SIGNATURE ADVANTAGE
2025 Formulary
(List of Covered Drugs)

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

Formulary ID 00025264, Version Number 18

This formulary was updated on 10/28/2025. For more recent information or other questions, please contact Signature Advantage (HMO ISNP) Member Services, at 844-214-8633 or, for TTY/TDD: 711, 7 days per week from October 1 - March 31 and 8:00 a.m. - 8:00 p.m. Monday - Friday from April 1 - September 30 or visit www.signatureadvantageplan.com.

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 Signature Advantage. When it refers to "plan" or "our plan," it means Signature Advantage.
This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/2025. 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 01/01/2025, and from time to time during the year.

What is the Signature Advantage Formulary?

A formulary is a list of covered drugs selected by Signature Advantage 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. Signature Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Signature Advantage 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.

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Signature Advantage'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 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 we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Signature Advantage'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 2025 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.

The enclosed formulary is current as of 11/01/2025. To get updated information about the drugs covered by Signature Advantage, please contact us. Our contact information appears on the front and back cover pages.

Note: Signature Advantage will send you a notice in the event of a mid-year-non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. Any formulary updates are listed at www.signatureadvantageplan.com, along with the most current formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "cardiovascular agents". If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 187. 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?

Signature Advantage 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:** Signature Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Signature Advantage before you fill your prescriptions. If you don't get approval, Signature Advantage may not cover the drug.

- **Quantity Limits:** For certain drugs, Signature Advantage limits the amount of the drug that Signature Advantage will cover. For example, Signature Advantage provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Signature Advantage 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, Signature Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Signature Advantage 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with

the date we last updated the formulary, appears on the front and back cover pages.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. 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 Signature Advantage 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 Signature Advantage's formulary?" on page 5 (below) 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 Signature Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Signature Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Signature Advantage.
- You can ask Signature Advantage 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 Signature Advantage's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Signature Advantage 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, Signature Advantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

Note: For members who are outside their transition period, and experience a change in the level of care when changing from one treatment setting to another (example: long-term care facility to hospital, hospital to long-term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility, hospice to home): We will allow an early refill for a 30-day supply of medication in the retail setting and up to a 31-day supply in the long-term care setting for formulary medications and an emergency transition fill for nonformulary medication (including those medications that are on the formulary but require prior authorization, step therapy or are subject to quantity limit restrictions).

For more information

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

If you have questions about Signature Advantage, 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 1800MEDICARE (1-800633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or, visit http://www.medicare.gov.

Signature Advantage's Formulary

The formulary below provides coverage information about the drugs covered by Signature Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 187.

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

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

List of Drugs by Medical Condition

Legend

1: Covered Medications

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

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

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

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

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

Drug Name		Drug Tier	Requirements/Limits
ANALGESICS			
Analgesics, Miscellaneous			
acetaminophen-codeine oral solution 120-12 mg/5ml		1	NDS; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		1	NDS; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		1	NDS; QL (180 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	(Butrans)	1	NDS; QL (4 per 28 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg		1	NDS; QL (180 per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg	(Fioricet)	1	NDS; QL (180 per 30 days)
butalbital-apap-caffeine oral capsule 50-325-40 mg		1	NDS; QL (180 per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	(BAC (Butalbital-Acetamin-Caff))	1	NDS; QL (180 per 30 days)
endocet oral tablet 10-325 mg	(Endocet)	1	NDS; QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	1	NDS; QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(Endocet)	1	NDS; QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg		1	PA; NDS; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		1	NDS; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml		1	NDS; QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		1	NDS; QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg		1	NDS; QL (240 per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	1	NDS; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
methadone hcl oral tablet 10 mg	1	NDS; QL (120 per 30 days)
methadone hcl oral tablet 5 mg	1	NDS; QL (180 per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	NDS; QL (180 per 30 days)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	ST; NDS; QL (60 per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 200 mg	1	NDS; QL (60 per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 30 mg (MS Contin)	1	NDS; QL (90 per 30 days)
morphine sulfate er oral tablet extended release 60 mg (MS Contin)	1	NDS; QL (60 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML	1	NDS; QL (700 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML	1	NDS; QL (300 per 30 days)
MORPHINE SULFATE ORAL TABLET 15 MG	1	NDS; QL (180 per 30 days)
MORPHINE SULFATE ORAL TABLET 30 MG	1	NDS; QL (120 per 30 days)
oxycodone hcl oral capsule 5 mg	1	NDS; QL (180 per 30 days)
oxycodone hcl oral tablet 10 mg, 5 mg	1	NDS; QL (180 per 30 days)
oxycodone hcl oral tablet 15 mg, 30 mg (Roxicodone)	1	NDS; QL (120 per 30 days)
oxycodone hcl oral tablet 20 mg	1	NDS; QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg (Endocet)	1	NDS; QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg (Endocet)	1	NDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg (Endocet)	1	NDS; QL (240 per 30 days)
TRAMADOL HCL ORAL SOLUTION 5 MG/ML	1	PA; NDS; QL (2400 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
tramadol hcl oral tablet 50 mg		1	NDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		1	NDS; QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(CeleBREX)	1	QL (60 per 30 days)
diclofenac epolamine external patch 1.3 %	(Flector)	1	PA; NDS; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		1	QL (120 per 30 days)
diclofenac sodium er oral tablet extended release 24 hour 100 mg		1	
diclofenac sodium external gel 1 %	(Aspercreme Arthritis Pain)	1	NDS; QL (1000 per 30 days)
diclofenac sodium external solution 1.5 %		1	NDS; QL (300 per 30 days)
diclofenac sodium external solution 2 %	(Pennsaid)	1	PA; NDS; QL (224 per 28 days)
diclofenac sodium oral tablet delayed release 25 mg		1	
diclofenac sodium oral tablet delayed release 50 mg		1	QL (120 per 30 days)
diclofenac sodium oral tablet delayed release 75 mg		1	QL (60 per 30 days)
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	(Arthrotec)	1	
etodolac oral capsule 200 mg, 300 mg		1	
etodolac oral tablet 400 mg	(Lodine)	1	
etodolac oral tablet 500 mg		1	
flurbiprofen oral tablet 100 mg	(Lurbiro)	1	
FLURBIPROFEN ORAL TABLET 50 MG		1	
ibu oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(IBU)	1	
ibuprofen oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	1	

Drug Name		Drug Tier	Requirements/Limits
indomethacin oral capsule 25 mg, 50 mg		1	
ketorolac tromethamine oral tablet 10 mg		1	NDS; QL (20 per 30 days)
meloxicam oral tablet 15 mg, 7.5 mg		1	
nabumetone oral tablet 500 mg, 750 mg		1	
naproxen oral tablet 250 mg, 375 mg, 500 mg		1	
naproxen oral tablet delayed release 375 mg		1	
sulindac oral tablet 150 mg, 200 mg		1	
ANESTHETICS			
Local Anesthetics			
glydo external prefilled syringe 2 %	(Glydo)	1	NDS; QL (30 per 30 days)
lidocaine external ointment 5 %		1	PA; NDS; QL (240 per 30 days)
lidocaine external patch 5 %	(Lidocan)	1	PA; NDS; QL (90 per 30 days)
lidocaine hcl (pf) injection solution 1 %	(Xylocaine MPF +RFID)	1	NDS
lidocaine hcl injection solution 1 %	(Xylocaine)	1	NDS
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	(Glydo)	1	NDS; QL (30 per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %		1	NDS
lidocaine-prilocaine external cream 2.5-2.5 %		1	PA; NDS; QL (30 per 30 days)
lidocan external patch 5 %	(Lidocan)	1	PA; NDS; QL (90 per 30 days)
ZTLIDO EXTERNAL PATCH 1.8 %		1	PA; NDS; QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			
Anti-Addiction/Substance Abuse Treatment Agents			

Drug Name		Drug Tier	Requirements/Limits
acamprosate calcium oral tablet delayed release 333 mg		1	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg		1	NDS; QL (90 per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	(Suboxone)	1	NDS; QL (60 per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	1	NDS; QL (90 per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg		1	NDS; QL (90 per 30 days)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg		1	NDS
disulfiram oral tablet 250 mg, 500 mg		1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML		1	NDS; QL (4 per 30 days)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		1	NDS
naloxone hcl injection solution cartridge 0.4 mg/ml		1	NDS
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml		1	NDS
naloxone hcl nasal liquid 4 mg/0.1ml	(Narcan)	1	NDS; QL (4 per 30 days)
naltrexone hcl oral tablet 50 mg		1	NDS
NICOTROL NS NASAL SOLUTION 10 MG/ML		1	NDS; QL (240 per 180 days)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	(Chantix Starting Month Pak)	1	NDS
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	(Chantix)	1	NDS; QL (336 per 365 days)
ANTIANXIETY AGENTS			
Benzodiazepines			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	1	NDS; QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	1	NDS; QL (150 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg		1	NDS; QL (120 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	NDS; QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(KlonoPIN)	1	NDS; QL (90 per 30 days)
clonazepam oral tablet 2 mg	(KlonoPIN)	1	NDS; QL (300 per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		1	NDS; QL (90 per 30 days)
clonazepam oral tablet dispersible 2 mg		1	NDS; QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		1	NDS; QL (180 per 30 days)
diazepam injection solution 5 mg/ml		1	NDS; QL (10 per 28 days)
diazepam intensol oral concentrate 5 mg/ml		1	NDS; QL (1200 per 30 days)
diazepam oral solution 5 mg/5ml		1	NDS; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	NDS; QL (120 per 30 days)
diazepam solution 5 mg/ml injection		1	NDS
lorazepam concentrate 2 mg/ml oral	(LORazepam Intensol)	1	NDS; QL (150 per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml	(Ativan)	1	NDS; QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(LORazepam Intensol)	1	NDS; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	NDS; QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	NDS; QL (150 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	(Restoril)	1	NDS; QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	1	NDS; QL (120 per 30 days)
triazolam oral tablet 0.125 mg		1	NDS; QL (120 per 30 days)
triazolam oral tablet 0.25 mg	(Halcion)	1	NDS; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ANTIBACTERIALS			
Aminoglycosides			
amikacin sulfate injection solution 500 mg/2ml		1	NDS
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		1	PA; NDS; QL (235.2 per 28 days)
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml		1	NDS
neomycin sulfate oral tablet 500 mg		1	NDS
streptomycin sulfate intramuscular solution reconstituted 1 gm		1	NDS
TOBI PODHALER INHALATION CAPSULE 28 MG		1	QL (224 per 28 days)
tobramycin inhalation nebulization solution 300 mg/5ml	(Kitabis Pak (w/ nebulizer))	1	BvD
tobramycin pak inhalation nebulization solution 300 mg/5ml	(Kitabis Pak (w/ nebulizer))	1	BvD; NDS
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml		1	NDS
Antibacterials, Miscellaneous			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin)	1	NDS
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml	(Cleocin Phosphate)	1	NDS
colistimethate sodium (cba) injection solution reconstituted 150 mg	(Coly-Mycin M)	1	NDS
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG		1	NDS
daptomycin intravenous solution reconstituted 500 mg		1	NDS
fosfomycin tromethamine oral packet 3 gm		1	NDS
linezolid intravenous solution 600 mg/300ml	(Zyvox)	1	NDS
linezolid oral suspension reconstituted 100 mg/5ml	(Zyvox)	1	NDS
linezolid oral tablet 600 mg	(Zyvox)	1	NDS

Drug Name	Drug Tier	Requirements/Limits
methenamine hippurate oral tablet 1 gm (Hiprex)	1	NDS
metronidazole intravenous solution 500 mg/100ml	1	NDS
metronidazole oral capsule 375 mg	1	NDS
metronidazole oral tablet 250 mg, 500 mg	1	NDS
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg (Macrodantin)	1	NDS; QL (120 per 30 days)
nitrofurantoin monohyd macro oral capsule 100 mg (Macrobid)	1	NDS; QL (60 per 30 days)
nitrofurantoin oral suspension 25 mg/5ml	1	NDS; QL (2400 per 30 days)
trimethoprim oral tablet 100 mg	1	NDS
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 500 MG/100ML, 750 MG/150ML	1	NDS
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg	1	NDS
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM	1	NDS
vancomycin hcl oral capsule 125 mg (Vancocin)	1	NDS; QL (56 per 14 days)
vancomycin hcl oral capsule 250 mg (Vancocin)	1	NDS; QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	1	PA; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 per 30 days)
Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	1	NDS
cefadroxil oral capsule 500 mg	1	NDS
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	NDS
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	1	NDS
cefdinir oral capsule 300 mg	1	NDS

Drug Name	Drug Tier	Requirements/Limits
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	NDS
cefepime hcl injection solution reconstituted 1 gm	1	NDS
cefepime hcl intravenous solution reconstituted 2 gm	1	NDS
cefixime oral capsule 400 mg	1	NDS
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	1	NDS
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	NDS
cefprozil oral tablet 250 mg, 500 mg	1	NDS
ceftazidime injection solution reconstituted 1 gm (Tazicef)	1	NDS
ceftazidime injection solution reconstituted 6 gm	1	NDS
ceftazidime intravenous solution reconstituted 2 gm (Tazicef)	1	NDS
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	NDS
ceftriaxone sodium intravenous solution reconstituted 10 gm	1	NDS
cefuroxime axetil oral tablet 250 mg, 500 mg	1	NDS
cefuroxime sodium injection solution reconstituted 750 mg	1	NDS
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	NDS
cephalexin oral capsule 250 mg, 500 mg	1	NDS
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	NDS
tazicef injection solution reconstituted 1 gm (Tazicef)	1	NDS
tazicef intravenous solution reconstituted 2 gm (Tazicef)	1	NDS
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	1	NDS

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

Drug Name	Drug Tier	Requirements/Limits
meropenem intravenous solution reconstituted 1 gm, 500 mg	1	NDS
MEROPENEM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	1	NDS
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	1	NDS
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	NDS
amoxicillin oral tablet 500 mg, 875 mg	1	NDS
amoxicillin oral tablet chewable 125 mg, 250 mg	1	NDS
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	1	NDS
amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml (Augmentin ES-600)	1	NDS
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	NDS
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	NDS
ampicillin oral capsule 500 mg	1	NDS
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	1	NDS
ampicillin sodium intravenous solution reconstituted 10 gm	1	NDS
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm (Unasyn)	1	NDS
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm (Unasyn)	1	NDS
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	1	NDS

Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	1	NDS
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	NDS
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	NDS
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	1	NDS
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	1	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1	NDS
nafcillin sodium intravenous solution reconstituted 10 gm	1	NDS
penicillin g potassium injection solution reconstituted 20000000 unit (Pfizerpen)	1	NDS
penicillin g procaine intramuscular suspension 600000 unit/ml	1	NDS
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	NDS
penicillin v potassium oral tablet 250 mg, 500 mg	1	NDS
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	NDS
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	NDS
ciprofloxacin hcl oral tablet 750 mg	1	NDS
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	1	NDS

Drug Name		Drug Tier	Requirements/Limits
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml		1	NDS
levofloxacin oral solution 25 mg/ml		1	NDS
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		1	NDS
MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML		1	NDS
moxifloxacin hcl oral tablet 400 mg		1	NDS
MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS		1	NDS
Sulfonamides			
sulfadiazine oral tablet 500 mg		1	NDS
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	(Sulfatrim Pediatric)	1	NDS
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	NDS
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	NDS
Tetracyclines			
demeclocycline hcl oral tablet 150 mg, 300 mg		1	NDS
doxy 100 intravenous solution reconstituted 100 mg	(Doxy 100)	1	NDS
doxycycline hyclate intravenous solution reconstituted 100 mg	(Doxy 100)	1	NDS
doxycycline hyclate oral capsule 100 mg, 50 mg		1	NDS
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg		1	NDS
doxycycline hyclate oral tablet 50 mg	(TargaDOX)	1	NDS
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	NDS
doxycycline monohydrate oral capsule 150 mg, 75 mg		1	NDS; QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg		1	NDS

Drug Name		Drug Tier	Requirements/Limits
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml		1	NDS
doxycycline monohydrate oral tablet 100 mg, 50 mg		1	NDS
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg		1	NDS
tetracycline hcl oral capsule 250 mg, 500 mg		1	NDS
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		1	NDS
ANTICANCER AGENTS			
Anticancer Agents			
abiraterone acetate oral tablet 250 mg	(Abirtega)	1	PA; NDS; QL (120 per 30 days)
abiraterone acetate oral tablet 500 mg	(Zytiga)	1	PA; NDS; QL (120 per 30 days)
abirtega oral tablet 250 mg	(Abirtega)	1	PA; NDS; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		1	PA; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		1	PA; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		1	PA; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		1	PA; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		1	PA; NDS
anastrozole oral tablet 1 mg	(Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML		1	PA; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG		1	PA; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		1	PA; NDS; QL (240 per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG		1	PA; NDS; QL (66 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	(pemetrexed dipotassium)	1	NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		1	PA; NDS; QL (30 per 30 days)
azacitidine injection suspension reconstituted 100 mg	(Vidaza)	1	NDS
BALVERSA ORAL TABLET 3 MG		1	PA; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		1	PA; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		1	PA; NDS; QL (28 per 28 days)
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	(bendamustine hcl)	1	PA; NDS
bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg	(Treanda)	1	PA; NDS
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	(bendamustine hcl)	1	PA; NDS
bexarotene external gel 1 %	(Targretin)	1	PA; NDS
bexarotene oral capsule 75 mg	(Targretin)	1	PA; NDS
bicalutamide oral tablet 50 mg	(Casodex)	1	NDS
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML		1	PA; NDS; QL (75 per 28 days)
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit		1	NDS
bortezomib injection solution reconstituted 1 mg, 2.5 mg		1	PA; NDS
bortezomib injection solution reconstituted 3.5 mg	(Velcade)	1	PA; NDS
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML		1	PA; NDS
BOSULIF ORAL CAPSULE 100 MG		1	PA; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG		1	PA; NDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	1	BvD; ST; NDS
cyclophosphamide oral capsule 50 mg	1	BvD; ST; NDS
cyclophosphamide oral tablet 25 mg	1	BvD; ST; NDS
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	BvD; ST; NDS
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	1	PA; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA; NDS; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Phyrago)	1	PA; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg (Phyrago)	1	PA; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	PA; NDS
DAURISMO ORAL TABLET 100 MG	1	PA; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; NDS; QL (60 per 30 days)
decitabine intravenous solution reconstituted 50 mg	1	NDS
doxorubicin hcl liposomal intravenous suspension 2 mg/ml (Doxil)	1	BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	1	PA; NDS
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML	1	PA; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML	1	PA; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	1	NDS
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 20 MG	1	PA; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	1	PA; NDS

Drug Name		Drug Tier	Requirements/Limits
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML		1	PA; NDS
ERIVEDGE ORAL CAPSULE 150 MG		1	PA; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG		1	PA; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG		1	PA; NDS; QL (90 per 30 days)
erlotinib hcl oral tablet 100 mg	(Tarceva)	1	PA; NDS; QL (60 per 30 days)
erlotinib hcl oral tablet 150 mg		1	PA; NDS; QL (90 per 30 days)
erlotinib hcl oral tablet 25 mg		1	PA; NDS; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		1	NDS
etoposide intravenous solution 100 mg/5ml		1	NDS
EULEXIN ORAL CAPSULE 125 MG		1	NDS
everolimus oral tablet 10 mg	(Torpenz)	1	PA; NDS; QL (56 per 28 days)
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	1	PA; NDS; QL (28 per 28 days)
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	1	PA; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	1	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL		1	BvD; NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG		1	BvD; NDS
floxuridine injection solution reconstituted 0.5 gm		1	BvD; NDS
fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml		1	BvD; NDS
FLUTAMIDE ORAL CAPSULE 125 MG		1	NDS

Drug Name	Drug Tier	Requirements/Limits
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; NDS; QL (21 per 28 days)
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml (Faslodex)	1	NDS
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	1	PA; NDS
GAVRETO ORAL CAPSULE 100 MG	1	PA; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg (Iressa)	1	PA; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	NDS
GOMEKLI ORAL CAPSULE 1 MG	1	PA; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET SOLUBLE 1 MG	1	PA; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	1	PA; NDS; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	1	PA; NDS; QL (90 per 30 days)
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA; NDS
hydroxyurea oral capsule 500 mg (Hydrea)	1	NDS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	1	PA; NDS; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA; NDS; QL (30 per 30 days)
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	1	NDS
ifosfamide intravenous solution reconstituted 1 gm (Ifex)	1	NDS
imatinib mesylate oral tablet 100 mg (Gleevec)	1	PA; NDS; QL (180 per 30 days)
imatinib mesylate oral tablet 400 mg (Gleevec)	1	PA; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	1	PA; NDS
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	1	PA; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA; NDS; QL (280 per 28 days)
INLEXZO INTRAVESICAL DEVICE 225 MG	1	BvD; NDS
INLYTA ORAL TABLET 1 MG	1	PA; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	1	PA; NDS; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ITOVEBI ORAL TABLET 9 MG	1	PA; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	1	PA; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	1	BvD; ST; NDS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	1	PA; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	1	PA; NDS; QL (2 per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; NDS; QL (21 per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; NDS; QL (42 per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; NDS; QL (63 per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; NDS; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; NDS; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; NDS; QL (91 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA; NDS; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
lapatinib ditosylate oral tablet 250 mg (Tykerb)	1	PA; NDS
LAZCLUZE ORAL TABLET 240 MG	1	PA; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA; NDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	1	PA; NDS; QL (28 per 28 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA; NDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA; NDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA; NDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA; NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA; NDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA; NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA; NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA; NDS
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	NDS
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA; NDS
leuprolide acetate injection kit 1 mg/0.2ml	1	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	1	PA; NDS; QL (100 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
LONSURF ORAL TABLET 20-8.19 MG	1	PA; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	1	PA; NDS
LORBRENA ORAL TABLET 100 MG	1	PA; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	1	PA; NDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1	PA; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	1	PA; NDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA; NDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA; NDS
LYNOZYFIC INTRAVENOUS SOLUTION 200 MG/10ML	1	PA; NDS; QL (40 per 28 days)
LYNOZYFIC INTRAVENOUS SOLUTION 5 MG/2.5ML	1	PA; NDS; QL (15 per 8 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	NDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA; NDS; QL (140 per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA; NDS; QL (140 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	1	PA; NDS
MATULANE ORAL CAPSULE 50 MG	1	NDS
megestrol acetate oral tablet 20 mg, 40 mg	1	NDS
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	1	PA; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 2000 mg/100ml (Purixan)	1	NDS
mercaptopurine oral tablet 50 mg	1	NDS
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	NDS
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML	1	NDS
methotrexate sodium injection solution reconstituted 1 gm	1	NDS
methotrexate sodium oral tablet 2.5 mg	1	BvD; ST; NDS
mitoxantrone hcl intravenous concentrate 20 mg/10ml	1	NDS
MODEYSO ORAL CAPSULE 125 MG	1	PA; QL (20 per 28 days)
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA
NERLYNX ORAL TABLET 40 MG	1	PA; NDS; QL (180 per 30 days)
nilutamide oral tablet 150 mg (Nilandron)	1	NDS

Drug Name	Drug Tier	Requirements/Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA; NDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	1	PA; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	1	PA; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	1	PA; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA; NDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	1	PA; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	1	PA; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	1	PA; NDS
ORSERDU ORAL TABLET 345 MG	1	PA; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; NDS; QL (90 per 30 days)
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	1	BvD; NDS

Drug Name	Drug Tier	Requirements/Limits
pazopanib hcl oral tablet 200 mg (Votrient)	1	PA; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA; NDS; QL (30 per 30 days)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML, 850 MG/34ML	1	NDS
pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg (Alimta)	1	NDS
pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg	1	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	NDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; NDS; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA; NDS; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	1	PA; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	1	PA; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	1	PA; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
REVUFORJ ORAL TABLET 160 MG	1	PA; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	1	PA; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PACKET 50 MG	1	PA; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA; NDS
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	1	PA; NDS
RYDAPT ORAL CAPSULE 25 MG	1	PA; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	1	PA; NDS
SCEMBLIX ORAL TABLET 100 MG	1	PA; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	

Drug Name	Drug Tier	Requirements/Limits
sorafenib tosylate oral tablet 200 mg (NexAVAR)	1	PA; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	1	PA; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA; NDS
TABLOID ORAL TABLET 40 MG	1	NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	1	PA; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML	1	PA; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; NDS; QL (30 per 30 days)
tamoxifen citrate oral tablet 10 mg, 20 mg	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)	1	PA; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)	1	PA; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	1	PA; NDS
TEPMETKO ORAL TABLET 225 MG	1	PA; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML	1	PA
TIBSOVO ORAL TABLET 250 MG	1	PA; NDS; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	1	NDS
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	1	PA; NDS; QL (5 per 21 days)
toposar intravenous solution 100 mg/5ml	1	NDS
toremifene citrate oral tablet 60 mg (Fareston)	1	
torpenz oral tablet 10 mg (Torpenz)	1	PA; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg (Torpenz)	1	PA; NDS; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA; NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA; NDS
tretinoin oral capsule 10 mg	1	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA; NDS; QL (64 per 28 days)
TRUQAP TABLET THERAPY PACK 160 MG ORAL	1	PA; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA; NDS
TUKYSA ORAL TABLET 150 MG	1	PA; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	1	PA; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA; NDS
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA
VENCLEXTA ORAL TABLET 10 MG	1	PA; NDS; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 100 MG	1	PA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; NDS; QL (56 per 28 days)
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	1	NDS
VITRAKVI ORAL CAPSULE 100 MG	1	PA; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS (bendamustine hcl) SOLUTION 100 MG/4ML	1	PA; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA; NDS
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 300 MG	1	PA; NDS
WELIREG ORAL TABLET 40 MG	1	PA; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; NDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	1	PA; NDS; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	1	PA; NDS; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	1	PA; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	BvD; ST; NDS

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

Drug Name	Drug Tier	Requirements/Limits
ZELBORAF ORAL TABLET 240 MG	1	PA; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	1	PA; NDS
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	PA; NDS
ZOLINZA ORAL CAPSULE 100 MG	1	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	1	PA; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	1	PA; NDS; QL (20 per 28 days)
ANTICHOLINERGIC AGENTS		
Antimuscarinics/Antispasmodics		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg (Librax)	1	NDS
glycopyrrolate oral solution 1 mg/5ml (Cuvposa)	1	
ANTICONVULSANTS		
Anticonvulsants		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	1	NDS; QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	1	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	QL (60 per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg (Carbatrol)	1	

Drug Name		Drug Tier	Requirements/Limits
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	(TEGretol-XR)	1	
carbamazepine oral suspension 100 mg/5ml	(TEGretol)	1	
carbamazepine oral tablet 200 mg	(TEGretol)	1	
carbamazepine oral tablet chewable 100 mg, 200 mg		1	
clobazam oral suspension 2.5 mg/ml	(Onfi)	1	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	1	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		1	PA; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		1	PA; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG		1	PA; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG		1	PA; QL (180 per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg		1	NDS
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	(Depakote ER)	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	(Depakote Sprinkles)	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	(Depakote)	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG		1	ST; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG		1	ST; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		1	PA
epitol oral tablet 200 mg	(TEGretol)	1	
eslicarbazepine acetate oral tablet 200 mg, 400 mg	(Aptiom)	1	ST; QL (30 per 30 days)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	(Aptiom)	1	ST; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ethosuximide oral capsule 250 mg	(Zarontin)	1	
ethosuximide oral solution 250 mg/5ml	(Zarontin)	1	
felbamate oral suspension 600 mg/5ml		1	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		1	PA
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	(Cerebyx)	1	NDS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		1	ST; QL (720 per 30 days)
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	1	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	1	QL (270 per 30 days)
gabapentin oral solution 250 mg/5ml	(Neurontin)	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	1	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	1	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20ml	(Vimpat)	1	NDS; QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	1	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	1	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	(LaMICtal)	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	(LaMICtal ODT)	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	(Keppra XR)	1	
levetiracetam intravenous solution 500 mg/5ml	(Keppra)	1	NDS
levetiracetam oral solution 100 mg/ml	(Keppra)	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	
levetiracetam oral tablet disintegrating soluble 250 mg	(Spritam)	1	ST

Drug Name		Drug Tier	Requirements/Limits
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		1	NDS; QL (10 per 30 days)
methsuximide oral capsule 300 mg	(Celontin)	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		1	NDS; QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5ml	(Trileptal)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	
perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg	(Fycompa)	1	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	1	ST; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5ml		1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		1	
phenytek oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin oral suspension 125 mg/5ml	(Dilantin-125)	1	
phenytoin oral tablet chewable 50 mg	(Dilantin Infatabs)	1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin)	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin sodium injection solution 50 mg/ml		1	NDS
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	1	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	1	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	1	QL (900 per 30 days)
primidone oral tablet 125 mg		1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
rufinamide oral suspension 40 mg/ml	(Banzel)	1	ST
rufinamide oral tablet 200 mg, 400 mg	(Banzel)	1	ST
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		1	BvD; NDS

Drug Name		Drug Tier	Requirements/Limits
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG		1	ST
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	(levetiracetam)	1	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		1	PA; QL (60 per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg		1	
topiramate oral capsule sprinkle 15 mg, 25 mg	(Topamax Sprinkle)	1	
topiramate oral capsule sprinkle 50 mg		1	
topiramate oral solution 25 mg/ml	(Eprontia)	1	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 100 mg/ml		1	NDS
valproic acid oral capsule 250 mg		1	
valproic acid oral solution 250 mg/5ml		1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		1	NDS; QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		1	NDS; QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		1	NDS; QL (10 per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		1	NDS; QL (10 per 30 days)
vigabatrin oral packet 500 mg	(Vigadrone)	1	PA; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	1	PA; QL (180 per 30 days)
vigadrone oral packet 500 mg	(Vigadrone)	1	PA; QL (180 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
vigadrone oral tablet 500 mg	(Vigadrone)	1	PA; QL (180 per 30 days)
vigpoder oral packet 500 mg	(Vigadrone)	1	PA; QL (180 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		1	QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG		1	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		1	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		1	QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG		1	NDS
ZONISADE ORAL SUSPENSION 100 MG/5ML		1	
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	1	
zonisamide oral capsule 50 mg		1	
ZTALMY ORAL SUSPENSION 50 MG/ML		1	PA; QL (1080 per 30 days)
ANTIDEMENTIA AGENTS			
Antidementia Agents			
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	1	QL (30 per 30 days)
donepezil hcl oral tablet dispersible 10 mg		1	
donepezil hcl oral tablet dispersible 5 mg		1	QL (30 per 30 days)
ergoloid mesylates oral tablet 1 mg		1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg		1	QL (30 per 30 days)
galantamine hydrobromide oral solution 4 mg/ml		1	QL (200 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg		1	QL (60 per 30 days)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg		1	ST; QL (30 per 30 days)
memantine hcl oral solution 2 mg/ml		1	QL (300 per 30 days)
memantine hcl oral tablet 10 mg, 5 mg		1	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	(Exelon)	1	QL (30 per 30 days)
ANTIDEPRESSANTS			
Antidepressants			
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		1	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG		1	ST
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	(Wellbutrin XL)	1	
bupropion hcl oral tablet 100 mg, 75 mg		1	
citalopram hydrobromide oral solution 10 mg/5ml		1	
citalopram hydrobromide oral tablet 10 mg	(CeleXA)	1	QL (120 per 30 days)
citalopram hydrobromide oral tablet 20 mg, 40 mg	(CeleXA)	1	QL (30 per 30 days)
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	1	
desipramine hcl oral tablet 10 mg, 25 mg	(Norpramin)	1	

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

Drug Name		Drug Tier	Requirements/Limits
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
MARPLAN ORAL TABLET 10 MG		1	
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	1	
mirtazapine oral tablet 45 mg, 7.5 mg		1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	(Remeron SolTab)	1	
NEFAZODONE HCL ORAL TABLET 100 MG, 150 MG, 200 MG		1	
nefazodone hcl oral tablet 250 mg, 50 mg		1	
nefazodone hcl tablet 100 mg oral		1	
nefazodone hcl tablet 150 mg oral		1	
nefazodone hcl tablet 200 mg oral		1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	
nortriptyline hcl oral solution 10 mg/5ml		1	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	1	
paroxetine hcl oral suspension 10 mg/5ml		1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		1	
phenelzine sulfate oral tablet 15 mg	(Nardil)	1	
protriptyline hcl oral tablet 10 mg, 5 mg		1	
RALDESY ORAL SOLUTION 10 MG/ML		1	PA; QL (1200 per 30 days)
sertraline hcl 100 mg tablet f/c	(Zoloft)	1	
sertraline hcl 25 mg tablet f/c	(Zoloft)	1	
sertraline hcl 50 mg tablet f/c	(Zoloft)	1	
sertraline hcl oral concentrate 20 mg/ml	(Zoloft)	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	

Drug Name		Drug Tier	Requirements/Limits
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		1	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		1	PA
tranylcypromine sulfate oral tablet 10 mg	(Parnate)	1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg		1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		1	QL (30 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	(Effexor XR)	1	QL (30 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	(Effexor XR)	1	QL (90 per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		1	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	1	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		1	PA; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		1	PA; NDS; QL (14 per 14 days)
ANTIDIABETIC AGENTS			
Antidiabetic Agents, Miscellaneous			
acarbose oral tablet 100 mg, 25 mg, 50 mg		1	
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	1	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		1	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		1	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG		1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	1	QL (30 per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (60 per 30 days)
metformin hcl oral solution 500 mg/5ml (Riomet)	1	QL (765 per 30 days)
metformin hcl oral tablet 1000 mg	1	QL (75 per 30 days)
metformin hcl oral tablet 500 mg	1	QL (150 per 30 days)
metformin hcl oral tablet 750 mg	1	QL (60 per 30 days)
metformin hcl oral tablet 850 mg	1	QL (90 per 30 days)
metformin hcl tablet 1000 mg oral	1	QL (75 per 30 days)
metformin hcl tablet 500 mg oral	1	QL (150 per 30 days)
mifepristone oral tablet 300 mg (Korlym)	1	PA; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	1	PA; NDS; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML	1	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	1	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	1	PA; QL (3 per 28 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	QL (30 per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg	1	QL (90 per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-850 mg (Actoplus Met)	1	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	1	QL (120 per 30 days)
repaglinide oral tablet 2 mg	1	QL (240 per 30 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	1	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	1	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	1	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	1	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG	(dapagliflozin pro-metformin er)	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG		1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-500 MG		1	QL (60 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	(dapagliflozin pro-metformin er)	1	QL (60 per 30 days)
Insulins			
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		1	max $35 copay per month supply; QL (24 per 28 days)
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	(NovoLOG 70/30 FlexPen ReliOn)	1	max $35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml (NovoLOG Mix 70/30)	1	max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml (Semglee (yfgn))	1	max $35 copay per month supply
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml (Semglee (yfgn))	1	max $35 copay per month supply
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max $35 copay per month supply
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	max $35 copay per month supply
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	max $35 copay per month supply; QL (40 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION		1	max $35 copay per month supply; QL (40 per 28 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	1	max $35 copay per month supply
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	(insulin glargine-yfgn)	1	max $35 copay per month supply; QL (30 per 28 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		1	max $35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	(insulin glargine max solostar)	1	max $35 copay per month supply
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	(insulin glargine solostar)	1	max $35 copay per month supply
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	(insulin degludec flextouch)	1	max $35 copay per month supply
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	1	max $35 copay per month supply
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML		1	max $35 copay per month supply; QL (15 per 28 days)
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg		1	QL (30 per 30 days)
glimepiride oral tablet 4 mg		1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	(Glucotrol XL)	1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg		1	QL (30 per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	(Glucotrol XL)	1	QL (30 per 30 days)
glipizide oral tablet 10 mg		1	QL (120 per 30 days)
glipizide oral tablet 2.5 mg		1	QL (90 per 30 days)
glipizide oral tablet 5 mg		1	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg		1	QL (240 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg		1	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	
ANTIFUNGALS			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		1	BvD; NDS
amphotericin b intravenous solution reconstituted 50 mg		1	BvD; NDS
amphotericin b liposome intravenous suspension reconstituted 50 mg	(AmBisome)	1	BvD; NDS
ciclopirox external solution 8 %	(Ciclodan)	1	NDS; QL (19.8 per 30 days)
ciclopirox olamine external cream 0.77 %		1	NDS; QL (180 per 30 days)
ciclopirox olamine external suspension 0.77 %		1	NDS; QL (180 per 30 days)
clotrimazole external cream 1 %	(Lotrimin AF)	1	NDS
clotrimazole external solution 1 %		1	NDS
clotrimazole mouth/throat troche 10 mg		1	NDS
clotrimazole-betamethasone external cream 1-0.05 %		1	NDS; QL (90 per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		1	PA; NDS
econazole nitrate external cream 1 %		1	NDS; QL (170 per 30 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%		1	NDS
fluconazole oral suspension reconstituted 10 mg/ml		1	NDS
fluconazole oral suspension reconstituted 40 mg/ml	(Diflucan)	1	NDS

Drug Name		Drug Tier	Requirements/Limits
fluconazole oral tablet 100 mg, 200 mg, 50 mg		1	NDS
fluconazole oral tablet 150 mg	(Diflucan)	1	NDS
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	1	NDS
griseofulvin microsize oral suspension 125 mg/5ml		1	NDS
griseofulvin microsize oral tablet 500 mg		1	NDS
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg		1	NDS
itraconazole oral capsule 100 mg	(Sporanox)	1	NDS
ketoconazole external cream 2 %		1	NDS; QL (180 per 30 days)
ketoconazole external shampoo 2 %		1	NDS; QL (360 per 30 days)
ketoconazole oral tablet 200 mg		1	NDS
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	(Mycamine)	1	NDS
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG		1	NDS
nyamyc external powder 100000 unit/gm	(Nyamyc)	1	NDS; QL (60 per 30 days)
nystatin external cream 100000 unit/gm		1	NDS; QL (60 per 30 days)
nystatin external ointment 100000 unit/gm		1	NDS; QL (60 per 30 days)
nystatin external powder 100000 unit/gm	(Nyamyc)	1	NDS; QL (60 per 30 days)
nystatin mouth/throat suspension 100000 unit/ml		1	NDS
nystatin oral tablet 500000 unit		1	NDS
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%		1	NDS
nystop external powder 100000 unit/gm	(Nyamyc)	1	NDS; QL (60 per 30 days)
posaconazole oral tablet delayed release 100 mg		1	PA
ra clotrimazole external cream 1 %	(Lotrimin AF)	1	NDS
terbinafine hcl oral tablet 250 mg		1	NDS

Drug Name		Drug Tier	Requirements/Limits
voriconazole intravenous solution reconstituted 200 mg	(Vfend IV)	1	BvD; NDS
voriconazole oral suspension reconstituted 40 mg/ml	(Vfend)	1	PA; NDS
voriconazole oral tablet 200 mg, 50 mg		1	NDS
ANTIGOUT AGENTS			
Antigout Agents, Other			
allopurinol oral tablet 100 mg, 300 mg		1	
colchicine oral capsule 0.6 mg	(Mitigare)	1	NDS; QL (60 per 30 days)
colchicine oral tablet 0.6 mg		1	NDS; QL (120 per 30 days)
colchicine-probenecid oral tablet 0.5-500 mg		1	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	1	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg		1	
ANTIHISTAMINES			
Antihistamines			
desloratadine oral tablet 5 mg	(Clarinex)	1	NDS
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	NDS
levocetirizine dihydrochloride oral tablet 5 mg	(Xyzal Allergy 24HR)	1	NDS
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	NDS
metronidazole vaginal gel 0.75 %	(Vandazole)	1	NDS
terconazole vaginal cream 0.4 %, 0.8 %		1	NDS
terconazole vaginal suppository 80 mg		1	NDS
ANTIMIGRAINE AGENTS			
Antimigraine Agents			

Drug Name		Drug Tier	Requirements/Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML		1	PA; QL (1 per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML		1	PA; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML		1	PA; QL (1.5 per 30 days)
dihydroergotamine mesylate nasal solution 4 mg/ml		1	ST; NDS; QL (8 per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		1	PA; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		1	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		1	PA; QL (2 per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg		1	NDS; QL (9 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG		1	PA; NDS; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		1	PA; QL (30 per 30 days)
rizatriptan benzoate oral tablet 10 mg	(Maxalt)	1	NDS; QL (18 per 30 days)
rizatriptan benzoate oral tablet 5 mg		1	NDS; QL (18 per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg	(Maxalt-MLT)	1	NDS; QL (18 per 30 days)
rizatriptan benzoate oral tablet dispersible 5 mg		1	NDS; QL (18 per 30 days)
sumatriptan 4 mg/0.5 ml inject outer, suv	(Imitrex STATdose System)	1	NDS; QL (4 per 28 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act		1	NDS; QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	1	NDS; QL (9 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	1	NDS; QL (18 per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	(Imitrex STATdose Refill)	1	NDS; QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		1	NDS; QL (5 per 28 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	(Imitrex STATdose System)	1	NDS; QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		1	PA; NDS; QL (16 per 30 days)
ANTIMYCOBACTERIALS			
Antimycobacterials			
dapsone oral tablet 100 mg, 25 mg		1	
ethambutol hcl oral tablet 100 mg, 400 mg		1	NDS
isoniazid oral tablet 100 mg, 300 mg		1	
PRIFTIN ORAL TABLET 150 MG		1	NDS
pyrazinamide oral tablet 500 mg		1	NDS
rifabutin oral capsule 150 mg		1	NDS
rifampin intravenous solution reconstituted 600 mg	(Rifadin)	1	NDS
rifampin oral capsule 150 mg, 300 mg		1	NDS
SIRTURO ORAL TABLET 100 MG, 20 MG		1	PA; NDS
TRECATOR ORAL TABLET 250 MG		1	NDS
ANTINAUSEA AGENTS			
Antinausea Agents			
aprepitant oral capsule 125 mg		1	BvD; NDS; QL (2 per 28 days)
aprepitant oral capsule 40 mg		1	BvD; NDS; QL (1 per 28 days)
aprepitant oral capsule 80 & 125 mg	(Emend TriPack)	1	BvD; NDS
aprepitant oral capsule 80 mg	(Emend BiPack)	1	BvD; NDS; QL (4 per 28 days)
compro rectal suppository 25 mg	(Compro)	1	NDS

Drug Name		Drug Tier	Requirements/Limits
dronabinol oral capsule 10 mg, 5 mg		1	PA; NDS; QL (60 per 30 days)
dronabinol oral capsule 2.5 mg	(Marinol)	1	PA; NDS; QL (60 per 30 days)
meclizine hcl oral tablet 12.5 mg		1	NDS
meclizine hcl oral tablet 25 mg	(Dramamine)	1	NDS
ondansetron hcl injection solution 40 mg/20ml		1	NDS
ondansetron hcl injection solution prefilled syringe 4 mg/2ml		1	NDS
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg		1	BvD; NDS
ondansetron oral tablet dispersible 4 mg, 8 mg		1	BvD; NDS
prochlorperazine edisylate injection solution 10 mg/2ml		1	NDS
prochlorperazine maleate oral tablet 10 mg, 5 mg		1	
prochlorperazine rectal suppository 25 mg	(Compro)	1	NDS
promethazine hcl injection solution 25 mg/ml	(Phenergan)	1	NDS
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg		1	NDS
promethazine hcl rectal suppository 25 mg	(Promethegan)	1	NDS
promethegan rectal suppository 12.5 mg		1	NDS
promethegan rectal suppository 25 mg	(Promethegan)	1	NDS
scopolamine transdermal patch 72 hour 1 mg/3days		1	NDS; QL (10 per 30 days)
trimethobenzamide hcl oral capsule 300 mg		1	NDS
ANTIPARASITE AGENTS			
Antiparasite Agents			
albendazole oral tablet 200 mg		1	NDS
atovaquone oral suspension 750 mg/5ml	(Mepron)	1	NDS

Drug Name		Drug Tier	Requirements/Limits
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	(Malarone)	1	NDS
chloroquine phosphate oral tablet 250 mg, 500 mg		1	
COARTEM ORAL TABLET 20-120 MG		1	NDS
hydroxychloroquine sulfate oral tablet 100 mg		1	QL (180 per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	(Plaquenil)	1	QL (90 per 30 days)
hydroxychloroquine sulfate oral tablet 300 mg	(Sovuna)	1	QL (60 per 30 days)
hydroxychloroquine sulfate oral tablet 400 mg		1	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		1	PA; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	1	NDS
ivermectin oral tablet 6 mg		1	
mefloquine hcl oral tablet 250 mg		1	
nitazoxanide oral tablet 500 mg		1	NDS; QL (60 per 30 days)
paromomycin sulfate oral capsule 250 mg	(Humatin)	1	NDS
pentamidine isethionate inhalation solution reconstituted 300 mg	(Nebupent)	1	BvD; NDS
pentamidine isethionate injection solution reconstituted 300 mg	(Pentam)	1	NDS
praziquantel oral tablet 600 mg	(Biltricide)	1	NDS
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG		1	NDS
pyrimethamine oral tablet 25 mg	(Daraprim)	1	PA; NDS
quinine sulfate oral capsule 324 mg		1	PA; NDS
tinidazole oral tablet 250 mg, 500 mg		1	NDS
ANTIPARKINSONIAN AGENTS			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		1	
amantadine hcl oral solution 50 mg/5ml		1	

Drug Name	Drug Tier	Requirements/Limits
amantadine hcl oral tablet 100 mg	1	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine mesylate oral tablet 2.5 mg (Parlodel)	1	
cabergoline oral tablet 0.5 mg	1	NDS
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg (Sinemet)	1	
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	1	
carbidopa-levodopa oral tablet 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
entacapone oral tablet 200 mg	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NDS; QL (150 per 30 days)
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25&30 MG	1	PA; NDS
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	1	PA; NDS; QL (600 per 30 days)
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline mesylate oral tablet 0.5 mg, 1 mg (Azilect)	1	
ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	1	PA; QL (560 per 28 days)
ANTIPSYCHOTIC AGENTS		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	1	
aripiprazole oral tablet dispersible 10 mg	1	ST; QL (90 per 30 days)
aripiprazole oral tablet dispersible 15 mg	1	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	1	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	1	QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	1	QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	1	QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	1	QL (3.2 per 14 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg (Saphris)	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	ST; QL (30 per 30 days)
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	1	NDS
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet 100 mg, 25 mg (Clozaril)	1	NDS
clozapine oral tablet 200 mg, 50 mg	1	NDS
clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg	1	ST; NDS; QL (90 per 30 days)
clozapine oral tablet dispersible 150 mg	1	ST; NDS; QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	1	ST; NDS; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	1	ST; QL (60 per 30 days)
COBENFY ORAL CAPSULE 50-20 MG	1	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	1	ST; NDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	1	QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 per 21 days)

Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST; NDS
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	1	ST; NDS
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	1	ST; NDS
fluphenazine decanoate injection solution 25 mg/ml	1	NDS
fluphenazine hcl injection solution 2.5 mg/ml	1	NDS
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	1	NDS
haloperidol lactate injection solution 5 mg/ml	1	NDS
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	NDS; QL (0.75 per 21 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	NDS; QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	NDS; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg (Latuda)	1	QL (30 per 30 days)
lurasidone hcl oral tablet 80 mg (Latuda)	1	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA; QL (30 per 30 days)
molindone hcl oral tablet 10 mg	1	QL (240 per 30 days)
molindone hcl oral tablet 25 mg	1	QL (270 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
molindone hcl oral tablet 5 mg	1	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; QL (30 per 30 days)
olanzapine intramuscular solution reconstituted 10 mg (ZyPREXA)	1	NDS; QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg	1	
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg (ZyPREXA)	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	1	ST
paliperidone er oral tablet extended release 24 hour 1.5 mg	1	QL (30 per 30 days)
paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg (Invega)	1	QL (30 per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg (Invega)	1	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg	1	
prochlorperazine edisylate solution 10 mg/2ml injection	1	NDS
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg (SEROquel XR)	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (SEROquel)	1	
quetiapine fumarate oral tablet 150 mg	1	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg (RisperDAL Consta)	1	NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml (RisperDAL)	1	
risperidone oral tablet 0.25 mg	1	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (RisperDAL)	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	1	QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	ST; QL (30 per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	1	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	1	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	1	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	1	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	1	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	1	NDS; QL (0.14 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	1	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	ST; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST; NDS
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1	
ziprasidone mesylate intramuscular solution reconstituted 20 mg (Geodon)	1	NDS; QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	1	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	1	NDS; QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)		
Antiretrovirals		
abacavir sulfate oral solution 20 mg/ml (Ziagen)	1	
abacavir sulfate oral tablet 300 mg	1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	1	NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	1	
atazanavir sulfate oral capsule 150 mg	1	
atazanavir sulfate oral capsule 200 mg, 300 mg (Reyataz)	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	1	NDS
CIMDUO ORAL TABLET 300-300 MG	1	
darunavir oral tablet 600 mg, 800 mg (Prezista)	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	
DOVATO ORAL TABLET 50-300 MG	1	
EDURANT ORAL TABLET 25 MG	1	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	1	
efavirenz oral capsule 200 mg, 50 mg	1	
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg (Symfi)	1	
emtricitabine oral capsule 200 mg (Emtriva)	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)	1	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg (Complera)	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	
etravirine oral tablet 100 mg, 200 mg (Intelence)	1	
EVOTAZ ORAL TABLET 300-150 MG	1	
fosamprenavir calcium oral tablet 700 mg	1	

Drug Name	Drug Tier	Requirements/Limits
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	
ISENTRESS ORAL PACKET 100 MG	1	
ISENTRESS ORAL TABLET 400 MG	1	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML	1	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml (Epivir)	1	
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg (Epivir)	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
lopinavir-ritonavir oral solution 400-100 mg/5ml (Kaletra)	1	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	1	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	1	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg (Selzentry)	1	
nevirapine er oral tablet extended release 24 hour 100 mg	1	QL (90 per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	1	QL (30 per 30 days)
nevirapine oral suspension 50 mg/5ml	1	QL (1200 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
nevirapine oral tablet 200 mg	1	QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG	1	
NORVIR ORAL SOLUTION 80 MG/ML	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	
PIFELTRO ORAL TABLET 100 MG	1	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	1	
PREZISTA ORAL SUSPENSION 100 MG/ML	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	NDS
REYATAZ ORAL PACKET 50 MG	1	
ritonavir oral tablet 100 mg (Norvir)	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	
stavudine oral capsule 30 mg, 40 mg	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	
SUNLENCA ORAL TABLET 300 MG	1	NDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	1	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	1	BvD
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	
TEMIXYS ORAL TABLET 300-300 MG	1	
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	1	

Drug Name		Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG		1	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		1	
TRIUMEQ ORAL TABLET 600-50-300 MG		1	QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG		1	
TRIZIVIR ORAL TABLET 300-150-300 MG		1	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML		1	
VEMLIDY ORAL TABLET 25 MG		1	QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG		1	
VIREAD ORAL POWDER 40 MG/GM		1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		1	
VOCABRIA ORAL TABLET 30 MG		1	
zidovudine oral capsule 100 mg	(Retrovir)	1	
zidovudine oral syrup 50 mg/5ml	(Retrovir)	1	
zidovudine oral tablet 300 mg		1	
Antivirals, Miscellaneous			
LIVTENCITY ORAL TABLET 200 MG		1	PA
oseltamivir phosphate oral capsule 30 mg	(Tamiflu)	1	NDS; QL (84 per 180 days)
oseltamivir phosphate oral capsule 45 mg	(Tamiflu)	1	NDS; QL (48 per 180 days)
oseltamivir phosphate oral capsule 75 mg	(Tamiflu)	1	NDS; QL (42 per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	(Tamiflu)	1	NDS; QL (540 per 180 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		1	NDS; QL (20 per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG		1	NDS; QL (11 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	NDS; QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; QL (28 per 28 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	1	NDS; QL (60 per 180 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG	1	NDS; QL (4 per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	1	NDS; QL (2 per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	1	NDS; QL (4 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PACKET 150-37.5 MG	1	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PACKET 200-50 MG	1	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	1	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	1	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PACKET 33.75-150 MG	1	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PACKET 45-200 MG	1	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	1	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	1	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; NDS; QL (28 per 28 days)
Interferons		

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA; NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	NDS
acyclovir oral suspension 200 mg/5ml	1	NDS
acyclovir oral tablet 400 mg, 800 mg	1	NDS
acyclovir sodium intravenous solution 50 mg/ml	1	BvD; NDS
adefovir dipivoxil oral tablet 10 mg	1	
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	NDS
ribavirin oral tablet 200 mg	1	NDS
valacyclovir hcl oral tablet 1 gm, 500 mg (Valtrex)	1	NDS
valganciclovir hcl oral solution reconstituted 50 mg/ml (Valcyte)	1	
valganciclovir hcl oral tablet 450 mg (Valcyte)	1	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
Anticoagulants		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg (Pradaxa)	1	QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	1	NDS
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (74 per 30 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml (Lovenox)	1	NDS; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	(Lovenox)	1	NDS; QL (48 per 30 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	(Lovenox)	1	NDS; QL (18 per 30 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	(Lovenox)	1	NDS; QL (24 per 30 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	(Lovenox)	1	NDS; QL (36 per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	(Arixtra)	1	NDS; QL (24 per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	(Arixtra)	1	NDS; QL (15 per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	(Arixtra)	1	NDS; QL (12 per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	(Arixtra)	1	NDS; QL (18 per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		1	NDS
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	1	
rivaroxaban oral suspension reconstituted 1 mg/ml	(Xarelto)	1	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	1	QL (60 per 30 days)
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	(rivaroxaban)	1	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		1	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	1	QL (60 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		1	NDS
Blood Formation Modifiers			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		1	PA; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
eltrombopag olamine oral packet 12.5 mg	(Promacta)	1	PA; QL (90 per 30 days)
eltrombopag olamine oral packet 25 mg	(Promacta)	1	PA; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	(Promacta)	1	PA; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg	(Promacta)	1	PA; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	(Promacta)	1	PA; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT		1	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT		1	PA; NDS; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		1	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		1	PA; NDS
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		1	PA; NDS
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		1	PA; NDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		1	PA; NDS; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML		1	PA; NDS; QL (4 per 28 days)
Hematologic Agents, Miscellaneous			
anagrelide hcl oral capsule 0.5 mg	(Agrylin)	1	
anagrelide hcl oral capsule 1 mg		1	
tranexamic acid oral tablet 650 mg		1	NDS

Drug Name		Drug Tier	Requirements/Limits
Platelet-Aggregation Inhibitors			
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg		1	
BRILINTA ORAL TABLET 60 MG, 90 MG	(ticagrelor)	1	
cilostazol oral tablet 100 mg, 50 mg		1	
clopidogrel bisulfate oral tablet 75 mg	(Plavix)	1	
dipyridamole oral tablet 50 mg, 75 mg		1	
pentoxifylline er oral tablet extended release 400 mg		1	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	1	QL (30 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	(Brilinta)	1	
CALORIC AGENTS			
Caloric Agents			
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %		1	BvD; NDS
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %		1	BvD; NDS
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %		1	BvD; NDS
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %		1	BvD; NDS
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %		1	BvD; NDS
clinisol sf intravenous solution 15 %		1	BvD; NDS
dextrose intravenous solution 5 %		1	NDS
plenamine intravenous solution 15 %		1	BvD; NDS
PROCALAMINE INTRAVENOUS SOLUTION 3 %		1	BvD; NDS
CARDIOVASCULAR AGENTS			
Alpha-Adrenergic Agents			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	
clonidine transdermal patch weekly 0.1 mg/24hr	(Catapres-TTS-1)	1	

Drug Name		Drug Tier	Requirements/Limits
clonidine transdermal patch weekly 0.2 mg/24hr	(Catapres-TTS-2)	1	
clonidine transdermal patch weekly 0.3 mg/24hr	(Catapres-TTS-3)	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	1	PA; NDS; QL (180 per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg		1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg		1	NDS
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg		1	
Angiotensin Ii Receptor Antagonists			
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		1	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	1	
irbesartan oral tablet 75 mg		1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	(Entresto)	1	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
telmisartan oral tablet 20 mg		1	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors			
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	
benazepril hcl oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg		1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg		1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
moexipril hcl oral tablet 15 mg, 7.5 mg		1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	

Drug Name		Drug Tier	Requirements/Limits
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	(Accuretic)	1	
quinapril-hydrochlorothiazide oral tablet 20-25 mg		1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg		1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		1	
Antiarrhythmic Agents			
amiodarone hcl oral tablet 100 mg, 200 mg	(Pacerone)	1	
amiodarone hcl oral tablet 400 mg		1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	1	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg		1	
MULTAQ ORAL TABLET 400 MG		1	
pacerone oral tablet 100 mg, 200 mg	(Pacerone)	1	
pacerone oral tablet 400 mg		1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg		1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg		1	
quinidine sulfate oral tablet 200 mg, 300 mg		1	
Beta-Adrenergic Blocking Agents			
acebutolol hcl oral capsule 200 mg, 400 mg		1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	

Drug Name		Drug Tier	Requirements/Limits
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg		1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	
sorine oral tablet 120 mg, 160 mg, 80 mg	(Betapace)	1	
sorine oral tablet 240 mg		1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	(Betapace AF)	1	
sotalol hcl oral tablet 120 mg, 160 mg, 80 mg	(Betapace)	1	
sotalol hcl oral tablet 240 mg		1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	
Calcium-Channel Blocking Agents			
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem 90 mg tablet		1	

Drug Name		Drug Tier	Requirements/Limits
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	(Tiadylt ER)	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg		1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	
diltiazem hcl oral tablet 90 mg		1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		1	
taztia xt oral capsule extended release 24 hour 360 mg	(Tiadylt ER)	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		1	
tiadylt er oral capsule extended release 24 hour 360 mg, 420 mg	(Tiadylt ER)	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg		1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg		1	
Cardiovascular Agents, Miscellaneous			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		1	PA; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML		1	QL (600 per 30 days)
digoxin oral tablet 125 mcg, 250 mcg	(Digox)	1	
digoxin oral tablet 62.5 mcg	(Lanoxin)	1	
epinephrine injection solution 0.3 mg/0.3ml		1	NDS; QL (4 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	(Auvi-Q)	1	NDS; QL (4 per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml	(EpiPen Jr 2-Pak)	1	NDS; QL (4 per 30 days)
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant acetate subcutaneous solution 30 mg/3ml		1	PA; NDS; QL (18 per 30 days)
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	(Firazyr)	1	PA; NDS; QL (18 per 30 days)
ivabradine hcl oral tablet 5 mg, 7.5 mg	(Corlanor)	1	QL (60 per 30 days)
metyrosine oral capsule 250 mg	(Demser)	1	NDS
ranolazine er oral tablet extended release 12 hour 1000 mg		1	QL (60 per 30 days)
ranolazine er oral tablet extended release 12 hour 500 mg		1	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		1	PA; QL (30 per 30 days)
Dihydropyridines			
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	1	
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg		1	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg		1	

Drug Name		Drug Tier	Requirements/Limits
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg		1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	(Procardia XL)	1	
Diuretics			
amiloride hcl oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	
bumetanide oral tablet 0.5 mg	(Bumex)	1	
bumetanide oral tablet 1 mg, 2 mg		1	
chlorthalidone oral tablet 25 mg, 50 mg		1	
furosemide injection solution 10 mg/ml		1	NDS
furosemide oral solution 10 mg/ml, 8 mg/ml		1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
furosemide solution 10 mg/ml injection		1	
furosemide solution 10 mg/ml injection		1	NDS
hydrochlorothiazide oral capsule 12.5 mg		1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolactone-hctz oral tablet 25-25 mg		1	
tolvaptan oral tablet 15 mg, 30 mg	(Jynarque)	1	PA; NDS; QL (120 per 30 days)
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	(Jynarque)	1	PA; NDS; QL (56 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
torsemide oral tablet 10 mg, 100 mg, 5 mg		1	
torsemide oral tablet 20 mg	(Soaanz)	1	
triamterene-hctz oral capsule 37.5-25 mg		1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg		1	
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	1	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	1	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		1	
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	QL (30 per 30 days)
cholestyramine light oral packet 4 gm	(Prevalite)	1	
cholestyramine oral packet 4 gm	(Questran)	1	
colesevelam hcl oral packet 3.75 gm	(Welchol)	1	
colesevelam hcl oral tablet 625 mg	(Welchol)	1	
colestipol hcl oral packet 5 gm		1	
colestipol hcl oral tablet 1 gm	(Colestid)	1	
ezetimibe oral tablet 10 mg	(Zetia)	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	(Vytorin)	1	QL (30 per 30 days)
fenofibrate capsule 134 mg oral		1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg		1	
fenofibrate oral tablet 145 mg, 48 mg	(Tricor)	1	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	(Lescol XL)	1	
fluvastatin sodium oral capsule 20 mg, 40 mg		1	QL (60 per 30 days)
gemfibrozil oral tablet 600 mg	(Lopid)	1	

Drug Name		Drug Tier	Requirements/Limits
icosapent ethyl oral capsule 0.5 gm	(Vascepa)	1	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gm	(Vascepa)	1	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	
NEXLETOL ORAL TABLET 180 MG		1	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		1	ST; QL (30 per 30 days)
NIACIN (ANTIHYPERLIPIDEMIC) ORAL TABLET 500 MG	(niacin (antihyperlipidemic))	1	NDS
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg		1	
NIACOR ORAL TABLET 500 MG	(niacin (antihyperlipidemic))	1	NDS
omega-3-acid ethyl esters oral capsule 1 gm	(Lovaza)	1	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	1	QL (30 per 30 days)
pravastatin sodium oral tablet 10 mg, 80 mg		1	
pravastatin sodium oral tablet 20 mg, 40 mg		1	QL (30 per 30 days)
prevalite oral packet 4 gm	(Prevalite)	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		1	ST; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		1	ST; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		1	ST; QL (6 per 28 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	1	QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg		1	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors			

Drug Name		Drug Tier	Requirements/Limits
aliskiren fumarate oral tablet 150 mg, 300 mg	(Tekturna)	1	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		1	PA; QL (30 per 30 days)
Vasodilators			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	
isosorbide dinitrate oral tablet 40 mg, 5 mg	(Isordil Titradose)	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg		1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	1	
minoxidil oral tablet 10 mg, 2.5 mg		1	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	1	
CENTRAL NERVOUS SYSTEM AGENTS			
Central Nervous System Agents			
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	(Adderall XR)	1	QL (30 per 30 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	(Adderall XR)	1	QL (60 per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	QL (60 per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg		1	QL (60 per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg		1	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 12 MG, 9 MG		1	PA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		1	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG		1	PA; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG		1	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG		1	PA; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG		1	PA; QL (210 per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG		1	PA; NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		1	PA; QL (1 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		1	PA; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		1	PA; QL (15 per 30 days)
dalfampridine er oral tablet extended release 12 hour 10 mg	(Ampyra)	1	PA; QL (60 per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg	(Tecfidera)	1	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	(Tecfidera)	1	PA; QL (60 per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	(Tecfidera)	1	PA; NDS
fingolimod hcl oral capsule 0.5 mg	(Gilenya)	1	PA; QL (30 per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	(Glatopa)	1	PA; QL (30 per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	(Glatopa)	1	PA; QL (12 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
glatopa subcutaneous solution prefilled syringe 20 mg/ml	(Glatopa)	1	PA; QL (30 per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	(Glatopa)	1	PA; QL (12 per 28 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv)	1	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG		1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		1	PA; NDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML		1	PA; QL (1.2 per 28 days)
lithium carbonate er oral tablet extended release 300 mg	(Lithobid)	1	
lithium carbonate er oral tablet extended release 450 mg		1	
lithium carbonate oral capsule 150 mg, 300 mg		1	
LITHIUM CARBONATE ORAL CAPSULE 600 MG		1	
lithium carbonate oral tablet 300 mg		1	
lithium oral solution 8 meq/5ml		1	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG		1	PA; NDS
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG		1	PA; NDS
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG		1	PA; NDS
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG		1	PA; NDS
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG		1	PA; NDS
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG		1	PA; NDS
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG		1	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; QL (30 per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	1	PA; NDS
methylphenidate hcl oral solution 10 mg/5ml (Methylin)	1	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	1	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	1	PA; NDS; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	1	PA; QL (23 per 180 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	1	PA; NDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	1	PA; NDS
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	1	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	1	PA; QL (1 per 28 days)
riluzole oral tablet 50 mg	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	NDS
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	1	PA; QL (112 per 28 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	1	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	1	PA; QL (120 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
CONTRACEPTIVES			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
altavera oral tablet 0.15-30 mg-mcg	(Altavera)	1	
alyacen 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
amethyst oral tablet 90-20 mcg	(Amethyst)	1	
apri oral tablet 0.15-30 mg-mcg	(Apri)	1	
aubra eq oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg		1	
aurovela 1/20 oral tablet 1-20 mg-mcg		1	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)		1	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
aviane oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
ayuna oral tablet 0.15-30 mg-mcg	(Altavera)	1	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)		1	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
camila oral tablet 0.35 mg	(Camila)	1	
chateal eq oral tablet 0.15-30 mg-mcg	(Altavera)	1	
cryselle-28 oral tablet 0.3-30 mg-mcg		1	
cyclafem 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
cyred eq oral tablet 0.15-30 mg-mcg	(Apri)	1	

Drug Name		Drug Tier	Requirements/Limits
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
deblitane oral tablet 0.35 mg	(Camila)	1	
delyla oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	(Apri)	1	
dolishale oral tablet 90-20 mcg	(Amethyst)	1	
elinest oral tablet 0.3-30 mg-mcg		1	
eluryng vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
emoquette oral tablet 0.15-30 mg-mcg	(Apri)	1	
emzahh oral tablet 0.35 mg	(Camila)	1	
enilloring vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
enpresse-28 oral tablet 50-30/75-40/125-30 mcg	(Enpresse-28)	1	
enskyce oral tablet 0.15-30 mg-mcg	(Apri)	1	
errin oral tablet 0.35 mg	(Camila)	1	
estarylla oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya 1/50)	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
falmina oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
feirza 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
femynor oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
hailey 24 fe oral tablet 1-20 mg-mcg(24)		1	
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	

Drug Name		Drug Tier	Requirements/Limits
hailey fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
haloette vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
heather oral tablet 0.35 mg	(Camila)	1	
iclevia oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(Camila)	1	
introvale oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
isibloom oral tablet 0.15-30 mg-mcg	(Apri)	1	
jencycla oral tablet 0.35 mg	(Camila)	1	
jolessa oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
juleber oral tablet 0.15-30 mg-mcg	(Apri)	1	
junel 1.5/30 oral tablet 1.5-30 mg-mcg		1	
junel 1/20 oral tablet 1-20 mg-mcg		1	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
junel fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
junel fe 24 oral tablet 1-20 mg-mcg(24)		1	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
kelnor 1/35 oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
kelnor 1/50 oral tablet 1-50 mg-mcg	(Valtya 1/50)	1	
kurvelo oral tablet 0.15-30 mg-mcg	(Altavera)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG		1	NDS
larin 1.5/30 oral tablet 1.5-30 mg-mcg		1	
larin 1/20 oral tablet 1-20 mg-mcg		1	
larin 24 fe oral tablet 1-20 mg-mcg(24)		1	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
larin fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
larissia oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
lessina oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
levonest oral tablet 50-30/75-40/ 125-30 mcg	(Enpresse-28)	1	

Drug Name		Drug Tier	Requirements/Limits
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	(Balcoltra)	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	(Altavera)	1	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	(Amethyst)	1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	(Enpresse-28)	1	
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	(Altavera)	1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		1	NDS
lillow oral tablet 0.15-30 mg-mcg	(Altavera)	1	
low-ogestrel oral tablet 0.3-30 mg-mcg		1	
luizza 1.5/30 oral tablet 1.5-30 mg-mcg		1	
luizza 1/20 oral tablet 1-20 mg-mcg		1	
lutera oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
lyleq oral tablet 0.35 mg	(Camila)	1	
lyza oral tablet 0.35 mg	(Camila)	1	
marlissa oral tablet 0.15-30 mg-mcg	(Altavera)	1	
meleya oral tablet 0.35 mg	(Camila)	1	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg		1	
microgestin 1/20 oral tablet 1-20 mg-mcg		1	
microgestin 24 fe oral tablet 1-20 mg-mcg		1	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
mili oral tablet 0.25-35 mg-mcg	(Estarylla)	1	

Drug Name		Drug Tier	Requirements/Limits
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY		1	NDS
mono-linyah oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		1	NDS
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	(Xulane)	1	QL (3 per 28 days)
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
norethindrone oral tablet 0.35 mg	(Camila)	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
norlyda oral tablet 0.35 mg	(Camila)	1	
norlyroc oral tablet 0.35 mg	(Camila)	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
nylia 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
nymyo oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
orquidea oral tablet 0.35 mg	(Camila)	1	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
pirmella 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	

Drug Name		Drug Tier	Requirements/Limits
pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
portia-28 oral tablet 0.15-30 mg-mcg	(Altavera)	1	
previfem oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
reclipsen oral tablet 0.15-30 mg-mcg	(Apri)	1	
setlakin oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(Camila)	1	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG		1	NDS
sprintec 28 oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
sronyx oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
tarina 24 fe oral tablet 1-20 mg-mcg(24)		1	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	

Drug Name		Drug Tier	Requirements/Limits
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	(Enpresse-28)	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
turqoz oral tablet 0.3-30 mg-mcg		1	
valtya 1/50 oral tablet 1-50 mg-mcg	(Valtya 1/50)	1	
vienva oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
vylibra oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
xulane transdermal patch weekly 150-35 mcg/24hr	(Xulane)	1	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24hr	(Xulane)	1	QL (3 per 28 days)
zovia 1/35 (28) oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
DENTAL AND ORAL AGENTS			
Dental And Oral Agents			
cevimeline hcl oral capsule 30 mg	(Evoxac)	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	(Periogard)	1	NDS
denta 5000 plus dental cream 1.1 %	(Denta 5000 Plus)	1	
dentagel dental gel 1.1 %	(DentaGel)	1	
periogard mouth/throat solution 0.12 %	(Periogard)	1	NDS
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen)	1	

Drug Name		Drug Tier	Requirements/Limits
sf 5000 plus dental cream 1.1 %	(Denta 5000 Plus)	1	
SODIUM FLUORIDE 5000 SENSITIVE DENTAL GEL 1.1-5 %		1	NDS
sodium fluoride dental gel 1.1 %	(DentaGel)	1	
sodium fluoride mouth/throat solution 0.2 %	(PreviDent)	1	
triamcinolone acetonide mouth/throat paste 0.1 %	(Kourzeq)	1	NDS
DERMATOLOGICAL AGENTS			
Dermatological Agents, Other			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		1	NDS
acyclovir external ointment 5 %	(Zovirax)	1	NDS; QL (30 per 30 days)
ammonium lactate external cream 12 %		1	NDS
ammonium lactate external lotion 12 %	(AL12)	1	NDS
calcipotriene external cream 0.005 %		1	NDS; QL (120 per 30 days)
calcipotriene external ointment 0.005 %	(Calcitrene)	1	NDS; QL (120 per 30 days)
calcipotriene external solution 0.005 %		1	NDS; QL (120 per 30 days)
calcitriol external ointment 3 mcg/gm	(Vectical)	1	NDS
fluorouracil external cream 5 %		1	NDS
fluorouracil external solution 2 %, 5 %		1	NDS
imiquimod external cream 5 %		1	NDS; QL (24 per 30 days)
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %		1	NDS; QL (5 per 5 days)
methoxsalen rapid oral capsule 10 mg		1	NDS
PANRETIN EXTERNAL GEL 0.1 %		1	NDS; QL (60 per 28 days)
podofilox external solution 0.5 %		1	NDS
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		1	NDS; QL (180 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
VALCHLOR EXTERNAL GEL 0.016 %		1	PA; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg		1	NDS
Dermatological Antibacterials			
clindamycin phos-benzoyl perox external gel 1-5 %		1	NDS
clindamycin phosphate external solution 1 %		1	NDS; QL (180 per 30 days)
clindamycin phosphate external swab 1 %	(Clindacin ETZ)	1	NDS
erythromycin external solution 2 %		1	NDS
gentamicin sulfate external cream 0.1 %		1	NDS; QL (90 per 30 days)
gentamicin sulfate external ointment 0.1 %		1	NDS; QL (120 per 30 days)
metronidazole external cream 0.75 %	(MetroCream)	1	NDS
metronidazole external gel 0.75 %		1	NDS
metronidazole external gel 1 %	(Metrogel)	1	NDS
mupirocin external ointment 2 %		1	NDS; QL (220 per 30 days)
neuac external gel 1.2-5 %		1	NDS
rosadan external cream 0.75 %	(MetroCream)	1	NDS
selenium sulfide external lotion 2.5 %		1	NDS
silver sulfadiazine external cream 1 %	(SSD)	1	NDS
ssd external cream 1 %	(SSD)	1	NDS
Dermatological Anti-Inflammatory Agents			
ala-cort external cream 1 %	(Aveeno Anti-Itch Max St)	1	NDS
betamethasone dipropionate aug external cream 0.05 %		1	NDS
betamethasone dipropionate aug external gel 0.05 %		1	NDS
betamethasone dipropionate aug external lotion 0.05 %		1	NDS
betamethasone dipropionate aug external ointment 0.05 %	(Diprolene)	1	NDS

Drug Name		Drug Tier	Requirements/Limits
betamethasone dipropionate external cream 0.05 %		1	NDS
betamethasone dipropionate external lotion 0.05 %		1	NDS
betamethasone dipropionate external ointment 0.05 %		1	NDS
betamethasone dp aug 0.05% gel		1	NDS
betamethasone valerate external cream 0.1 %		1	NDS
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		1	NDS
betamethasone valerate external ointment 0.1 %		1	NDS
clobetasol propionate e external cream 0.05 %		1	NDS
clobetasol propionate emulsion external foam 0.05 %	(Tovet)	1	NDS
clobetasol propionate external cream 0.05 %		1	NDS
clobetasol propionate external gel 0.05 %		1	NDS
clobetasol propionate external lotion 0.05 %	(Clobex)	1	NDS
clobetasol propionate external ointment 0.05 %		1	NDS
clobetasol propionate external shampoo 0.05 %	(Clobex)	1	NDS
clobetasol propionate external solution 0.05 %		1	NDS
EUCRISA EXTERNAL OINTMENT 2 %		1	NDS
fluocinolone acetonide body oil 0.01 % external	(Derma-Smoothe/FS Body)	1	NDS
fluocinolone acetonide external cream 0.01 %		1	NDS
fluocinolone acetonide external cream 0.025 %	(Synalar)	1	NDS
fluocinolone acetonide external ointment 0.025 %	(Synalar)	1	NDS
fluocinolone acetonide scalp external oil 0.01 %	(Derma-Smoothe/FS Scalp)	1	NDS

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

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

Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
ALCOHOL PREP PAD	(alcohol prep)	1	PA; ST; NDS
ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST; NDS
ALCOHOL PREP PADS PAD 70 %	(alcohol prep)	1	PA; ST; NDS
ALCOHOL SWABS PAD	(alcohol prep)	1	PA; ST; NDS
ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST; NDS
AQ INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
AQINJECT PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
AQINJECT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST; NDS
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST; NDS
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
AUM ALCOHOL PREP PADS PAD 70 %	(alcohol prep)	1	PA; ST; NDS
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST; NDS
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
AUM MINI INSULIN PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
AUM MINI INSULIN PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
AUM MINI INSULIN PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
AUM PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
AUM PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
AUM PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
AUM PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
AUM PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
AUM PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
AUM SAFETY PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST; NDS
BD AUTOSHIELD DUO 30G X 5 MM	(pen needles)	1	PA; ST; NDS
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML		1	PA; ST; NDS
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
BD INSULIN SYRINGE 25G X 1" 1 ML		1	PA; ST; NDS
BD INSULIN SYRINGE 25G X 5/8" 1 ML		1	PA; ST; NDS
BD INSULIN SYRINGE 26G X 1/2" 1 ML		1	PA; ST; NDS
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML		1	PA; ST; NDS
BD INSULIN SYRINGE 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC)	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (RX)	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
BD INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML		1	PA; ST; NDS
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST; NDS
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST; NDS
BD INSULIN SYRINGE U-100 1 ML		1	PA; ST; NDS
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
BD PEN NEEDLE MINI U/F 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST; NDS
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST; NDS
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML		1	PA; ST; NDS
BD SWAB SINGLE USE REGULAR PAD	(alcohol prep)	1	PA; ST; NDS
BD SWABS SINGLE USE BUTTERFLY PAD	(alcohol prep)	1	PA; ST; NDS
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST; NDS
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST; NDS
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST; NDS
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST; NDS
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST; NDS
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST; NDS
CAREFINE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
CAREFINE PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST; NDS
CAREFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
CAREFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
CAREFINE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
CAREFINE PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
CAREFINE PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
CARETOUCH ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST; NDS
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML		1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
CARETOUCH PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
CARETOUCH PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
CARETOUCH PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
CARETOUCH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
CARETOUCH PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
CARETOUCH PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
CARETOUCH PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
CLEVER CHOICE COMFORT EZ 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
CLEVER CHOICE COMFORT EZ 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
CLICKFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
CLICKFINE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
COMFORT EZ PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
COMFORT EZ PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
COMFORT EZ PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
COMFORT EZ PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
COMFORT EZ PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
COMFORT EZ PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
COMFORT EZ PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
COMFORT EZ PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
COMFORT EZ PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
COMFORT EZ PEN NEEDLES 33G X 8 MM		1	PA; ST; NDS
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST; NDS
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST; NDS
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST; NDS
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
CURITY ALCOHOL PREPS PAD 70 %	(alcohol prep)	1	PA; ST; NDS
CURITY ALL PURPOSE SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
CURITY GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
CURITY GAUZE SPONGE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
CURITY SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
CVS GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
CVS GAUZE STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
DERMACEA GAUZE SPONGE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
DERMACEA IV DRAIN SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
DERMACEA TYPE VII GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
DIATHRIVE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
DIATHRIVE PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
DIATHRIVE PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
DIATHRIVE PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML		1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML		1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML		1	PA; ST; NDS
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS

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

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

Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML		1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML		1	PA; ST; NDS
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML		1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 29G X 4MM		1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 29G X 5MM	(easy comfort pen needles)	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
EASY COMFORT PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
EASY GLIDE PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	(alcohol prep)	1	PA; ST; NDS
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML	(syringe luer slip)	1	PA; ST; NDS
EASY TOUCH INSULIN BARRELS U-100 1 ML		1	PA; ST; NDS
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML		1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS

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

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST; NDS
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
EMBECTA AUTOSHIELD DUO 30G X 5 MM	(pen needles)	1	PA; ST; NDS
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST; NDS
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST; NDS
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST; NDS
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML		1	PA; ST; NDS
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
EMBECTA PEN NEEDLE NANO 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST; NDS
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
EMBRACE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
EMBRACE PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST; NDS
EMBRACE PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST; NDS
EMBRACE PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
EMBRACE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
EMBRACE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
EMBRACE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
EQL ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST; NDS
EQL GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
GAUZE PADS PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
GAUZE TYPE VII MEDI-PAK PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
GLOBAL ALCOHOL PREP EASE PAD 70 %	(alcohol prep)	1	PA; ST; NDS
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST; NDS
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST; NDS
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST; NDS
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
GNP ALCOHOL SWABS PAD	(alcohol prep)	1	PA; ST; NDS
GNP CLICKFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
GNP CLICKFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
GNP INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
GNP INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
GNP INSULIN SYRINGES 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
GNP PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
GNP STERILE GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
GOODSENSE ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST; NDS
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
H-E-B INCONTROL ALCOHOL PAD	(alcohol prep)	1	PA; ST; NDS
H-E-B INCONTROL PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
HM STERILE ALCOHOL PREP PAD	(alcohol prep)	1	PA; ST; NDS
HM STERILE PADS PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	(autopen)	1	NDS
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	(autopen)	1	NDS
INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST; NDS
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST; NDS
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST; NDS
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST; NDS
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST; NDS
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST; NDS
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (OTC)	(careone insulin syringe)	1	PA; ST; NDS
INSUPEN PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
INSUPEN PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
INSUPEN PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
INSUPEN PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
INSUPEN SENSITIVE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
INSUPEN SENSITIVE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
INSUPEN ULTRAFIN 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
INSUPEN ULTRAFIN 30G X 8 MM	(pen needles)	1	PA; ST; NDS
INSUPEN ULTRAFIN 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
INSUPEN ULTRAFIN 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
INSUPEN32G EXTR3ME 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
J & J GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
KMART VALU INSULIN SYRINGE 29G U-100 1 ML		1	PA; ST; NDS
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML		1	PA; ST; NDS
KMART VALU INSULIN SYRINGE 30G U-100 1 ML		1	PA; ST; NDS
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
KROGER PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
KROGER PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
LEADER INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
LEADER UNIFINE PENTIPS 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
LEADER UNIFINE PENTIPS 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
LITETOUCH PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST; NDS
LITETOUCH PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
LITETOUCH PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
LITETOUCH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
LITETOUCH PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	(easy comfort pen needles)	1	PA; ST; NDS
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM		1	PA; ST; NDS
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
MEDPURA ALCOHOL PADS 70 % EXTERNAL		1	PA; ST; NDS
MEIJER ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST; NDS
MEIJER PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
MEIJER PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
MEIJER PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
MICRODOT PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
MICRODOT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
MICRODOT PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
MIRASORB SPONGES 2"X2"	(cvs gauze)	1	PA; ST; NDS
MM PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
MM PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML		1	PA; ST; NDS
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST; NDS
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST; NDS
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST; NDS
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST; NDS

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

Drug Name		Drug Tier	Requirements/Limits
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
MS INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
NOVOFINE AUTOCOVER 30G X 8 MM	(pen needles)	1	PA; ST; NDS
NOVOFINE PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
NOVOTWIST PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT		1	NDS; QL (1 per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5		1	NDS; QL (10 per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT		1	NDS; QL (1 per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)		1	NDS; QL (10 per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT		1	NDS; QL (1 per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS		1	NDS; QL (10 per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT		1	NDS; QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)		1	NDS; QL (10 per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT		1	NDS; QL (1 per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT		1	NDS; QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)		1	NDS; QL (10 per 30 days)
PC UNIFINE PENTIPS 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
PC UNIFINE PENTIPS 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
PC UNIFINE PENTIPS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
PEN NEEDLES 30G X 5 MM (OTC)	(pen needles)	1	PA; ST; NDS
PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST; NDS
PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
PENTIPS 29G X 12MM (RX)	(global ease inject pen needles)	1	PA; ST; NDS
PENTIPS 31G X 5 MM (RX)	(aqinject pen needle)	1	PA; ST; NDS
PENTIPS 31G X 8 MM (RX)	(dropsafe safety pen needles)	1	PA; ST; NDS
PENTIPS 32G X 4 MM (RX)	(aqinject pen needle)	1	PA; ST; NDS
PENTIPS GENERIC PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML		1	PA; ST; NDS
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
PREVENT SAFETY PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
PREVENT SAFETY PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
PRO COMFORT ALCOHOL PAD 70 %	(alcohol prep)	1	PA; ST; NDS
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
PRO COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
PRO COMFORT PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
PRO COMFORT PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
PRO COMFORT PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
PURE COMFORT ALCOHOL PREP PAD	(alcohol prep)	1	PA; ST; NDS
PURE COMFORT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
PURE COMFORT PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
PURE COMFORT PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
PURE COMFORT PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
QC ALCOHOL EXTERNAL 70 %		1	PA; ST; NDS
QC ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST; NDS
QC BORDER ISLAND GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM		1	PA; ST; NDS
RA ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST; NDS
RA INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
RA INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
ra isopropyl alcohol wipes external 70 %		1	PA; ST; NDS
RA PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
RA PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
RA STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
RAYA SURE PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
RAYA SURE PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST; NDS
RAYA SURE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
RAYA SURE PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
REALITY SWABS PAD	(alcohol prep)	1	PA; ST; NDS
RELION ALCOHOL SWABS PAD	(alcohol prep)	1	PA; ST; NDS
RELI-ON INSULIN SYRINGE 29G 0.3 ML		1	PA; ST; NDS
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST; NDS
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST; NDS
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST; NDS
RELION MINI PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
RELION PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
RELION PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
RELION PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
RESTORE CONTACT LAYER PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
SAFETY PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST; NDS
SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST; NDS
SB ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST; NDS
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
SB INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
SB INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
SB INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST; NDS
SM ALCOHOL PREP PAD	(alcohol prep)	1	PA; ST; NDS
SM ALCOHOL PREP PAD 6-70 % EXTERNAL		1	PA; ST; NDS
SM ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST; NDS
SM GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
STERILE GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
SURE COMFORT ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS

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

Drug Name		Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
TERUMO INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
THERAGAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST; NDS
TODAYS HEALTH PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %	(alcohol prep)	1	PA; ST; NDS
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML		1	PA; ST; NDS
TRUE COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
TRUE COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
TRUE COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML		1	PA; ST; NDS
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML		1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST; NDS
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS

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

Drug Name		Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST; NDS
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST; NDS
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC)	(careone insulin syringe)	1	PA; ST; NDS
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (RX)	(careone insulin syringe)	1	PA; ST; NDS
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC)	(careone insulin syringe)	1	PA; ST; NDS
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (RX)	(careone insulin syringe)	1	PA; ST; NDS
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
ULTICARE MINI PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST; NDS
ULTICARE MINI PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
ULTICARE MINI PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
ULTICARE PEN NEEDLES 29G X 12.7MM (OTC)	(sure comfort pen needles)	1	PA; ST; NDS
ULTICARE PEN NEEDLES 29G X 12.7MM (RX)	(sure comfort pen needles)	1	PA; ST; NDS
ULTICARE PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
ULTICARE SHORT PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST; NDS
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC)	(dropsafe safety pen needles)	1	PA; ST; NDS
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (RX)	(dropsafe safety pen needles)	1	PA; ST; NDS
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST; NDS
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
ULTILET ALCOHOL SWABS PAD	(alcohol prep)	1	PA; ST; NDS
ULTILET PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST; NDS
ULTILET PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
ULTILET PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
ULTILET PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST; NDS

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

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

Drug Name		Drug Tier	Requirements/Limits
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST; NDS
UNIFINE OTC PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
UNIFINE OTC PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
UNIFINE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
UNIFINE PENTIPS 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
UNIFINE PENTIPS 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
UNIFINE PENTIPS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
UNIFINE PENTIPS 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
UNIFINE PENTIPS PLUS 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
UNIFINE PENTIPS PLUS 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
UNIFINE PENTIPS PLUS 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	(pen needles)	1	PA; ST; NDS
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST; NDS
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM	(pen needles)	1	PA; ST; NDS
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST; NDS
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML		1	PA; ST; NDS
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML		1	PA; ST; NDS
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST; NDS
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST; NDS
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST; NDS
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST; NDS
VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST; NDS
VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST; NDS
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST; NDS

Drug Name		Drug Tier	Requirements/Limits
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST; NDS
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST; NDS
VERIFINE PLUS PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST; NDS
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
VERIFINE PLUS PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST; NDS
V-GO 20 KIT 20 UNIT/24HR		1	NDS; QL (30 per 30 days)
V-GO 30 KIT 30 UNIT/24HR		1	NDS; QL (30 per 30 days)
V-GO 40 KIT 40 UNIT/24HR		1	NDS; QL (30 per 30 days)
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST; NDS
WEBCOL ALCOHOL PREP LARGE PAD 70 %	(alcohol prep)	1	PA; ST; NDS
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST; NDS
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %	(alcohol prep)	1	PA; ST; NDS
ENZYME COFACTORS/CHAPERONES			
Enzyme Cofactors/Chaperones			
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		1	PA; QL (90 per 30 days)
ENZYME REPLACEMENT/MODIFIERS			
Enzyme Replacement/Modifiers			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		1	

Drug Name		Drug Tier	Requirements/Limits
javygtor oral tablet 100 mg	(Javygtor)	1	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML		1	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		1	BvD
sapropterin dihydrochloride oral tablet 100 mg	(Javygtor)	1	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML		1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT		1	
EYE, EAR, NOSE, THROAT AGENTS			
Eye, Ear, Nose, Throat Agents, Miscellaneous			
atropine sulfate ophthalmic solution 1 %		1	
azelastine hcl nasal solution 0.1 %		1	NDS; QL (60 per 30 days)
azelastine hcl nasal solution 0.15 %	(Astepro)	1	NDS; QL (30 per 25 days)
azelastine hcl ophthalmic solution 0.05 %		1	NDS
azelastine hcl solution 137 mcg/spray nasal		1	NDS; QL (60 per 30 days)
cromolyn sodium ophthalmic solution 4 %		1	NDS
epinastine hcl ophthalmic solution 0.05 %		1	NDS
ipratropium bromide nasal solution 0.03 %		1	QL (30 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
ipratropium bromide nasal solution 0.06 %		1	QL (15 per 10 days)
levofloxacin ophthalmic solution 0.5 %		1	NDS
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML		1	NDS; QL (12 per 28 days)
olopatadine hcl ophthalmic solution 0.1 %	(Pataday)	1	NDS
olopatadine hcl ophthalmic solution 0.2 %	(Advanced Eye Relief)	1	NDS
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetic acid otic solution 2 %		1	NDS
bacitracin ophthalmic ointment 500 unit/gm		1	NDS
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	(Polycin)	1	NDS
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	(Neo-Polycin HC)	1	NDS
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		1	NDS
ciprofloxacin hcl ophthalmic solution 0.3 %		1	NDS
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %		1	NDS; QL (7.5 per 7 days)
erythromycin ophthalmic ointment 5 mg/gm		1	NDS; QL (3.5 per 4 days)
GENTAK OPHTHALMIC OINTMENT 0.3 %		1	NDS
gentamicin sulfate ophthalmic solution 0.3 %		1	NDS
hydrocortisone-acetic acid otic solution 1-2 %		1	NDS
moxifloxacin hcl ophthalmic solution 0.5 %	(Vigamox)	1	NDS
NATACYN OPHTHALMIC SUSPENSION 5 %		1	NDS
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	(Neo-Polycin)	1	NDS
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	(Maxitrol)	1	NDS

Drug Name		Drug Tier	Requirements/Limits
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	(Maxitrol)	1	NDS
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		1	NDS
neomycin-polymyxin-hc otic solution 1 %		1	NDS
neomycin-polymyxin-hc otic suspension 3.5-10000-1		1	NDS
neo-polycin hc ophthalmic ointment 1 %	(Neo-Polycin HC)	1	NDS
neo-polycin ophthalmic ointment 3.5-400-10000	(Neo-Polycin)	1	NDS
ofloxacin ophthalmic solution 0.3 %	(Ocuflox)	1	NDS
ofloxacin otic solution 0.3 %		1	NDS
polycin ophthalmic ointment 500-10000 unit/gm	(Polycin)	1	NDS
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%		1	NDS
sulfacetamide sodium ophthalmic ointment 10 %		1	NDS
sulfacetamide sodium ophthalmic solution 10 %		1	NDS
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %		1	NDS
tobramycin ophthalmic solution 0.3 %		1	NDS
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %		1	NDS
trifluridine ophthalmic solution 1 %		1	NDS
XDEMVY OPHTHALMIC SOLUTION 0.25 %		1	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %		1	NDS
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %		1	NDS
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALREX OPHTHALMIC SUSPENSION 0.2 %	(loteprednol etabonate)	1	ST; NDS

Drug Name		Drug Tier	Requirements/Limits
bromfenac sodium (once-daily) ophthalmic solution 0.09 %		1	NDS
bromfenac sodium ophthalmic solution 0.07 %	(Prolensa)	1	NDS
bromfenac sodium ophthalmic solution 0.075 %	(BromSite)	1	NDS
cyclosporine ophthalmic emulsion 0.05 %	(Restasis)	1	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic solution 0.1 %		1	NDS
diclofenac sodium ophthalmic solution 0.1 %		1	NDS
difluprednate ophthalmic emulsion 0.05 %	(Durezol)	1	NDS
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %		1	NDS; QL (8.3 per 14 days)
flunisolide nasal solution 25 mcg/act (0.025%)		1	NDS; QL (50 per 25 days)
fluocinolone acetonide otic oil 0.01 %	(DermOtic)	1	NDS
fluorometholone ophthalmic suspension 0.1 %	(FML Liquifilm)	1	NDS
flurbiprofen sodium ophthalmic solution 0.03 %		1	NDS
fluticasone propionate nasal suspension 50 mcg/act	(Flonase Allergy Rel Childrens)	1	NDS; QL (16 per 30 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		1	NDS
INVELTYS OPHTHALMIC SUSPENSION 1 %		1	NDS; QL (5.6 per 14 days)
ketorolac tromethamine ophthalmic solution 0.5 %	(Acular)	1	NDS; QL (10 per 25 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %		1	NDS; QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC GEL 0.38 %		1	NDS; QL (5 per 16 days)
loteprednol etabonate ophthalmic gel 0.5 %	(Lotemax)	1	NDS; QL (10 per 14 days)
loteprednol etabonate ophthalmic suspension 0.2 %	(Alrex)	1	ST; NDS

Drug Name		Drug Tier	Requirements/Limits
loteprednol etabonate ophthalmic suspension 0.5 %	(Lotemax)	1	NDS; QL (15 per 19 days)
mometasone furoate nasal suspension 50 mcg/act	(Nasonex 24HR)	1	NDS; QL (34 per 30 days)
prednisolone acetate ophthalmic suspension 1 %	(Pred Forte)	1	NDS
XIIDRA OPHTHALMIC SOLUTION 5 %		1	QL (60 per 30 days)
GASTROINTESTINAL AGENTS			
Antiulcer Agents And Acid Suppressants			
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg		1	NDS
cimetidine hcl oral solution 300 mg/5ml		1	
cimetidine oral tablet 200 mg	(Tagamet HB)	1	NDS
cimetidine oral tablet 300 mg, 400 mg, 800 mg		1	
esomeprazole magnesium oral capsule delayed release 20 mg	(GoodSense Esomeprazole)	1	QL (30 per 30 days)
esomeprazole magnesium oral capsule delayed release 40 mg	(NexIUM)	1	QL (60 per 30 days)
esomeprazole magnesium oral packet 10 mg, 20 mg	(NexIUM)	1	ST; QL (30 per 30 days)
esomeprazole magnesium oral packet 40 mg	(NexIUM)	1	ST; QL (60 per 30 days)
famotidine oral tablet 20 mg	(MM Acid-Pep Maximum Strength)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule delayed release 15 mg	(Prevacid 24HR)	1	QL (30 per 30 days)
lansoprazole oral capsule delayed release 30 mg	(Prevacid)	1	QL (60 per 30 days)
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	(Prevacid SoluTab)	1	ST
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg		1	

Drug Name		Drug Tier	Requirements/Limits
pantoprazole sodium oral packet 40 mg	(Protonix)	1	ST; QL (60 per 30 days)
pantoprazole sodium oral tablet delayed release 20 mg	(Protonix)	1	QL (30 per 30 days)
pantoprazole sodium oral tablet delayed release 40 mg	(Protonix)	1	QL (60 per 30 days)
rabeprazole sodium oral tablet delayed release 20 mg	(Aciphex)	1	QL (30 per 30 days)
sucralfate oral tablet 1 gm	(Carafate)	1	
Gastrointestinal Agents, Other			
carglumic acid oral tablet soluble 200 mg	(Carbaglu)	1	PA
constulose oral solution 10 gm/15ml		1	
cromolyn sodium oral concentrate 100 mg/5ml	(Gastrocrom)	1	
dicyclomine hcl oral capsule 10 mg		1	NDS
dicyclomine hcl oral solution 10 mg/5ml		1	NDS
dicyclomine hcl oral tablet 20 mg		1	NDS
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	NDS
enulose oral solution 10 gm/15ml		1	
generlac oral solution 10 gm/15ml		1	
glycopyrrolate oral tablet 1 mg, 2 mg		1	NDS
kionex combination suspension 15 gm/60ml		1	NDS
lactulose oral solution 10 gm/15ml		1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		1	QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM, 5 GM		1	
loperamide hcl oral capsule 2 mg	(Imodium A-D)	1	NDS
lubiprostone oral capsule 24 mcg	(Amitiza)	1	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	(Amitiza)	1	QL (120 per 30 days)
metoclopramide hcl oral solution 5 mg/5ml		1	NDS
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	NDS
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		1	NDS; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
sodium polystyrene sulfonate oral powder		1	NDS
sps (sodium polystyrene sulf) combination suspension 15 gm/60ml		1	NDS
URSODIOL ORAL CAPSULE 200 MG, 400 MG		1	
ursodiol oral capsule 300 mg		1	
ursodiol oral tablet 250 mg		1	
ursodiol oral tablet 500 mg	(Urso Forte)	1	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM		1	
XERMELO ORAL TABLET 250 MG		1	PA; QL (84 per 28 days)
Laxatives			
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML		1	NDS
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		1	NDS
gavilyte-g oral solution reconstituted 236 gm	(GaviLyte-G)	1	NDS
gavilyte-n with flavor pack oral solution reconstituted 420 gm	(GaviLyte-N with Flavor Pack)	1	NDS
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)	(Suprep Bowel Prep Kit)	1	NDS
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	(GaviLyte-N with Flavor Pack)	1	NDS
peg-3350/electrolytes oral solution reconstituted 236 gm	(GaviLyte-G)	1	NDS
SUTAB ORAL TABLET 1479-225-188 MG		1	NDS
Phosphate Binders			
calcium acetate (phos binder) oral capsule 667 mg		1	
calcium acetate oral tablet 667 mg	(Calphron)	1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	(Renvela)	1	

Drug Name		Drug Tier	Requirements/Limits
sevelamer carbonate oral tablet 800 mg	(Renvela)	1	
sevelamer hcl oral tablet 400 mg, 800 mg		1	
GENITOURINARY AGENTS			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		1	NDS
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	(Toviaz)	1	
flavoxate hcl oral tablet 100 mg		1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	(mirabegron er)	1	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg		1	
oxybutynin chloride oral solution 5 mg/5ml		1	
oxybutynin chloride oral tablet 5 mg		1	
solifenacin succinate oral tablet 10 mg, 5 mg	(VESIcare)	1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg		1	
tolterodine tartrate oral tablet 1 mg		1	
tolterodine tartrate oral tablet 2 mg	(Detrol)	1	
trospium chloride er oral capsule extended release 24 hour 60 mg		1	
trospium chloride oral tablet 20 mg		1	
Genitourinary Agents, Miscellaneous			
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	(Uroxatral)	1	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	1	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin hcl oral capsule 0.4 mg		1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	

Drug Name		Drug Tier	Requirements/Limits
HEAVY METAL ANTAGONISTS			
Heavy Metal Antagonists			
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	1	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	1	PA; NDS
trientine hcl oral capsule 250 mg	(Syprine)	1	PA; NDS; QL (240 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING			
Androgens			
danazol oral capsule 100 mg, 200 mg, 50 mg		1	NDS
oxandrolone oral tablet 10 mg, 2.5 mg		1	PA; NDS
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	(Depo-Testosterone)	1	PA
testosterone enanthate intramuscular solution 200 mg/ml		1	PA; QL (5 per 28 days)
testosterone gel 1.62 % transdermal	(AndroGel Pump)	1	PA; QL (150 per 30 days)
testosterone transdermal gel 12.5 mg/act (1%)	(Vogelxo Pump)	1	PA; QL (300 per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	(AndroGel Pump)	1	PA; QL (150 per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%)		1	PA; QL (300 per 30 days)
testosterone transdermal gel 50 mg/5gm (1%)	(Testim)	1	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML		1	PA; QL (2 per 28 days)
Estrogens And Antiestrogens			
abigale lo oral tablet 0.5-0.1 mg	(Abigale Lo)	1	
abigale oral tablet 1-0.5 mg	(Abigale)	1	

Drug Name		Drug Tier	Requirements/Limits
DUAVEE ORAL TABLET 0.45-20 MG		1	
estradiol cream 0.01 % vaginal	(Estrace)	1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	(Estrogel)	1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	(Alora)	1	QL (8 per 28 days)
estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr	(Dotti)	1	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	(Climara)	1	QL (4 per 28 days)
estradiol vaginal cream 0.1 mg/gm	(Estrace)	1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	1	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	1	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	(estradiol)	1	
mimvey oral tablet 1-0.5 mg	(Abigale)	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		1	
PREMARIN VAGINAL CREAM 0.625 MG/GM		1	
PREMPHASE ORAL TABLET 0.625-5 MG		1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		1	
raloxifene hcl oral tablet 60 mg	(Evista)	1	
yuvafem vaginal tablet 10 mcg	(Yuvafem)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			

Drug Name		Drug Tier	Requirements/Limits
dexamethasone oral solution 0.5 mg/5ml		1	NDS
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		1	NDS
dexamethasone sod phosphate pf injection solution 10 mg/ml		1	NDS
dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 4 mg/ml		1	NDS
fludrocortisone acetate oral tablet 0.1 mg		1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	NDS
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	1	NDS
methylprednisolone acetate injection suspension 80 mg/ml	(DEPO-Medrol)	1	NDS
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	1	NDS
methylprednisolone oral tablet 32 mg		1	NDS
methylprednisolone oral tablet therapy pack 4 mg	(Medrol)	1	NDS
methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg		1	NDS
prednisolone oral solution 15 mg/5ml		1	BvD; NDS
prednisolone sodium phosphate oral solution 25 mg/5ml		1	BvD; NDS
prednisolone sodium phosphate oral solution 5 mg/5ml	(Pediapred)	1	BvD; NDS
prednisolone sodium phosphate solution 15 mg/5ml oral		1	BvD; NDS
prednisone oral solution 5 mg/5ml		1	BvD; NDS
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	BvD; NDS
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)		1	NDS
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog-40)	1	NDS

Drug Name	Drug Tier	Requirements/Limits
Pituitary		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML	1	PA; QL (15 per 30 days)
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 80 UNIT/ML	1	PA; QL (30 per 30 days)
ACTHAR INJECTION GEL 80 UNIT/ML	1	PA; QL (35 per 28 days)
CORTROPHIN INJECTION GEL 80 UNIT/ML	1	PA; QL (35 per 28 days)
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg (DDAVP)	1	
desmopressin acetate spray solution 0.01 % nasal	1	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	1	PA; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	1	PA; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	1	PA; NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	1	PA; NDS
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA; NDS
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	1	PA
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (SandoSTATIN)	1	
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
ORGOVYX ORAL TABLET 120 MG	1	PA; NDS
ORILISSA ORAL TABLET 150 MG	1	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	1	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	1	PA; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	1	PA; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	1	NDS; QL (0.65 per 84 days)
gallifrey oral tablet 5 mg (Gallifrey)	1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml (Depo-Provera)	1	NDS
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml (Depo-Provera)	1	NDS
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg (Provera)	1	
megestrol acetate oral suspension 40 mg/ml	1	NDS
megestrol acetate oral suspension 625 mg/5ml	1	
norethindrone acetate oral tablet 5 mg (Gallifrey)	1	

Drug Name		Drug Tier	Requirements/Limits
progesterone oral capsule 100 mg, 200 mg	(Prometrium)	1	
Thyroid And Antithyroid Agents			
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	(Levo-T)	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	1	
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		1	
IMMUNOLOGICAL AGENTS			
Immunological Agents			
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		1	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML		1	PA; NDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		1	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		1	PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG		1	BvD
azathioprine oral tablet 50 mg	(Imuran)	1	BvD
azathioprine sodium injection solution reconstituted 100 mg		1	BvD; NDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		1	PA; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		1	PA; QL (8 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		1	PA; QL (2 per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML		1	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG		1	PA; NDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		1	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		1	PA
cyclosporine intravenous solution 50 mg/ml	(SandIMMUNE)	1	BvD; NDS
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	1	BvD
cyclosporine modified oral capsule 50 mg		1	BvD
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	1	BvD
cyclosporine oral capsule 100 mg, 25 mg	(SandIMMUNE)	1	BvD
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 pen))	1	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 syringe))	1	PA

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

Drug Name		Drug Tier	Requirements/Limits
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML		1	PA; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML		1	PA; Only NDCs starting with 00074
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML		1	PA; Only NDCs starting with 00074
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		1	PA; Only NDCs starting with 00074
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		1	PA
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML		1	PA; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML		1	PA; Only NDCs starting with 00074
infliximab intravenous solution reconstituted 100 mg	(Remicade)	1	PA; NDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		1	PA
leflunomide oral tablet 10 mg, 20 mg	(Arava)	1	
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	(CellCept Intravenous)	1	BvD; NDS
mycophenolate mofetil oral capsule 250 mg	(CellCept)	1	BvD
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	(CellCept)	1	BvD

Drug Name	Drug Tier	Requirements/Limits
mycophenolate mofetil oral tablet 500 mg (CellCept)	1	BvD
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg (Myfortic)	1	BvD
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML	1	PA; NDS
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	BvD; NDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	1	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	1	PA
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	1	PA; NDS
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	1	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	BvD; NDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	BvD
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	1	ST
REZUROCK ORAL TABLET 200 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	1	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	BvD
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; NDS
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA
sirolimus oral solution 1 mg/ml	1	BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	BvD
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	1	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	1	PA; NDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA
STELARA INTRAVENOUS (ustekinumab) SOLUTION 130 MG/26ML	1	PA; NDS
STELARA SUBCUTANEOUS (ustekinumab) SOLUTION 45 MG/0.5ML	1	PA
STELARA SUBCUTANEOUS (ustekinumab) SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	1	BvD
TAVNEOS ORAL CAPSULE 10 MG	1	PA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	1	PA
TREMFYA ONE-PRESS SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS	1	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	1	PA
TREMFYA-CD/UC INDUCTION SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	1	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	1	PA; NDS
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	1	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA

Drug Name		Drug Tier	Requirements/Limits
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		1	PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	(adalimumab-aaty (1 pen))	1	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	(adalimumab-aaty (2 syringe))	1	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	(adalimumab-aaty (1 pen))	1	PA
Vaccines			
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML		1	NDS; $0 copay
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		1	NDS
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5		1	NDS; $0 copay
ADACEL SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR		1	NDS; $0 copay
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML		1	NDS; $0 copay
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG		1	NDS; $0 copay
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		1	NDS; $0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5		1	NDS; $0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5		1	NDS; $0 copay

Drug Name	Drug Tier	Requirements/Limits
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	NDS
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	NDS; QL (3 per 365 days)
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	1	NDS
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	BvD; NDS; $0 copay
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	BvD; NDS; $0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	1	NDS; $0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	NDS; $0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	1	NDS; $0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	1	NDS
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	1	NDS
HAVRIX SUSPENSION PREFILLED SYRINGE 1440 EL U/ML INTRAMUSCULAR	1	NDS; $0 copay
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	BvD; NDS; $0 copay
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	NDS
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	BvD; NDS; $0 copay
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	NDS
IPOL INJECTION INJECTABLE	1	NDS; $0 copay
IPOL SUSPENSION INJECTION	1	NDS; $0 copay
IXIARO INTRAMUSCULAR SUSPENSION	1	NDS; $0 copay

Drug Name	Drug Tier	Requirements/Limits
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	NDS; $0 copay
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	NDS
MENACTRA INTRAMUSCULAR SOLUTION	1	NDS; $0 copay
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	1	NDS; $0 copay
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	NDS; $0 copay
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	NDS; $0 copay
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	NDS; $0 copay
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	NDS
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	NDS
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	NDS; $0 copay
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	NDS; $0 copay
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	NDS
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	BvD; NDS; $0 copay
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	NDS; $0 copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	NDS
QUADRACEL INTRAMUSCULAR SUSPENSION	1	NDS
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	NDS
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD; NDS; $0 copay

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	BvD; NDS; $0 copay
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	BvD; NDS; $0 copay
ROTARIX ORAL SUSPENSION	1	NDS
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	NDS
ROTATEQ ORAL SOLUTION	1	NDS
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	NDS; $0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	NDS; $0 copay
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	NDS; $0 copay
TENIVAC SUSPENSION 5-2 LF/0.5ML INTRAMUSCULAR	1	NDS; $0 copay
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	1	NDS
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	NDS; $0 copay
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	NDS; $0 copay
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	NDS; $0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	NDS; $0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	NDS; $0 copay
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	1	NDS

Drug Name	Drug Tier	Requirements/Limits
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	1	NDS; $0 copay
VAQTA SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML INTRAMUSCULAR	1	NDS
VAQTA SUSPENSION PREFILLED SYRINGE 50 UNIT/ML INTRAMUSCULAR	1	NDS; $0 copay
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	1	NDS; $0 copay
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	$0 copay
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	1	NDS; $0 copay
VIVOTIF ORAL CAPSULE DELAYED RELEASE	1	NDS; $0 copay
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	NDS; $0 copay
YF-VAX SUSPENSION RECONSTITUTED SUBCUTANEOUS	1	NDS; $0 copay
INFLAMMATORY BOWEL DISEASE AGENTS		
Inflammatory Bowel Disease Agents		
alosetron hcl oral tablet 0.5 mg, 1 mg (Lotronex)	1	
balsalazide disodium oral capsule 750 mg (Colazal)	1	NDS
budesonide oral capsule delayed release particles 3 mg	1	NDS
budesonide rectal foam 2 mg (Uceris)	1	NDS
hydrocortisone rectal enema 100 mg/60ml (Cortenema)	1	NDS
mesalamine er oral capsule extended release 24 hour 0.375 gm (Apriso)	1	
mesalamine er oral capsule extended release 500 mg (Pentasa)	1	

Drug Name		Drug Tier	Requirements/Limits
mesalamine oral tablet delayed release 1.2 gm	(Lialda)	1	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	
sulfasalazine oral tablet delayed release 500 mg	(Azulfidine EN-tabs)	1	
IRRIGATING SOLUTIONS			
Irrigating Solutions			
acetic acid irrigation solution 0.25 %		1	NDS
METABOLIC BONE DISEASE AGENTS			
Metabolic Bone Disease Agents			
alendronate sodium oral solution 70 mg/75ml		1	QL (300 per 28 days)
alendronate sodium oral tablet 10 mg		1	QL (30 per 30 days)
alendronate sodium oral tablet 35 mg		1	QL (4 per 28 days)
alendronate sodium oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal solution 200 unit/act		1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	1	
cinacalcet hcl oral tablet 30 mg, 60 mg	(Sensipar)	1	QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	(Sensipar)	1	QL (120 per 30 days)
ibandronate sodium oral tablet 150 mg		1	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG		1	PA; QL (2 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML		1	PA; NDS
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	1	
paricalcitol oral capsule 4 mcg		1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		1	NDS; QL (1 per 180 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG		1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	NDS; QL (1 per 180 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	1	PA; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	1	PA
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	1	NDS
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	1	NDS
betaine oral powder (Cystadane)	1	PA
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	NDS
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	1	PA
diazoxide oral suspension 50 mg/ml (Proglycem)	1	
glucagon emergency injection kit 1 mg	1	NDS
glucagon emergency solution reconstituted 1 mg injection	1	NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	1	NDS
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	1	NDS
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	1	NDS

Drug Name		Drug Tier	Requirements/Limits
hydroxyzine pamoate oral capsule 25 mg, 50 mg		1	NDS
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		1	NDS
l-glutamine oral packet 5 gm	(Endari)	1	PA; NDS; QL (180 per 30 days)
mesna oral tablet 400 mg	(Mesnex)	1	NDS
nitroglycerin rectal ointment 0.4 %	(Rectiv)	1	NDS; QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	1	NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		1	PA; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG		1	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		1	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE		1	PA; NDS; QL (12 per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML		1	NDS
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML		1	NDS
OPHTHALMIC AGENTS			
Antiglaucoma Agents			
acetazolamide er oral capsule extended release 12 hour 500 mg		1	
acetazolamide oral tablet 125 mg, 250 mg		1	
acetazolamide sodium injection solution reconstituted 500 mg		1	NDS
betaxolol hcl ophthalmic solution 0.5 %		1	
bimatoprost ophthalmic solution 0.03 %		1	QL (2.5 per 25 days)
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	(Alphagan P)	1	
brimonidine tartrate ophthalmic solution 0.2 %		1	

Drug Name		Drug Tier	Requirements/Limits
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	(Combigan)	1	
brinzolamide ophthalmic suspension 1 %	(Azopt)	1	
carteolol hcl ophthalmic solution 1 %		1	
dorzolamide hcl ophthalmic solution 2 %		1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	(Cosopt)	1	
latanoprost ophthalmic solution 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)
levobunolol hcl ophthalmic solution 0.5 %		1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		1	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %		1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		1	
tafluprost (pf) ophthalmic solution 0.0015 %	(Zioptan)	1	QL (30 per 30 days)
timolol hemihydrate ophthalmic solution 0.5 %	(Betimol)	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %		1	
travoprost (bak free) ophthalmic solution 0.004 %	(Travatan Z)	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %		1	QL (5 per 30 days)
REPLACEMENT PREPARATIONS			
Replacement Preparations			
dextrose-nacl intravenous solution 5-0.9 %		1	NDS

Drug Name		Drug Tier	Requirements/Limits
dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %		1	NDS
klor-con m10 oral tablet extended release 10 meq	(Klor-Con M10)	1	
klor-con m15 oral tablet extended release 15 meq	(Klor-Con M15)	1	
klor-con m20 oral tablet extended release 20 meq	(Klor-Con M20)	1	
LACTATED RINGERS INTRAVENOUS SOLUTION		1	NDS
MAGNESIUM SULFATE INJECTION SOLUTION 50 %		1	NDS
magnesium sulfate injection solution 50 % (10ml syringe)		1	NDS
potassium chloride crys er oral tablet extended release 10 meq	(Klor-Con M10)	1	
potassium chloride crys er oral tablet extended release 15 meq	(Klor-Con M15)	1	
potassium chloride crys er oral tablet extended release 20 meq	(Klor-Con M20)	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq		1	
potassium chloride er oral tablet extended release 10 meq	(Klor-Con 10)	1	
potassium chloride er oral tablet extended release 15 meq, 20 meq		1	
potassium chloride er oral tablet extended release 8 meq	(Klor-Con)	1	
potassium chloride intravenous solution 2 meq/ml		1	BvD; NDS
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		1	
potassium citrate er oral tablet extended release 10 meq (1080 mg)	(Urocit-K 10)	1	NDS
potassium citrate er oral tablet extended release 15 meq (1620 mg)	(Urocit-K 15)	1	NDS
potassium citrate er oral tablet extended release 5 meq (540 mg)		1	NDS
sodium chloride intravenous solution 0.45 %, 0.9 %		1	NDS

Drug Name		Drug Tier	Requirements/Limits
RESPIRATORY TRACT AGENTS			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	(fluticasone-salmeterol)	1	QL (12 per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT		1	NDS; QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	(fluticasone furoate ellipta)	1	QL (30 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	(fluticasone furoate-vilanterol)	1	QL (60 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH		1	QL (60 per 30 days)
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	(Breyna)	1	QL (30.9 per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	(Pulmicort)	1	BvD; QL (120 per 30 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	(Breyna)	1	QL (30.6 per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act		1	QL (12 per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act		1	QL (24 per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act		1	QL (21.2 per 30 days)
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	(Advair HFA)	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	(Wixela Inhub)	1	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	(Wixela Inhub)	1	QL (60 per 30 days)
Antileukotrienes			
montelukast sodium oral tablet 10 mg	(Singulair)	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	(Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	1	
Bronchodilators			
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION		1	NDS; QL (32.1 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	(Ventolin HFA)	1	QL (17 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	(Ventolin HFA)	1	QL (13.4 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	(Ventolin HFA)	1	QL (36 per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml		1	BvD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	(umeclidinium-vilanterol)	1	QL (60 per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		1	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT		1	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		1	QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %		1	BvD
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		1	BvD; QL (540 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	BvD
levalbuterol tartrate inhalation aerosol 45 mcg/act (Xopenex HFA)	1	QL (30 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	1	QL (4 per 28 days)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral solution 80 mg/15ml	1	
tiotropium bromide capsule 18 mcg inhalation (Spiriva HandiHaler)	1	QL (30 per 30 days)
tiotropium bromide monohydrate inhalation capsule 18 mcg	1	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	1	QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10 %, 20 %	1	BvD; NDS
ALYFTREK ORAL TABLET 10-50-125 MG	1	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ALYFTREK ORAL TABLET 4-20-50 MG	1	PA; QL (90 per 30 days)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	1	QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	1	PA
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	BvD
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	1	PA; QL (1 per 28 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; QL (56 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	1	PA; QL (270 per 30 days)
pirfenidone oral tablet 267 mg (Esbriet)	1	PA; QL (270 per 30 days)
pirfenidone oral tablet 534 mg	1	PA; QL (90 per 30 days)
pirfenidone oral tablet 801 mg (Esbriet)	1	PA; QL (90 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
roflumilast oral tablet 250 mcg	(Daliresp)	1	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(Daliresp)	1	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		1	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		1	PA; NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		1	PA; NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		1	PA; NDS
SKELETAL MUSCLE RELAXANTS			
Skeletal Muscle Relaxants			
baclofen oral solution 10 mg/5ml	(Ozobax DS)	1	NDS; QL (1200 per 30 days)
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg		1	NDS
carisoprodol oral tablet 350 mg	(Soma)	1	NDS; QL (120 per 30 days)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		1	NDS
dantrolene sodium oral capsule 100 mg, 50 mg		1	NDS
dantrolene sodium oral capsule 25 mg	(Dantrium)	1	NDS
methocarbamol oral tablet 500 mg, 750 mg		1	NDS
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg		1	NDS
tizanidine hcl oral tablet 2 mg		1	NDS
tizanidine hcl oral tablet 4 mg	(Zanaflex)	1	NDS
SLEEP DISORDER AGENTS			
Sleep Disorder Agents			

Drug Name		Drug Tier	Requirements/Limits
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		1	NDS; QL (30 per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	(Silenor)	1	NDS; QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	1	NDS; QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	1	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	1	PA; QL (60 per 30 days)
ramelteon oral tablet 8 mg	(Rozerem)	1	NDS; QL (30 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	1	PA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		1	NDS; QL (30 per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	(Ambien CR)	1	NDS; QL (30 per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	(Ambien)	1	NDS; QL (30 per 30 days)
VASODILATING AGENTS			
Vasodilating Agents			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		1	PA; QL (90 per 30 days)
alyq oral tablet 20 mg		1	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	1	PA; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		1	PA; QL (30 per 30 days)
sildenafil citrate oral tablet 20 mg	(Revatio)	1	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		1	PA
tadalafil oral tablet 5 mg	(Cialis)	1	PA
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG		1	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG		1	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		1	PA; QL (240 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG		1	PA; NDS
VITAMINS AND MINERALS			
Vitamins And Minerals			
C-NATE DHA CAPSULE 28-1-200 MG ORAL		1	NDS
COMPLETENATE TABLET CHEWABLE 29-1 MG ORAL		1	NDS
FOLIVANE-OB CAPSULE 85-1 MG ORAL		1	NDS
KOSHER PRENATAL PLUS IRON TABLET 30-1 MG ORAL		1	NDS
M-NATAL PLUS TABLET 27-1 MG ORAL	(m-natal plus)	1	NDS
NIVA-PLUS TABLET 27-1 MG ORAL	(m-natal plus)	1	NDS
OBSTETRIX DHA 29-1 & 350 MG ORAL		1	NDS
PNV 27-CA/FE/FA TABLET 60-1 MG ORAL		1	NDS
PNV TABS 29-1 TABLET 29-1 MG ORAL		1	NDS
PNV-DHA+DOCUSATE CAPSULE 27-1.25-300 MG ORAL		1	NDS
PNV-OMEGA CAPSULE 28-0.6-0.4-340 MG ORAL	(pnv-omega)	1	NDS
PRENA 1 TRUE 30-1.4 & 300 MG ORAL		1	NDS
PRENAISSANCE CAPSULE 29-1.25-325 MG ORAL		1	NDS
PRENAISSANCE PLUS CAPSULE 28-1-250 MG ORAL		1	NDS
PRENATABS FA TABLET 29-1 MG ORAL		1	NDS
PRENATAL 19 TABLET CHEWABLE 29-1 MG ORAL		1	NDS
PRENATAL ORAL TABLET 27-1 MG	(m-natal plus)	1	NDS
PRENATAL PLUS IRON TABLET 29-1 MG ORAL		1	NDS

Drug Name	Drug Tier	Requirements/Limits
PRENATAL-U CAPSULE 106.5-1 MG ORAL	1	NDS
PREPLUS TABLET 27-1 MG ORAL (m-natal plus)	1	NDS
PRETAB TABLET 29-1 MG ORAL	1	NDS
SELECT-OB TABLET CHEWABLE 29-0.6-0.4 MG ORAL	1	NDS
SELECT-OB TABLET CHEWABLE 29-1 MG ORAL	1	NDS
SE-NATAL 19 TABLET CHEWABLE 29-1 MG ORAL	1	NDS
TARON-C DHA CAPSULE 35-1 MG ORAL	1	NDS
TARON-PREX CAPSULE 30-1.2-265 MG ORAL	1	NDS
VIRT-C DHA CAPSULE 53.5-38-1 MG ORAL	1	NDS
VIRT-NATE DHA CAPSULE 28-1-200 MG ORAL	1	NDS
VIRT-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL (pnv-dha)	1	NDS
VIRT-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL (pnv-omega)	1	NDS
VITAFOL GUMMIES TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL	1	NDS
VITAFOL-OB+DHA 65-1 & 250 MG ORAL	1	NDS
VP-PNV-DHA CAPSULE 28-1-215.8 MG ORAL	1	NDS
ZATEAN-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL (pnv-dha)	1	NDS
ZATEAN-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL (pnv-omega)	1	NDS

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This formulary was updated on 10/28/2025

For more recent information or other questions, please contact Signature Advantage (HMO ISNP) Member Services, at 844-214-8633 or, for TTY/TDD: 711, 7 days per week from October 1 - March 31 and 8:00 a.m. - 8:00 p.m. Monday - Friday from April 1 - September 30 or visit www.signatureadvantageplan.com.

H2400_COMPFORM25_C Effective 11/01/2025