciclovir sodium</i>	53
<i>fenofibrate micronized</i>	65	<i>fluphenazine hcl</i>	45	GARDASIL 9 (PF).....	135
<i>fenofibrate nanocrystallized</i>	65	<i>flurazepam</i>	9	<i>gatifloxacin</i>	117

GATTEX 30-VIAL.....	121	GVOKE PFS 1-PACK		HUMIRA(CF) PEN.....	131
GAUZE PAD.....	94	SYRINGE.....	140	HUMIRA(CF) PEN	
<i>gavilyte-c</i>	122	GVOKE PFS 2-PACK		CROHNS-UC-HS.....	131
<i>gavilyte-g</i>	122	SYRINGE.....	140	HUMIRA(CF) PEN	
GAVRETO.....	18	HAEGARDA.....	55	PEDIATRIC UC.....	131
<i>gefitinib</i>	18	<i>hailey</i>	72	HUMIRA(CF) PEN PSOR-	
<i>gemcitabine</i>	18	<i>hailey 24 fe</i>	72	UV-ADOL HS.....	131
<i>gemfibrozil</i>	66	<i>hailey fe 1.5/30 (28)</i>	72	HUMULIN R U-500	
<i>generlac</i>	121	<i>hailey fe 1/20 (28)</i>	72	(CONC) INSULIN.....	35
<i>gengraf</i>	131	<i>halobetasol propionate</i>	80	HUMULIN R U-500	
<i>gentak</i>	117	<i>haloette</i>	72	(CONC) KWIKPEN.....	35
<i>gentamicin</i>	9, 79, 117	<i>haloperidol</i>	45	<i>hydralazine</i>	63
<i>gentamicin sulfate (ped) (pf)</i>	9	<i>haloperidol decanoate</i>	45	<i>hydrochlorothiazide</i>	64
<i>gentamicin sulfate (pf)</i>	9	<i>haloperidol lactate</i>	45	<i>hydrocodone-acetaminophen</i> ... 3, 4	
GENVOYA.....	50	HARVONI.....	52, 53	<i>hydrocodone-ibuprofen</i>	4
GILENYA.....	68	HAVRIX (PF).....	135	<i>hydrocortisone</i>	80, 126, 138
GILOTRIF.....	18	HEALTHWISE INSULIN		<i>hydrocortisone butyrate</i>	80
GIVLAARI.....	56	SYRINGE.....	94, 95	<i>hydrocortisone valerate</i>	80
<i>glatiramer</i>	69	HEALTHWISE PEN		<i>hydrocortisone-acetic acid</i>	117
<i>glatopa</i>	69	NEEDLE.....	95	<i>hydromorphone</i>	4
GLEOSTINE.....	18	HEALTHY ACCENTS		<i>hydromorphone (pf)</i>	4
<i>glimepiride</i>	36	UNIFINE PENTIP.....	95	<i>hydroxychloroquine</i>	42
<i>glipizide</i>	36	<i>heather</i>	72	<i>hydroxyprogesterone</i>	
<i>glipizide-metformin</i>	36	HEMADY.....	126	<i>cap(ppres)</i>	128
<i>glyburide</i>	36	<i>heparin (porcine)</i>	54	<i>hydroxyprogesterone caproate</i>	128
<i>glyburide micronized</i>	36	<i>heparin, porcine (pf)</i>	54	<i>hydroxyurea</i>	18
<i>glyburide-metformin</i>	36	HEPLISAV-B (PF).....	135	<i>hydroxyzine hcl</i>	39
<i>glycopyrrolate</i>	121	HERCEPTIN HYLECTA.....	18	<i>hydroxyzine pamoate</i>	140
<i>glydo</i>	7	HERZUMA.....	18	HYQVIA.....	131
GLYXAMBI.....	33	HETLIOZ LQ.....	148	<i>ibandronate</i>	139
<i>granisetron (pf)</i>	41	HIBERIX (PF).....	135	IBRANCE.....	18
<i>granisetron hcl</i>	41	HUMIRA.....	131	<i>ibu</i>	6
GRANIX.....	55	HUMIRA PEN.....	131	<i>ibuprofen</i>	6
<i>griseofulvin microsize</i>	37	HUMIRA PEN CROHNS-		<i>ibuprofen-famotidine</i>	6
<i>griseofulvin ultramicrosize</i>	37	UC-HS START.....	131	<i>icatibant</i>	63
<i>guanfacine</i>	59, 69	HUMIRA PEN PSOR-		<i>iclevia</i>	73
GVOKE.....	140	UVEITS-ADOL HS.....	131	ICLUSIG.....	18
GVOKE HYPOPEN 2-		HUMIRA(CF).....	131	IDHIFA.....	18
PACK.....	140	HUMIRA(CF) PEDI		<i>ifosfamide</i>	18
		CROHNS STARTER.....	131	ILARIS (PF).....	131

ILEVRO.....	119	INSULIN SYRINGE.....	84	<i>jaimiess</i>	73
ILUMYA.....	132	INSULIN SYRINGE		JAKAFI.....	19
<i>imatinib</i>	18	MICROFINE.....	83	<i>jantoven</i>	54
IMBRUVICA.....	18	INSULIN SYRINGE		JANUMET.....	33
<i>imipenem-cilastatin</i>	12	NEEDLELESS.....	84	JANUMET XR.....	33
<i>imipramine hcl</i>	31	INSULIN SYRINGE-		JANUVIA.....	33
<i>imipramine pamoate</i>	31	NEEDLE U-100		JARDIANCE.....	33
<i>imiquimod</i>	78	....83, 85, 94, 95, 96, 102, 103, 106		<i>jasmiel (28)</i>	73
IMJUDO.....	18	INSUPEN PEN NEEDLE 96, 97		<i>javygtor</i>	115
IMLYGIC.....	19	INTELENCE.....	50	JAYPIRCA.....	19
IMOVAX RABIES		INTRALIPID.....	58	JEMPERLI.....	19
VACCINE (PF).....	135	INVEGA HAFYERA.....	45, 46	<i>jencycla</i>	73
IMPAVIDO.....	42	INVEGA SUSTENNA.....	46	JENTADUETO.....	33
INBRIJA.....	43	INVEGA TRINZA.....	46	JENTADUETO XR.....	33
<i>incassia</i>	73	INVELTYS.....	119	<i>jinteli</i>	125
INCONTROL ALCOHOL		INVIRASE.....	50	<i>juleber</i>	73
PADS.....	78	IPOL.....	135	JULUCA.....	50
INCONTROL PEN		<i>ipratropium bromide</i>	117, 146	<i>junel 1.5/30 (21)</i>	73
NEEDLE.....	95	<i>ipratropium-albuterol</i>	146	<i>junel 1/20 (21)</i>	73
INCRELEX.....	127	<i>irbesartan</i>	59	<i>junel fe 1.5/30 (28)</i>	73
<i>indapamide</i>	64	<i>irbesartan-hydrochlorothiazide</i>	59	<i>junel fe 1/20 (28)</i>	73
<i>indomethacin</i>	6	<i>irinotecan</i>	19	<i>junel fe 24</i>	73
INFANRIX (DTAP) (PF)....	135	ISENTRESS.....	50	JUXTAPID.....	66
INFLECTRA.....	132	ISENTRESS HD.....	50	JYLAMVO.....	19
<i>infliximab</i>	132	<i>isibloom</i>	73	JYNARQUE.....	65
INGREZZA.....	69	ISOLYTE S PH 7.4.....	143	JYNNEOS (PF).....	135
INGREZZA INITIATION		ISOLYTE-P IN 5 %		<i>kalliga</i>	73
PK(TARDIV).....	69	DEXTROSE.....	143	KALYDECO.....	147
INGREZZA SPRINKLE.....	69	ISOLYTE-S.....	143	KANJINTI.....	19
INLYTA.....	19	<i>isoniazid</i>	40	KANUMA.....	115
INPEN (FOR HUMALOG)		<i>isosorbide dinitrate</i>	67	<i>kariva (28)</i>	73
BLUE.....	95	<i>isosorbide mononitrate</i>	67	KATERZIA.....	64
INPEN (NOVOLOG OR		<i>isosorbide-hydralazine</i>	67	<i>kelnor 1/35 (28)</i>	73
FIASP) BLUE.....	95	<i>isradipine</i>	64	<i>kelnor 1-50 (28)</i>	73
INQOVI.....	19	<i>itraconazole</i>	37	KERENDIA.....	67
INREBIC.....	19	IV PREP WIPES.....	78	KESIMPTA PEN.....	69
<i>insulin asp prt-insulin aspart</i>	35	<i>ivermectin</i>	42	<i>ketoconazole</i>	37, 38
<i>insulin aspart u-100</i>	35	IWILFIN.....	19	<i>ketoprofen</i>	6
INSULIN SYR/NDL U100		IXCHIQ.....	135	<i>ketorolac</i>	6, 119
HALF MARK.....	95	IXIARO (PF).....	135	KEVZARA.....	132

KEYTRUDA.....	19	<i>lenalidomide</i>	20	LITE TOUCH INSULIN	
KIMMTRAK.....	19	LENVIMA.....	20	SYRINGE.....	97
KINERET.....	132	<i>lessina</i>	73	<i>lithium carbonate</i>	69
KINRIX (PF).....	135	<i>letrozole</i>	20	<i>lithium citrate</i>	69
<i>kionex (with sorbitol)</i>	123	<i>leucovorin calcium</i>	140	LIVALO.....	66
KISQALI.....	19	LEUKERAN.....	20	<i>lojaimiess</i>	74
KISQALI FEMARA CO-		LEUKINE.....	55	LOKELMA.....	121
PACK.....	19	<i>leuprolide</i>	20	LONSURF.....	20
KLISYRI.....	78	<i>leuprolide (3 month)</i>	20	<i>loperamide</i>	121
<i>klor-con m10</i>	143	<i>levetiracetam</i>	28	<i>lopinavir-ritonavir</i>	50
<i>klor-con m15</i>	143	<i>levobunolol</i>	142	LOQTORZI.....	20
<i>klor-con m20</i>	143	<i>levocarnitine</i>	140	<i>lorazepam</i>	9
KLOXXADO.....	7	<i>levocarnitine (with sugar)</i>	140	<i>lorazepam intensol</i>	9
KOSELUGO.....	19	<i>levocetirizine</i>	39	LORBRENA.....	20
<i>kosher prenatal plus iron</i>	149	<i>levofloxacin</i>	13, 117	<i>loryna (28)</i>	74
KOURZEQ.....	77	<i>levofloxacin in d5w</i>	13	<i>losartan</i>	59
KRAZATI.....	19	<i>levoleucovorin calcium</i>	140	<i>losartan-hydrochlorothiazide</i>	59
KRINTAFEL.....	42	<i>levonest (28)</i>	73	LOTEMAX.....	119
KRYSTEXXA.....	116	<i>levonorgest-eth.estradiol-iron</i> ...	73	LOTEMAX SM.....	119
<i>kurvelo (28)</i>	73	<i>levonorgestrel-ethinyl estrad</i> 73, 74		<i>loteprednol etabonate</i>	119
KYNMOBI.....	43	<i>levonorg-eth estrad triphasic</i>	74	<i>lovastatin</i>	66
<i>l norgestle.estradiol-e.estrad</i>	73	<i>levora-28</i>	74	<i>low-ogestrel (28)</i>	74
<i>labetalol</i>	61	<i>levothyroxine</i>	129	<i>loxapine succinate</i>	46
<i>lacosamide</i>	27	LEXIVA.....	50	<i>lo-zumandimine (28)</i>	74
<i>lactulose</i>	121	LIBERVANT.....	28	<i>lubiprostone</i>	121
<i>lagevrio (eua)</i>	53	<i>lidocaine</i>	7	LUMAKRAS.....	20
<i>lamivudine</i>	50	<i>lidocaine (pf)</i>	7, 61	LUMIGAN.....	142
<i>lamivudine-zidovudine</i>	50	<i>lidocaine hcl</i>	7	LUNSUMIO.....	20
<i>lamotrigine</i>	27, 28	<i>lidocaine viscous</i>	7	LUPRON DEPOT.....	127
<i>lanreotide</i>	127	<i>lidocaine-prilocaine</i>	7	LUPRON DEPOT (3	
<i>lansoprazole</i>	120	<i>linezolid</i>	10	MONTH).....	20, 127
<i>lanthanum</i>	123	<i>linezolid in dextrose 5%</i>	10	LUPRON DEPOT (4	
<i>lapatinib</i>	19	LINZESS.....	121	MONTH).....	20
<i>larin 1.5/30 (21)</i>	73	<i>liothyronine</i>	129	LUPRON DEPOT (6	
<i>larin 1/20 (21)</i>	73	LISCO.....	97	MONTH).....	20
<i>larin 24 fe</i>	73	<i>lisinopril</i>	60	LUPRON DEPOT-PED.....	127
<i>larin fe 1.5/30 (28)</i>	73	<i>lisinopril-hydrochlorothiazide</i> ...	60	LUPRON DEPOT-PED (3	
<i>larin fe 1/20 (28)</i>	73	LITE TOUCH INSULIN		MONTH).....	127
<i>latanoprost</i>	142	PEN NEEDLES.....	97	<i>lurasidone</i>	46
<i>leflunomide</i>	132			<i>lutera (28)</i>	74

LYBALVI.....	46	MAXI-COMFORT		<i>methscopolamine</i>	121
<i>lyleq</i>	74	INSULIN SYRINGE.....	98	<i>methsuximide</i>	28
<i>lyllana</i>	125	MAXICOMFORT SAFETY		<i>methylropa</i>	59
LYNPARZA.....	20	PEN NEEDLE.....	98	<i>methylphenidate hcl</i>	70
LYSODREN.....	20	MAYZENT.....	69	<i>methylprednisolone</i>	126
LYTGOBI.....	20, 21	MAYZENT STARTER(FOR		<i>methylprednisolone acetate</i>	126
<i>lyza</i>	74	1MG MAINT).....	69	<i>methylprednisolone sodium</i>	
MAGELLAN INSULIN		MAYZENT STARTER(FOR		<i>succ</i>	126
SAFETY SYRNG.....	98	2MG MAINT).....	70	<i>metoclopramide hcl</i>	121, 122
MAGELLAN SYRINGE.....	97	<i>meclizine</i>	41	<i>metolazone</i>	65
<i>magnesium sulfate</i>	143	<i>medroxyprogesterone</i>	128	<i>metoprolol succinate</i>	61
<i>magnesium sulfate in d5w</i>	143	<i>mefenamic acid</i>	6	<i>metoprolol ta-hydrochlorothiaz</i>	61
<i>magnesium sulfate in water</i>	143	<i>mefloquine</i>	42	<i>metoprolol tartrate</i>	61
<i>malathion</i>	81	<i>megestrol</i>	21, 128	<i>metronidazole</i>	10, 39, 79
<i>maraviroc</i>	50	MEKINIST.....	21	<i>metronidazole in nacl (iso-os)</i> ..	10
MARGENZA.....	21	MEKTOVI.....	21	<i>metyrosine</i>	63
<i>marlissa (28)</i>	74	<i>meloxicam</i>	6	<i>mexiletine</i>	61
<i>marnatal-f</i>	149	<i>memantine</i>	30	<i>miconazole-3</i>	38
MARPLAN.....	31	MENACTRA (PF).....	135	MICRODOT INSULIN PEN	
MATULANE.....	21	MENQUADFI (PF).....	135	NEEDLE.....	98
<i>matzim la</i>	62	MENVEO A-C-Y-W-135-		MICRODOT	
MAVENCLAD (10 TABLET		DIP (PF).....	135	READYGARD PEN	
PACK).....	69	MEPSEVII.....	116	NEEDLE.....	98
MAVENCLAD (4 TABLET		<i>mercaptopurine</i>	21	<i>microgestin fe 1/20 (28)</i>	74
PACK).....	69	<i>meropenem</i>	12	<i>midazolam</i>	9
MAVENCLAD (5 TABLET		<i>merzee</i>	74	<i>midodrine</i>	59
PACK).....	69	<i>mesalamine</i>	138	<i>mifepristone</i>	33
MAVENCLAD (6 TABLET		<i>mesna</i>	140	<i>miglitol</i>	33
PACK).....	69	MESNEX.....	140	<i>miglustat</i>	116
MAVENCLAD (7 TABLET		<i>metadate er</i>	70	<i>mili</i>	74
PACK).....	69	<i>metformin</i>	33	<i>mimvey</i>	125
MAVENCLAD (8 TABLET		<i>methadone</i>	4	MINI ULTRA-THIN II.....	99
PACK).....	69	<i>methadose</i>	4	<i>minocycline</i>	14
MAVENCLAD (9 TABLET		<i>methazolamide</i>	142	<i>minoxidil</i>	67
PACK).....	69	<i>methenamine hippurate</i>	10	<i>mirtazapine</i>	32
MAVYRET.....	53	<i>methimazole</i>	129	<i>misoprostol</i>	120
MAXICOMFORT II PEN		<i>methocarbamol</i>	148	<i>mitoxantrone</i>	21
NEEDLE.....	98	<i>methotrexate sodium</i>	21	M-M-R II (PF).....	135
MAXICOMFORT INSULIN		<i>methotrexate sodium (pf)</i>	21	<i>m-natal plus</i>	150
SYRINGE.....	98	<i>methoxsalen</i>	78	<i>modafinil</i>	148

<i>moexipril</i>	60	<i>naltrexone</i>	8	<i>nitisinone</i>	116
<i>molindone</i>	46	NAMZARIC	30	<i>nitrofurantoin macrocrystal</i>	10
<i>mometasone</i>	80, 119	<i>naproxen</i>	6	<i>nitrofurantoin monohydrate</i>	10
<i>mondoxylene nl</i>	14	<i>naratriptan</i>	39	<i>nitroglycerin</i>	67, 140
MONOJECT INSULIN		NATACYN	118	<i>niva-plus</i>	150
SAFETY SYRINGE	99	<i>nateglinide</i>	34	NIVESTYM	55
MONOJECT INSULIN		NATPARA	139	<i>nizatidine</i>	121
SYRINGE	99	NAYZILAM	28	NORDITROPIN FLEXPEN	127
MONOJECT SYRINGE	99	<i>nebivolol</i>	61	<i>norelgestromin-ethin.estradiol</i> ..	74
MONOJECT ULTRA		<i>necon 0.5/35 (28)</i>	74	<i>norethindrone (contraceptive)</i> ..	74
COMFORT INSULIN	111	<i>nefazodone</i>	32	<i>norethindrone acetate</i>	128
<i>mono-lynyah</i>	74	<i>neomycin</i>	9	<i>norethindrone ac-eth estradiol</i>	
<i>montelukast</i>	145	<i>neomycin-bacitracin-poly-hc</i> ... 118		.....	74, 125
<i>morphine</i>	4	<i>neomycin-bacitracin-</i>		<i>norethindrone-e.estradiol-iron</i> ...74	
MORPHINE	4	<i>polymyxin</i>	118	<i>norgestimate-ethinyl estradiol</i> ...74	
<i>morphine concentrate</i>	4	<i>neomycin-polymyxin b gu</i>	79	NORMOSOL-M IN 5 %	
MOUNJARO	34	<i>neomycin-polymyxin b-</i>		DEXTROSE	143
MOVANTIK	122	<i>dexameth</i>	118	<i>nortrel 0.5/35 (28)</i>	74
<i>moxifloxacin</i>	14, 117	<i>neomycin-polymyxin-</i>		<i>nortrel 1/35 (21)</i>	74
<i>moxifloxacin-sod.ace,sul-water</i> ..14		<i>gramicidin</i>	118	<i>nortrel 1/35 (28)</i>	74
<i>moxifloxacin-sod.chloride(iso)</i> ..14		<i>neomycin-polymyxin-hc</i>	118	<i>nortrel 7/7/7 (28)</i>	75
MOZOBIL	55	<i>neo-polycin</i>	118	<i>nortriptyline</i>	32
MULTAQ	61	<i>neo-polycin hc</i>	118	NORVIR	50
<i>mupirocin</i>	79	NERLYNX	21	NOVOFINE 30	100
MVASI	21	NEULASTA ONPRO	55	NOVOFINE 32	100
<i>mycophenolate mofetil</i>	132	NEUPRO	43	NOVOFINE PLUS	100
<i>mycophenolate mofetil (hcl)</i> ... 132		<i>nevirapine</i>	50	NOVOLIN 70/30 U-100	
<i>mycophenolate sodium</i>	132	<i>newgen</i>	150	INSULIN	35
<i>mynatal</i>	150	NEXLETOL	66	NOVOLIN 70-30 FLEXPEN	
<i>mynatal advance</i>	150	NEXLIZET	66	U-100	35
<i>mynatal plus</i>	150	<i>niacin</i>	66	NOVOLIN N FLEXPEN	35
<i>mynatal-z</i>	150	<i>niacor</i>	66	NOVOLIN N NPH U-100	
<i>mynate 90 plus</i>	150	<i>nicardipine</i>	64	INSULIN	35
MYRBETRIQ	123	NICOTROL	8	NOVOLIN R FLEXPEN	36
<i>nabumetone</i>	6	NICOTROL NS	8	NOVOLIN R REGULAR	
<i>nadolol</i>	61	<i>nifedipine</i>	64	U100 INSULIN	36
<i>nafcillin</i>	13	<i>nikki (28)</i>	74	NOVOTWIST	100
<i>nafcillin in dextrose iso-osm</i>.....13		<i>nilutamide</i>	21	NOXAFIL	38
NAGLAZYME	116	NINLARO	21	NPLATE	55
<i>naloxone</i>	7, 8	<i>nitazoxanide</i>	42		

NUBEQA.....	21	<i>omeprazole-sodium</i>		<i>oralone</i>	77
NUCALA.....	147	<i>bicarbonate</i>	121	ORENCIA.....	132
NULOJIX.....	132	OMNIPOD 5 G6 INTRO		ORENCIA (WITH	
NUPLAZID.....	46	KIT (GEN 5).....	100	MALTOSE).....	132
NURTEC ODT.....	39	OMNIPOD 5 G6 PODS		ORENCIA CLICKJECT.....	132
NUTRILIPID.....	58	(GEN 5).....	100	ORFADIN.....	116
<i>nyamyc</i>	38	OMNIPOD 5 G6-G7 INTRO		ORGOVYX.....	127
<i>nylia 1/35 (28)</i>	75	KT(GEN5).....	100	ORLISSA.....	128
<i>nylia 7/7 (28)</i>	75	OMNIPOD 5 G6-G7 PODS		ORKAMBI.....	147
<i>nymyo</i>	75	(GEN 5).....	100	ORSERDU.....	22
<i>nystatin</i>	38	OMNIPOD CLASSIC PODS		<i>oseltamivir</i>	52
<i>nystatin-triamcinolone</i>	38	(GEN 3).....	100	OSMOLEX ER.....	43
<i>nystop</i>	38	OMNIPOD DASH INTRO		OTEZLA.....	132
NYVEPRIA.....	55	KIT (GEN 4).....	100	OTEZLA STARTER.....	132
<i>obstetrix dha</i>	150	OMNIPOD DASH PDM		<i>oxaliplatin</i>	22
<i>obstetrix dha prenatal duo</i>	150	KIT (GEN 4).....	100	<i>oxandrolone</i>	124
<i>o-cal prenatal</i>	150	OMNIPOD DASH PODS		<i>oxazepam</i>	9
OICALIVA.....	122	(GEN 4).....	100	<i>oxcarbazepine</i>	28
OCREVUS.....	70	OMNIPOD GO PODS.....	100	OXLUMO.....	141
OCTAGAM.....	132	OMNIPOD GO PODS 10		<i>oxybutynin chloride</i>	123
<i>octreotide acetate</i>	127	UNITS/DAY.....	100	<i>oxycodone</i>	4
ODEFSEY.....	50	OMNIPOD GO PODS 15		<i>oxycodone-acetaminophen</i>	4
ODOMZO.....	21	UNITS/DAY.....	100	OXYCONTIN.....	5
OFEV.....	147	OMNIPOD GO PODS 20		<i>oxymorphone</i>	5
<i>ofloxacin</i>	118	UNITS/DAY.....	100	OZEMPIC.....	34
OGIVRI.....	21	OMNIPOD GO PODS 25		<i>pacerone</i>	61
OGSIVEO.....	21	UNITS/DAY.....	100	<i>paclitaxel</i>	22
OJEMDA.....	21	OMNIPOD GO PODS 30		<i>paclitaxel protein-bound</i>	22
OJJAARA.....	21	UNITS/DAY.....	100	<i>paliperidone</i>	46
<i>olanzapine</i>	46	OMNIPOD GO PODS 40		PALYNZIQ.....	116
<i>olmesartan</i>	59	UNITS/DAY.....	100	<i>pamidronate</i>	139
<i>olmesartan-amlodipin-</i>		<i>ondansetron</i>	41	PANRETIN.....	78
<i>hctiazid</i>	59	<i>ondansetron hcl</i>	41	<i>pantoprazole</i>	121
<i>olmesartan-</i>		<i>ondansetron hcl (pf)</i>	41	<i>paricalcitol</i>	139
<i>hydrochlorothiazide</i>	59	ONGENTYS.....	43	<i>paroex oral rinse</i>	77
<i>olopatadine</i>	117	ONTRUZANT.....	21	<i>paromomycin</i>	42
OLUMIANT.....	132	ONUREG.....	22	<i>paroxetine hcl</i>	32
<i>omega-3 acid ethyl esters</i>	66	OPDIVO.....	22	PAXLOVID.....	52
<i>omeprazole</i>	121	OPDUALAG.....	22	<i>pazopanib</i>	22
		OPSUMIT.....	149	PEDIARIX (PF).....	136

PEDVAX HIB (PF).....	136	PIFELTRO.....	50	<i>prednicarbate</i>	80
PEGASYS.....	53	<i>pilocarpine hcl</i>	77, 142	<i>prednisolone</i>	126
<i>peg-electrolyte soln</i>	122	<i>pimecrolimus</i>	80	<i>prednisolone acetate</i>	120
PEMAZYRE.....	22	<i>pimozide</i>	47	<i>prednisolone sodium phosphate</i>	120, 126
<i>pemetrexed disodium</i>	22	<i>pimtree (28)</i>	75	<i>prednisone</i>	126
PEMRYDI RTU.....	22	<i>pindolol</i>	62	<i>pregabalin</i>	28
PEN NEEDLE.....	94, 101, 103	<i>pioglitazone</i>	34	PREHEVBRIO (PF).....	136
PEN NEEDLE, DIABETIC	87, 98, 99, 100, 101, 102	<i>pioglitazone-metformin</i>	34	PREMARIN.....	125
PEN NEEDLE, DIABETIC, SAFETY.....	103	PIP PEN NEEDLE.....	101	PREMPHASE.....	125
PENBRAYA (PF).....	136	<i>piperacillin-tazobactam</i>	13	PREMPRO.....	125
PENBRAYA MENACWY COMPONENT(PF).....	136	PIQRAY.....	22	<i>prenal true</i>	150
PENBRAYA MENB COMPONENT (PF).....	136	<i>pirfenidone</i>	147	<i>prenaissance</i>	150
<i>penciclovir</i>	78	<i>pirmella</i>	75	<i>prenaissance plus</i>	150
<i>penicillamine</i>	124	<i>piroxicam</i>	6	<i>prenatabs fa</i>	150
<i>penicillin g potassium</i>	13	PLASMA-LYTE A.....	143	<i>prenatal 19</i>	150
<i>penicillin g procaine</i>	13	PLEGRIDY.....	70	<i>prenatal 19 (with docusate)</i> ...	150
<i>penicillin v potassium</i>	13	<i>plerixafor</i>	55	<i>prenatal low iron</i>	150
PENTACEL (PF).....	136	<i>pnv 29-1</i>	150	<i>prenatal plus</i>	150
<i>pentamidine</i>	42	<i>pnv-dha + docusate</i>	150	<i>prenatal plus (calcium carb)</i> ..	150
PENTIPS.....	101	<i>pnv-omega</i>	150	<i>prenatal vitamin plus low iron</i> . 150	
<i>pentoxifylline</i>	57	<i>podofilox</i>	78	<i>prenatal-u</i>	150
<i>perindopril erbumine</i>	60	<i>polycin</i>	118	<i>preplus</i>	150
<i>periogard</i>	77	<i>polymyxin b sulfate</i>	10	<i>pretab</i>	151
<i>permethrin</i>	81	<i>polymyxin b sulf-trimethoprim</i> 118		PRETOMANID.....	40
<i>perphenazine</i>	47	POMALYST.....	22	<i>prevalite</i>	66
<i>perphenazine-amitriptyline</i>	32	<i>portia 28</i>	75	PREVENT DROPSAFE PEN NEEDLE.....	101
PERSERIS.....	47	<i>posaconazole</i>	38	PREVYMIS.....	52
<i>pfizerpen-g</i>	13	<i>potassium chloride</i>	143, 144	PREZCOBIX.....	50
<i>phenelzine</i>	32	.....	144	PREZISTA.....	50
<i>phenobarbital</i>	28	<i>potassium citrate</i>	144	PRIFTIN.....	40
<i>phenylephrine hcl</i>	59	<i>pr natal 400</i>	150	PRIMAQUINE.....	42
<i>phenytoin</i>	28	<i>pr natal 400 ec</i>	150	<i>primidone</i>	28
<i>phenytoin sodium</i>	28	<i>pr natal 430</i>	150	PRIORIX (PF).....	136
<i>phenytoin sodium extended</i>	28	<i>pr natal 430 ec</i>	150	PRIVIGEN.....	132
<i>philith</i>	75	PRALUENT PEN.....	66	PRO COMFORT ALCOHOL PADS.....	78
PHOSLYRA.....	123	<i>pramipexole</i>	43	PRO COMFORT INSULIN SYRINGE.....	101, 102
		<i>prasugrel</i>	57		
		<i>pravastatin</i>	66		
		<i>prazosin</i>	59		

PRO COMFORT PEN		
NEEDLE.....	102	
PROAIR RESPICLICK.....	146	
<i>probenecid</i>	38	
<i>probenecid-colchicine</i>	38	
<i>procainamide</i>	61	
<i>prochlorperazine</i>	42	
<i>prochlorperazine edisylate</i> ...41, 47		
<i>prochlorperazine maleate</i>	42	
<i>proctosol hc</i>	81	
<i>proctozone-hc</i>	81	
PRODIGY INSULIN		
SYRINGE.....	102	
<i>progesterone</i>	128	
<i>progesterone micronized</i>	129	
PROGRAF.....	133	
PROLASTIN-C.....	147	
PROLIA.....	139	
PROMACTA.....	55, 56	
<i>promethazine</i>	39, 42	
<i>promethegan</i>	42	
<i>propafenone</i>	61	
<i>proparacaine</i>	117	
<i>propranolol</i>	62	
<i>propranolol-hydrochlorothiazid</i> 62		
<i>propylthiouracil</i>	129	
PROQUAD (PF).....	136	
PROSOL 20 %.....	58	
<i>protamine</i>	56	
<i>protriptyline</i>	32	
PULMOZYME.....	116	
PURE COMFORT		
ALCOHOL PADS.....	78	
PURE COMFORT PEN		
NEEDLE.....	102	
PURE COMFORT SAFETY		
PEN NEEDLE.....	102	
PURIXAN.....	22	
<i>pyrazinamide</i>	40	
<i>pyridostigmine bromide</i>	141	
<i>pyrimethamine</i>	42	
QINLOCK.....	22	
QUADRACEL (PF).....	136	
<i>quetiapine</i>	47	
<i>quinapril</i>	60	
<i>quinapril-hydrochlorothiazide</i> ... 60		
<i>quinidine gluconate</i>	61	
<i>quinidine sulfate</i>	61	
<i>quinine sulfate</i>	42	
QULIPTA.....	40	
RABAVERT (PF).....	136	
<i>rabeprazole</i>	121	
RADICAVA.....	70	
<i>raloxifene</i>	125	
<i>ramipril</i>	60	
<i>ranolazine</i>	63	
<i>rasagiline</i>	43	
RASUVO (PF).....	133	
RAVICTI.....	122	
RAYALDEE.....	139	
<i>reclipsen (28)</i>	75	
RECOMBIVAX HB (PF).....	136	
REGANEX.....	78	
RELENZA DISKHALER.....	52	
RELEUKO.....	56	
RELION NEEDLES.....	103	
RELION PEN NEEDLES... 103		
RELISTOR.....	122	
RENFLEXIS.....	133	
<i>repaglinide</i>	34	
<i>repaglinide-metformin</i>	34	
REPATHA PUSHTRONEX..66		
REPATHA SURECLICK.....	66	
REPATHA SYRINGE.....	66	
RESTASIS.....	120	
RESTASIS MULTIDOSE... 120		
RETACRIT.....	56	
RETEVMO.....	22	
RETROVIR.....	51	
REVCIVI.....	116	
<i>revonto</i>	148	
REXULTI.....	47	
REYATAZ.....	51	
REZLIDHIA.....	22	
REZUROCK.....	133	
RHOPRESSA.....	142	
RIABNI.....	22	
<i>ribavirin</i>	53	
RIDAURA.....	133	
<i>rifabutin</i>	40	
<i>rifampin</i>	40	
<i>rilpivirine</i>	51	
<i>riluzole</i>	70	
<i>rimantadine</i>	52	
RINVOQ.....	133	
<i>risedronate</i>	139	
<i>risperidone</i>	47	
<i>risperidone microspheres</i>	47	
<i>ritonavir</i>	51	
RITUXAN HYCELA.....	23	
<i>rivastigmine</i>	30	
<i>rivastigmine tartrate</i>	30	
RIVFLOZA.....	141	
<i>rizatriptan</i>	40	
<i>r-natal ob</i>	151	
ROCKLATAN.....	142	
<i>roflumilast</i>	147	
ROLVEDON.....	56	
<i>ropinirole</i>	43, 44	
<i>rosadan</i>	79	
<i>rosuvastatin</i>	66	
ROTARIX.....	136, 137	
ROTATEQ VACCINE.....	137	
ROZLYTREK.....	23	
RUBRACA.....	23	
<i>rufinamide</i>	28	
RUKOBIA.....	51	
RUXIENCE.....	23	
RYBELSUS.....	34	
RYBREVANT.....	23	

RYDAPT.....	23	<i>simliya (28)</i>	75	STERILE PADS.....	104
SAFESNAP INSULIN		<i>simpesse</i>	75	STIMUFEND.....	56
SYRINGE.....	103	<i>simvastatin</i>	66	STIOLTO RESPIMAT.....	146
SAFETY PEN NEEDLE.....	103	<i>sirolimus</i>	133	STIVARGA.....	23
<i>sajazir</i>	63	SIRTURO.....	40	STRENSIQ.....	116
SANTYL.....	78	SKY SAFETY PEN		<i>streptomycin</i>	9
<i>sapropterin</i>	116	NEEDLE.....	103	STRIBILD.....	51
SAVELLA.....	70	SKYRIZI.....	133	STRIVERDI RESPIMAT ...	146
SCSEMBLIX.....	23	SLYND.....	75	SUBLOCADE.....	8
<i>scopolamine base</i>	42	<i>sodium chloride 0.45 %</i>	144	<i>subvenite</i>	29
SECUADO.....	47	<i>sodium chloride 0.9 %</i>	144	<i>sucralfate</i>	121
SECURESAFE INSULIN		<i>sodium fluoride-pot nitrate</i>	77	<i>sulfacetamide sodium</i>	118
SYRINGE.....	103	<i>sodium oxybate</i>	148	<i>sulfacetamide sodium (acne)</i> ...	79
SECURESAFE PEN		<i>sodium phenylbutyrate</i>	122	<i>sulfacetamide-prednisolone</i>	118
NEEDLE.....	103	<i>sodium polystyrene sulfonate</i> ..	122	<i>sulfadiazine</i>	14
<i>select-ob</i>	151	<i>sodium,potassium,mag sulfates</i>	122	<i>sulfamethoxazole-trimethoprim</i>	14
<i>select-ob (folic acid)</i>	151	SOLQUA 100/33.....	36	<i>sulfasalazine</i>	138
<i>selegiline hcl</i>	44	SOLTAMOX.....	23	<i>sulindac</i>	6
<i>selenium sulfide</i>	79	SOLU-CORTEF ACT-O-		<i>sumatriptan</i>	40
SELZENTRY.....	51	VIAL (PF).....	126	<i>sumatriptan succinate</i>	40
SEMGLEE(INSULIN		SOMATULINE DEPOT.....	128	<i>sumatriptan-naproxen</i>	40
GLARGINE-YFGN).....	36	SOMAVERT.....	128	<i>sunitinib malate</i>	23
SEMGLEE(INSULIN		<i>sorafenib</i>	23	SUNLENCA.....	51
GLARG-YFGN)PEN.....	36	<i>sorine</i>	62	SUNOSI.....	148
<i>se-natal 19 chewable</i>	151	<i>sotalol</i>	62	SUPPRELIN LA.....	128
SEREVENT DISKUS.....	146	<i>sotalol af</i>	62	SURE COMFORT	
SEROSTIM.....	128	SPIRIVA RESPIMAT.....	146	ALCOHOL PREP PADS.....	78
<i>sertraline</i>	32	SPIRIVA WITH		SURE COMFORT INS.	
<i>setlakin</i>	75	HANDIHALER.....	146	SYR. U-100.....	104
<i>sevelamer carbonate</i>	123	<i>spironolactone</i>	65, 67	SURE COMFORT	
<i>sevelamer hcl</i>	123	<i>spironolacton-hydrochlorothiaz</i>	65	INSULIN SYRINGE.....	104
SEZABY.....	29	SPRAVATO.....	32	SURE COMFORT PEN	
<i>sf 5000 plus</i>	77	<i>sprintec (28)</i>	75	NEEDLE.....	104
<i>sharobel</i>	75	SPRITAM.....	29	SURE COMFORT SAFETY	
SHINGRIX (PF).....	137	SPRYCEL.....	23	PEN NEEDLE.....	104
SIGNIFOR.....	128	<i>sps (with sorbitol)</i>	122	SURE-FINE PEN	
<i>sildenafil</i>	149	<i>sronyx</i>	75	NEEDLES.....	104, 105
<i>sildenafil (pulm.hypertension)</i>	149	<i>ssd</i>	79	SURE-JECT INSULIN	
<i>silver sulfadiazine</i>	79	<i>stavudine</i>	51	SYRINGE.....	105
SIMBRINZA.....	142	STELARA.....	133		

SURE-PREP ALCOHOL			
PREP PADS.....	78	TAZORAC.....	81
SUTAB.....	122	<i>taztia xt</i>	62
<i>syeda</i>	75	TAZVERIK.....	24
SYMDEKO.....	147	TDVAX.....	137
SYMJEPI.....	63	TECENTRIQ.....	24
SYMLINPEN 120.....	34	TECHLITE INSULIN	
SYMLINPEN 60.....	34	SYRINGE.....	105, 106
SYMPAZAN.....	29	TECHLITE INSULN	
SYMTUZA.....	51	SYR(HALF UNIT).....	105
SYNAGIS.....	52	TECHLITE PEN NEEDLE.	106
SYNAREL.....	128	TECHLITE PLUS PEN	
SYNJARDY.....	34	NEEDLE.....	106
SYNJARDY XR.....	34	TECVAYLI.....	24
SYNRIBO.....	23	TEFLARO.....	11
SYRINGE WITH NEEDLE,		<i>telmisartan</i>	59
SAFETY.....	103	<i>telmisartan-amlodipine</i>	59
TABLOID.....	23	<i>telmisartan-hydrochlorothiazid</i>	59
TABRECTA.....	23	<i>temazepam</i>	9
<i>tacrolimus</i>	81, 133	TEMIXYS.....	51
<i>tadalafil</i>	149	<i>tencon</i>	5
<i>tadalafil (pulm. hypertension)</i>	149	TENIVAC (PF).....	137
TAFINLAR.....	23	<i>tenofovir disoproxil fumarate</i>	51
<i>tafluprost (pf)</i>	142	TEPEZZA.....	117
TAGRISO.....	23	TEPMETKO.....	24
TAKHZYRO.....	141	<i>terazosin</i>	124
TALTZ AUTOINJECTOR..	133	<i>terbinafine hcl</i>	38
TALTZ SYRINGE.....	133	<i>terbutaline</i>	146
TALVEY.....	23	<i>terconazole</i>	39
TALZENNA.....	23	<i>teriflunomide</i>	71
<i>tamoxifen</i>	23	<i>teriparatide</i>	139
<i>tamsulosin</i>	123	TERUMO INSULIN	
<i>tarina 24 fe</i>	75	SYRINGE.....	106
<i>tarina fe 1-20 eq (28)</i>	75	<i>testosterone</i>	124
<i>taron-c dha</i>	151	<i>testosterone cypionate</i>	124
<i>taron-prex prenatal-dha</i>	151	<i>testosterone enanthate</i>	124
TASCENSO ODT.....	71	TETANUS,DIPHThERIA	
TASIGNA.....	24	TOX PED(PF).....	137
<i>tasimelteon</i>	148	<i>tetrabenazine</i>	71
TAVALISSE.....	57	<i>tetracycline</i>	14
		THALOMID.....	141
		<i>theophylline</i>	146
		THINPRO INSULIN	
		SYRINGE.....	106, 107
		<i>thioridazine</i>	47
		<i>thiothixene</i>	47
		<i>tiadylt er</i>	62
		<i>tiagabine</i>	29
		TIBSOVO.....	24
		TICE BCG.....	24
		TICOVAC.....	137
		<i>tigecycline</i>	14
		<i>timolol maleate</i>	62, 142
		<i>tinidazole</i>	42
		<i>tiopronin</i>	124
		TIVDAK.....	24
		TIVICAY.....	51
		TIVICAY PD.....	51
		<i>tizanidine</i>	148
		TOBI PODHALER.....	9
		<i>tobramycin</i>	9, 118
		<i>tobramycin in 0.225 % nacl</i>	9
		<i>tobramycin sulfate</i>	9
		<i>tobramycin-dexamethasone</i>	118
		<i>tolmetin</i>	6
		<i>tolterodine</i>	123
		TOPCARE CLICKFINE.....	107
		TOPCARE ULTRA	
		COMFORT.....	107
		<i>topiramate</i>	29
		<i>toposar</i>	24
		<i>toremifene</i>	24
		<i>toremide</i>	65
		TOTECT.....	141
		TOUJEO MAX U-300	
		SOLOSTAR.....	36
		TOUJEO SOLOSTAR U-300	
		INSULIN.....	36
		TRACLEER.....	149
		TRADJENTA.....	34

<i>tramadol</i>	5	TRIPTODUR.....	128	TYSABRI.....	134
<i>tramadol-acetaminophen</i>	5	<i>tri-sprintec (28)</i>	76	TYVASO.....	149
<i>trandolapril</i>	60	TRIUMEQ.....	51	UBRELVY.....	40
<i>trandolapril-verapamil</i>	60	TRIUMEQ PD.....	51	UDENYCA.....	56
<i>tranexamic acid</i>	57	<i>triveen-duo dha</i>	151	UDENYCA AUTOINJECTOR.....	56
<i>tranylcypromine</i>	32	<i>trivora (28)</i>	76	UDENYCA ONBODY.....	56
TRAVASOL 10 %.....	58	<i>tri-vylibra</i>	76	ULTICARE.....	109
<i>travoprost</i>	142	<i>tri-vylibra lo</i>	76	ULTICARE INSULIN SYRINGE.....	109
TRAZIMERA.....	24	TRIZIVIR.....	51	ULTICARE INSULN SYR(HALF UNIT).....	109
<i>trazodone</i>	32	TROGARZO.....	51	ULTICARE PEN NEEDLE.....	109
TRECTOR.....	41	TROPHAMINE 10 %.....	58	ULTICARE SAFETY PEN NEEDLE.....	109
TRELEGY ELLIPTA.....	146	<i>trosipium</i>	123	ULTIGUARD SAFEPACK- INSULIN SYR.....	110
TRELSTAR.....	24	TRUE COMFORT ALCOHOL PADS.....	78	ULTIGUARD SAFEPACK- PEN NEEDLE.....	110
TREMFYA.....	133, 134	TRUE COMFORT INSULIN SYRINGE.....	107	ULTILET ALCOHOL SWAB.....	78
<i>treprostinil sodium</i>	149	TRUE COMFORT PEN NEEDLE.....	107, 108	ULTILET INSULIN SYRINGE.....	96, 110
<i>tretinoin</i>	81	TRUE COMFORT PRO ALCOHOL PADS.....	78	ULTILET PEN NEEDLE....	110
<i>tretinoin (antineoplastic)</i>	24	TRUE COMFORT PRO INS SYRINGE.....	107, 108	ULTRA CMFT INS SYR (HALF UNIT).....	94, 104
<i>triamcinolone acetonide</i>	77, 81, 127	TRUE COMFORT SAFETY PEN NEEDLE.....	107	ULTRA COMFORT INSULIN SYRINGE	90, 94, 110, 111
<i>triamterene-hydrochlorothiazid</i>	65	TRUEPLUS INSULIN.....	108, 109	ULTRA FLO INSUL SYR(HALF UNIT).....	111
<i>triazolam</i>	9	TRUEPLUS PEN NEEDLE.....	108	ULTRA FLO INSULIN SYRINGE.....	111
<i>tridacaine</i>	7	TRULICITY.....	34	ULTRA FLO PEN NEEDLE	111
<i>trientine</i>	124	TRUMENBA.....	137	ULTRA THIN PEN NEEDLE.....	111
<i>tri-estarylla</i>	75	TRUQAP.....	24	ULTRACARE INSULIN SYRINGE.....	111, 112
<i>trifluoperazine</i>	47	TRUSELTIQ.....	24		
<i>trifluridine</i>	118	TRUXIMA.....	24		
<i>trihexyphenidyl</i>	44	TUKYSA.....	24		
TRIJARDY XR.....	34	<i>tulana</i>	76		
TRIKAFTA.....	147	TURALIO.....	24		
<i>tri-legest fe</i>	75	<i>turqoz (28)</i>	76		
<i>tri-lynyah</i>	75	TWINRIX (PF).....	137		
<i>tri-lo-estarylla</i>	75	<i>tyblume</i>	76		
<i>tri-lo-marzia</i>	75	TYBOST.....	141		
<i>tri-lo-mili</i>	75	TYMLOS.....	139		
<i>tri-lo-sprintec</i>	75	TYPHIM VI.....	137		
<i>trimethoprim</i>	10				
<i>tri-mili</i>	76				
<i>trimipramine</i>	32				
TRINTELLIX.....	32				
<i>tri-nymyo</i>	76				

ULTRACARE PEN		VANISHPOINT SYRINGE	114	<i>vinblastine</i>	25
NEEDLE	112	VAQTA (PF)	137	<i>vincasar pfs</i>	25
ULTRA-THIN II (SHORT)		<i>varenicline</i>	8	<i>vincristine</i>	25
INS SYR	112	VARIVAX (PF)	137	<i>vinorelbine</i>	25
ULTRA-THIN II (SHORT)		VASCEPA	66	<i>viorele (28)</i>	76
PEN NDL	112	VEGZELMA	24	VIRACEPT	51
ULTRA-THIN II INS PEN		VEKLURY	53	VIREAD	51, 52
NEEDLES	112	VELCADE	24	<i>virt-c dha</i>	151
ULTRA-THIN II INSULIN		<i>velivet triphasic regimen (28)</i>	76	<i>virt-nate dha</i>	151
SYRINGE	112	VELPHORO	123	<i>virt-pn dha</i>	151
UNIFINE PEN NEEDLE	113	VELTASSA	122	<i>virt-pn plus</i>	151
UNIFINE PENTIPS	100, 113	VEMLIDY	51	VISTOGARD	141
UNIFINE PENTIPS		VENCLEXTA	24, 25	<i>vitafol gummies</i>	151
MAXFLOW	113	VENCLEXTA STARTING		<i>vitafol nano</i>	151
UNIFINE PENTIPS PLUS	113	PACK	25	<i>vitafol-ob+dha</i>	151
UNIFINE PENTIPS PLUS		<i>venlafaxine</i>	32, 33	VITRAKVI	25
MAXFLOW	113	<i>venlafaxine besylate</i>	32	VIZIMPRO	25
UNIFINE PROTECT	113	<i>verapamil</i>	62, 63	VOCABRIA	52
UNIFINE SAFECONTROL		VERIFINE INSULIN		<i>volnea (28)</i>	76
	113, 114	SYRINGE	114, 115	VONJO	25
UNIFINE SAFECONTROL		VERIFINE PEN NEEDLE	114	<i>voriconazole</i>	38
PEN NEEDLE	114	VERIFINE PLUS PEN		VOSEVI	53
UNIFINE ULTRA PEN		NEEDLE	114, 115	VOWST	141
NEEDLE	114	VERIFINE PLUS PEN		<i>vp-ch-pnv</i>	151
UPTRAVI	149	NEEDLE-SHARP	115	<i>vp-pnv-dha</i>	151
<i>ursodiol</i>	122	VERQUVO	63	VPRIV	116
UZEDY	47, 48	VERSACLOZ	48	VRAYLAR	48
<i>valacyclovir</i>	53	VERSALON	115	VUMERITY	71
VALCHLOR	78	VERZENIO	25	<i>vyfemla (28)</i>	76
<i>valganciclovir</i>	53	<i>vestura (28)</i>	76	<i>vylibra</i>	76
<i>valproate sodium</i>	29	V-GO 20	115	VYZULTA	142
<i>valproic acid</i>	29	V-GO 30	115	<i>warfarin</i>	54
<i>valproic acid (as sodium salt)</i>	29	V-GO 40	115	WEBCOL	78
<i>valsartan</i>	59	<i>vienna</i>	76	WELIREG	25
<i>valsartan-hydrochlorothiazide</i>	59	<i>vigabatrin</i>	29	<i>wera (28)</i>	76
VALTOCO	29	<i>vigadrone</i>	29	WINREVAIR	148
<i>vancomycin</i>	10	<i>vigpoder</i>	29	<i>wixela inhub</i>	145
VANFLYTA	24	<i>vilazodone</i>	33	XADAGO	44
VANISHPOINT INSULIN		VIMIZIM	116	XALKORI	25
SYRINGE	114	<i>vinate care</i>	151	XARELTO	54

XARELTO DVT-PE TREAT	ZEGALOGUE SYRINGE... 141
30D START..... 54	ZEJULA..... 26
XATMEP.....25	ZELBORAF..... 26
XCOPRI..... 29	<i>zenatane</i> 78
XCOPRI MAINTENANCE	ZENPEP..... 116
PACK..... 29	<i>zidovudine</i> 52
XCOPRI TITRATION	ZIEXTENZO..... 56
PACK..... 29	<i>zingiber</i> 151
XELJANZ.....134	<i>ziprasidone hcl</i>.....48
XELJANZ XR..... 134	<i>ziprasidone mesylate</i>.....48
XERMELO.....122	ZIRABEV..... 26
XGEVA.....139	ZIRGAN.....118
XHANCE..... 120	ZOLADEX..... 26
XIFAXAN..... 10	<i>zoledronic acid</i> 139
XIGDUO XR..... 35	<i>zoledronic acid-mannitol-water</i>
XIIDRA..... 120	.....139
XOFLUZA..... 52	ZOLINZA.....26
XOLAIR..... 148	<i>zolmitriptan</i> 40
XOSPATA..... 25	<i>zolpidem</i>.....148
XPOVIO..... 25	ZONISADE..... 30
XTAMPZA ER..... 5	<i>zonisamide</i> 30
XTANDI..... 25, 26	<i>zovia 1-35 (28)</i> 76
<i>xulane</i> 76	ZTALMY..... 30
XULTOPHY 100/3.6..... 36	ZTLIDO..... 7
XYOSTED.....124	<i>zumandimine (28)</i>.....76
<i>yargesa</i>.....116	ZURZUVAE..... 33
YERVOY.....26	ZYDELIG..... 26
YF-VAX (PF)..... 138	ZYKADIA.....26
YONSA.....26	ZYLET.....119
<i>yuvafem</i>.....125	ZYMFENTRA..... 141
<i>zafemy</i> 76	ZYNLONTA..... 26
<i>zafirlukast</i> 145	ZYNYZ.....26
<i>zaleplon</i> 148	ZYPREXA RELPREVV..... 48
<i>zarah</i>.....76	
ZARXIO..... 56	
<i>zatean-pn dha</i> 151	
<i>zatean-pn plus</i> 151	
<i>zebutal</i> 5	
ZEGALOGUE	
AUTOINJECTOR..... 141	