



MEDICARE

**MDwise Medicare
2024 Formulary
(List of Covered Drugs)**

**MDwise Medicare Inspire (HMO)
MDwise Medicare Inspire Plus (HMO)
MDwise Medicare Inspire Flex (HMO-POS)**

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

Formulary ID: 24111, Version Number 19

This formulary was updated on 11/19/2024.

For more recent information or other questions, please contact MDwise Medicare Member Services at 833-358-2140 or, for TTY users, 711. Our hours of operation are: April 1 through Sept. 30 Monday through Friday, 8 a.m. to 8 p.m. and Oct. 1 through March 31 seven days a week (except Thanksgiving and Christmas days), 8 a.m. to 8 p.m. or visit www.mdwise.org/mdwisemedicare for additional information.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means MDwise Medicare. When it refers to “plan” or “our plan,” it means MDwise Medicare Inspire, MDwise Medicare Inspire Plus, and MDwise Medicare Inspire Flex.

This document includes a list of the drugs (formulary) for our plan, which is current as of 11/19/2024. 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, 2025 and from time to time during the year.

What is the MDwise Medicare Formulary?

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

Can the Formulary (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 find information in the section below titled “How do I request an exception to the MDwise Medicare’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add 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 MDwise Medicare’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce

coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those 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 11/19/2024. To get updated information about the drugs covered by MDwise Medicare please contact us. Our contact information appears on the front and back cover pages. Updates to this formulary will be posted on our website: www.mdwise.org/mdwisemedicare. Copies of the latest print formularies with changes are available on our website every month as a downloadable PDF file or you can request a current copy with the changes at any time using our contact information on the front or back cover.

How do I use the Formulary?

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

Medical Condition

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

MDwise Medicare covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs 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:** MDwise Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from MDwise Medicare before you fill your prescriptions. If you don’t get approval, MDwise Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, MDwise Medicare limits the amount of the drug that MDwise Medicare will cover. For example, MDwise Medicare provides 60 tablets per prescription for Entresto oral tablets. This may be in addition to a standard one-month or three-month supply.

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

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

You can ask MDwise Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the MDwise Medicare’s formulary?” on page v 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 Member Services and ask if your drug is covered.

If you learn that MDwise Medicare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by MDwise Medicare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by MDwise Medicare.
- You can ask MDwise Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the MDwise Medicare’s Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, MDwise Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

What 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 31-day transition supply per drug. For example, members who:

- Enter long-term care (LTC) facilities from hospitals are sometimes accompanied by a discharge list of medications from the hospital formulary, with very short term planning taken into account (often under 8 hours).
- Are discharged from a hospital to a home.
- End their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary.
- End a long-term care facility stay and return to the community. If a member has more than one change in level of care in a month, the pharmacy will have to call us to request an extension of the transition policy.

For more information

For more detailed information about your MDwise Medicare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Drug Tier Copay Levels

This 2024 Comprehensive Formulary is a listing of brand-name and generic drugs. MDwise Medicare's Formulary covers drugs identified by Medicare as Part D drugs and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Consult your Evidence of Coverage for your applicable copays and coinsurance amounts.

Copay Tier	Type of Drug
Tier 1	Preferred Generic
Tier 2	Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Brand
Tier 5	Specialty Tier
Tier 6	Select Care Drugs

MDwise Medicare Formulary

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

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

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

List of Abbreviations:

- **PA BvD:** Prior Authorization Restriction for Part B vs Part D Determination. This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **QL: Quantity Limit:** For certain drugs, MDwise Medicare limits the amount of the drug that we will cover. For example, MDwise Medicare provides twelve tablets per prescription for Sumatriptan Succinate. This may be in addition to a standard one-month or three-month supply.
- **ST: Step Therapy:** In some cases, MDwise Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug

B both treat your medical condition, 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.

- **PA: Prior Authorization:** MDwise Medicare requires 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.
- **PA- HRM:** Prior Authorization Restriction for High-Risk Medications. This drug has been deemed to be potentially harmful and therefore, a High-Risk Medication for individuals 65 years or older. Members aged 65 years or older are required to get prior authorization from our plan before you fill your prescription for this drug.
- **PA NSO:** Prior Authorization Restriction for New Starts Only. If there is no evidence that you have taken this drug before, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
- **NDS: Non-Extended Days' Supply:** Drugs not available for an extended days' supply (i.e. more than a one-month supply) are noted with "NDS" in the Requirements/Limits column of your formulary.
- **GC: Gap Coverage:** We provide additional coverage of this prescription drug in the coverage gap, if your plan provides gap coverage. Please refer to our Evidence of Coverage for more information about this coverage.
- **HI: Home Infusion Coverage:** This prescription drug may be covered under our medical benefit. For more information, call Member Services at 833-358-2140, April 1 through Sept. 30 Monday through Friday, 8 a.m. to 8 p.m. and Oct. 1 through March 31 seven days a week (except Thanksgiving and Christmas days), 8 a.m. to 8 p.m. TTY users should call 711 or you can visit our website at www.mdwise.org/mdwisemedicare.
- **LA: Limited Availability:** This prescription may be available only at certain pharmacies. For more information, consult your Provider/Pharmacy Directory or call Member Services at 1-833-358-2140, April 1 through Sept. 30 Monday through Friday, 8 a.m. to 8 p.m. and Oct. 1 through March 31 seven days a week (except Thanksgiving and Christmas days), 8 a.m. to 8 p.m. TTY users should call 711.
- **EX;CB: Excluded Part D Capped Benefit:** Drugs covered by the plan that are excluded by Medicare law that are covered by your plan as a supplemental or bonus drug but do not count toward TrOOP.
- **NM: Not Available by Mail Order:** These are typically medications that need to be ordered from a specialty pharmacy and are listed as TIER 5 medications and are restricted to a 30-day supply

Table of Contents

Analgesics	3
Anesthetics	8
Anti-Addiction/Substance Abuse Treatment Agents	9
Antianxiety Agents	10
Antibacterials	11
Anticancer Agents	18
Anticonvulsants	34
Antidementia Agents	40
Antidepressants	40
Antidiabetic Agents	43
Antifungals	48
Antigout Agents	50
Antihistamines	50
Anti-Infectives (Skin And Mucous Membrane)	51
Antimigraine Agents	51
Antimycobacterials	53
Antinausea Agents	53
Antiparasite Agents	55
Antiparkinsonian Agents	56
Antipsychotic Agents	58
Antivirals (Systemic)	64
Blood Products/Modifiers/Volume Expanders	70
Caloric Agents	74
Cardiovascular Agents	76
Central Nervous System Agents	88
Contraceptives	93
Dental And Oral Agents	101
Dermatological Agents	102
Devices	108
Enzyme Cofactors/Chaperones	150
Enzyme Replacement/Modifiers	150
Eye, Ear, Nose, Throat Agents	151
Gastrointestinal Agents	155
Genitourinary Agents	159
Heavy Metal Antagonists	160
Hormonal Agents, Stimulant/Replacement/Modifying	160
Immunological Agents	167
Inflammatory Bowel Disease Agents	178

Metabolic Bone Disease Agents.....	179
Miscellaneous Therapeutic Agents.....	180
Ophthalmic Agents.....	182
Replacement Preparations.....	183
Respiratory Tract Agents.....	185
Skeletal Muscle Relaxants.....	190
Sleep Disorder Agents.....	191
Vasodilating Agents.....	191
Vitamins And Minerals.....	192

Drug Name		Drug Tier	Requirements/Limits
Analgesics			
Analgesics, Miscellaneous			
<i>acetaminophen-codeine oral solution</i> 120-12 mg/5 ml		1	NM; GC; NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-15 mg, 300-30 mg		1	NM; GC; NDS; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-60 mg		1	NM; GC; NDS; QL (180 per 30 days)
<i>ascomp with codeine oral capsule</i> 30-50-325-40 mg	(codeine-butalbital-asa-caff)	2	PA-HRM; NM; NDS; QL (180 per 30 days); AGE (Max 64 Years)
<i>buprenorphine hcl injection solution</i> 0.3 mg/ml		2	
<i>buprenorphine hcl injection syringe</i> 0.3 mg/ml		2	
<i>butalbital-acetaminophen-caff oral tablet</i> 50-325-40 mg	(Esgic)	1	PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule</i> 50-325-40 mg		2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral tablet</i> 50-325-40 mg		1	PA-HRM; GC; QL (180 per 30 days); AGE (Max 64 Years)
<i>codeine sulfate oral tablet</i> 30 mg, 60 mg		2	NM; NDS; QL (180 per 30 days)
<i>codeine-butalbital-asa-caff oral capsule</i> 30-50-325-40 mg	(Ascomp with Codeine)	2	PA-HRM; NM; NDS; QL (180 per 30 days); AGE (Max 64 Years)
<i>endocet oral tablet</i> 10-325 mg	(oxycodone-acetaminophen)	1	NM; GC; NDS; QL (180 per 30 days)
<i>endocet oral tablet</i> 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	1	NM; GC; NDS; QL (360 per 30 days)
<i>endocet oral tablet</i> 7.5-325 mg	(oxycodone-acetaminophen)	1	NM; GC; NDS; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i> 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg		5	PA; NM; 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
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	NM; NDS; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	1	NM; GC; NDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	NM; NDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	1	NM; GC; NDS; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	1	NM; GC; NDS; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	2	NM; NDS; QL (150 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	1	NM; GC; NDS; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	1	NM; GC; NDS; QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	NM; GC; NDS; QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	1	GC; QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	NM; GC; NDS; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	NM; GC; NDS; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	NM; GC; NDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	NM; GC; NDS; QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i> (methadone)	1	NM; GC; NDS; QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; NM; GC; NDS; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral solution 10 mg/5 ml</i>	1	NM; GC; NDS; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	NM; GC; NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	NM; NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	NM; NDS; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	1	NM; GC; NDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	1	NM; GC; NDS; QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	NM; NDS; QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	NM; NDS; QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	1	NM; GC; NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	NM; GC; NDS; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	1	NM; GC; NDS; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	1	NM; GC; NDS; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	1	NM; GC; NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	1	NM; GC; NDS; QL (240 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (oxycodone)	3	NM; NDS; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	NM; NDS; QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	NM; NDS; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	NM; NDS; QL (60 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	5	NM; NDS; QL (60 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	NM; GC; NDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	NM; GC; NDS; QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	NM; NDS; QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	NM; NDS; QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	5	NM; NDS; QL (240 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	1	GC; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	GC; QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	1	GC; QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	GC; QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	1	GC; QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; GC; QL (100 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	5	PA; NM; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>ec-naproxen dr 500 mg tablet</i> (naproxen)	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	1	GC
<i>etodolac oral tablet 500 mg</i>	1	GC
<i>flurbiprofen oral tablet 100 mg</i>	1	GC
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	GC; QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	1	GC
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	1	GC
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	GC; QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	GC
<i>indomethacin oral capsule 25 mg</i>	1	PA-HRM; GC; QL (240 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule 50 mg</i>	1	PA-HRM; GC; QL (120 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule, extended release 75 mg</i>	1	PA-HRM; GC; QL (60 per 30 days); AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	GC

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>naproxen oral tablet 250 mg, 375 mg</i>	1	GC
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	GC
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	2	
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> (EC-Naproxen)	2	
<i>piroxicam oral capsule 10 mg</i>	1	GC
<i>piroxicam oral capsule 20 mg</i> (Feldene)	1	GC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	GC
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	1	GC; QL (30 per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	1	GC
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	1	GC
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)	1	GC
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PA
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Tridacaine II)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	PA; GC; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	PA; GC; QL (30 per 30 days)
<i>tridacaine ii topical adhesive patch, medicated 5 %</i> (lidocaine)	2	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	3	PA; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	GC; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	2	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	GC; QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	GC
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	GC
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	GC
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	1	GC
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (2688 per 365 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline oral tablet 0.5 mg, 1 mg (56 pack)</i>	2	QL (336 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix)	2	QL (336 per 365 days)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	2	

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
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	NM; GC; NDS; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	NM; GC; NDS; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	NM; GC; NDS; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	GC; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	GC; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	GC; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	GC; 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>	1	GC; QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	GC; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	GC; QL (120 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	GC
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	GC; QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	4	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	GC; QL (2 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	NM; GC; NDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	NM; GC; NDS; QL (150 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	NM; NDS; QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	NM; GC; NDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Antibacterials		
Aminoglycosides		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	GC; HI
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	GC; HI
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	1	GC; HI
<i>neomycin oral tablet 500 mg</i>	1	GC
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NM; NDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NM; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	5	PA BvD; NM; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	2	HI
Antibacterials, Miscellaneous		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	GC; HI
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	GC
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	2	HI
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	HI
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	5	NM; HI; NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	NM; HI; NDS
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	2	HI
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NM; NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	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
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	HI
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	1	GC; QL (120 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	1	GC; QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	GC; QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	HI
<i>trimethoprim oral tablet 100 mg</i>	1	GC
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	2	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	2	QL (112 per 14 days)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	4	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NM; NDS; QL (90 per 30 days)
Cephalosporins		
<i>cefactor oral capsule 250 mg, 500 mg</i>	2	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	1	GC
<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	HI

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>cefazolin injection recon soln 1 gram, 10 gram</i>	2	HI
<i>cefazolin injection recon soln 500 mg</i>	1	GC; HI
<i>cefazolin intravenous recon soln 3 gram</i>	4	HI
<i>cefdinir oral capsule 300 mg</i>	1	GC
<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	HI
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefotaxime injection recon soln 1 gram</i>	2	HI
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	HI
<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>	1	GC
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	2	HI
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	HI
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	GC
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	HI
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	HI
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	GC

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>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	GC
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; HI; NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	HI
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	GC
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	GC
<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>	1	GC
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	NM; NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	5	NM; NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	HI
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; LA; 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
<i>ertapenem injection recon soln 1 gram</i>	2	HI
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	HI
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	HI
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	HI
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	GC
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	1	GC
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	HI

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>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	HI
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>	1	GC
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	4	
<i>naftcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	2	HI
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	2	HI
<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>	1	GC
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
<i>pfizerpen-g injection recon soln 20 million unit</i> (penicillin g potassium)	2	HI
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	HI
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	GC
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	GC; HI

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>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i>	2	HI
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	HI
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	HI
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	GC
<i>moxifloxacin 400 mg/250 ml bag</i>	2	HI
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sod. chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	2	HI
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	HI
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	GC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	GC
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	2	HI
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	HI
<i>doxycycline hyclate oral capsule 100 mg</i> (Vibramycin)	1	GC
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	1	GC

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>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	GC
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxine NL)	1	GC
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	GC
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	GC
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	GC
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	GC
<i>mondoxine nl oral capsule 100 mg</i> (doxycycline monohydrate)	1	GC
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NM; HI; NDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (paclitaxel protein-bound)	5	PA BvD; NM; HI; NDS
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	2	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; 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
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	GC
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA NSO; NM; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NM; NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	5	PA NSO; NM; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	5	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NM; NDS
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	GC
<i>bleomycin injection recon soln 15 unit</i>	1	GC
<i>bleomycin injection recon soln 30 unit</i>	2	
<i>bortezomib injection recon soln 1 mg</i>	4	PA NSO
<i>bortezomib injection recon soln 2.5 mg</i>	5	PA NSO; NM; NDS
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	5	PA NSO; NM; HI; 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
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA BvD; ST

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NM; NDS; QL (120 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	5	PA NSO; NM; NDS; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	NM; HI; NDS
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	5	PA BvD; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML	5	PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NM; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NM; 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
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NM; HI; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA NSO; NM; NDS; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	HI
<i>etoposide intravenous solution 20 mg/ml</i>	2	HI
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	5	PA NSO; NM; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	5	PA NSO; NM; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NM; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA BvD

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>floxuridine injection recon soln 0.5 gram</i>	1	PA BvD; GC
<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; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	NM; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; NM; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NM; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	4	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NM; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	GC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NM; NDS; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 560 MG	5	NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	4	PA NSO; QL (4 per 365 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NM; 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
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; 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; NM; 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; NM; 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; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NM; NDS; QL (28 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
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; NM; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	GC
LEUKERAN ORAL TABLET 2 MG	5	NM; 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; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NM; 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
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NM; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA NSO-HRM; GC; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	GC
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	PA BvD; ST; GC
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	GC; HI
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; HI; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NM; 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
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NM; 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; NM; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; 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; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NM; NDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	5	PA BvD; NM; HI; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	PA NSO; NM; 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
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	5	NM; HI; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NM; HI; NDS
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	5	NM; HI; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	NM; HI; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; 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; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NM; NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; HI; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; 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
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; HI; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA NSO; NM; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NM; NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NM; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG (dasatinib)	5	PA NSO; NM; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NM; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	

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
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	GC
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NM; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	1	GC; HI
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NM; NDS
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	5	PA NSO; NM; 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
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	5	PA NSO; NM; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; 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	NM; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NM; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; HI; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NM; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG (bortezomib)	5	PA NSO; NM; HI; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine intravenous solution 10 mg/ml</i>	2	HI
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	1	GC; HI
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NM; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	5	PA NSO; NM; 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; NM; 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; NM; 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; NM; NDS; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; 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; NM; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; HI; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NM; NDS; QL (20 per 28 days)
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NM; NDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
APTOM ORAL TABLET 600 MG, 800 MG	5	ST; NM; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	1	GC
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	GC
<i>carbamazepine oral tablet, chewable 200 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	

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>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	GC
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NM; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	1	GC
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST; QL (480 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	GC
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NM; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	HI
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NM; 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; NM; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	GC; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	GC; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	1	GC; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	1	GC; QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	1	GC; QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	QL (1200 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>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	GC
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	GC
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	HI
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	GC
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	1	GC
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> (Celontin)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	GC
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA NSO-HRM; GC; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	GC
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	GC
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	GC
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	GC

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>phenytoin sodium intravenous solution 50 mg/ml</i>	1	GC; HI
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	GC; HI
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	1	GC; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	1	GC; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	1	GC; QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	GC
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NM; NDS
<i>rufinamide oral tablet 200 mg</i> (Banzel)	2	ST
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	ST; NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	GC
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NM; 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> (Topamax)	1	GC
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	GC
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	HI
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	GC

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>valproic acid oral capsule 250 mg</i>	1	GC
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1 ML X 2), 5 MG/SPRAY (0.1 ML)	4	
VALTOCO NASAL SPRAY, NON-AEROSOL 20 MG/2 SPRAY (10MG/0.1ML X2)	5	NM; NDS
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NM; 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
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	GC
<i>zonisamide oral capsule 50 mg</i>	1	GC
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NM; NDS; QL (1080 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
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	GC; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	GC; QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GC
<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; NM; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	GC
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	1	GC
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	GC
<i>citalopram oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	GC; 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
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	GC; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	1	GC; QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GC
<i>doxepin oral concentrate 10 mg/ml</i>	1	GC
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(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	1	GC; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NM; 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> (Lexapro)	1	GC
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	GC
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	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
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GC
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	GC
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	GC
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	GC
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	GC
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	2	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	PA NSO-HRM; GC; AGE (Max 64 Years)
<i>phenelzine oral tablet 15 mg</i> (Nardil)	1	GC
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	GC
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; NM; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	GC
<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)

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>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	4	QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	1	GC; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	1	GC; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GC
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	1	GC; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NM; NDS; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	GC; QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
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)

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
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	6	GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	GC; QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	PA; NM; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA NSO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	GC; 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> (Actos)	6	GC; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	6	GC; QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	6	GC; QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	GC; QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	GC; 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
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; NM; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NM; 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)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	3	QL (60 per 30 days)

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	
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>	(Novolog Mix 70- 30FlexPen U-100)	1	GC; 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>	(Novolog Mix 70-30 U- 100 Insuln)	1	GC; max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	1	GC; 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>	(Novolog FlexPen U- 100 Insulin)	1	GC; max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	1	GC; 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)	

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
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)
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- (insulin glargine-yfgn) YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARG- (insulin glargine-yfgn) 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 (insulin glargine u-300 SUBCUTANEOUS INSULIN PEN conc) 300 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 (insulin glargine u-300 INSULIN SUBCUTANEOUS conc) 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>	6	GC; QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	GC; QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	GC; QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	GC; 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
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	6	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	6	GC; QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	GC; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	GC; QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	6	PA-HRM; GC; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	6	PA-HRM; GC; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	6	PA-HRM; GC; AGE (Max 64 Years)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	5	PA BvD; NM; NDS
<i>caspofungin intravenous recon soln 50 mg</i> (Cancidas)	2	HI
<i>caspofungin intravenous recon soln 70 mg</i> (Cancidas)	5	NM; HI; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	GC; QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	GC; QL (19.8 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	GC
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	GC
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	GC; QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	2	QL (170 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>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	HI
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	2	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	1	GC
<i>fluconazole oral tablet 150 mg, 50 mg</i>	1	GC
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>ketoconazole oral tablet 200 mg</i>	1	GC
<i>ketoconazole topical cream 2 %</i>	1	GC; QL (180 per 30 days)
<i>ketoconazole topical foam 2 %</i> (Extina)	2	ST; QL (100 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	1	GC; QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	5	PA; NM; NDS
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	1	GC; QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	1	GC; QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	1	GC
<i>nystatin topical cream 100,000 unit/gram</i>	1	GC; QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	GC; 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
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	GC; QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	GC; QL (60 per 30 days)
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	5	PA; NM; NDS
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	5	PA; NM; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	GC
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; NM; HI; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NM; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	2	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	GC
<i>allopurinol oral tablet 300 mg</i>	1	GC
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	1	GC; QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	GC
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	GC
Antihistamines		
Antihistamines		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	PA-HRM; GC; AGE (Max 64 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	GC
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	GC

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>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	2	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	GC
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GC
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	GC
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	PA-HRM; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<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	NM; NDS; QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	ST; NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 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
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>	1	GC; QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	1	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	1	GC; QL (12 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer, sub</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	1	GC; QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	1	GC; QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (4 per 28 days)

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>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	2	QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	1	GC; 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>	1	GC
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	GC
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	HI
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	GC
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD

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
APONVIE INTRAVENOUS EMULSION 32 MG/4.4 ML (7.2 MG/ML)	4	QL (4.4 per 28 days)
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	2	
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	GC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	PA; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	1	GC
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	5	PA BvD; NM; NDS; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))	2	QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	1	GC
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	GC
<i>granisetron hcl oral tablet 1 mg</i>	2	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	1	GC
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	GC
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	GC
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	PA BvD

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>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	PA BvD; GC
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	GC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	GC
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	2	
<i>promethazine injection solution 25 mg/ml</i> (Phenergan)	2	PA-HRM; AGE (Max 64 Years)
<i>promethazine injection solution 50 mg/ml</i> (Phenergan)	2	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; GC; AGE (Max 64 Years)
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	2	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine)	2	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	5	NM; NDS
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	GC; 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
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NM; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
KRINTAFEL ORAL TABLET 150 MG	4	
<i>mefloquine oral tablet 250 mg</i>	1	GC
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	NM; NDS
<i>paromomycin oral capsule 250 mg</i> (Humatin)	2	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	2	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	2	HI
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NM; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; QL (42 per 7 days)
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	GC
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	GC
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	5	PA; NM; NDS; QL (60 per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	1	GC
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	GC
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	GC
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	GC
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	GC

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>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; NM; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NM; NDS
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	GC
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	GC
<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>	1	GC
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	GC
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	GC
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	5	PA; NM; NDS; QL (560 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	NM; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NM; NDS; QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NM; 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> (Abilify)	1	GC
<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	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 14 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
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet</i> (Saphris) 10 mg, 2.5 mg, 5 mg	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NM; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution</i> 25 mg/ml	2	
<i>chlorpromazine oral concentrate</i> 100 mg/ml, 30 mg/ml	2	
<i>chlorpromazine oral tablet</i> 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	2	
<i>clozapine oral tablet</i> 100 mg, 200 (Clozaril) mg, 25 mg, 50 mg	1	GC
<i>clozapine oral tablet,disintegrating</i> 100 mg, 12.5 mg, 25 mg	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating</i> 150 mg	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating</i> 200 mg	5	ST; NM; NDS; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100- 20 MG, 125-30 MG, 50-20 MG	5	ST; NM; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	ST; NM; NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; 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</i> <i>solution</i> 25 mg/ml	2	
<i>fluphenazine hcl injection solution</i> 2.5 mg/ml	2	
<i>fluphenazine hcl oral concentrate</i> 5 mg/ml	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
<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</i> (Haldol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	2	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)	1	GC
<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>	1	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	GC
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; 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	NM; NDS; QL (0.5 per 21 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 TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NM; NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	GC
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	2	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	2	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NM; 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; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	GC
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	2	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
<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	NM; NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>prochlorperazine 10 mg/2 ml vl outer 10 mg/2 ml (5 mg/ml)</i>	1	GC
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	GC
<i>quetiapine oral tablet 150 mg</i>	1	GC; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	
REXULTI ORAL TABLET 0.25 MG	5	ST; NM; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NM; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NM; NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> (Risperdal Consta)	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta)	5	NM; NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	
<i>risperidone oral tablet 0.25 mg</i>	1	GC
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	GC
<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; NM; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	GC

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>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	NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	NM; NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	NM; NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	NM; NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	NM; NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	GC
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)

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
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NM; NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	5	NM; NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS
<i>atazanavir oral capsule 150 mg</i>	2	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; 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	NM; NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	5	NM; NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	5	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	5	NM; 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
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NM; NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	NM; NDS
EDURANT ORAL TABLET 25 MG	5	NM; NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	5	NM; NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NM; NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	5	NM; NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	5	NM; NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	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> (Intelence)	5	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i>	5	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS
INTELENCE ORAL TABLET 25 MG	4	

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
INVIRASE ORAL TABLET 500 MG	5	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	2	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	1	GC
<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	

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
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	5	NM; NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	HI
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	1	GC
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NM; NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NM; NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	5	NM; NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NM; NDS
SYMITUZA ORAL TABLET 800-150-200-10 MG	5	NM; 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
TEMIXYS ORAL TABLET 300-300 MG	5	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	GC
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NM; NDS
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NM; NDS
VEMLIDY ORAL TABLET 25 MG	5	ST; NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	1	GC
<i>zidovudine oral tablet 300 mg</i>	1	GC
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)

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>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	\$0 copay; QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NM; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NM; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
XOFLUZA 40 MG TAB (80 MG DOSE)	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	5	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NM; NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	GC
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	GC
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	GC
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	1	GC
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	GC
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	2	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	QL (30 per 30 days)

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>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	2	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	5	NM; NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	5	NM; NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	5	NM; NDS; QL (18 per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	HI
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	GC; HI
<i>heparin sodium 1,000 unit/ml vial sdv, outer</i>	2	HI
<i>heparin sodium 10,000 unit/ml vial mdv, outer</i>	2	HI
<i>heparin sodium 5,000 unit/ml vial suv, outer</i>	2	HI
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	HI
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	2	HI
<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> (warfarin)	1	GC

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>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	1	GC
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NM; NDS; QL (60 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NM; NDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NM; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NM; 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
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NM; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NM; NDS; QL (60 per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; 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)
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 6 MG/0.6 ML	5	PA; NM; 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
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NM; NDS
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
CABLIVI INJECTION KIT 11 MG	5	PA; NM; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>protamine intravenous solution 10 mg/ml</i>	1	GC
<i>tranexamic acid intravenous solution</i> (Cyklokapron) <i>1,000 mg/10 ml (100 mg/ml)</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	GC
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	GC
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	1	GC; QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD

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
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
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
<i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i>	2	PA BvD
<i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	4	

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>dextrose 5 % in water (d5w)</i> <i>intravenous piggyback 5 %</i>	2	HI
<i>dextrose 5%-water iv soln single use</i>	2	
<i>dextrose 5%-water iv soln single use</i>	2	HI
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	GC
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	GC
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	PA; NM; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	GC
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	GC
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	1	GC
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	GC

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
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	6	GC
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	6	GC
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)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	6	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	6	GC
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	6	GC
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	6	GC
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	6	GC
<i>olmesartan-amlodipin-hctiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	6	GC
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	6	GC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	6	GC
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	6	GC

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>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	6	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	6	GC
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	6	GC
<i>benazepril oral tablet 5 mg</i>	6	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	6	GC
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	6	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	GC
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	6	GC
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	HI
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	6	GC
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	GC
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	6	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	6	GC
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	6	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	GC
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	6	GC

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>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	6	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	6	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	6	GC
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	PA-HRM; AGE (Max 64 Years)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>lidocaine (pf) injection syringe 100 mg/5 ml (2 %)</i>	1	GC
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	GC
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacерone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	1	GC
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	GC
<i>procainamide intravenous syringe 100 mg/ml</i>	1	GC
<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>	1	GC
<i>quinidine gluconate oral tablet extended release 324 mg</i>	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
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	GC
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	GC
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	GC
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	GC
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	GC
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	GC
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	GC
<i>labetalol intravenous solution 5 mg/ml</i>	1	GC; HI
<i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i>	1	GC; HI
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	GC
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	GC
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	GC; HI
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	GC
<i>metoprolol tartrate oral tablet 25 mg</i>	1	GC
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	1	GC

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>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol intravenous solution 1 mg/ml</i>	1	GC; HI
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	GC
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>propranolol oral solution 40 mg/5 ml (8 mg/ml)</i>	1	GC
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	GC
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	GC
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	1	GC
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	1	GC
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	1	GC
<i>sotalol oral tablet 240 mg</i> (Betapace)	1	GC
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	1	GC
<i>diltiazem 24hr er 360 mg cap once-a-day dosage</i> (Tiadylt ER)	1	GC
<i>diltiazem 24hr er 420 mg cap</i> (Tiadylt ER)	1	GC
<i>diltiazem 25 mg/5 ml vial sdv,inner 5 mg/ml</i>	2	HI
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	GC; HI
<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> (Tiadylt ER)	1	GC

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>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	GC
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	GC
<i>diltiazem hcl oral tablet 90 mg</i>	1	GC
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	1	GC
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	1	GC
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	GC
<i>verapamil intravenous syringe 2.5 mg/ml</i>	1	GC; HI
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	GC
<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	GC
<i>verapamil oral tablet extended release 120 mg, 240 mg</i>	1	GC
<i>verapamil oral tablet extended release 180 mg</i>	1	GC
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	1	GC
<i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin)	1	GC
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i> (Lanoxin)	2	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	

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>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	GC
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	QL (4 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i> (Adrenalin)	1	GC
<i>hydralazine injection solution 20 mg/ml</i>	2	HI
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	GC
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	5	PA; NM; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	3	QL (60 per 30 days)
<i>metirosine oral capsule 250 mg</i> (Demser)	5	NM; NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	2	QL (120 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant)	5	PA; NM; NDS; QL (18 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	GC
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	6	GC
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	6	GC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	6	GC
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	6	GC

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>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	6	GC
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	GC
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	GC
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	GC
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	GC
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	GC
<i>bumetanide 2.5 mg/10 ml vial mdv, inner 0.25 mg/ml</i>	1	GC; HI
<i>bumetanide injection solution 0.25 mg/ml</i>	2	HI
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	GC; HI
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	GC
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	1	GC
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	GC
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC

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>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	GC
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	1	GC
<i>toremide oral tablet 20 mg</i> (Soaanz)	1	GC
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	GC
Dyslipidemias		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet)	6	GC
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	6	GC; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	6	GC
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	6	GC; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	2	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	6	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	6	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	6	GC; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	6	GC; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>	1	GC
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	GC
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	GC
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	1	GC
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	6	GC; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	6	GC
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	GC
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	5	PA; NM; NDS; QL (28 per 28 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; NM; NDS; QL (56 per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	2	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	1	GC
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	GC
<i>niacor oral tablet 500 mg</i> (niacin)	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	1	ST; GC; 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>	6	GC
<i>pravastatin oral tablet 20 mg, 40 mg</i>	6	GC; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	6	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	6	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	6	GC; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	2	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	2	QL (120 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	GC
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	GC
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	1	GC
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	GC
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	GC

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>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	GC; HI
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	GC
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	1	GC
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	5	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NM; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution</i> (Cafcit) 60 mg/3 ml (20 mg/ml)	2	PA BvD
<i>caffeine citrate oral solution</i> 60 mg/3 ml (20 mg/ml)	2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	5	PA; NM; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	5	PA; NM; NDS; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release</i> 12 hr 10 mg (Ampyra)	1	PA; GC; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet</i> 10 mg, 2.5 mg (Focalin)	2	QL (60 per 30 days)
<i>dexmethylphenidate oral tablet</i> 5 mg (Focalin)	1	GC; QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet</i> 10 mg (Zenzedi)	2	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet</i> 15 mg, 5 mg (Zenzedi)	2	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet</i> 20 mg, 30 mg (Zenzedi)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release</i> 24hr 10 mg, 15 mg, 5 mg (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release</i> 24hr 20 mg, 25 mg, 30 mg (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i> 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg (Adderall)	1	GC; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 120 mg (Tecfidera)	5	PA; NM; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 120 mg (14)- 240 mg (46) (Tecfidera)	5	PA; NM; 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
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	5	PA; NM; NDS; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NM; NDS; QL (30 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	GC
GILENYA ORAL CAPSULE 0.25 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	5	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NM; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	GC
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)-80 MG (21)	5	PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NM; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NM; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	1	GC
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	GC
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	GC

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>lithium citrate oral solution 8 meq/5 ml</i>	1	GC
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NM; NDS
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	QL (900 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>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	GC; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 54 mg (bx rating)</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	2	QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NM; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	5	PA; NM; NDS; QL (23 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	

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
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	5	PA; NM; NDS; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NM; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estradiol)	1	GC
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estradiol)	1	GC
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	GC
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	GC
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol- e.estradiol)	1	GC; QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	GC
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	GC
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol- e.estradiol)	1	GC; QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estradiol)	1	GC
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	1	GC
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)	1	GC
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone- e.estradiol-iron)	1	GC

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>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	GC
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	GC
<i>aviane oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	GC
<i>ayuna oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	GC
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	1	GC
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	GC
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	1	GC
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	GC
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	GC
<i>camila oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	GC
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	GC
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	1	GC
<i>cyred eq oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	GC
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	GC
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	GC
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	1	GC; QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	GC

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>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	1	GC
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	1	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	1	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Syeda)	1	GC
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	GC
ELLA ORAL TABLET 30 MG		4	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	GC
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	1	GC
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	1	GC
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC

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>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	GC
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	GC; QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	GC; QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	GC
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	GC
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	GC
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	GC
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	GC
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	GC

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>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(LoJaimiess)	1	GC; QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	1	GC; QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	GC
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	GC
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	GC
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	1	GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	1	GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	1	GC
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	1	GC; QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	1	GC
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estradiol)	1	GC; QL (91 per 84 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>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	GC
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	GC
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	GC
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		1	GC
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	GC
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	2	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	1	GC
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	1	GC
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	1	GC
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Merzee)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	1	GC

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>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	1	GC
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tri-Legest Fe)	1	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla)	1	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla)	1	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	1	GC
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		1	GC
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		1	GC
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	GC
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	GC
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	GC
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	GC
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>philith oral tablet 0.4-35 mg-mcg</i>		1	GC
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	GC
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>		1	GC
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	GC
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	GC
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	GC; QL (91 per 84 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>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	GC
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	GC; QL (91 per 84 days)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	GC
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	GC

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>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tulana oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	GC
<i>tyblume oral tablet, chewable 0.1 mg-20 mcg</i>		4	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		1	GC
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	GC
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	GC
<i>violele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	GC
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	GC
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>		1	GC
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>		1	GC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	GC
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	1	GC
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	2	

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>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Paroex Oral Rinse)	1	GC
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	GC
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	1	GC
<i>fluoride (sodium) dental solution 0.2 %</i>	(PreviDent)	1	GC
KOURZEQ DENTAL PASTE 0.1 %	(triamcinolone acetonide)	1	GC
<i>oralone dental paste 0.1 %</i>	(triamcinolone acetonide)	1	GC
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	GC
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	2	
<i>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	GC
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Denta 5000 Plus Sensitive)	1	GC
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	1	GC
Dermatological Agents			
Dermatological Agents, Other			
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(isotretinoin)	2	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		2	
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	2	QL (30 per 30 days)
ALCOHOL 70% SWABS	(Alcohol Pads)	1	GC
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	GC
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	GC
ALCOHOL WIPES TOPICAL PADS, MEDICATED	(alcohol swabs)	1	GC
<i>ammonium lactate topical cream 12 %</i>		1	GC

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>ammonium lactate topical lotion 12 %</i> (AmLactin)	1	GC
BD SINGLE USE SWAB (alcohol swabs)	1	GC
<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% (alcohol swabs) PREP PAD	1	GC
CURITY ALCOHOL PREPS 2 (alcohol swabs) PLY,MEDIUM	1	GC
DROPSAFE ALCOHOL 70% PREP (alcohol swabs) PADS	1	GC
EASY COMFORT ALCOHOL 70% (alcohol swabs) PAD	1	GC
EASY TOUCH ALCOHOL 70% (alcohol swabs) PADS GAMMA-STERILIZED	1	GC
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NM; NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
HEB INCONTROL ALCOHOL 70% (alcohol swabs) PADS	1	GC
<i>imiquimod topical cream in packet 5 %</i>	1	GC; QL (24 per 30 days)
IV ANTISEPTIC WIPES (alcohol swabs)	1	GC
KENDALL ALCOHOL 70% PREP (alcohol swabs) PAD	1	GC
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	5	NM; NDS
PANRETIN TOPICAL GEL 0.1 %	5	NM; NDS; QL (180 per 30 days)
<i>podofilox topical solution 0.5 %</i>	1	GC
PRO COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	GC

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
PURE COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	GC
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
SURE COMFORT ALCOHOL (alcohol swabs) PREP PADS	1	GC
SURE-PREP ALCOHOL PREP (alcohol swabs) PADS	1	GC
TRUE COMFORT ALCOHOL 70% (alcohol swabs) PADS	1	GC
TRUE COMFORT PRO ALCOHOL (alcohol swabs) PADS	1	GC
ULTILET ALCOHOL STERL (alcohol swabs) SWAB	1	GC
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NM; NDS
WEBCOL ALCOHOL PREPS (alcohol swabs) 20'S,LARGE	1	GC
zenatane oral capsule 10 mg (isotretinoin)	1	GC
zenatane oral capsule 20 mg, 30 mg, 40 mg (isotretinoin)	2	
Dermatological Antibacterials		
clindamycin phosphate topical solution 1 %	1	GC; QL (180 per 30 days)
clindamycin phosphate topical swab 1 % (Clindacin ETZ)	1	GC
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 % (Neuac)	2	
ery pads topical swab 2 % (erythromycin with ethanol)	2	
erythromycin with ethanol topical gel 2 % (Erygel)	2	QL (180 per 30 days)
erythromycin with ethanol topical solution 2 %	1	GC; QL (180 per 30 days)
gentamicin topical cream 0.1 %	2	QL (120 per 30 days)
gentamicin topical ointment 0.1 %	2	QL (120 per 30 days)
metronidazole topical cream 0.75 % (Rosadan)	2	
metronidazole topical gel 0.75 % (Rosadan)	1	GC

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>metronidazole topical gel 1 %</i> (Metrogel)	2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	2	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	GC; QL (220 per 30 days)
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	GC
<i>rosadan topical cream 0.75 %</i> (metronidazole)	2	
<i>selenium sulfide topical lotion 2.5 %</i>	1	GC
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	1	GC
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	1	GC
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	1	GC
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	GC
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	1	GC
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	GC
<i>betamethasone, augmented topical cream 0.05 %</i>	1	GC
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	

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>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	1	GC
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical ointment 0.05 %</i>	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	2	QL (120 per 30 days)
<i>desoximetasone topical ointment 0.25 %</i> (Topicort)	2	QL (120 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	1	GC
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	2	
<i>fluticasone propionate topical cream 0.05 %</i>	1	GC
<i>fluticasone propionate topical ointment 0.005 %</i>	1	GC
<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	GC
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	GC
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Proctosol HC)	1	GC
<i>hydrocortisone topical lotion 2.5 %</i>	1	GC
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	GC

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>hydrocortisone topical ointment 2.5 %</i>	1	GC
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	1	GC
<i>mometasone topical ointment 0.1 %</i>	1	GC
<i>mometasone topical solution 0.1 %</i>	1	GC
<i>pimecrolimus topical cream 1 %</i> (Elidel)	2	QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>procto-pak topical cream with perineal applicator 1 %</i> (hydrocortisone)	1	GC
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	GC
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	GC
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	GC
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	GC
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	GC
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	2	
<i>adapalene topical gel 0.1 %</i> (Differin)	1	GC
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.05 %, 0.1 %</i> (Tazorac)	2	
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA

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>tretinoin topical gel 0.05 %</i>	(Atralin)	2	PA
Scabicides And Pediculicides			
<i>malathion topical lotion 0.5 %</i>	(Ovide)	2	
<i>permethrin topical cream 5 %</i>	(Elimite)	1	GC; QL (60 per 30 days)
Devices			
Devices			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
1ST TIER UNIFINE PNTTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	GC
1ST TIER UNIFINE PNTTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
1ST TIER UNIFINE PNTTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC

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
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	GC
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	GC
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	GC
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	GC
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		1	GC
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		1	GC
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		1	GC
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		1	GC
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	GC

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
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	GC
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	1	GC
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	1	GC
ASSURE ID SYR 1 ML 29GX1/2" (RX) 1 ML 29 GAUGE X 1/2"	1	GC
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	1	GC
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	1	GC
BD ECLIPSE 30GX1/2" SYRINGE (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	1	GC
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	1	GC
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	1	GC
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	1	GC
BD INS SYRN UF 1 ML (insulin syringe-needle 12.7MMX30G NOT FOR RETAIL u-100) SALE 1 ML 30 GAUGE X 1/2"	1	GC
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	1	GC
BD INSULIN SYR 1 ML 25GX5/8" (insulin syringe-needle 1 ML 25 GAUGE X 5/8" u-100)	1	GC
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	1	GC
BD INSULIN SYR 1 ML (insulin syringe-needle 27GX12.7MM 1 ML 27 GAUGE X u-100) 1/2"	1	GC
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	1	GC

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
BD INSULIN SYRINGE 1 ML W/O NEEDLE	(insulin syringe needleless)	1	GC
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	1	GC
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		1	GC
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		1	GC
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		1	GC
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		1	GC
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"		1	GC
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"		1	GC
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		1	GC
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		1	GC
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		1	GC
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	GC

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
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		1	GC
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	GC
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	GC
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	GC
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	GC
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	GC
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	GC
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	GC

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
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		1	GC
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"		1	GC
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	GC
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	GC
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ INS 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X 5/16 u-100)	1	GC
COMFORT EZ INSULIN SYR 0.3 (insulin syringe-needle ML 0.3 ML 31 GAUGE X 5/16" u-100)	1	GC
COMFORT EZ INSULIN SYR 0.5 (insulin syringe-needle ML 0.5 ML 30 GAUGE X 5/16", 0.5 u-100) ML 31 GAUGE X 5/16"	1	GC
COMFORT EZ PEN NEEDLE (pen needle, diabetic) 12MM 29G 29 GAUGE X 1/2"	1	GC
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	1	GC
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 4MM 33G 33 GAUGE X 5/32"	1	GC
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 5MM 31G MINI 31 GAUGE X 3/16"	1	GC
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	1	GC
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 5MM 33G 33 GAUGE X 3/16"	1	GC
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 6MM 31G 31 GAUGE X 1/4"	1	GC
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 6MM 32G 32 GAUGE X 1/4"	1	GC
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 6MM 33G 33 GAUGE X 1/4"	1	GC
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 8MM 31G SHORT 31 GAUGE X 5/16"	1	GC
COMFORT EZ PEN NEEDLES (pen needle, diabetic) 8MM 32G 32 GAUGE X 5/16"	1	GC
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	1	GC
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	GC
COMFORT EZ PRO PEN NDL 31G (pen needle, diabetic, 4MM 31 GAUGE X 5/32" safety)	1	GC

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

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	GC
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	GC
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		1	GC
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		1	GC
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	GC

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 (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	1	GC
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	1	GC
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	1	GC
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	1	GC
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"	1	GC
CURAD GAUZE PADS 2" X 2" 2 X (gauze bandage) 2 "	1	GC
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	GC
CURITY GUAZE PADS 1'S(12 (gauze bandage) PLY) 2 X 2 "	1	GC
DERMACEA 2"X2" GAUZE 12 (gauze bandage) PLY, USP TYPE VII 2 X 2 "	1	GC
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	GC
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	GC
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	1	GC
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	1	GC
DROPLET INS 0.3 ML (insulin syringe-needle 29GX12.5MM 0.3 ML 29 GAUGE u-100) X 1/2"	1	GC
DROPLET INS 0.3 ML (insulin syringe-needle 30GX12.5MM 0.3 ML 30 GAUGE u-100) X 1/2"	1	GC
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	1	GC
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	1	GC

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 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	1	GC
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	1	GC
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	1	GC
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1 GC
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1 GC
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1 GC
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1 GC
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1 GC
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		1 GC
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1 GC
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1 GC
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1 GC
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		1 GC
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1 GC

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 PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	1	GC
DROPLET PEN NEEDLE (pen needle, diabetic) 30GX5/16" 30 GAUGE X 5/16"	1	GC
DROPLET PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	1	GC
DROPLET PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	1	GC
DROPLET PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	1	GC
DROPLET PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4"	1	GC
DROPLET PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16"	1	GC
DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16"	1	GC
DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	1	GC
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	1	GC
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	GC
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	1	GC
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	1	GC
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	1	GC
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	1	GC
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	1	GC
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC
DROPSAFE PEN NEEDLE (pen needle, diabetic, safety) 31GX3/16" 31 GAUGE X 3/16"	1	GC
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC

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

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 PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	GC
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	GC
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	GC
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		1	GC
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		1	GC

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 (insulin syringe-needle 27GX1/2" 1 ML 27 GAUGE X 1/2" u-100)	1	GC
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	GC
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	GC
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	1	GC
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	1	GC
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	1	GC
EASY TOUCH INSULIN SYR 0.3 (insulin syringe-needle ML 0.3 ML 30 GAUGE X 5/16", 0.3 u-100) ML 31 GAUGE X 5/16"	1	GC
EASY TOUCH INSULIN SYR 0.5 (insulin syringe-needle ML 0.5 ML 30 GAUGE X 5/16", 0.5 u-100) ML 31 GAUGE X 5/16"	1	GC
EASY TOUCH INSULIN SYR 1 (insulin syringe-needle ML 1 ML 30 GAUGE X 5/16, 1 ML u-100) 31 GAUGE X 5/16	1	GC
EASY TOUCH INSULIN SYR 1 (insulin syringe-needle ML RETRACTABLE 1 ML 30 u-100) GAUGE X 1/2"	1	GC
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	GC
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	GC
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	GC
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	GC
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	GC
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	GC
EASY TOUCH LUER LOK INSUL (insulin syringe 1 ML needleless)	1	GC

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 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	GC
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		1	GC
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		1	GC
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		1	GC
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	GC
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"		1	GC
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	1	GC
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		1	GC

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
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	GC
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	1	GC
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	1	GC
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	1	GC
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	GC
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	1	GC
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Ultra Comfort Insulin Syringe)	1	GC
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC

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
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	1	GC
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	GC
GAUZE PAD TOPICAL BANDAGE 2 X 2 " (gauze bandage)	1	GC
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	1	GC
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100)	1	GC
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100)	1	GC
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE	1	GC
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 (insulin syringe-needle u-100)	1	GC
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	GC
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	GC
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	GC
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	GC
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	1	GC
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	GC
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	GC
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	1	GC
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	GC

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
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"		1	GC
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	GC
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		3	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(UltiCare Insuln Syr(half unit))	1	GC
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	GC
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	GC
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	GC
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	GC

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 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" (Advocate Syringes)	1	GC
INSULIN SYRINGE 0.5 ML 27G 1/2" INNER (OTC) 1/2 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe)	1	GC
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE (insulin syringe-needle u-100)	1	GC
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	1	GC
INSULIN SYRINGE 0.5 ML 1/2 ML 29 (insulin syringe-needle u-100)	1	GC
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	1	GC
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	1	GC
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe)	1	GC
INSULIN SYRINGE 1 ML 28G 1/2" INNER (RX) 1 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	1	GC
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2" (BD Eclipse Luer-Lok)	1	GC
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16 (Advocate Syringes)	1	GC
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	1	GC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)	1	GC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	1	GC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Monoject Syringe)	1	GC
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	1	GC

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
INSUPEN 31G ULTRAFIN (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	1	GC
INSUPEN 32G 6MM PEN NEEDLE (pen needle, diabetic) 32 GAUGE X 1/4"	1	GC
INSUPEN 32G 8MM PEN NEEDLE (pen needle, diabetic) 32 GAUGE X 5/16"	1	GC
INSUPEN PEN NEEDLE (pen needle, diabetic) 29GX12MM 29 GAUGE X 1/2"	1	GC
INSUPEN PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	1	GC
INSUPEN PEN NEEDLE (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	1	GC
INSUPEN PEN NEEDLE (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32"	1	GC
LISCO SPONGES 100/BAG 2 X 2 "	1	GC
LITE TOUCH 31GX1/4" PEN (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4"	1	GC
LITE TOUCH INSULIN 0.5 ML (insulin syringe-needle SYR 1/2 ML 28 GAUGE, 1/2 ML 29 u-100) , 1/2 ML 30 GAUGE	1	GC
LITE TOUCH INSULIN 1 ML SYR (insulin syringe-needle 1 ML 28 GAUGE, 1 ML 30 GAUGE u-100) X 7/16"	1	GC
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	1	GC
LITE TOUCH INSULIN SYR 1 ML (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	1	GC
LITE TOUCH PEN NEEDLE 29G (pen needle, diabetic) 29 GAUGE X 1/2"	1	GC
LITE TOUCH PEN NEEDLE 31G (pen needle, diabetic) 31 GAUGE X 3/16", 31 GAUGE X 5/16"	1	GC
LITETOUCH INS 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	1	GC
LITETOUCH INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	1	GC

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
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	GC
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		1	GC
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		1	GC
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		1	GC
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		1	GC
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		1	GC
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC

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
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		1	GC
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		1	GC
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"		1	GC
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	1	GC
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	1	GC
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)	1	GC
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	1	GC
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	1	GC
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	1	GC
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	1	GC
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	GC
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC

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
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	GC
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	1	GC
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	GC
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		1	GC
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	GC
NOVOFINE 30 NEEDLE		1	GC
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	1	GC

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 PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	1	GC
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	1	GC
OMNIPOD 5 (G6/LIBRE 2 PLUS) 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 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 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)

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
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 (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16"	1	GC
PEN NEEDLE 30G 5MM OUTER (Embrace Pen Needle) 30 GAUGE X 3/16"	1	GC
PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle) GAUGE X 5/16"	1	GC
PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16"	1	GC
PEN NEEDLE, DIABETIC (1st Tier Unifine Pentips NEEDLE 29 GAUGE X 1/2" Plus)	1	GC
PEN NEEDLES 12MM 29G (pen needle, diabetic) 29GX12MM,STRL 29 GAUGE X 1/2"	1	GC
PEN NEEDLES 4MM 32G 32 (pen needle, diabetic) GAUGE X 5/32"	1	GC
PEN NEEDLES 6MM 31G (1st Tier Unifine 31GX6MM, STRL 31 GAUGE X Pentips) 1/4"	1	GC
PEN NEEDLES 8MM 31G (pen needle, diabetic) 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	1	GC
PENTIPS PEN NEEDLE 29G 1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	1	GC
PENTIPS PEN NEEDLE 31G 1/4" (pen needle, diabetic) 31 GAUGE X 1/4"	1	GC
PENTIPS PEN NEEDLE 31GX3/16" (pen needle, diabetic) MINI, 5MM 31 GAUGE X 3/16"	1	GC
PENTIPS PEN NEEDLE 31GX5/16" (pen needle, diabetic) SHORT, 8MM 31 GAUGE X 5/16"	1	GC
PENTIPS PEN NEEDLE 32G 1/4" (pen needle, diabetic) 32 GAUGE X 1/4"	1	GC
PENTIPS PEN NEEDLE 32GX5/32" (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	GC

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
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	GC
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	GC
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	GC
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	GC
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	GC
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	GC
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	GC
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	GC
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	1	GC
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	1	GC
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	1	GC
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" (pen needle, diabetic)	1	GC
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	GC
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	GC
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	GC
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	GC

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
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	GC
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	GC
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	1	GC
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	1	GC
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	1	GC
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	1	GC
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	1	GC
RAYA SURE PEN NEEDLE 31G (Comfort Touch Pen 4MM 31 GAUGE X 5/32" Needle)	1	GC
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	1	GC
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	1	GC
RELION INS SYR 0.3 ML (BD Veo Insulin Syringe 31GX6MM 0.3 ML 31 GAUGE X UF) 15/64"	1	GC
RELION INS SYR 0.5 ML (BD Veo Insulin Syringe 31GX6MM 1/2 ML 31 GAUGE X UF) 15/64"	1	GC
RELION INS SYR 1 ML (BD Veo Insulin Syringe 31GX15/64" 1 ML 31 GAUGE X UF) 15/64"	1	GC
RELI-ON INSULIN 0.5 ML SYR (Ultilet Insulin Syringe) 1/2 ML 29	1	GC
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	1	GC
RELION MINI PEN 31G X 1/4" (pen needle, diabetic) NDL 31 GAUGE X 1/4"	1	GC
RELION NEEDLES NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4"	1	GC
RELION PEN NEEDLES NEEDLE (pen needle, diabetic) 32 GAUGE X 5/32"	1	GC

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
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	1	GC
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	1	GC
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	1	GC
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	1	GC
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	1	GC
SAFETY PEN NEEDLE 31G 4MM (Comfort EZ PRO 31 GAUGE X 5/32" Safety Pen Ndl)	1	GC
SAFETY PEN NEEDLE 5MM X (pen needle, diabetic, 31G 31 GAUGE X 3/16" safety)	1	GC
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	GC
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	1	GC
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	1	GC
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	1	GC
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	GC
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	GC
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	1	GC
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	GC
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	GC

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
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	GC
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	1	GC
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	GC
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	GC
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	GC
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	GC
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	GC
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	GC

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
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	GC
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		1	GC
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"		1	GC
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		1	GC
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		1	GC
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		1	GC
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"		1	GC
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		1	GC
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		1	GC
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		1	GC

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
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		1	GC
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	GC
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	GC
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		1	GC
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC

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
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	1	GC
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	GC
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	GC
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	GC
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		1	GC
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	GC
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		1	GC
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	1	GC
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		1	GC
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	GC

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
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		1	GC
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	GC
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		1	GC
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	GC
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		1	GC
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"		1	GC
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"		1	GC
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	GC
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	1	GC

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

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 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	1	GC
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	GC
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	GC
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	GC
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	GC
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	GC
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC

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
ULTICARE PEN NEEDLES 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	1	GC
ULTICARE PEN NEEDLES 4MM (pen needle, diabetic) 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	1	GC
ULTICARE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	1	GC
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	GC
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	1	GC
ULTICARE SYR 0.3 ML 29G (Comfort EZ Insulin 12.7MM 0.3 ML 29 GAUGE X 1/2" Syringe)	1	GC
ULTICARE SYR 0.3 ML 30GX1/2" (insulin syringe-needle 0.3 ML 30 GAUGE X 1/2" u-100)	1	GC
ULTICARE SYR 0.3 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.3 ML 31 u-100) GAUGE X 5/16"	1	GC
ULTICARE SYR 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	1	GC
ULTICARE SYR 0.5 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.5 ML 31 u-100) GAUGE X 5/16"	1	GC
ULTICARE SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	1	GC
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	1	GC
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	1	GC
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	1	GC
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	1	GC
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	1	GC
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	1	GC
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	1	GC

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 SAFEPAK 31G 6MM 31 GAUGE X 1/4"	1	GC
ULTIGUARD SAFEPAK 31G 8MM 31 GAUGE X 5/16"	1	GC
ULTIGUARD SAFEPAK 32G 6MM 32 GAUGE X 1/4"	1	GC
ULTIGUARD SAFEPAK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	1	GC
ULTIGUARD SAFEPAK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	1	GC
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1 GC
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1 GC
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1 GC
ULTILET PEN NEEDLE 29 GAUGE	1	GC
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1 GC
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1 GC
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1 GC
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1 GC
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1 GC
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1 GC

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

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
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	GC
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	GC
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	GC
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	GC

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

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
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"		1	GC
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"		1	GC
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"		1	GC
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"		1	GC
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"		1	GC
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		1	GC
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	GC
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	GC
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	GC
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	GC
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	GC
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		1	GC

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
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	GC
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	GC
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	1	GC
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	GC
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	1	GC
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	1	GC
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	1	GC
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	GC
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	1	GC
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	1	GC
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	1	GC
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	GC
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	1	GC
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	GC
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	GC
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	GC
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	GC
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	GC
V-GO 20 DEVICE	3	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
V-GO 30 DEVICE	3	QL (30 per 30 days)
V-GO 40 DEVICE	3	QL (30 per 30 days)
Enzyme Cofactors/Chaperones		
Enzyme Cofactors/Chaperones		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	5	PA; NM; NDS; QL (90 per 30 days)
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CERDELGA ORAL CAPSULE 84 MG	5	PA; NM; NDS
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NM; NDS; QL (14 per 28 days)
<i>javygtor oral tablet, soluble 100 mg</i> (sapropterin)	5	PA; NM; NDS
<i>miglustat oral capsule 100 mg</i> (Yargesa)	5	PA; NM; NDS; QL (90 per 30 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	5	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; NM; LA; 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
<i>yargesa oral capsule 100 mg</i> (miglustat)	5	PA; NM; NDS; QL (90 per 30 days)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000- 126,000- 168,000 UNIT, 5,000- 17,000- 24,000 UNIT, 60,000- 189,600- 252,600 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>apraclonidine ophthalmic (eye) drops</i> 0.5 %	2	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	GC
<i>azelastine nasal spray,non-aerosol</i> 137 mcg (0.1 %)	1	GC; QL (30 per 25 days)
<i>azelastine nasal spray,non-aerosol</i> (Astepro Allergy) 205.5 mcg (0.15 %)	1	GC; QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops</i> 0.05 %	1	GC
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	GC
<i>cyclopentolate ophthalmic (eye)</i> (Cyclogyl) <i>drops 0.5 %, 1 %, 2 %</i>	1	GC
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NM; NDS; QL (60 per 28 days)
<i>epinastine ophthalmic (eye) drops</i> 0.05 %	2	
<i>ipratropium bromide nasal</i> <i>spray,non-aerosol 21 mcg (0.03 %)</i>	1	GC; QL (30 per 28 days)
<i>ipratropium bromide nasal</i> <i>spray,non-aerosol 42 mcg (0.06 %)</i>	1	GC; QL (15 per 10 days)
<i>levofloxacin ophthalmic (eye) drops</i> 1.5 %	2	
<i>olopatadine ophthalmic (eye) drops</i> (Eye Allergy Itch- 0.1 % Redness Rlf)	1	GC

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>olopatadine ophthalmic (eye) drops</i> (Eye Allergy Itch Relief) 0.2 %	2	
<i>proparacaine ophthalmic (eye) drops</i> (Alcaine) 0.5 %	1	GC
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution</i> 2 %	1	GC
<i>bacitracin ophthalmic (eye) ointment</i> 500 unit/gram	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i> 500-10,000 unit/gram (Polycin)	1	GC
<i>ciprofloxacin hcl ophthalmic (eye) drops</i> 0.3 %	1	GC
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i> 0.3-0.1 %	2	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment</i> 5 mg/gram (0.5 %)	1	GC; QL (3.5 per 4 days)
<i>gatifloxacin ophthalmic (eye) drops</i> 0.5 %	2	
<i>gentak ophthalmic (eye) ointment</i> 0.3 % (3 mg/gram)	1	GC
<i>gentamicin ophthalmic (eye) drops</i> 0.3 %	1	GC
<i>hydrocortisone-acetic acid otic (ear) drops</i> 1-2 %	2	
<i>levofloxacin ophthalmic (eye) drops</i> 0.5 %	2	
<i>moxifloxacin ophthalmic (eye) drops</i> (Vigamox) 0.5 %	1	GC
NATACYN OPTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i> 3.5-400-10,000 mg-unit/g-1% (Neo-Polycin HC)	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i> 3.5-400-10,000 mg-unit-unit/g (Neo-Polycin)	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
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	GC
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)	1	GC
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin)	1	GC
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	1	GC
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	GC
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b)	1	GC
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	GC
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	GC
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	GC
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	GC

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

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>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	GC; 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> (Lotemax)	2	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	3	ST; QL (10 per 25 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	2	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	GC
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (5.5 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	2	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	GC
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	1	GC; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	1	GC; QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	2	ST; QL (30 per 30 days)

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>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	2	ST; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	1	GC; HI
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	GC; HI
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	GC; HI
<i>famotidine intravenous solution 10 mg/ml</i>	1	GC; HI
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	GC
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	GC
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	1	GC; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	1	GC; QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	GC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	GC
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	GC
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	HI
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)	1	GC; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)	1	GC; QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	1	GC; QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	GC
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	PA; NM; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	GC
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i>	1	GC

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>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	1	GC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	PA-HRM; GC; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	1	GC
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM; NDS
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	1	GC
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	GC
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	GC
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml, 15-20 gram/60 ml</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	GC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	GC
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	3	QL (60 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	GC; HI
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	GC; HI
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	GC
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NM; NDS
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	PA; NM; NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	GC
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 300 mg</i>	1	GC
<i>ursodiol oral tablet 250 mg</i>	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NM; NDS; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	1	GC
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	1	GC
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	1	GC
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	1	GC
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	3	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	

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
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	GC
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	GC
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	2	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	
<i>sevelamer hcl oral tablet 400 mg, 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>	1	GC
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	1	GC
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	GC
<i>oxybutynin chloride oral tablet 5 mg</i>	1	GC
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	GC
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	1	GC
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
<i>tropium oral tablet 20 mg</i>	1	GC
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	GC; QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	GC

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>finasteride oral tablet 5 mg</i> (Proscar)	1	GC
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	GC
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
<i>tiopronin oral tablet 100 mg</i> (Thiola)	5	NM; NDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NM; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu)	5	PA; NM; NDS
<i>deferasirox oral tablet 90 mg</i> (Jadenu)	2	PA
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	2	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	5	PA; NM; NDS
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	5	PA; NM; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	5	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NM; NDS
FERRIPROX ORAL TABLET 1,000 MG (deferiprone)	5	PA; NM; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NM; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NM; 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</i> (Depo-Testosterone)	1	PA; GC

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>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA; GC
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA; GC; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG	3	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	PA-HRM; GC; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<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> (Climara)	2	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	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
<i>estradiol vaginal tablet 10 mcg</i>	(Yuvaferm)	2	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	(Delestrogen)	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>		2	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	PA-HRM; AGE (Max 64 Years)
<i>jinteli oral tablet 1-5 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	PA-HRM; AGE (Max 64 Years)
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(estradiol)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i>	(estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	(Fyavolv)	2	PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	(Fyavolv)	1	PA-HRM; GC; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG		3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		3	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	3	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i>	(Evista)	1	GC
<i>yuvaferm vaginal tablet 10 mcg</i>	(estradiol)	2	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	(Celestone Soluspan)	2	

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>dexamethasone oral solution 0.5 mg/5 ml</i>	1	GC
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	GC
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	GC; HI
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	1	GC; HI
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	GC
<i>fludrocortisone oral tablet 0.1 mg</i>	1	GC
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	GC
<i>methylprednisolone 200 mg/5 ml muv 40 mg/ml</i> (Depo-Medrol)	1	GC
<i>methylprednisolone 400 mg/5 ml muv 80 mg/ml</i> (Depo-Medrol)	1	GC
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	1	GC
<i>methylprednisolone oral tablet 32 mg</i>	1	GC
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	1	GC
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	GC
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	1	GC
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	1	GC
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	5	PA; NM; NDS; QL (15 per 30 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	5	PA; NM; NDS; QL (30 per 30 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	1	GC
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NM; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	5	PA NSO; NM; NDS; QL (0.5 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA NSO; NM; NDS
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
<i>octreotide acetate injection solution</i> 1,000 mcg/ml, 200 mcg/ml	2	
<i>octreotide acetate injection solution</i> (Sandostatin) 100 mcg/ml, 50 mcg/ml	2	
<i>octreotide acetate injection solution</i> (Sandostatin) 500 mcg/ml	5	NM; NDS
<i>octreotide acetate injection syringe</i> 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	2	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NM; NDS; QL (0.2 per 28 days)

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

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

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
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NM; 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; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NM; NDS
ASTAGRAF XL ORAL (tacrolimus) CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	PA BvD; GC
<i>azathioprine sodium injection recon soln 100 mg</i>	1	PA BvD; GC
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
<i>cyclosporine intravenous solution</i> (Sandimmune) <i>250 mg/5 ml</i>	2	PA BvD

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>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	2	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	2	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)	2	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
<i>everolimus (immunosuppressive) oral</i> (Zortress) <i>tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NM; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NM; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NM; 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
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NM; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	1	PA BvD; GC
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UEVITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NM; 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; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; 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; NM; 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; NM; 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; NM; NDS; Only NDCs starting with 00074

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>infliximab intravenous recon soln 100 mg</i> (Remicade)	5	PA; NM; NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	GC
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	1	PA BvD; GC
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	1	PA BvD; GC
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	5	PA; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NM; 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
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NM; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i>	5	PA BvD; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NM; 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
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS
<i>tacrolimus 0.5 mg capsule (immediate release)</i> (Prograf)	1	PA BvD; GC
<i>tacrolimus 1 mg capsule (immediate release)</i> (Prograf)	2	PA BvD
<i>tacrolimus 5 mg capsule (immediate release)</i> (Prograf)	1	PA BvD; GC
<i>tacrolimus oral capsule 0.5 mg, 5 mg</i> (Prograf)	1	PA BvD; GC
<i>tacrolimus oral capsule 1 mg</i> (Prograf)	2	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NM; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	5	PA; NM; NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	5	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5	PA; NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; NM; HI; LA; 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
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; NDS
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	6	GC; \$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	GC
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	GC; \$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	GC; \$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	6	GC; \$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	6	GC; \$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	6	GC; \$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	6	GC; \$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	6	GC; \$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	6	GC; \$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
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	6	GC
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	6	GC; QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	6	PA BvD; GC; \$0 copay
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	6	PA BvD; GC; \$0 copay
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	6	PA BvD; GC; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	6	GC; \$0 copay; QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	6	GC; \$0 copay; QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	6	GC; \$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	6	GC
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	6	PA BvD; GC; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	GC
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	6	PA BvD; GC; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	6	GC
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	6	GC; \$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
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	6	GC; \$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	6	GC; \$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	6	GC; \$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	6	GC
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	6	GC; \$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	6	GC; \$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	6	GC; \$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	6	GC; \$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	6	GC; \$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	6	GC
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	6	GC
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	6	GC; \$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	6	GC; \$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
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	6	GC; \$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 48MCG-62DU -10 MCG/0.5ML	6	GC
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	6	PA BvD; GC; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	6	GC; \$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	6	GC
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)	6	GC
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	GC
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	6	PA BvD; GC; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	6	PA BvD; GC; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	6	PA BvD; GC; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	6	GC
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	6	GC

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
ROTATEQ VACCINE ORAL SOLUTION 2 ML	6	GC
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	6	GC; \$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 ML toxoids-td)	6	GC; \$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	6	GC; \$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	6	GC; \$0 copay
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	6	GC
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	6	GC; QL (0.75 per 365 days)
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	6	GC; \$0 copay; QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	6	GC; \$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	6	GC; \$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	6	GC; \$0 copay
TYPHIM VI INTRAMUSCULAR (typhoid vi polysacch SYRINGE 25 MCG/0.5 ML vaccine)	6	GC; \$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	6	GC
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	6	GC; \$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	6	GC
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	6	GC; \$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
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	6	GC; \$0 copay; QL (2 per 365 days)
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	6	GC; \$0 copay
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)	6	GC; \$0 copay
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg</i> (Lotronex)	2	
<i>alosetron oral tablet 1 mg</i> (Lotronex)	5	NM; NDS
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	2	
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NM; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	2	QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	GC

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>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	GC; QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	GC; QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	HI
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	1	GC
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	2	QL (120 per 30 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i>	1	GC; QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NM; NDS; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemlar)	2	
<i>paricalcitol oral capsule 4 mcg</i>	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	1	GC; QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	1	GC; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	1	GC; QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	2	QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	2	QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NM; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	1	GC; QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NM; NDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	PA; NM; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	GC
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NM; NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NM; NDS
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	5	PA; NM; NDS; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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</i> 100 mg, 50 mg	1	GC
<i>hydroxyzine pamoate oral capsule 25</i> (Vistaril) mg	1	GC
<i>leucovorin calcium injection recon</i> soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	2	HI
<i>leucovorin calcium injection solution</i> 10 mg/ml	2	HI
<i>leucovorin calcium oral tablet 10 mg,</i> 15 mg, 25 mg, 5 mg	1	GC
<i>levocarnitine (with sugar) oral</i> (Carnitor) <i>solution 100 mg/ml</i>	1	GC
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	2	
<i>levocarnitine sf 1 g/10 ml sol 100</i> (Carnitor (sugar-free)) <i>mg/ml</i>	1	GC
<i>mesna intravenous solution 100</i> (Mesnex) <i>mg/ml</i>	2	HI
MESNEX ORAL TABLET 400 MG	5	NM; NDS
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) <i>(w/w)</i>	2	QL (30 per 30 days)
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NM; NDS
<i>pyridostigmine bromide oral syrup</i> (Mestinon) <i>60 mg/5 ml</i>	2	
<i>pyridostigmine bromide oral tablet</i> <i>30 mg</i>	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
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	GC
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
VOWST ORAL CAPSULE	5	PA; NM; 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	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	GC
<i>brimonidine ophthalmic (eye) drops 0.1 %</i> (Alphagan P)	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	GC
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	2	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	1	GC
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	GC

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>dorzolamide ophthalmic (eye) drops</i> 2 %	1	GC
<i>dorzolamide-timolol ophthalmic (eye) drops</i> (Cosopt) 22.3-6.8 mg/ml	1	GC
<i>latanoprost ophthalmic (eye) drops</i> (Xalatan) 0.005 %	1	GC; QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	1	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>pilocarpine hcl ophthalmic (eye) drops</i> 1 %, 2 %, 4 %	1	GC
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>timolol maleate ophthalmic (eye) drops</i> 0.25 %, 0.5 %	1	GC
<i>timolol maleate ophthalmic (eye) gel forming solution</i> 0.25 %, 0.5 %	2	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	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</i> 100 mg/ml (10 %)	1	GC; HI
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	HI
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	HI
<i>electrolyte-148 intravenous parenteral solution</i>	2	HI
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	4	HI

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
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	HI
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	HI
<i>klor-con m10 oral tablet,er</i> (potassium chloride) <i>particles/crystals 10 meq</i>	1	GC
<i>klor-con m15 oral tablet,er</i> (potassium chloride) <i>particles/crystals 15 meq</i>	1	GC
<i>klor-con m20 oral tablet,er</i> (potassium chloride) <i>particles/crystals 20 meq</i>	1	GC
<i>magnesium sulfate in d5w</i> <i>intravenous piggyback 1 gram/100</i> <i>ml</i>	1	GC; HI
<i>magnesium sulfate in water</i> <i>intravenous parenteral solution 20</i> <i>gram/500 ml (4 %), 40 gram/1,000</i> <i>ml (4 %)</i>	1	GC; HI
<i>magnesium sulfate in water</i> <i>intravenous piggyback 2 gram/50 ml</i> <i>(4 %), 4 gram/100 ml (4 %), 4</i> <i>gram/50 ml (8 %)</i>	1	GC; HI
<i>magnesium sulfate injection solution</i> <i>500 mg/ml (50 %)</i>	4	HI
<i>magnesium sulfate injection syringe</i> <i>500 mg/ml (50 %)</i>	1	GC; HI
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	HI
PLASMA-LYTE A (electrolyte-a) INTRAVENOUS PARENTERAL SOLUTION	4	HI
<i>potassium chloride intravenous</i> <i>solution 2 meq/ml</i>	1	PA BvD; GC; HI
<i>potassium chloride intravenous</i> <i>solution 2 meq/ml (20 ml)</i>	2	PA BvD; HI
<i>potassium chloride oral capsule,</i> <i>extended release 10 meq, 8 meq</i>	1	GC

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>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	1	GC
<i>potassium chloride oral tablet extended release 15 meq</i>	2	
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	1	GC
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	1	GC
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	1	GC
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	1	GC
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	1	GC
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	GC; HI
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	HI
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	HI
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	HI
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	3	QL (12 per 30 days)

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
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	(fluticasone furoate- vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		3	QL (60 per 30 days)
<i>breyna inhalation hfa aerosol inhaler</i> 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	1	GC; QL (30.9 per 30 days)
<i>budesonide inhalation suspension for</i> <i>nebulization 0.25 mg/2 ml, 0.5 mg/2</i> <i>ml</i>	(Pulmicort)	2	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for</i> <i>nebulization 1 mg/2 ml</i>	(Pulmicort)	2	PA BvD; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa</i> <i>aerosol inhaler 160-4.5</i> <i>mcg/actuation, 80-4.5 mcg/actuation</i>	(Breyna)	1	GC; QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa</i> <i>aerosol inhaler 110 mcg/actuation</i>		1	GC; QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa</i> <i>aerosol inhaler 220 mcg/actuation</i>		1	GC; QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa</i> <i>aerosol inhaler 44 mcg/actuation</i>		1	GC; QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol</i> <i>inhalation blister with device 100-50</i> <i>mcg/dose, 250-50 mcg/dose, 500-50</i> <i>mcg/dose</i>	(Wixela Inhub)	1	GC; QL (60 per 30 days)
<i>wixela inhub inhalation blister with</i> <i>device 100-50 mcg/dose, 250-50</i> <i>mcg/dose, 500-50 mcg/dose</i>	(fluticasone propion- salmeterol)	1	GC; QL (60 per 30 days)
Antileukotrienes			
<i>montelukast oral tablet 10 mg</i>	(Singulair)	1	GC

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>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	GC
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	1	GC; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	GC; QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	1	GC; QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i>	1	PA BvD; GC; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 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>	1	PA BvD; GC; QL (120 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	GC
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)

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>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>	1	PA BvD; GC; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	GC
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> (Acetadote)	2	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD

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
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; 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; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NM; 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; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; NM; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NM; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NM; 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
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NM; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA BvD; NM; HI; NDS
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	1	GC; QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	1	GC; 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; NM; 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; NM; NDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	5	PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NM; NDS

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC
<i>baclofen oral tablet 15 mg</i>	2	
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA-HRM; GC; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA-HRM; GC; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 50 mg</i>	2	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA-HRM; GC; AGE (Max 64 Years)

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>revonto intravenous recon soln 20 mg</i> (dantrolene)	1	GC; HI
<i>tizanidine oral tablet 2 mg</i>	1	GC
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	1	GC
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	PA; GC; 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> (Lunesta)	1	GC; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	1	PA; GC; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	1	PA; GC; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; NM; LA; NDS; QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	5	PA; NM; NDS; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	GC; QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	1	PA; GC; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NM; NDS; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; NM; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	1	PA; GC; QL (360 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>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	1	PA; GC; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NM; NDS; QL (112 per 28 days)
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NM; 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; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	1	GC
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	1	GC
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	1	GC
<i>completenate tablet chew 29 mg iron-1 mg</i>	1	GC
<i>folivane-ob capsule 85-1 mg</i>	1	GC
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	1	GC
<i>marnatal-f capsule 60 mg iron-1 mg</i>	1	GC
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	GC
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	GC
<i>mynatal capsule 65 mg iron- 1 mg</i>	1	GC
<i>mynatal oral tablet 90-1-50 mg</i>	1	GC
<i>mynatal plus captab 65 mg iron- 1 mg</i>	1	GC
<i>mynatal-z captab 65 mg iron- 1 mg</i>	1	GC

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>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	GC
<i>newgen tablet 32-1,000 mg-mcg</i>	1	GC
<i>niva-plus tablet 27 mg iron- 1 mg</i>	1	GC
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	1	GC
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	GC
<i>o-cal prenatal tablet 15 mg iron-1,000 mcg</i>	1	GC
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	1	GC
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid) 1	GC
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	GC
<i>pnv-omega softgel 28-1-300 mg</i>	1	GC
<i>pr natal 400 combo pack 29-1-400 mg</i>	1	GC
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	1	GC
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	1	GC
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	1	GC
<i>prenal true combo pack 30 mg iron-1.4 mg-300 mg</i>	1	GC
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	GC
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	GC
<i>prenatabs fa tablet 29-1 mg</i>	1	GC
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	GC
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	1	GC
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	1	GC

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>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)	1	GC
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	GC
<i>prenatal-u capsule 106.5-1 mg</i>	1	GC
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	GC
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	1	GC
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	1	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	GC
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	1	GC
<i>taron-c dha capsule 35-1-200 mg</i>	1	GC
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	GC
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	1	GC
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	1	GC
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	1	GC
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	1	GC
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	1	GC
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	1	GC
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	1	GC
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	1	GC
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	GC
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	1	GC

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>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	1	GC
<i>zatean-pn plus softgel 28-1-300 mg</i>	1	GC
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	GC

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

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 108	<i>afirmelle</i>93	<i>amlodipine</i>83
1ST TIER UNIFINE PENTIPS PLUS.....108	AIRSUPRA.....186, 187	<i>amlodipine-atorvastatin</i>85
<i>abacavir</i>64	AJOVY AUTOINJECTOR.....51	<i>amlodipine-benazepril</i>83
<i>abacavir-lamivudine</i>64	AJOVY SYRINGE.....51	<i>amlodipine-olmesartan</i>83
ABELCET.....48	AKEEGA.....18	<i>amlodipine-valsartan</i>83
ABILIFY ASIMTUFII.....58	AKYNZEO	<i>amlodipine-valsartan-hcthiiazid</i> ..84
ABILIFY MAINTENA.....58	(FOSNETUPITANT).....53	<i>ammonium lactate</i>102, 103
<i>abiraterone</i>18	AKYNZEO (NETUPITANT)....53	<i>amoxapine</i>40
ABOUTTIME PEN NEEDLE..108	<i>ala-cort</i>105	<i>amoxicillin</i>15
ABRAXANE.....18	<i>albendazole</i>55	<i>amoxicillin-pot clavulanate</i>15
ABRYSVO (PF).....173	<i>albuterol sulfate</i>187	<i>amphotericin b</i>48
<i>acamprosate</i>9	<i>alclometasone</i>105	<i>amphotericin b liposome</i>48
<i>acarbose</i>43	ALCOHOL PADS.....102	<i>ampicillin</i>15
<i>accutane</i>102	ALCOHOL PREP PADS.....103	<i>ampicillin sodium</i>15
<i>acebutolol</i>80	ALCOHOL PREP SWABS.....102	<i>ampicillin-sulbactam</i>16
<i>acetaminophen-codeine</i>3	ALCOHOL SWABS.....102	<i>anagrelide</i>74
<i>acetazolamide</i>182	ALCOHOL WIPES.....102	<i>anastrozole</i>19
<i>acetazolamide sodium</i>182	ALECENSA.....18	ANKTIVA.....19
<i>acetic acid</i>152	<i>alendronate</i>179	ANORO ELLIPTA.....187
<i>acetylcysteine</i>188	<i>alfuzosin</i>159	<i>apomorphine</i>56
<i>acitretin</i>102	<i>aliskiren</i>87	APONVIE.....54
ACTEMRA.....167	<i>allopurinol</i>50	<i>apraclonidine</i>151
ACTEMRA ACTPEN.....167	<i>alosetron</i>178	<i>aprepitant</i>54
ACTHAR.....164	<i>alprazolam</i>10	APRETUDE.....64
ACTHAR SELFJECT.....164	<i>altavera (28)</i>93	<i>apri</i>93
ACTHIB (PF).....173	ALTRENO.....107	APTIOM.....34, 35
ACTIMMUNE.....180	ALUNBRIG.....18, 19	APTIVUS.....64
<i>acyclovir</i>70, 102	ALVAIZ.....72	AQINJECT PEN NEEDLE.....109
<i>acyclovir sodium</i>70	<i>alyacen 1/35 (28)</i>93	<i>aranelle (28)</i>93
ADACEL(TDAP	<i>alyacen 7/7/7 (28)</i>93	ARCALYST.....167
ADOLESN/ADULT)(PF).....173	<i>alyq</i>191	AREXVY (PF).....173
<i>adapalene</i>107	<i>amabelz</i>161	AREXVY ANTIGEN
<i>adefovir</i>70	<i>amantadine hcl</i>56	COMPONENT.....173
ADEMPAS.....191	<i>ambrisentan</i>191	<i>aripiprazole</i>58
<i>adrucil</i>18	<i>amethia</i>93	ARISTADA.....58, 59
ADVAIR HFA.....185	<i>amiloride</i>84	ARISTADA INITIO.....58
ADVOCATE PEN NEEDLE...109	<i>amiloride-hydrochlorothiazide</i> ...84	<i>armodafinil</i>191
ADVOCATE SYRINGES 108, 109	<i>amiodarone</i>79	ARNUITY ELLIPTA.....186
	<i>amitriptyline</i>40	<i>ascomp with codeine</i>3

<i>asenapine maleate</i>	59	<i>aztreonam</i>	14	BD VEO INSULIN SYRINGE	
<i>ashlyna</i>	93	<i>azurette (28)</i>	94	UF.....	112
<i>aspirin-dipyridamole</i>	74	<i>bacitracin</i>	152	BELSOMRA.....	191
ASSURE ID DUO PRO SFTY		<i>bacitracin-polymyxin b</i>	152	<i>benazepril</i>	78
PEN NDL.....	109	<i>baclofen</i>	190	<i>benazepril-hydrochlorothiazide</i> ..	78
ASSURE ID DUO-SHIELD....	109	<i>bal-care dha</i>	192	<i>bendamustine</i>	19
ASSURE ID INSULIN		<i>bal-care dha essential</i>	192	BENDAMUSTINE.....	19
SAFETY.....	110	<i>balsalazide</i>	178	BENDEKA.....	19
ASSURE ID PEN NEEDLE....	109	BALVERSA.....	19	BENLYSTA.....	167
ASSURE ID PRO PEN		<i>balziva (28)</i>	94	<i>benztropine</i>	56
NEEDLE.....	110	BCG VACCINE, LIVE (PF)....	173	BESREMI.....	167
ASTAGRAF XL.....	167	BD ALCOHOL SWABS.....	103	<i>betaine</i>	180
<i>atazanavir</i>	64	BD AUTOSHIELD DUO PEN		<i>betamethasone acet,sod phos</i> ...	162
<i>atenolol</i>	80	NEEDLE.....	110	<i>betamethasone dipropionate</i>	105
<i>atenolol-chlorthalidone</i>	80	BD ECLIPSE LUER-LOK.....	110	<i>betamethasone valerate</i>	105
<i>atomoxetine</i>	88	BD INSULIN SYRINGE.....	110	<i>betamethasone, augmented</i>	105
<i>atorvastatin</i>	85	BD INSULIN SYRINGE		BETASERON.....	89
<i>atovaquone</i>	55	(HALF UNIT).....	110	<i>betaxolol</i>	80
<i>atovaquone-proguanil</i>	55	BD INSULIN SYRINGE SLIP		<i>bethanechol chloride</i>	159
<i>atropine</i>	151	TIP.....	111	<i>bexarotene</i>	19
ATROVENT HFA.....	187	BD INSULIN SYRINGE U-		BEXSERO.....	173
<i>aubra eq</i>	93	500.....	110	<i>bicalutamide</i>	19
AUGTYRO.....	19	BD INSULIN SYRINGE		BICILLIN L-A.....	16
<i>aurovela 1.5/30 (21)</i>	93	ULTRA-FINE.....	110	BIKTARVY.....	64
<i>aurovela 1/20 (21)</i>	93	BD NANO 2ND GEN PEN		<i>bisoprolol fumarate</i>	80
<i>aurovela 24 fe</i>	93	NEEDLE.....	111	<i>bisoprolol-hydrochlorothiazide</i> ..	80
<i>aurovela fe 1.5/30 (28)</i>	94	BD SAFETYGLIDE INSULIN		<i>bleomycin</i>	19
<i>aurovela fe 1-20 (28)</i>	94	SYRINGE.....	111	<i>blisovi 24 fe</i>	94
AUSTEDO.....	88	BD SAFETYGLIDE SYRINGE		<i>blisovi fe 1.5/30 (28)</i>	94
AUSTEDO XR.....	88		111	<i>blisovi fe 1/20 (28)</i>	94
AUSTEDO XR TITRATION		BD ULTRA-FINE MICRO		BOOSTRIX TDAP.....	173
KT(WK1-4).....	88	PEN NEEDLE.....	111	BORDERED GAUZE.....	112
AUVELITY.....	40	BD ULTRA-FINE MINI PEN		<i>bortezomib</i>	19
<i>aviane</i>	94	NEEDLE.....	111	<i>bosentan</i>	191
AVONEX.....	88, 89	BD ULTRA-FINE NANO PEN		BOSULIF.....	20
<i>ayuna</i>	94	NEEDLE.....	111	BRAFTOVI.....	20
AYVAKIT.....	19	BD ULTRA-FINE ORIG PEN		BREO ELLIPTA.....	186
<i>azacitidine</i>	19	NEEDLE.....	111	<i>breyana</i>	186
<i>azathioprine</i>	167	BD ULTRA-FINE SHORT		BREZTRI AEROSPHERE.....	187
<i>azathioprine sodium</i>	167	PEN NEEDLE.....	112	<i>briellyn</i>	94
<i>azelastine</i>	151	BD VEO INSULIN SYR		BRILINTA.....	74
<i>azithromycin</i>	14	(HALF UNIT).....	112	<i>brimonidine</i>	182

<i>brimonidine-timolol</i>	182	CARETOUCH ALCOHOL		<i>cholestyramine light</i>	85
<i>brinzolamide</i>	182	PREP PAD.....	103	<i>ciclopirox</i>	48
BRIVIACT.....	35	CARETOUCH INSULIN		<i>cilostazol</i>	74
<i>bromfenac</i>	154	SYRINGE.....	113	CIMDUO.....	64
<i>bromocriptine</i>	56	CARETOUCH PEN NEEDLE		<i>cimetidine hcl</i>	155
BRONCHITOL.....	189		112, 113	<i>cinacalcet</i>	179
BRUKINSA.....	20	<i>carglumic acid</i>	156	CINQAIR.....	189
<i>budesonide</i>	178, 186	<i>carteolol</i>	182	CINRYZE.....	72
<i>budesonide-formoterol</i>	186	<i>cartia xt</i>	81	<i>ciprofloxacin</i>	17
<i>bumetanide</i>	84	<i>carvedilol</i>	80	<i>ciprofloxacin hcl</i>	16, 152
<i>buprenorphine hcl</i>	3, 9	<i>caspofungin</i>	48	<i>ciprofloxacin in 5 % dextrose</i>	
<i>buprenorphine-naloxone</i>	9	CAYSTON.....	14		16, 17
<i>bupropion hcl</i>	40	<i>caziant (28)</i>	94	<i>ciprofloxacin-dexamethasone</i> ...	152
<i>bupropion hcl (smoking deter)</i>	9	<i>cefaclor</i>	12	<i>citalopram</i>	40, 41
<i>buspirone</i>	180	<i>cefadroxil</i>	12	<i>clarithromycin</i>	14
<i>butalbital-acetaminophen-caff</i>	3	<i>cefazolin</i>	13	CLENPIQ.....	158
<i>butalbital-aspirin-caffeine</i>	3	<i>cefazolin in dextrose (iso-os)</i>	12	CLICKFINE PEN NEEDLE....	113
CABENUVA.....	64	<i>cefdinir</i>	13	<i>clindamycin hcl</i>	11
<i>cabergoline</i>	56	<i>cefepime</i>	13	<i>clindamycin in 5 % dextrose</i>	11
CABLIVI.....	74	<i>cefixime</i>	13	<i>clindamycin pediatric</i>	11
CABOMETYX.....	20	<i>cefotaxime</i>	13	<i>clindamycin phosphate</i> . 11, 51, 104	
<i>cabotegravir</i>	64	<i>cefoxitin</i>	13	<i>clindamycin-benzoyl peroxide</i> ..	104
<i>caffeine citrate</i>	89	<i>cefpodoxime</i>	13	CLINIMIX 5%/D15W	
<i>calcipotriene</i>	103	<i>cefprozil</i>	13	SULFITE FREE.....	74
<i>calcitonin (salmon)</i>	179	<i>ceftazidime</i>	13	CLINIMIX 4.25%/D10W	
<i>calcitriol</i>	179	<i>ceftriaxone</i>	13	SULF FREE.....	75
<i>calcium acetate(phosphat bind)</i>	159	<i>cefuroxime axetil</i>	13	CLINIMIX 4.25%/D5W	
<i>calcium chloride</i>	183	<i>cefuroxime sodium</i>	13	SULFIT FREE.....	75
CALQUENCE		<i>celecoxib</i>	6	CLINIMIX 5%-	
(ACALABRUTINIB MAL).....	20	<i>cephalexin</i>	13, 14	D20W(SULFITE-FREE).....	75
<i>camila</i>	94	CERDELGA.....	150	CLINIMIX 6%-D5W	
<i>candesartan</i>	77	<i>cevimeline</i>	101	(SULFITE-FREE).....	75
<i>candesartan-hydrochlorothiazid</i>	77	<i>chateal eq (28)</i>	94	CLINIMIX 8%-	
CAPLYTA.....	59	<i>chloramphenicol sod succinate</i> ..	11	D10W(SULFITE-FREE).....	75
CAPRELSA.....	20	<i>chlordiazepoxide hcl</i>	10	CLINIMIX 8%-	
<i>captopril</i>	78	<i>chlorhexidine gluconate</i>	102	D14W(SULFITE-FREE).....	75
<i>carbamazepine</i>	35	<i>chloroquine phosphate</i>	55	CLINIMIX E 2.75%/D5W	
<i>carbidopa-levodopa</i>	56, 57	<i>chlorothiazide sodium</i>	84	SULF FREE.....	75
<i>carbidopa-levodopa-</i>		<i>chlorpromazine</i>	59	CLINIMIX E 4.25%/D10W	
<i>entacapone</i>	57	<i>chlorthalidone</i>	84	SUL FREE.....	75
CAREFINE PEN NEEDLE.....	112	<i>chlorzoxazone</i>	190	CLINIMIX E 4.25%/D5W	
		<i>cholestyramine (with sugar)</i>	85	SULF FREE.....	75

CLINIMIX E 5%/D15W	COPAXONE.....	89	<i>daysee</i>	94
SULFIT FREE.....	COPIKTRA.....	20	<i>deblitane</i>	94
CLINIMIX E 5%/D20W	CORLANOR.....	82	<i>decitabine</i>	21
SULFIT FREE.....	CORTROPHIN GEL.....	164	<i>deferasirox</i>	160
CLINIMIX E 8%-D10W	COSENTYX.....	167, 180	<i>deferiprone</i>	160
SULFITEFREE.....	COSENTYX (2 SYRINGES)...	167	DELSTRIGO.....	65
<i>clobazam</i>	COSENTYX PEN (2 PENS)....	167	DENG VAXIA (PF).....	174
<i>clobetasol</i>	COSENTYX UNOREADY		<i>denta 5000 plus</i>	102
<i>clobetasol-emollient</i>	PEN.....	167	<i>dentagel</i>	102
<i>clomipramine</i>	COTELLIC.....	20	DEPO-SUBQ PROVERA 104.	166
<i>clonazepam</i>	CREON.....	150	DERMACEA.....	116
<i>clonidine</i>	<i>cromolyn</i>	151, 156, 189	DERMACEA NON-WOVEN..	116
<i>clonidine hcl</i>	<i>cryselle (28)</i>	94	DESCOVY.....	65
<i>clopidogrel</i>	CURAD GAUZE PAD.....	116	<i>desipramine</i>	41
<i>clorazepate dipotassium</i>	CURITY ALCOHOL SWABS	103	<i>desmopressin</i>	164
<i>clotrimazole</i>	CURITY GAUZE.....	116	<i>desog-e.estradiol/e.estradiol</i>	95
<i>clotrimazole-betamethasone</i>	<i>cyclobenzaprine</i>	190	<i>desogestrel-ethinyl estradiol</i>	95
<i>clozapine</i>	<i>cyclopentolate</i>	151	<i>desoximetasone</i>	106
<i>c-nate dha</i>	<i>cyclophosphamide</i>	20, 21	<i>desvenlafaxine succinate</i>	41
COARTEM.....	<i>cyclosporine</i>	167, 168	<i>dexamethasone</i>	163
COBENFY.....	<i>cyclosporine modified</i>	168	<i>dexamethasone sodium phos</i>	
COBENFY STARTER PACK... 59	<i>cyproheptadine</i>	50	(pf).....	163
<i>codeine sulfate</i>	CYRAMZA.....	21	<i>dexamethasone sodium</i>	
<i>codeine-butalbital-asa-caff</i>	<i>cyred eq</i>	94	<i>phosphate</i>	154, 163
<i>colchicine</i>	CYSTARAN.....	151	<i>dexmethylphenidate</i>	89
<i>colesevelam</i>	<i>d5 % and 0.9 % sodium</i>		<i>dextroamphetamine sulfate</i>	89
<i>colestipol</i>	<i>chloride</i>	183	<i>dextroamphetamine-</i>	
<i>colistin (colistimethate na)</i>	<i>d5 %-0.45 % sodium chloride</i> ..	183	<i>amphetamine</i>	89
COMBIVENT RESPIMAT.....	<i>dabigatran etexilate</i>	70	<i>dextrose 10 % in water (d10w)</i> ...	75
COMETRIQ.....	<i>dalfampridine</i>	89	<i>dextrose 5 % in water (d5w)</i> ..	75, 76
COMFORT EZ INSULIN	<i>danazol</i>	160	DIACOMIT.....	35
SYRINGE.....	<i>dantrolene</i>	190	<i>diazepam</i>	10, 35
COMFORT EZ PEN	DANYELZA.....	21	<i>diazepam intensol</i>	10
NEEDLES.....	<i>dapsone</i>	53	<i>diazoxide</i>	180
COMFORT EZ PRO SAFETY	DAPTACEL (DTAP		<i>diclofenac potassium</i>	6
PEN NDL.....	PEDIATRIC) (PF).....	174	<i>diclofenac sodium</i>	6, 7, 154
COMFORT TOUCH PEN	<i>daptomycin</i>	11	<i>diclofenac-misoprostol</i>	7
NEEDLE.....	<i>darunavir</i>	64	<i>dicloxacillin</i>	16
COMPLERA.....	<i>dasatinib</i>	21	<i>dicyclomine</i>	156, 157
<i>completenate</i>	<i>dasetta 1/35 (28)</i>	94	<i>didanosine</i>	65
<i>compro</i>	<i>dasetta 7/7/7 (28)</i>	94	DIFICID.....	14
<i>constulose</i>	DAURISMO.....	21	<i>difluprednate</i>	154

<i>digitek</i>	82	DROPLET PEN NEEDLE		EASY TOUCH	
<i>digox</i>	82		117, 118	SHEATHLOCK INSULIN.....	121
<i>digoxin</i>	82, 83	DROPSAFE ALCOHOL PREP		EASY TOUCH UNI-SLIP.....	122
<i>dihydroergotamine</i>	51	PADS.....	103	<i>ec-naproxen</i>	7
<i>diltiazem hcl</i>	81, 82	DROPSAFE INSULIN		<i>econazole</i>	48
<i>dilt-xr</i>	82	SYRINGE.....	118	EDARBI.....	77
<i>dimenhydrinate</i>	54	DROPSAFE PEN NEEDLE.....	118	EDARBYCLOR.....	77
<i>dimethyl fumarate</i>	89, 90	<i>drospirenone-ethinyl estradiol</i> ...	95	EDURANT.....	65
DIPENTUM.....	178	DROXIA.....	74	<i>efavirenz</i>	65
<i>diphenhydramine hcl</i>	50, 51	<i>droxidopa</i>	76	<i>efavirenz-emtricitabin-tenofov</i>	65
<i>diphenoxylate-atropine</i>	157	DUAVEE.....	161	<i>efavirenz-lamivu-tenofov disop</i> ...	65
<i>dipyridamole</i>	74	<i>duloxetine</i>	41	EGRIFTA SV.....	164
<i>disopyramide phosphate</i>	79	DUPIXENT PEN.....	168	<i>electrolyte-148</i>	183
<i>disulfiram</i>	9	DUPIXENT SYRINGE.....	168	ELIGARD.....	21
<i>divalproex</i>	35, 36	<i>dutasteride</i>	159	ELIGARD (3 MONTH).....	21
<i>dofetilide</i>	79	EASY COMFORT ALCOHOL		ELIGARD (4 MONTH).....	21
<i>donepezil</i>	40	PAD.....	103	ELIGARD (6 MONTH).....	21
DOPTELET (10 TAB PACK)....	72	EASY COMFORT INSULIN		<i>elimest</i>	95
DOPTELET (15 TAB PACK)....	72	SYRINGE.....	119, 120	ELIQUIS.....	70
DOPTELET (30 TAB PACK)....	72	EASY COMFORT PEN		ELIQUIS DVT-PE TREAT	
<i>dorzolamide</i>	183	NEEDLES.....	119, 120	30D START.....	70
<i>dorzolamide-timolol</i>	183	EASY COMFORT SAFETY		ELLA.....	95
<i>dotti</i>	161	PEN NEEDLE.....	119	ELMIRON.....	180
DOVATO.....	65	EASY GLIDE INSULIN		ELREXFIO.....	21
<i>doxazosin</i>	76	SYRINGE.....	120	<i>eluryng</i>	95
<i>doxepin</i>	41	EASY GLIDE PEN NEEDLE..	120	EMBRACE PEN NEEDLE.....	123
<i>doxorubicin</i>	21	EASY TOUCH.....	122	EMCYT.....	21
<i>doxorubicin, peg-liposomal</i>	21	EASY TOUCH ALCOHOL		EMEND.....	54
<i>doxy-100</i>	17	PREP PADS.....	103	EMGALITY PEN.....	51
<i>doxycycline hyclate</i>	17, 18	EASY TOUCH FLIPLOCK		EMGALITY SYRINGE.....	52
<i>doxycycline monohydrate</i>	18	INSULIN.....	121	EMSAM.....	41
DRIZALMA SPRINKLE.....	41	EASY TOUCH FLIPLOCK		<i>emtricitabine</i>	65
<i>dronabinol</i>	54	SYRINGE.....	121	<i>emtricitabine-tenofov (tdf)</i>	65
<i>droperidol</i>	54	EASY TOUCH INSULIN		EMTRIVA.....	65
DROPLET INSULIN		SAFETY SYR.....	120, 121	<i>emzahh</i>	95
SYR(HALF UNIT).....	116, 117	EASY TOUCH INSULIN		<i>enalapril maleate</i>	78
DROPLET INSULIN		SYRINGE.....	120, 121, 122	<i>enalaprilat</i>	78
SYRINGE.....	116, 117	EASY TOUCH LUER LOCK		<i>enalapril-hydrochlorothiazide</i>	78
DROPLET MICRON PEN		INSULIN.....	121	ENBREL.....	168
NEEDLE.....	117	EASY TOUCH PEN NEEDLE	122	ENBREL MINI.....	168
		EASY TOUCH SAFETY PEN		ENBREL SURECLICK.....	168
		NEEDLE.....	122	<i>endocet</i>	3

ENERGIX-B (PF).....	174	<i>ethynodiol diac-eth estradiol</i>	95	FIASP FLEXTOUCH U-100	
ENERGIX-B PEDIATRIC (PF)		<i>etodolac</i>	7	INSULIN.....	46
.....	174	<i>etonogestrel-ethinyl estradiol</i>	95	FIASP PENFILL U-100	
<i>enilloring</i>	95	ETOPOPHOS.....	22	INSULIN.....	46
<i>enoxaparin</i>	70, 71	<i>etoposide</i>	22	FIASP U-100 INSULIN.....	46
<i>enpresse</i>	95	<i>etravirine</i>	65	<i>finasteride</i>	160
<i>enskyce</i>	95	EUCRISA.....	106	<i>ingolimod</i>	90
<i>entacapone</i>	57	<i>everolimus (antineoplastic)</i>	22	FINTEPLA.....	36
<i>entecavir</i>	70	<i>everolimus</i>		FIRMAGON KIT W	
ENTRESTO.....	77	<i>(immunosuppressive)</i>	168	DILUENT SYRINGE.....	22
ENTRESTO SPRINKLE.....	77	EVOTAZ.....	65	FLEBOGAMMA DIF.....	168
<i>enulose</i>	157	EVRYSDI.....	180	<i>flecainide</i>	79
EPCLUSA.....	69	<i>exemestane</i>	22	<i>floxuridine</i>	23
EPIDIOLEX.....	36	EXKIVITY.....	22	<i>fluconazole</i>	49
<i>epinastine</i>	151	EXTENCILLINE.....	16	<i>fluconazole in nacl (iso-osm)</i>	49
<i>epinephrine</i>	83	EYSUVIS.....	154	<i>flucytosine</i>	49
<i>epitol</i>	36	<i>ezetimibe</i>	85	<i>fludrocortisone</i>	163
EPIVIR HBV.....	65	<i>ezetimibe-simvastatin</i>	85, 86	<i>flumazenil</i>	90
EPKINLY.....	22	<i>falmina (28)</i>	95	<i>flunisolide</i>	154
<i>eplerenone</i>	87	<i>famciclovir</i>	70	<i>fluocinolone</i>	106
EPRONTIA.....	36	<i>famotidine</i>	156	<i>fluocinolone acetonide oil</i>	154
ERBITUX.....	22	<i>famotidine (pf)</i>	156	<i>fluocinonide</i>	106
<i>ergoloid</i>	40	<i>famotidine (pf)-nacl (iso-os)</i>	156	<i>fluocinonide-emollient</i>	106
ERIVEDGE.....	22	FANAPT.....	59	<i>fluoride (sodium)</i>	102
ERLEADA.....	22	FARXIGA.....	43	<i>fluorometholone</i>	154
<i>erlotinib</i>	22	FASENRA.....	189	<i>fluorouracil</i>	23, 103
<i>errin</i>	95	FASENRA PEN.....	189	<i>fluoxetine</i>	41
<i>ertapenem</i>	15	<i>febuxostat</i>	50	<i>fluphenazine decanoate</i>	59
<i>ery pads</i>	104	<i>felbamate</i>	36	<i>fluphenazine hcl</i>	59, 60
<i>erythromycin</i>	14, 152	FEMRING.....	162	<i>flurbiprofen</i>	7
<i>erythromycin ethylsuccinate</i>	14	<i>fenofibrate</i>	86	<i>flurbiprofen sodium</i>	154
<i>erythromycin with ethanol</i>	104	<i>fenofibrate micronized</i>	86	<i>fluticasone propionate</i>	
<i>escitalopram oxalate</i>	41	<i>fenofibrate nanocrystallized</i>	86		106, 154, 186
<i>esomeprazole magnesium</i>	155, 156	<i>fenofibric acid (choline)</i>	86	<i>fluticasone propion-salmeterol</i>	186
<i>esomeprazole sodium</i>	156	<i>fentanyl</i>	4	<i>fluvastatin</i>	86
<i>estarylla</i>	95	<i>fentanyl citrate</i>	3, 4	<i>fluvoxamine</i>	42
<i>estradiol</i>	161, 162	FERRIPROX.....	160	<i>folivane-ob</i>	192
<i>estradiol valerate</i>	162	FERRIPROX (2 TIMES A		<i>fondaparinux</i>	71
<i>estradiol-norethindrone acet</i>	162	DAY).....	160	<i>fosamprenavir</i>	65
<i>eszopiclone</i>	191	<i>fesoterodine</i>	159	<i>fosaprepitant</i>	54
<i>ethambutol</i>	53	FETZIMA.....	41	<i>foscarnet</i>	68
<i>ethosuximide</i>	36			<i>fosinopril</i>	78

<i>fosinopril-hydrochlorothiazide</i> ...	78	GILOTRIF	23	<i>heather</i>	96
<i>fosphenytoin</i>	36	<i>glatiramer</i>	90	<i>heparin (porcine)</i>	71
FOTIVDA	23	<i>glatopa</i>	90	<i>heparin, porcine (pf)</i>	71
FREESTYLE PRECISION		GLEOSTINE	23	HEPLISAV-B (PF)	174
.....	123, 124	<i>glimepiride</i>	47	HERCEPTIN HYLECTA	23
FRUZAQLA	23	<i>glipizide</i>	47, 48	HERZUMA	23
FULPHILA	72	<i>glipizide-metformin</i>	48	HIBERIX (PF)	174
<i>fulvestrant</i>	23	<i>glutamine (sickle cell)</i>	180	HUMIRA	169
<i>furosemide</i>	84	<i>glyburide</i>	48	HUMIRA PEN	169
FUZEON	65	<i>glyburide micronized</i>	48	HUMIRA PEN CROHNS-UC-	
FYARRO	23	<i>glyburide-metformin</i>	48	HS START	169
<i>fyavolv</i>	162	<i>glycopyrrolate</i>	157	HUMIRA PEN PSOR-	
FYCOMPA	36	<i>glydo</i>	8	UVEITS-ADOL HS	169
<i>gabapentin</i>	36	GLYXAMBI	43	HUMIRA(CF)	169
GALAFOLD	150	<i>granisetron (pf)</i>	54	HUMIRA(CF) PEDI CROHNS	
<i>galantamine</i>	40	<i>granisetron hcl</i>	54	STARTER	169
<i>gallifrey</i>	166	GRANIX	72	HUMIRA(CF) PEN	169
GAMIFANT	168	<i>griseofulvin microsize</i>	49	HUMIRA(CF) PEN CROHNS-	
GAMMAGARD LIQUID	168	<i>guanfacine</i>	76, 90	UC-HS	169
GAMMAGARD S-D (IGA < 1		GVOKE	181	HUMIRA(CF) PEN	
MCG/ML)	168	GVOKE HYPOPEN 2-PACK ..	181	PEDIATRIC UC	169
GAMMAPLEX	169	GVOKE PFS 1-PACK		HUMIRA(CF) PEN PSOR-UV-	
GAMMAPLEX (WITH		SYRINGE	181	ADOL HS	169
SORBITOL)	169	GVOKE PFS 2-PACK		HUMULIN R U-500 (CONC)	
GARDASIL 9 (PF)	174	SYRINGE	181	INSULIN	46
<i>gatifloxacin</i>	152	HAEGARDA	72	HUMULIN R U-500 (CONC)	
GATTEX 30-VIAL	157	<i>hailey</i>	96	KWIKPEN	46
GAUZE PAD	124	<i>hailey 24 fe</i>	95	<i>hydralazine</i>	83
<i>gavilyte-c</i>	158	<i>hailey fe 1.5/30 (28)</i>	95	<i>hydrochlorothiazide</i>	84
<i>gavilyte-g</i>	158	<i>hailey fe 1/20 (28)</i>	95	<i>hydrocodone-acetaminophen</i>	4
<i>gavilyte-n</i>	158	<i>halobetasol propionate</i>	106	<i>hydrocodone-ibuprofen</i>	4
GAVRETO	23	<i>haloette</i>	96	<i>hydrocortisone</i> .. 106, 107, 163, 178	
<i>gefitinib</i>	23	<i>haloperidol</i>	60	<i>hydrocortisone butyrate</i>	106
<i>gemfibrozil</i>	86	<i>haloperidol decanoate</i>	60	<i>hydrocortisone valerate</i>	107
<i>generlac</i>	157	<i>haloperidol lactate</i>	60	<i>hydrocortisone-acetic acid</i>	152
<i>engraf</i>	169	HARVONI	69	<i>hydromorphone</i>	4
<i>gentak</i>	152	HAVRIX (PF)	174	<i>hydromorphone (pf)</i>	4
<i>gentamicin</i>	11, 104, 152	HEALTHWISE INSULIN		<i>hydroxychloroquine</i>	55
<i>gentamicin sulfate (ped) (pf)</i>	11	SYRINGE	124	<i>hydroxyurea</i>	23
<i>gentamicin sulfate (pf)</i>	11	HEALTHWISE PEN NEEDLE	124	<i>hydroxyzine hcl</i>	51
GENVOYA	65	HEALTHY ACCENTS		<i>hydroxyzine pamoate</i>	181
GILENYA	90	UNIFINE PENTIP	125	<i>ibandronate</i>	179

IBRANCE.....	23	<i>insulin aspart u-100</i>	46	IXIARO (PF).....	175
<i>ibu</i>	7	INSULIN SYR/NDL U100		<i>jaimiess</i>	96
<i>ibuprofen</i>	7	HALF MARK.....	125	JAKAFI.....	24
<i>icatibant</i>	83	INSULIN SYRINGE.....	111	<i>jantoven</i>	71
<i>iclevia</i>	96	INSULIN SYRINGE		JANUMET.....	43
ICLUSIG.....	23	MICROFINE.....	110	JANUMET XR.....	43
IDHIFA.....	23	INSULIN SYRINGE		JANUVIA.....	43
<i>ifosfamide</i>	24	NEEDLELESS.....	111	JARDIANCE.....	43
ILEVRO.....	154	INSULIN SYRINGE-NEEDLE		<i>jasmiel (28)</i>	96
<i>imatinib</i>	24	U-100		<i>javygtor</i>	150
IMBRUVICA.....	24	.. 123, 125, 126, 134, 139, 142, 143		JAYPIRCA.....	24, 25
IMDELLTRA.....	24	INSUPEN PEN NEEDLE 126, 127		JEMPERLI.....	25
<i>imipenem-cilastatin</i>	15	INTELENCE.....	65	<i>jencycla</i>	96
<i>imipramine hcl</i>	42	INTRALIPID.....	76	JENTADUETO.....	43
<i>imiquimod</i>	103	INVEGA HAFYERA.....	60	JENTADUETO XR.....	44
IMJUDO.....	24	INVEGA SUSTENNA.....	60	<i>jinteli</i>	162
IMLYGIC.....	24	INVEGA TRINZA.....	61	<i>juleber</i>	96
IMOVAX RABIES VACCINE		INVELTYS.....	154	JULUCA.....	66
(PF).....	174	INVIRASE.....	66	<i>junel 1.5/30 (21)</i>	96
IMPAVIDO.....	56	IPOL.....	174	<i>junel 1/20 (21)</i>	96
INBRIJA.....	57	<i>ipratropium bromide</i>	151, 188	<i>junel fe 1.5/30 (28)</i>	96
<i>incassia</i>	96	<i>ipratropium-albuterol</i>	188	<i>junel fe 1/20 (28)</i>	96
INCONTROL ALCOHOL		<i>irbesartan</i>	77	<i>junel fe 24</i>	96
PADS.....	103	<i>irbesartan-hydrochlorothiazide</i> ..	77	JUXTAPID.....	86
INCONTROL PEN NEEDLE..	125	ISENTRESS.....	66	JYLAMVO.....	25
INCRELEX.....	164	ISENTRESS HD.....	66	JYNNEOS (PF).....	175
<i>indapamide</i>	85	<i>isibloom</i>	96	<i>kalliga</i>	96
<i>indomethacin</i>	7	ISOLYTE S PH 7.4.....	184	KALYDECO.....	189
INFANRIX (DTAP) (PF).....	174	ISOLYTE-P IN 5 %		<i>kariva (28)</i>	96
<i>infliximab</i>	170	DEXTROSE.....	184	<i>kelnor 1/35 (28)</i>	96
INGREZZA.....	90	ISOLYTE-S.....	183	<i>kelnor 1/50 (28)</i>	96
INGREZZA INITIATION		<i>isoniazid</i>	53	KERENDIA.....	87
PK(TARDIV).....	90	<i>isosorbide dinitrate</i>	87	KESIMPTA PEN.....	90
INGREZZA SPRINKLE.....	90	<i>isosorbide mononitrate</i>	87	<i>ketoconazole</i>	49
INLYTA.....	24	<i>isosorbide-hydralazine</i>	87	<i>ketorolac</i>	7, 155
INPEN (FOR HUMALOG)		<i>isradipine</i>	84	KEVZARA.....	170
BLUE.....	125	<i>itraconazole</i>	49	KEYTRUDA.....	25
INPEN (NOVOLOG OR		IV PREP WIPES.....	103	KIMMTRAK.....	25
FIASP) BLUE.....	125	<i>ivabradine</i>	83	KINERET.....	170
INQOVI.....	24	<i>ivermectin</i>	56	KINRIX (PF).....	175
INREBIC.....	24	IWILFIN.....	24	<i>kionex (with sorbitol)</i>	157
<i>insulin asp prt-insulin aspart</i>	46	IXCHIQ (PF).....	175	KISQALI.....	25

KISQALI FEMARA CO- PACK.....	25	<i>leuprolide (3 month)</i>	26	LORBRENA.....	26
KLISYRI.....	103	<i>levetiracetam</i>	37	<i>loryna (28)</i>	98
<i>klor-con m10</i>	184	<i>levobunolol</i>	183	<i>losartan</i>	77
<i>klor-con m15</i>	184	<i>levocarnitine</i>	181	<i>losartan-hydrochlorothiazide</i>	77
<i>klor-con m20</i>	184	<i>levocarnitine (with sugar)</i>	181	LOTEMAX.....	155
KLOXXADO.....	9	<i>levocetirizine</i>	51	LOTEMAX SM.....	155
KOSELUGO.....	25	<i>levofloxacin</i>	17, 151, 152	<i>loteprednol etabonate</i>	155
<i>kosher prenatal plus iron</i>	192	<i>levofloxacin in d5w</i>	17	<i>lovastatin</i>	86
KOURZEQ.....	102	<i>levonest (28)</i>	97	<i>low-ogestrel (28)</i>	98
KRAZATI.....	25	<i>levonorgest-eth.estradiol-iron</i>	97	<i>loxapine succinate</i>	61
KRINTAFEL.....	56	<i>levonorgestrel-ethinyl estrad</i>	97	<i>lo-zumandimine (28)</i>	98
<i>kurvelo (28)</i>	97	<i>levonorg-eth estrad triphasic</i>	97	<i>lubiprostone</i>	157
KYNMOBI.....	57	<i>levora-28</i>	97	LUMAKRAS.....	26
<i>l norgest/e.estradiol-e.estrad</i>	97	<i>levothyroxine</i>	166	LUMIGAN.....	183
<i>labetalol</i>	80	LEXIVA.....	66	LUNSUMIO.....	26
<i>lacosamide</i>	36, 37	LIBERVANT.....	37	LUPRON DEPOT.....	165
<i>lactulose</i>	157	<i>lidocaine</i>	8	LUPRON DEPOT (3 MONTH)	26, 165
<i>lagevrio (eua)</i>	70	<i>lidocaine (pf)</i>	8, 79	LUPRON DEPOT (4 MONTH).26	
<i>lamivudine</i>	66	<i>lidocaine hcl</i>	8	LUPRON DEPOT (6 MONTH).26	
<i>lamivudine-zidovudine</i>	66	<i>lidocaine viscous</i>	8	<i>lurasidone</i>	61
<i>lamotrigine</i>	37	<i>lidocaine-prilocaine</i>	8	<i>luteru (28)</i>	98
<i>lanreotide</i>	164	<i>linezolid</i>	11	LYBALVI.....	61
<i>lansoprazole</i>	156	<i>linezolid in dextrose 5%</i>	11	<i>lyleq</i>	98
<i>lapatinib</i>	25	LINZESS.....	157	<i>lyllana</i>	162
<i>larin 1.5/30 (21)</i>	97	liothyronine.....	166	LYNPARZA.....	27
<i>larin 1/20 (21)</i>	97	LISCO.....	127	LYSODREN.....	27
<i>larin 24 fe</i>	97	<i>lisinopril</i>	78	LYTGOBI.....	27
<i>larin fe 1.5/30 (28)</i>	97	<i>lisinopril-hydrochlorothiazide</i>	78	<i>lyza</i>	98
<i>larin fe 1/20 (28)</i>	97	LITE TOUCH INSULIN PEN NEEDLES.....	127	MAGELLAN INSULIN SAFETY SYRNG.....	128
<i>latanoprost</i>	183	LITE TOUCH INSULIN SYRINGE.....	127, 128	MAGELLAN SYRINGE.....	128
LAZCLUZE.....	25	<i>lithium carbonate</i>	90	<i>magnesium sulfate</i>	184
<i>leflunomide</i>	170	<i>lithium citrate</i>	91	<i>magnesium sulfate in d5w</i>	184
<i>lenalidomide</i>	25	LIVALO.....	86	<i>magnesium sulfate in water</i>	184
LENTOCILIN S.....	16	<i>lojaimiess</i>	97	<i>malathion</i>	108
LENVIMA.....	26	LOKELMA.....	157	<i>maraviroc</i>	66
<i>lessina</i>	97	LONSURF.....	26	MARGENZA.....	27
<i>letrozole</i>	26	<i>loperamide</i>	157	<i>marlissa (28)</i>	98
<i>leucovorin calcium</i>	181	<i>lopinavir-ritonavir</i>	66	<i>marnatal-f</i>	192
LEUKERAN.....	26	LOQTORZI.....	26	MARPLAN.....	42
LEUKINE.....	72	<i>lorazepam</i>	10	MATULANE.....	27
<i>leuprolide</i>	26				

MAVENCLAD (10 TABLET PACK).....	91	<i>merzee</i>	98	<i>minocycline</i>	18
MAVENCLAD (4 TABLET PACK).....	91	<i>mesalamine</i>	178	<i>minoxidil</i>	87
MAVENCLAD (5 TABLET PACK).....	91	<i>mesna</i>	181	MIPLYFFA.....	150
MAVENCLAD (6 TABLET PACK).....	91	MESNEX.....	181	<i>mirtazapine</i>	42
MAVENCLAD (7 TABLET PACK).....	91	<i>metformin</i>	44	<i>misoprostol</i>	156
MAVENCLAD (8 TABLET PACK).....	91	<i>methadone</i>	4	<i>mitoxantrone</i>	27
MAVENCLAD (9 TABLET PACK).....	91	<i>methadose</i>	4	M-M-R II (PF).....	175
MAXICOMFORT II PEN NEEDLE.....	128	<i>methenamine hippurate</i>	12	<i>m-natal plus</i>	192
MAXICOMFORT INSULIN SYRINGE.....	128, 129	<i>methimazole</i>	166	<i>modafinil</i>	191
MAXI-COMFORT INSULIN SYRINGE.....	128, 129	<i>methocarbamol</i>	190	<i>moexipril</i>	78
MAXICOMFORT SAFETY PEN NEEDLE.....	129	<i>methotrexate sodium</i>	27	<i>molindone</i>	61
MAYZENT.....	91	<i>methotrexate sodium (pf)</i>	27	<i>mometasone</i>	107, 155
MAYZENT STARTER(FOR 1MG MAINT).....	91	<i>methoxsalen</i>	103	<i>mondoxylene nl</i>	18
MAYZENT STARTER(FOR 2MG MAINT).....	91	<i>methscopolamine</i>	157	MONOJECT INSULIN SAFETY SYRINGE.....	130
<i>meclizine</i>	54	<i>methsuximide</i>	37	MONOJECT INSULIN SYRINGE.....	129, 130
<i>medroxyprogesterone</i>	166	<i>methyl dopa</i>	76	MONOJECT SYRINGE.....	129
<i>mefenamic acid</i>	7	<i>methylphenidate hcl</i>	91, 92	MONOJECT ULTRA COMFORT INSULIN.....	144
<i>mefloquine</i>	56	<i>methylprednisolone</i>	163	<i>mono-lynyah</i>	98
<i>megestrol</i>	27, 166	<i>methylprednisolone acetate</i>	163	<i>montelukast</i>	186, 187
MEKINIST.....	27	<i>methylprednisolone sodium succ</i>	163	<i>morphine</i>	5
MEKTOVI.....	27	<i>metoclopramide hcl</i>	157	MORPHINE.....	5
<i>meloxicam</i>	7	<i>metolazone</i>	85	<i>morphine concentrate</i>	4
<i>memantine</i>	40	<i>metoprolol succinate</i>	80	MOUNJARO.....	44
MENACTRA (PF).....	175	<i>metoprolol ta-hydrochlorothiaz</i> ..	80	MOVANTIK.....	157
MENQUADFI (PF).....	175	<i>metoprolol tartrate</i>	80	<i>moxifloxacin</i>	17, 152
MENVEO A-C-Y-W-135-DIP (PF).....	175	<i>metronidazole</i>	12, 51, 104, 105	<i>moxifloxacin-sod.ace,sul-water</i> ..	17
<i>mercaptopurine</i>	27	<i>metronidazole in nacl (iso-os)</i>	12	<i>moxifloxacin-sod.chloride(iso)</i> ...	17
<i>meropenem</i>	15	<i>metyrosine</i>	83	MRESVIA (PF).....	175
		<i>mexiletine</i>	79	MULTAQ.....	79
		<i>miconazole-3</i>	49	<i>mupirocin</i>	105
		MICRODOT INSULIN PEN NEEDLE.....	129	MVASI.....	27
		MICRODOT READYGARD PEN NEEDLE.....	129	<i>mycophenolate mofetil</i>	170
		<i>microgestin fe 1/20 (28)</i>	98	<i>mycophenolate mofetil (hcl)</i>	170
		<i>midodrine</i>	76	<i>mycophenolate sodium</i>	170
		<i>mifepristone</i>	44	<i>mynatal</i>	192
		<i>miglustat</i>	150	<i>mynatal advance</i>	192
		<i>mili</i>	98	<i>mynatal plus</i>	192
		<i>mimvey</i>	162	<i>mynatal-z</i>	192
		MINI ULTRA-THIN II.....	129	<i>mynate 90 plus</i>	193

MYRBETRIQ.....	159	<i>nitrofurantoin macrocrystal</i>	12	NURTEC ODT.....	52
<i>nabumetone</i>	7	<i>nitrofurantoin monohyd/m-cryst.</i>	12	NUTRILIPID.....	76
<i>nafcillin</i>	16	<i>nitroglycerin</i>	88, 181	<i>nyamyc</i>	49
<i>naloxone</i>	9	<i>niva-plus</i>	193	<i>nylia 1/35 (28)</i>	99
<i>naltrexone</i>	9	NIVESTYM.....	73	<i>nylia 7/7/7 (28)</i>	99
<i>naproxen</i>	8	<i>nizatidine</i>	156	<i>nymyo</i>	99
<i>naratriptan</i>	52	NORDITROPIN FLEXPOR.....	165	<i>nystatin</i>	49, 50
NATACYN.....	152	<i>norelgestromin-ethin.estradiol</i> ...	98	<i>nystatin-triamcinolone</i>	50
<i>nateglinide</i>	44	<i>norethindrone (contraceptive)</i>	98	<i>nystop</i>	50
NATPARA.....	179	<i>norethindrone acetate</i>	166	NYVEPRIA.....	73
NAYZILAM.....	37	<i>norethindrone ac-eth estradiol</i>		<i>obstetrix dha</i>	193
<i>nebivolol</i>	80		98, 162	<i>obstetrix dha prenatal duo</i>	193
<i>necon 0.5/35 (28)</i>	98	<i>norethindrone-e.estradiol-iron</i>		<i>o-cal prenatal</i>	193
<i>nefazodone</i>	42		98, 99	OCALIVA.....	157
<i>neomycin</i>	11	<i>norgestimate-ethinyl estradiol</i>	99	OCREVUS.....	92
<i>neomycin-bacitracin-poly-hc</i>	152	NORMOSOL-M IN 5 %		OCREVUS ZUNOVO.....	92
<i>neomycin-bacitracin-polymyxin</i>	152	DEXTROSE.....	184	OCTAGAM.....	170
<i>neomycin-polymyxin b gu</i>	105	<i>nortrel 0.5/35 (28)</i>	99	<i>octreotide acetate</i>	165
<i>neomycin-polymyxin b-</i>		<i>nortrel 1/35 (21)</i>	99	ODEFSEY.....	67
<i>dexameth</i>	153	<i>nortrel 1/35 (28)</i>	99	ODOMZO.....	28
<i>neomycin-polymyxin-gramicidin</i>		<i>nortrel 7/7/7 (28)</i>	99	OFEV.....	189
.....	153	<i>nortriptyline</i>	42	<i>ofloxacin</i>	153
<i>neomycin-polymyxin-hc</i>	153	NORVIR.....	66	OGIVRI.....	28
<i>neo-polycin</i>	153	NOVOFINE 30.....	130	OGSIVEO.....	28
<i>neo-polycin hc</i>	153	NOVOFINE 32.....	130	OJEMDA.....	28
NERLYNX.....	27	NOVOFINE PLUS.....	131	OJJAARA.....	28
NEULASTA ONPRO.....	73	NOVOLIN 70/30 U-100		<i>olanzapine</i>	61
<i>nevirapine</i>	66	INSULIN.....	46	<i>olmesartan</i>	77
<i>newgen</i>	193	NOVOLIN 70-30 FLEXPEN		<i>olmesartan-amlodipin-hcthiamid</i>	77
NEXLETOL.....	86	U-100.....	46	<i>olmesartan-hydrochlorothiazide</i>	77
NEXLIZET.....	86	NOVOLIN N FLEXPEN.....	47	<i>olopatadine</i>	151, 152
<i>niacin</i>	86	NOVOLIN N NPH U-100		OLUMIANT.....	170
<i>niacor</i>	86	INSULIN.....	47	<i>omega-3 acid ethyl esters</i>	86
<i>nicardipine</i>	84	NOVOLIN R FLEXPEN.....	47	<i>omeprazole</i>	156
NICOTROL.....	9	NOVOLIN R REGULAR U100		OMNIPOD 5 (G6/LIBRE 2	
NICOTROL NS.....	9	INSULIN.....	47	PLUS).....	131
<i>nifedipine</i>	84	NOVOTWIST.....	131	OMNIPOD 5 G6-G7 INTRO	
<i>nikki (28)</i>	98	NOXAFIL.....	49	KT(GEN5).....	131
<i>nilutamide</i>	27	NUBEQA.....	28	OMNIPOD 5 G6-G7 PODS	
NINLARO.....	28	NUCALA.....	189	(GEN 5).....	131
<i>nitazoxanide</i>	56	NULOJIX.....	170	OMNIPOD 5	
<i>nitisinone</i>	150	NUPLAZID.....	61	INTRO(G6/LIBRE2PLUS).....	131

OMNIPOD CLASSIC PODS (GEN 3).....	131	OTEZLA STARTER.....	171	<i>penicillamine</i>	160
OMNIPOD DASH INTRO KIT (GEN 4).....	131	<i>oxandrolone</i>	160	<i>penicillin g potassium</i>	16
OMNIPOD DASH PDM KIT (GEN 4).....	131	<i>oxazepam</i>	10	<i>penicillin g procaine</i>	16
OMNIPOD DASH PODS (GEN 4).....	131	<i>oxcarbazepine</i>	37	<i>penicillin v potassium</i>	16
OMNIPOD GO PODS.....	132	OXLUMO.....	181	PENTACEL (PF).....	176
OMNIPOD GO PODS 10 UNITS/DAY.....	131	<i>oxybutynin chloride</i>	159	<i>pentamidine</i>	56
OMNIPOD GO PODS 15 UNITS/DAY.....	131	<i>oxycodone</i>	5	PENTIPS PEN NEEDLE.....	132
OMNIPOD GO PODS 20 UNITS/DAY.....	131	<i>oxycodone-acetaminophen</i>	5	<i>pentoxifylline</i>	74
OMNIPOD GO PODS 25 UNITS/DAY.....	131	OXYCONTIN.....	5	<i>perindopril erbumine</i>	78
OMNIPOD GO PODS 30 UNITS/DAY.....	131	<i>oxymorphone</i>	5, 6	<i>periogard</i>	102
OMNIPOD GO PODS 40 UNITS/DAY.....	132	OZEMPIC.....	44	<i>permethrin</i>	108
<i>ondansetron</i>	55	<i>pacerone</i>	79	<i>perphenazine</i>	62
<i>ondansetron hcl</i>	54, 55	<i>paclitaxel protein-bound</i>	28	PERSERIS.....	62
<i>ondansetron hcl (pf)</i>	54	<i>paliperidone</i>	61	<i>pfizerpen-g</i>	16
ONTRUZANT.....	28	PALYNZIQ.....	150	<i>phenelzine</i>	42
ONUREG.....	28	PANRETIN.....	103	<i>phenobarbital</i>	37
OPDIVO.....	28	<i>pantoprazole</i>	156	<i>phenylephrine hcl</i>	76
OPDUALAG.....	28	<i>paricalcitol</i>	179	<i>phenytoin</i>	37
OPSUMIT.....	191	<i>paroex oral rinse</i>	102	<i>phenytoin sodium</i>	38
<i>oralone</i>	102	<i>paromomycin</i>	56	<i>phenytoin sodium extended</i>	37
ORENCIA.....	170	<i>paroxetine hcl</i>	42	<i>philith</i>	99
ORENCIA (WITH MALTOSE)	170	PAXLOVID.....	69	PIFELTRO.....	67
ORENCIA CLICKJECT.....	170	<i>pazopanib</i>	28	<i>pilocarpine hcl</i>	102, 183
ORFADIN.....	150	PEDIARIX (PF).....	175	<i>pimecrolimus</i>	107
ORGOVYX.....	165	PEDVAX HIB (PF).....	175	<i>pimozide</i>	62
ORILISSA.....	165	<i>peg 3350-electrolytes</i>	158	<i>pimtrea (28)</i>	99
ORKAMBI.....	189	PEGASYS.....	70	<i>pindolol</i>	81
ORSERDU.....	28	<i>peg-electrolyte soln</i>	158	<i>pioglitazone</i>	44
<i>oseltamivir</i>	68, 69	PEMAZYRE.....	29	<i>pioglitazone-metformin</i>	44
OSMOLEX ER.....	57	<i>pemetrexed</i>	29	PIP PEN NEEDLE.....	133
OTEZLA.....	170	<i>pemetrexed disodium</i>	29	<i>piperacillin-tazobactam</i>	16
		PEMRYDI RTU.....	29	PIQRAY.....	29
		PEN NEEDLE.....	123, 132, 134	<i>pirfenidone</i>	189, 190
		PEN NEEDLE, DIABETIC	115, 129, 132, 134	<i>pirmella</i>	99
		PEN NEEDLE, DIABETIC, SAFETY.....	135	<i>piroxicam</i>	8
		PENBRAYA (PF).....	175	PLASMA-LYTE A.....	184
		PENBRAYA MENACWY COMPONENT(PF).....	175	PLEGRIDY.....	92
		PENBRAYA MENB COMPONENT (PF).....	176	<i>pnv 29-1</i>	193
				<i>pnv-dha + docusate</i>	193
				<i>pnv-omega</i>	193
				<i>podofilox</i>	103
				<i>polycin</i>	153

<i>polymyxin b sulfate</i>	12	PRETOMANID.....	53	PROQUAD (PF).....	176
<i>polymyxin b sulf-trimethoprim</i> ..	153	<i>prevalite</i>	87	PROSOL 20 %.....	76
POMALYST.....	29	PREVENT DROPSAFE PEN		<i>protamine</i>	74
<i>portia 28</i>	99	NEEDLE.....	133	<i>protriptyline</i>	42
<i>posaconazole</i>	50	PREVYMIS.....	69	PULMOZYME.....	150
<i>potassium chloride</i>	184, 185	PREZCOBIX.....	67	PURE COMFORT ALCOHOL	
<i>potassium chloride-0.45 % nacl</i>		PREZISTA.....	67	PADS.....	104
.....	185	PRIFTIN.....	53	PURE COMFORT PEN	
<i>potassium citrate</i>	185	PRIMAQUINE.....	56	NEEDLE.....	134
<i>pr natal 400</i>	193	<i>primidone</i>	38	PURE COMFORT SAFETY	
<i>pr natal 400 ec</i>	193	PRIORIX (PF).....	176	PEN NEEDLE.....	133, 134
<i>pr natal 430</i>	193	PRIVIGEN.....	171	PURIXAN.....	29
<i>pr natal 430 ec</i>	193	PRO COMFORT ALCOHOL		<i>pyrazinamide</i>	53
PRALUENT PEN.....	86	PADS.....	103	<i>pyridostigmine bromide</i>	181, 182
<i>pramipexole</i>	57	PRO COMFORT INSULIN		<i>pyrimethamine</i>	56
<i>prasugrel</i>	74	SYRINGE.....	133	QINLOCK.....	29
<i>pravastatin</i>	86	PRO COMFORT PEN		QUADRACEL (PF).....	176
<i>prazosin</i>	76	NEEDLE.....	133	<i>quetiapine</i>	62
<i>prednicarbate</i>	107	<i>probenecid</i>	50	<i>quinapril</i>	78
<i>prednisolone</i>	163	<i>probenecid-colchicine</i>	50	<i>quinapril-hydrochlorothiazide</i> ...	79
<i>prednisolone acetate</i>	155	<i>procainamide</i>	79	<i>quinidine gluconate</i>	79
<i>prednisolone sodium phosphate</i>		<i>prochlorperazine</i>	55	<i>quinidine sulfate</i>	80
.....	155, 163, 164	<i>prochlorperazine edisylate</i> ...	55, 62	<i>quinine sulfate</i>	56
<i>prednisone</i>	164	<i>prochlorperazine maleate</i>	55	QULIPTA.....	52
<i>pregabalin</i>	38	<i>procto-pak</i>	107	RABAVERT (PF).....	176
PREHEVBRIO (PF).....	176	<i>proctosol hc</i>	107	<i>rabeprazole</i>	156
PREMARIN.....	162	<i>proctozone-hc</i>	107	<i>raloxifene</i>	162
PREMPHASE.....	162	PRODIGY INSULIN		<i>ramipril</i>	79
PREMPRO.....	162	SYRINGE.....	133	<i>ranolazine</i>	83
<i>prenal true</i>	193	<i>progesterone</i>	166	<i>rasagiline</i>	57
<i>prenaissance</i>	193	<i>progesterone micronized</i>	166	RASUVO (PF).....	171
<i>prenaissance plus</i>	193	PROGRAF.....	171	RAVICTI.....	158
<i>prenatabs fa</i>	193	PROLASTIN-C.....	190	RAYALDEE.....	179
<i>prenatal 19</i>	193	PROLIA.....	179	<i>reclipsen (28)</i>	99
<i>prenatal 19 (with docusate)</i>	193	PROMACTA.....	73	RECOMBIVAX HB (PF).....	176
<i>prenatal low iron</i>	193	<i>promethazine</i>	51, 55	RELENZA DISKHALER.....	69
<i>prenatal plus</i>	194	<i>promethegan</i>	55	RELEUKO.....	73
<i>prenatal plus (calcium carb)</i>	193	<i>propafenone</i>	79	RELION NEEDLES.....	134
<i>prenatal vitamin plus low iron</i> ..	194	<i>proparacaine</i>	152	RELION PEN NEEDLES.....	134
<i>prenatal-u</i>	194	<i>propranolol</i>	81	<i>repaglinide</i>	44
<i>preplus</i>	194	<i>propranolol-hydrochlorothiazid</i> ..	81	REPATHA PUSHTRONEX.....	87
<i>pretab</i>	194	<i>propylthiouracil</i>	166	REPATHA SURECLICK.....	87

REPATHA SYRINGE.....	87	RUXIENCE.....	30	<i>simliya (28)</i>	100
RESTASIS.....	155	RYBELSUS.....	45	<i>simpesse</i>	100
RESTASIS MULTIDOSE.....	155	RYBREVANT.....	30	<i>simvastatin</i>	87
RETACRIT.....	73	RYDAPT.....	30	<i>sirolimus</i>	171
RETEVMO.....	29	RYTELO.....	30	SIRTURO.....	53
RETROVIR.....	67	SAFESNAP INSULIN		SKY SAFETY PEN NEEDLE..	135
<i>revonto</i>	191	SYRINGE.....	135	SKYRIZI.....	171, 172
REXULTI.....	62	SAFETY PEN NEEDLE.....	135	<i>sodium chloride 0.45 %</i>	185
REYATAZ.....	67	<i>sajazir</i>	83	<i>sodium chloride 0.9 %</i>	185
REZLIDHIA.....	29	SANTYL.....	104	<i>sodium fluoride-pot nitrate</i>	102
REZUROCK.....	171	<i>sapropterin</i>	150	<i>sodium oxybate</i>	191
RHOPRESSA.....	183	SAVELLA.....	92	<i>sodium phenylbutyrate</i>	158
RIABNI.....	29	SCEMBLIX.....	30	<i>sodium polystyrene sulfonate</i>	158
<i>ribavirin</i>	70	<i>scopolamine base</i>	55	<i>sodium,potassium,mag sulfates</i>	158
RIDAURA.....	171	SECUADO.....	62	<i>solifenacin</i>	159
<i>rifabutin</i>	53	SECURESAFE INSULIN		SOLQUA 100/33.....	47
<i>rifampin</i>	53	SYRINGE.....	135	SOLTAMOX.....	30
<i>rilpivirine</i>	67	SECURESAFE PEN NEEDLE	135	SOLU-CORTEF ACT-O-VIAL	
<i>riluzole</i>	92	<i>select-ob</i>	194	(PF).....	164
<i>rimantadine</i>	69	<i>select-ob (folic acid)</i>	194	SOMATULINE DEPOT..	165, 166
RINVOQ.....	171	<i>selegiline hcl</i>	57	SOMAVERT.....	166
RINVOQ LQ.....	171	<i>selenium sulfide</i>	105	<i>sorafenib</i>	30
<i>risedronate</i>	179, 180	SELZENTRY.....	67	<i>sorine</i>	81
<i>risperidone</i>	62	SEMGLEE(INSULIN		<i>sotalol</i>	81
<i>risperidone microspheres</i>	62	GLARGINE-YFGN).....	47	<i>sotalol af</i>	81
<i>ritonavir</i>	67	SEMGLEE(INSULIN GLARG-		SPIRIVA RESPIMAT.....	188
RITUXAN HYCELA.....	29	YFGN)PEN.....	47	SPIRIVA WITH	
<i>rivastigmine</i>	40	<i>se-natal 19 chewable</i>	194	HANDIHALER.....	188
<i>rivastigmine tartrate</i>	40	SEREVENT DISKUS.....	188	<i>spironolactone</i>	85
<i>rizatriptan</i>	52	SEROSTIM.....	165	SPRAVATO.....	42
<i>r-natal ob</i>	194	<i>sertraline</i>	42	<i>sprintec (28)</i>	100
ROCKLATAN.....	183	<i>setlakin</i>	99	SPRITAM.....	38
<i>roflumilast</i>	190	<i>sevelamer carbonate</i>	159	SPRYCEL.....	30
<i>ropinirole</i>	57	<i>sevelamer hcl</i>	159	<i>sps (with sorbitol)</i>	158
<i>rosadan</i>	105	SEZABY.....	38	<i>sronyx</i>	100
<i>rosuvastatin</i>	87	<i>sf 5000 plus</i>	102	<i>ssd</i>	105
ROTARIX.....	176	<i>sharobel</i>	100	<i>stavudine</i>	67
ROTATEQ VACCINE.....	177	SHINGRIX (PF).....	177	STELARA.....	172
ROZLYTREK.....	30	SIGNIFOR.....	165	STERILE PADS.....	135
RUBRACA.....	30	<i>sildenafil (pulm.hypertension)</i> ..	191	STIOLTO RESPIMAT.....	188
<i>rufinamide</i>	38	<i>silver sulfadiazine</i>	105	STIVARGA.....	30
RUKOBIA.....	67	SIMBRINZA.....	183	STRENSIQ.....	150

<i>streptomycin</i>	11	SYNJARDY XR.....	45	TENIVAC (PF).....	177
STRIBILD.....	67	SYNRIBO.....	30	<i>tenofovir disoproxil fumarate</i>	68
STRIVERDI RESPIMAT.....	188	SYRINGE WITH NEEDLE, SAFETY.....	135	TEPMETKO.....	31
<i>subvenite</i>	38	TABLOID.....	30	<i>terazosin</i>	160
<i>sucralfate</i>	156	TABRECTA.....	31	<i>terbinafine hcl</i>	50
<i>sulfacetamide sodium</i>	153	<i>tacrolimus</i>	107, 172	<i>terbutaline</i>	188
<i>sulfacetamide sodium (acne)</i>	105	<i>tadalafil (pulm. hypertension)</i> ..	192	<i>terconazole</i>	51
<i>sulfacetamide-prednisolone</i>	153	TAFINLAR.....	31	<i>teriflunomide</i>	93
<i>sulfadiazine</i>	17	TAGRISSO.....	31	<i>teriparatide</i>	180
<i>sulfamethoxazole-trimethoprim</i> ..	17	TAKHZYRO.....	182	TERUMO INSULIN	
<i>sulfasalazine</i>	178, 179	TALTZ AUTOINJECTOR.....	172	SYRINGE.....	138, 139
<i>sulindac</i>	8	TALTZ SYRINGE.....	172	<i>testosterone</i>	161
<i>sumatriptan</i>	52	TALVEY.....	31	<i>testosterone cypionate</i>	160, 161
<i>sumatriptan succinate</i>	52	TALZENNA.....	31	<i>testosterone enanthate</i>	161
<i>sumatriptan-naproxen</i>	53	<i>tamoxifen</i>	31	TETANUS,DIPHThERIA	
<i>sunitinib malate</i>	30	<i>tamsulosin</i>	160	TOX PED(PF).....	177
SUNLENCA.....	67	<i>tarina 24 fe</i>	100	<i>tetrabenazine</i>	93
SUNOSI.....	191	<i>tarina fe 1-20 eq (28)</i>	100	<i>tetracycline</i>	18
SURE COMFORT ALCOHOL PREP PADS.....	104	<i>taron-c dha</i>	194	TEVIMBRA.....	31
SURE COMFORT INS. SYR.		<i>taron-prex prenatal-dha</i>	194	THALOMID.....	182
U-100.....	136	TASCENSO ODT.....	93	<i>theophylline</i>	188
SURE COMFORT INSULIN		TASIGNA.....	31	THINPRO INSULIN	
SYRINGE.....	136	<i>tasimelteon</i>	191	SYRINGE.....	139
SURE COMFORT PEN		<i>tazarotene</i>	107	<i>thioridazine</i>	62
NEEDLE.....	136	TAZORAC.....	107	<i>thiothixene</i>	63
SURE COMFORT SAFETY		<i>taztia xt</i>	82	<i>tiadylt er</i>	82
PEN NEEDLE.....	135, 136	TAZVERIK.....	31	<i>tiagabine</i>	38
SURE-FINE PEN NEEDLES..	137	TDVAX.....	177	TIBSOVO.....	31
SURE-JECT INSULIN		TECHLITE INSULIN		TICE BCG.....	31
SYRINGE.....	137	SYRINGE.....	138	TICOVAC.....	177
SURE-PREP ALCOHOL PREP		TECHLITE INSULN		<i>tigecycline</i>	18
PADS.....	104	SYR(HALF UNIT).....	137, 138	<i>timolol maleate</i>	81, 183
SUTAB.....	158	TECHLITE PEN NEEDLE.....	138	<i>tiopronin</i>	160
<i>syeda</i>	100	TECHLITE PLUS PEN		TIVDAK.....	31
SYMDEKO.....	190	NEEDLE.....	138	TIVICAY.....	68
SYMLINPEN 120.....	45	TECVAYLI.....	31	TIVICAY PD.....	68
SYMLINPEN 60.....	45	TEFLARO.....	14	<i>tizanidine</i>	191
SYMPAZAN.....	38	<i>telmisartan</i>	77	<i>tobramycin</i>	11, 154
SYMTUZA.....	67	<i>telmisartan-hydrochlorothiazid</i> ..	77	<i>tobramycin in 0.225 % nacl</i>	11
SYNAREL.....	166	<i>temazepam</i>	10	<i>tobramycin sulfate</i>	11
SYNJARDY.....	45	TEMIXYS.....	68	<i>tobramycin-dexamethasone</i>	154
				<i>tolterodine</i>	159

TOPCARE CLICKFINE.....	139	<i>tri-legest fe</i>	100	TUKYSA.....	32
TOPCARE ULTRA		<i>tri-linyah</i>	100	<i>tulana</i>	101
COMFORT.....	139	<i>tri-lo-estarylla</i>	100	TURALIO.....	32
<i>topiramate</i>	38	<i>tri-lo-marzia</i>	100	<i>turqoz (28)</i>	101
<i>toposar</i>	31	<i>tri-lo-mili</i>	100	TWINRIX (PF).....	177
<i>toremifene</i>	31	<i>tri-lo-sprintec</i>	100	<i>tyblume</i>	101
<i>torpenz</i>	31, 32	<i>trimethoprim</i>	12	TYBOST.....	182
<i>torse mide</i>	85	<i>tri-mili</i>	100	TYMLOS.....	180
TOUJEO MAX U-300		<i>trimipramine</i>	42	TYPHIM VI.....	177
SOLOSTAR.....	47	TRINTELLIX.....	42	TYSABRI.....	172
TOUJEO SOLOSTAR U-300		<i>tri-nymyo</i>	100	UBRELVY.....	53
INSULIN.....	47	<i>tri-sprintec (28)</i>	100	UDENYCA.....	74
TRACLEER.....	192	TRIUMEQ.....	68	UDENYCA AUTOINJECTOR..	73
TRADJENTA.....	45	TRIUMEQ PD.....	68	UDENYCA ONBODY.....	74
<i>tramadol</i>	6	<i>triveen-duo dha</i>	194	ULTICARE.....	142, 143
<i>tramadol-acetaminophen</i>	6	<i>trivora (28)</i>	100	ULTICARE INSULIN	
<i>trandolapril</i>	79	<i>tri-vylibra</i>	101	SYRINGE.....	142
<i>trandolapril-verapamil</i>	79	<i>tri-vylibra lo</i>	101	ULTICARE INSULN	
<i>tranexamic acid</i>	74	TRIZIVIR.....	68	SYR(HALF UNIT).....	142
<i>tranylcypromine</i>	42	TROGARZO.....	68	ULTICARE PEN NEEDLE	
TRAVASOL 10 %.....	76	TROPHAMINE 10 %.....	76		142, 143
<i>travoprost</i>	183	<i>trosipium</i>	159	ULTICARE SAFETY PEN	
TRAZIMERA.....	32	TRUE COMFORT ALCOHOL		NEEDLE.....	143
<i>trazodone</i>	42	PADS.....	104	ULTIGUARD SAFEPAK-	
TRECATOR.....	53	TRUE COMFORT INSULIN		INSULIN SYR.....	143, 144
TRELEGY ELLIPTA.....	188	SYRINGE.....	140	ULTIGUARD SAFEPAK-	
TRELSTAR.....	32	TRUE COMFORT PEN		PEN NEEDLE.....	143, 144
TREMFYA.....	172	NEEDLE.....	140, 141	ULTILET ALCOHOL SWAB.	104
TREMFYA PEN.....	172	TRUE COMFORT PRO		ULTILET INSULIN SYRINGE	
<i>tretinoin</i>	107, 108	ALCOHOL PADS.....	104		126, 144
<i>tretinoin (antineoplastic)</i>	32	TRUE COMFORT PRO INS		ULTILET PEN NEEDLE.....	144
<i>triamcinolone acetonide</i>		SYRINGE.....	140, 141	ULTRA CMFT INS SYR	
.....	102, 107, 164	TRUE COMFORT SAFE		(HALF UNIT).....	124, 135
<i>triamterene-hydrochlorothiazid</i> ..	85	INSULIN SYRG.....	140, 141	ULTRA COMFORT INSULIN	
<i>tridacaine ii</i>	8	TRUE COMFORT SAFETY		SYRINGE.....	119, 124, 144, 145
<i>trientine</i>	160	PEN NEEDLE.....	140	ULTRA FLO INSUL	
<i>tri-estarylla</i>	100	TRUEPLUS INSULIN....	141, 142	SYR(HALF UNIT).....	145
<i>trifluoperazine</i>	63	TRUEPLUS PEN NEEDLE....	141	ULTRA FLO INSULIN	
<i>trifluridine</i>	154	TRULICITY.....	45	SYRINGE.....	145
<i>trihexyphenidyl</i>	57	TRUMENBA.....	177	ULTRA FLO PEN NEEDLE...	145
TRIJARDY XR.....	45	TRUQAP.....	32	ULTRA THIN PEN NEEDLE.	145
TRIKAFTA.....	190	TRUXIMA.....	32		

ULTRACARE INSULIN	VANISHPOINT SYRINGE	VIREAD.....	68
SYRINGE..... 145, 146	 148, 149	<i>virt-c dha</i>	194
ULTRACARE PEN NEEDLE. 146	VAQTA (PF)..... 177	<i>virt-nate dha</i>	194
ULTRA-THIN II (SHORT)	<i>varenicline</i> 9	<i>virt-pn dha</i>	194
INS SYR..... 146, 147	VARIVAX (PF)..... 178	<i>virt-pn plus</i>	194
ULTRA-THIN II (SHORT)	VASCEPA..... 87	<i>vitafol gummies</i>	194
PEN NDL..... 147	VAXCHORA VACCINE..... 178	<i>vitafol nano</i>	194
ULTRA-THIN II INS PEN	VEGZELMA..... 32	<i>vitafol-ob+dha</i>	194
NEEDLES..... 147	VELCADE..... 32	VITRAKVI.....	33
ULTRA-THIN II INSULIN	<i>velivet triphasic regimen (28)</i> ... 101	VIZIMPRO.....	33
SYRINGE..... 146, 147	VELPHORO..... 159	VOCABRIA.....	68
UNIFINE PEN NEEDLE..... 147	VELTASSA..... 158	<i>volnea (28)</i>	101
UNIFINE PENTIPS..... 132, 147	VEMLIDY..... 68	VONJO.....	33
UNIFINE PENTIPS	VENCLEXTA..... 32	VORANIGO.....	33
MAXFLOW..... 147	VENCLEXTA STARTING	<i>voriconazole</i>	50
UNIFINE PENTIPS PLUS	PACK..... 32	VOSEVI.....	69
..... 147, 148	<i>venlafaxine</i> 43	VOWST.....	182
UNIFINE PENTIPS PLUS	<i>venlafaxine besylate</i> 43	<i>vp-ch-pnv</i>	194
MAXFLOW..... 147	<i>verapamil</i> 82	<i>vp-pnv-dha</i>	194
UNIFINE PROTECT..... 148	VERIFINE INSULIN	VRAYLAR.....	63
UNIFINE SAFECONTROL..... 148	SYRINGE..... 149	VUMERITY.....	93
UNIFINE SAFECONTROL	VERIFINE PEN NEEDLE..... 149	VYALEV.....	57
PEN NEEDLE..... 148	VERIFINE PLUS PEN	<i>vyfemla (28)</i>	101
UNIFINE ULTRA PEN	NEEDLE..... 149	<i>vylibra</i>	101
NEEDLE..... 148	VERIFINE PLUS PEN	VYLOY.....	33
UPTRAVI..... 192	NEEDLE-SHARP..... 149	VYZULTA.....	183
<i>ursodiol</i> 158	VERQUVO..... 83	<i>warfarin</i>	72
UZEDY..... 63	VERSACLOZ..... 63	WEBCOL.....	104
<i>valacyclovir</i> 70	VERSALON..... 149	WELIREG.....	33
VALCHLOR..... 104	VERZENIO..... 32	<i>wera (28)</i>	101
<i>valganciclovir</i> 70	<i>vestura (28)</i> 101	WINREVAIR.....	190
<i>valproate sodium</i> 38	V-GO 20..... 149	<i>wixela inhub</i>	186
<i>valproic acid</i> 39	V-GO 30..... 150	XALKORI.....	33
<i>valproic acid (as sodium salt)</i> ... 38	V-GO 40..... 150	XARELTO.....	72
<i>valsartan</i> 78	<i>vienva</i> 101	XARELTO DVT-PE TREAT	
<i>valsartan-hydrochlorothiazide</i> ... 78	<i>vigabatrin</i> 39	30D START.....	72
VALTOCO..... 39	<i>vigadrone</i> 39	XATMEP.....	33
<i>vancomycin</i> 12	<i>vigpoder</i> 39	XCOPRI.....	39
VANFLYTA..... 32	<i>vilazodone</i> 43	XCOPRI MAINTENANCE	
VANISHPOINT INSULIN	<i>vinorelbine</i> 33	PACK.....	39
SYRINGE..... 148	<i>viocele (28)</i> 101	XCOPRI TITRATION PACK.....	39
	VIRACEPT..... 68	XELJANZ.....	173

XELJANZ XR.....	173	<i>zoledronic acid</i>	180
XERMELO.....	158	<i>zoledronic acid-mannitol-water</i>	180
XGEVA.....	180	ZOLINZA.....	34
XHANCE.....	155	<i>zolmitriptan</i>	53
XIFAXAN.....	12	<i>zolpidem</i>	191
XIGDUO XR.....	45	ZONISADE.....	39
XIIDRA.....	155	<i>zonisamide</i>	39
XOFLUZA.....	69	<i>zovia 1-35 (28)</i>	101
XOLAIR.....	190	ZTALMY.....	39
XOSPATA.....	33	ZTLIDO.....	8
XPOVIO.....	33, 34	<i>zumandimine (28)</i>	101
XTAMPZA ER.....	6	ZURZUVAE.....	43
XTANDI.....	34	ZYDELIG.....	34
<i>xulane</i>	101	ZYKADIA.....	34
XULTOPHY 100/3.6.....	47	ZYLET.....	154
XYOSTED.....	161	ZYNLONTA.....	34
<i>yargesa</i>	151	ZYNYZ.....	34
YERVOY.....	34	ZYPREXA RELPREVV.....	63, 64
YF-VAX (PF).....	178		
YONSA.....	34		
<i>yuvaferm</i>	162		
<i>zafemy</i>	101		
<i>zafirlukast</i>	187		
<i>zaleplon</i>	191		
<i>zarah</i>	101		
ZARXIO.....	74		
<i>zatean-pn dha</i>	195		
<i>zatean-pn plus</i>	195		
ZEGALOGUE			
AUTOINJECTOR.....	182		
ZEGALOGUE SYRINGE.....	182		
ZEJULA.....	34		
ZELBORAF.....	34		
<i>zenatane</i>	104		
ZENPEP.....	151		
<i>zidovudine</i>	68		
<i>zingiber</i>	195		
<i>ziprasidone hcl</i>	63		
<i>ziprasidone mesylate</i>	63		
ZIRABEV.....	34		
ZIRGAN.....	154		
ZOLADEX.....	34		

This formulary was updated on 11/19/2024.

For more recent information or other questions, please contact McLaren Medicare Member Services at 833358-2140 or, for TTY users, 711. Our hours of operation are: April 1 through September 30 Monday through Friday, 8 a.m. to 8 p.m. and October 1 through March 31 seven days a week (except Thanksgiving and Christmas days), 8 a.m. to 8 p.m. or visit www.mclarenhealthplan.org/medicare for additional information.



MDwise Medicare is an HMO/HMO-POS with a Medicare contract.
Enrollment in McLaren Medicare depends on contract renewal.