2026

Comprehensive Formulary

(list of covered drugs)

This formulary was updated on **10/20/2026**. For more recent information or other questions, please contact Leon Health, inc. Member Service at 1-844-969-5366 (TTY users should call 711), from October through March, 8 a.m. to 8 p.m., seven days a week. From April through September, 8 a.m. to 8 p.m., Monday through Friday. Or visit www.leonhealth.com.

LEON HEALTH

H4286_2026FORMULARY_C

Leon Health, Inc.

Leon MediExtra, Leon MediDual, Leon MediMore and Leon MediMax

2026 Formulary

List of Covered Drugs

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

Formulary ID 26459, Version 29

This formulary was updated on 10/20/2026. For more recent information or other questions, please contact Leon Health, Inc. Member Service at 844-9-MY-LEON (1-844-969-5366) or local at 305-541-LEON (305-541-5366) (TTY users should call 711), hours are from 8 a.m. to 8 p.m., seven days a week from October 1st through March 31st and Monday through Friday from April 1st through September 30th or visit www.leonhealth.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 Leon Health, Inc. When it refers to "plan" or "our plan," it means Leon Health, Inc.

This document includes Drug List (formulary) for our plan which is current as of November 1, 2026. An updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Leon Health, Inc. formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Leon Health, Inc. 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. Leon Health, Inc. will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Leon Health, Inc. 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 change?

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

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

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

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Leon Health, Inc. formulary?”

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove

drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Leon Health, Inc.'s formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of November 2026. To get updated information about the drugs covered by Leon Health, Inc. please contact us. Our contact information appears on the front and back pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated monthly. You can visit https://www.leonhealth.com/plans-and-benefits/prescription-drug-benefits/

How do I use the formulary?

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

Medical Condition

The formulary begins on page 12. 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 10. 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 143. 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?

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

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 5*,* Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** Leon Health, Inc. requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from Leon Health, Inc. before you fill your prescriptions. If you don’t get approval, Leon Health, Inc. may not cover the drug.

- **Quantity Limits (QL):** For certain drugs, Leon Health, Inc. limits the amount of the drug that Leon Health, Inc. will cover. For example, Leon Health, Inc. provides 30 tablets every 30 days per prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy (ST):** In some cases, Leon Health, Inc. 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, Leon Health, Inc. may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Leon Health, Inc. 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 12. 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 Leon Health, Inc. 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 Leon Health, Inc.’s formulary?” on page 5 for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Leon Health, Inc. pays for certain OTC drugs. Leon Health, Inc. will provide these OTC drugs at no cost to you. The cost to Leon Health, Inc. of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

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 Leon Health, Inc. does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Leon Health, Inc. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Leon Health, Inc.

- You can ask Leon Health, Inc. 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 Leon Health, Inc.’s formulary?

You can ask Leon Health, Inc. 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, Leon Health, Inc. 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.

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier.

Generally, Leon Health, Inc. will only approve your request for an exception if the alternative drugs included on the plan’s formulary, [the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, 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.

Current members that need a one-time emergency fill or that are prescribed a non-formulary drug as a result of a level of care change will be placed in transition and we will allow a one-time 31-day supply (unless the prescription is written for fewer days). If you are admitted or readmitted into a Long-Term Care facility and you need a medication that is not on our drug list or has a limitation, you will be eligible to receive a 31-day emergency supply of that drug while you pursue a drug list exception or prior authorization.

For more information

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

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

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

Leon Health, Inc. formulary

The formulary below provides coverage information about the drugs covered by Leon Health, Inc. If you have trouble finding your drug in the list, turn to the Index that begins on page 143.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., XIFAXAN) and generic drugs are listed in lower-case italics (e.g., vancomycin).
The information in the Requirements/Limits column tells you if Leon Health, Inc. has any special requirements for coverage of your drug.

Leon MediDual (HMO D-SNP) and Leon Medimax (HMO D-SNP)

Tier	Preferred retail cost sharing (30-day supply)	Standard retail cost sharing (30-day supply)
Tier 1: Generic Drugs	$0-$5.10 copay	$0-$5.10 copay
Tier 2: Preferred Brand Drugs	$0-$12.65 copay	$0-$12.65 copay
Tier 3: Non-Preferred Brand Drugs	$0-$12.65 copay	$0-$12.65 copay
Tier 4: Specialty Tier	$0-$12.65 copay	$0-$12.65 copay
Tier 5: Supplemental Drugs	$0 copay	$10 copay

You pay **$0 - $35** for a one-month supply of each covered insulin product regardless of the cost-sharing tier for preferred and standard retail pharmacies.

Leon MediExtra (HMO)

Tier	Preferred retail cost sharing (30-day supply)	Standard retail cost sharing (30-day supply)
Tier 1: Generic Drugs	$0 copay	$5 copay
Tier 2: Preferred Brand Drugs	$0 copay	$20 copay
Tier 3: Non-Preferred Brand Drugs	$40 copay	$50 copay
Tier 4: Specialty Tier	33% coinsurance	33% coinsurance
Tier 5: Supplemental Drugs	$0 copay	$10 copay

You pay no more than **$35** for a one-month supply of each covered insulin product regardless of the cost-sharing tier for preferred and standard retail pharmacies.

Leon MediMore (HMO)

Tier	Preferred retail cost sharing (30-day supply)	Standard retail cost sharing (30-day supply)
Tier 1: Generic Drugs	$0 copay	$10 copay
Tier 2: Preferred Brand Drugs	$30 copay	$40 copay
Tier 3: Non-Preferred Brand Drugs	$40 copay	$50 copay
Tier 4: Specialty Tier	33% coinsurance	33% coinsurance
Tier 5: Supplemental Drugs	$0 copay	$10 copay

You pay no more than **$35** for a one-month supply of each covered insulin product regardless of the cost-sharing tier for preferred and standard retail pharmacies.

Leon Health, Inc. is an HMO with a Medicare contract. Enrollment in Leon Health, Inc. depends on contract renewal.

Leon Health, Inc. uses preferred network pharmacies. See your Provider and Pharmacy Directory or visit www.leonhealth.com to search for a preferred retail pharmacy near you.

Leon Health Inc.'s pharmacy network offers limited access to pharmacies with preferred cost sharing in Miami-Dade, FL. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-844-969-5366 (TTY: 711) or consult the online Provider and Pharmacy Directory at www.LeonHealth.com/

Symbols and Abbreviations:

- EX - This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- CB - Capped Benefit Limit (this drug has a specified limit amount per month and does not allow early refill).
- LA - This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-844-969-5366 from 8 a.m. to 8 p.m., Monday through Friday, or visit www.leonhealth.com. TTY users should call 711.
- GC - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
- HI - This prescription drug may be covered under our medical benefit. For more information, call Member Services at 1-844-969-5366, or local at 305-541-LEON (305-541-5366) from 8 a.m. to 8

p.m., Monday through Friday. TTY users should call 711, seven days a week from October 1st through March 31st and Monday through Friday from April 1st through September 30th or visit www.leonhealth.com.

- PA NSO - New Starts Only (this would only apply to patients newly started on this drug).
- PA - This drug requires prior authorization.
- PA BvD - The decision process required determine whether or not a specific prescription should be covered as a Part B or a Part D benefit.
- QL - This drug has quantity limits.
- ST - This drug has step therapy requirements.
- NDS - Non-Extended Days' Supply.

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml	1	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (180 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	QL (4 per 28 days)
butalbital-acetaminophen oral tablet 50-325 mg	1	QL (180 per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	QL (180 per 30 days)
butorphanol nasal spray,non-aerosol 10 mg/ml	1	QL (5 per 28 days)
codeine sulfate oral tablet 60 mg	1	QL (180 per 30 days)
endocet oral tablet 10-325 mg	1	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	1	QL (240 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	1	QL (240 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL (150 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	QL (180 per 30 days)
methadone oral tablet 10 mg	1	QL (120 per 30 days)
methadone oral tablet 5 mg	1	QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	PA; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml (2 mg/ml)	1	QL (700 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
morphine oral solution 20 mg/5 ml (4 mg/ml)	1	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	3	NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	3	NDS; QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg	1	QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	1	QL (90 per 30 days)
oxycodone oral capsule 5 mg	1	QL (180 per 30 days)
oxycodone oral concentrate 20 mg/ml	1	PA; QL (120 per 30 days)
oxycodone oral solution 5 mg/5 ml	1	QL (1300 per 30 days)
oxycodone oral tablet 10 mg, 5 mg	1	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 20 mg, 30 mg	1	QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (240 per 30 days)
oxymorphone oral tablet 10 mg	1	QL (120 per 30 days)
oxymorphone oral tablet 5 mg	1	QL (180 per 30 days)
tramadol oral tablet 50 mg	1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	1	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	QL (60 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	1	QL (150 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg	1	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg	1	QL (60 per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	4	PA; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
diflunisal oral tablet 500 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule 25 mg	1	QL (240 per 30 days)
indomethacin oral capsule 50 mg	1	QL (120 per 30 days)
indomethacin oral capsule, extended release 75 mg	1	QL (60 per 30 days)
ketoprofen oral capsule 50 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	
ketorolac oral tablet 10 mg	1	QL (20 per 30 days)
mefenamic acid oral capsule 250 mg	1	
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 (dr/ec) 375 mg, 500 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
sulindac oral tablet 150 mg, 200 mg	1	
Anesthetics		
Local Anesthetics		
lidocaine hcl mucous membrane solution 2 %	1	
lidocaine topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %	1	PA; QL (30 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	QL (180 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	QL (180 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	
disulfiram oral tablet 250 mg, 500 mg	1	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	2	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naltrexone oral tablet 50 mg	1	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	3	NDS; QL (240 per 180 days)
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	QL (4 per 30 days)
REZENOPY NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	2	QL (4 per 30 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)	2	QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	1	
Antianxiety Agents		
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (120 per 30 days)
alprazolam oral tablet 2 mg	1	QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	QL (180 per 30 days)
diazepam intensol oral concentrate 5 mg/ml	1	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	QL (120 per 30 days)
estazolam oral tablet 1 mg	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
estazolam oral tablet 2 mg	1	QL (30 per 30 days)
lorazepam 2 mg/ml oral concent	1	QL (150 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	1	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	QL (150 per 30 days)
temazepam oral capsule 15 mg, 30 mg	1	QL (30 per 30 days)
Antibacterials		
Aminoglycosides		
amikacin injection solution 500 mg/2 ml	3	PA BvD; NDS
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA; NDS; QL (252 per 30 days)
gentamicin injection solution 40 mg/ml	1	
neomycin oral tablet 500 mg	1	
streptomycin intramuscular recon soln 1 gram	4	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	4	PA BvD; NDS
tobramycin sulfate injection solution 40 mg/ml	1	
Antibacterials, Miscellaneous		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin ph 900 mg/6 ml vl 25's,sdv 150 mg/ml	1	PA BvD; HI
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)	1	PA BvD; HI
colistin (colistimethate na) injection recon soln 150 mg	4	PA BvD; HI; NDS
daptomycin intravenous recon soln 500 mg	4	NDS
fosfomycin tromethamine oral packet 3 gram	1	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	1	PA BvD; HI
linezolid oral suspension for reconstitution 100 mg/5 ml	4	NDS; QL (1800 per 30 days)
linezolid oral tablet 600 mg	1	
methenamine hippurate oral tablet 1 gram	1	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	1	PA BvD; HI

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
metronidazole oral tablet 250 mg, 500 mg	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	QL (60 per 30 days)
polymyxin b sulfate injection recon soln 500,000 unit	1	PA BvD; HI
trimethoprim oral tablet 100 mg	1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg	1	
vancomycin oral capsule 125 mg	1	QL (56 per 14 days)
vancomycin oral capsule 250 mg	1	QL (112 per 14 days)
vancomycin oral recon soln 25 mg/ml	3	NDS
XIFAXAN ORAL TABLET 200 MG	3	PA; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; NDS; QL (90 per 30 days)
Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral tablet 1 gram	1	
cefazolin injection recon soln 1 gram, 500 mg	1	
cefazolin intravenous recon soln 10 gram	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefepime injection recon soln 1 gram, 2 gram	1	
cefixime oral capsule 400 mg	1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	1	PA BvD; HI
cefpodoxime oral tablet 100 mg, 200 mg	1	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	4	NDS
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	1	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection recon soln 750 mg	1	PA BvD; HI
cefuroxime sodium intravenous recon soln 1.5 gram	1	PA BvD; HI

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
Macrolides		
azithromycin intravenous recon soln 500 mg	1	PA BvD; HI
azithromycin oral suspension for reconstitution 200 mg/5 ml	1	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	NDS; QL (136 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1	
erythromycin oral tablet 250 mg, 500 mg	1	
fidaxomicin oral tablet 200 mg	4	NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics		
aztreonam injection recon soln 1 gram	1	PA BvD; HI
aztreonam injection recon soln 2 gram	3	NDS
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; NDS
ertapenem injection recon soln 1 gram	1	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	1	
meropenem intravenous recon soln 1 gram, 500 mg	1	
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection recon soln 1 gram, 10 gram	1	PA BvD; HI
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	NDS
dicloxacillin oral capsule 250 mg, 500 mg	1	
nafcillin injection recon soln 1 gram	1	PA BvD; HI
nafcillin injection recon soln 10 gram	4	PA BvD; HI; NDS
nafcillin injection recon soln 2 gram	3	NDS
penicillin g potassium injection recon soln 20 million unit	1	PA BvD; HI
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1	
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	PA BvD; HI
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner	3	PA BvD; HI; NDS
moxifloxacin oral tablet 400 mg	1	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	3	PA BvD; HI; NDS
Sulfonamides		
sulfadiazine oral tablet 500 mg	4	NDS

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Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
Tetracyclines		
doxy-100 intravenous recon soln 100 mg	1	PA BvD; HI
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	1	
tetracycline oral capsule 250 mg, 500 mg	1	
tigecycline intravenous recon soln 50 mg	3	PA BvD; HI; NDS
Anticancer Agents		
Anticancer Agents		
abiraterone oral tablet 250 mg, 500 mg	4	PA NSO; NDS; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	4	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	4	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	4	PA NSO; NDS
anastrozole oral tablet 1 mg	1	
AUGTYRO ORAL CAPSULE 160 MG	4	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	4	PA NSO; NDS; QL (240 per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	4	PA NSO; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA NSO; NDS; QL (30 per 30 days)
BALVERSA ORAL TABLET 3 MG	4	PA NSO; NDS; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
BALVERSA ORAL TABLET 4 MG	4	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	4	PA NSO; NDS; QL (28 per 28 days)
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	4	PA NSO; NDS; QL (1 per 28 days)
bexarotene oral capsule 75 mg	4	PA NSO; NDS
bexarotene topical gel 1 %	4	PA NSO; NDS; QL (240 per 30 days)
bicalutamide oral tablet 50 mg	1	
BOSULIF ORAL CAPSULE 100 MG	4	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	4	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	4	PA NSO; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA NSO; NDS; QL (30 per 30 days)
bosutinib oral tablet 400 mg	4	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	4	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	4	PA NSO; NDS; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG	4	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	4	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	4	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA NSO; NDS; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA NSO; NDS; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA NSO; NDS; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	4	PA NSO; LA; NDS; QL (63 per 28 days)
cyclophosphamide oral capsule 25 mg	3	PA BvD; NDS
cyclophosphamide oral capsule 50 mg	3	PA BvD; ST; NDS
cyclophosphamide oral tablet 25 mg, 50 mg	2	PA BvD; ST
DANZITEN ORAL TABLET 71 MG, 95 MG	4	PA NSO; NDS; QL (120 per 30 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	4	PA NSO; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg	4	PA NSO; NDS; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	4	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA NSO; NDS; QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA NSO; NDS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA NSO; NDS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA NSO; NDS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA NSO; NDS
ENSACOVE ORAL CAPSULE 100 MG	4	PA NSO; NDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	4	PA NSO; NDS; QL (270 per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	4	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	4	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	4	PA NSO; NDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 25 mg	4	PA NSO; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg	4	PA NSO; NDS; QL (90 per 30 days)
EULEXIN ORAL CAPSULE 125 MG	4	NDS; QL (180 per 30 days)
everolimus (antineoplastic) oral tablet 10 mg	4	PA NSO; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	4	PA NSO; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	4	PA NSO; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	1	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA BvD; NDS; QL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA BvD; NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA NSO; NDS; QL (84 per 21 days)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA NSO; NDS; QL (21 per 21 days)
GAVRETO ORAL CAPSULE 100 MG	4	PA NSO; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg	4	PA NSO; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	3	NDS
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	4	NDS
GOMEKLI ORAL CAPSULE 1 MG	4	PA NSO; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	4	PA NSO; NDS; QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	4	PA NSO; NDS; QL (224 per 28 days)
HERNEXEOS ORAL TABLET 60 MG	4	PA NSO; NDS; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg	1	
HYRNUO ORAL TABLET 10 MG	4	PA NSO; NDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA NSO; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	4	PA NSO; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA NSO; NDS; QL (30 per 30 days)
imatinib oral tablet 100 mg	3	PA NSO; NDS; QL (180 per 30 days)
imatinib oral tablet 400 mg	4	PA NSO; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA NSO; NDS; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA NSO; NDS; QL (28 per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	4	PA NSO; NDS
INLURIYO ORAL TABLET 200 MG	4	PA NSO; NDS; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG	4	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	4	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	4	PA NSO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	4	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	4	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	4	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA NSO; NDS; QL (60 per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	4	PA NSO; NDS; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	4	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	4	PA NSO; NDS; QL (90 per 30 days)
JIDEYTRO ORAL TABLET 100 MG	4	PA NSO; NDS; QL (30 per 30 days)
JIDEYTRO ORAL TABLET 25 MG	4	PA NSO; NDS; QL (90 per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA NSO; NDS; QL (63 per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	4	PA NSO; NDS; QL (30 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	4	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	4	PA NSO; NDS; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	4	PA NSO; NDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	4	PA NSO; NDS; QL (390 per 30 days)
KRAZATI ORAL TABLET 200 MG	4	PA NSO; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg	4	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	4	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	4	PA NSO; NDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	PA NSO; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA NSO; NDS
letrozole oral tablet 2.5 mg	1	
LEUKERAN ORAL TABLET 2 MG	4	NDS
leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg	3	PA NSO; NDS
leuprolide subcutaneous kit 1 mg/0.2 ml	3	PA NSO; NDS
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	4	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
lomustine oral capsule 10 mg	3	NDS
lomustine oral capsule 100 mg, 40 mg	4	NDS
LONSURF ORAL TABLET 15-6.14 MG	4	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	4	PA NSO; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	4	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 320 MG	4	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	4	PA NSO; LA; NDS; QL (120 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	4	PA NSO; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	4	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA NSO; NDS; QL (140 per 28 days)
MATULANE ORAL CAPSULE 50 MG	4	NDS
megestrol oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	4	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	4	PA NSO; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml	4	NDS
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium (pf) injection solution 25 mg/ml	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	
MODEYSO ORAL CAPSULE 125 MG	4	PA NSO; NDS; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	4	PA NSO; NDS; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG	4	PA NSO; NDS; QL (112 per 28 days)
NILOTINIB D-TARTRATE ORAL CAPSULE 50 MG	4	PA NSO; NDS; QL (120 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg	4	PA NSO; NDS; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg	4	PA NSO; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg	4	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	4	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	4	PA NSO; LA; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA NSO; NDS; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	4	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	4	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 600 MG/WEEK (100 MG X 6)	4	PA NSO; NDS; QL (24 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	4	PA NSO; NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA NSO; NDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA NSO; NDS; QL (14 per 28 days)
ORSERDU ORAL TABLET 345 MG	4	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	4	PA NSO; NDS; QL (90 per 30 days)
pazopanib oral tablet 200 mg	4	PA NSO; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA NSO; NDS; QL (30 per 30 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA NSO; NDS; QL (56 per 28 days)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	4	PA NSO; NDS; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	4	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG	4	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	4	PA NSO; NDS; QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
REVUFORJ ORAL TABLET 110 MG, 160 MG	4	PA NSO; NDS
REVUFORJ ORAL TABLET 25 MG	4	PA NSO; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	4	PA NSO; NDS; QL (60 per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	4	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA NSO; NDS; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	4	PA NSO; NDS; QL (224 per 28 days)
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	4	PA NSO; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	NDS
sorafenib oral tablet 200 mg	4	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA NSO; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	PA NSO; NDS; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	4	NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA NSO; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA NSO; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	4	PA NSO; NDS; QL (240 per 30 days)
TEPMETKO ORAL TABLET 225 MG	4	PA NSO; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	4	PA NSO; NDS; QL (60 per 30 days)
toremifene oral tablet 60 mg	4	NDS
torpenz oral tablet 10 mg	4	PA NSO; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	4	PA NSO; NDS; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	3	PA NSO; NDS
tretinoin (antineoplastic) oral capsule 10 mg	4	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA NSO; NDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	4	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	4	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	4	PA NSO; NDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA NSO; NDS; QL (56 per 28 days)
VENCLEXTA ORAL TABLET 10 MG	2	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA NSO; LA; NDS; QL (42 per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA NSO; NDS; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	4	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	4	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	4	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	4	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	4	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	4	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	3	ST; NDS
XOSPATA ORAL TABLET 40 MG	4	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	4	PA NSO; NDS; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	4	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	4	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	4	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	4	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA NSO; NDS; QL (60 per 30 days)
YONSA ORAL TABLET 125 MG	4	PA NSO; NDS; QL (120 per 30 days)
yulithira oral tablet 10 mg	3	PA NSO; NDS; QL (60 per 30 days)
yulithira oral tablet 2.5 mg, 5 mg, 7.5 mg	3	PA NSO; NDS; QL (30 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	4	PA NSO; NDS; QL (240 per 30 days)
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	1	PA NSO; QL (21 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	4	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA NSO; NDS; QL (84 per 28 days)
Anticonvulsants		
Anticonvulsants		
brivaracetam oral solution 10 mg/ml	4	NDS; QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	4	NDS; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	
carbamazepine oral tablet,chewable 100 mg, 200 mg	1	
clobazam oral suspension 2.5 mg/ml	1	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	1	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	4	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	4	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA NSO; NDS; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA NSO; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	3	NDS
DILANTIN ORAL CAPSULE 30 MG	3	NDS
divalproex oral capsule, delayed rel sprinkle 125 mg	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA NSO; NDS
EPRONTIA ORAL SOLUTION 25 MG/ML	3	ST; NDS; QL (480 per 30 days)
eslicarbazepine oral tablet 200 mg, 400 mg	4	ST; NDS; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	4	ST; NDS; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5 ml	1	
felbamate oral suspension 600 mg/5 ml	3	NDS
felbamate oral tablet 400 mg, 600 mg	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA NSO; NDS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	4	ST; NDS; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 200 mg, 300 mg	1	QL (360 per 30 days)
gabapentin oral capsule 400 mg	1	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	QL (120 per 30 days)
lacosamide oral solution 10 mg/ml	3	NDS; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	1	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	
levetiracetam oral tablet for suspension 250 mg, 500 mg	1	
methsuximide oral capsule 300 mg	3	NDS
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	NDS; QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
perampanel oral suspension 0.5 mg/ml	4	ST; NDS; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg	3	ST; NDS; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	3	ST; NDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	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	3	NDS
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	1	QL (900 per 30 days)
primidone oral tablet 125 mg	3	NDS
primidone oral tablet 250 mg, 50 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
RELGAABI ORAL CAPSULE 200 MG	3	NDS; QL (360 per 30 days)
ROWEEPRA ORAL TABLET 500 MG	3	ST; NDS
rufinamide oral suspension 40 mg/ml	4	NDS
rufinamide oral tablet 200 mg	1	
rufinamide oral tablet 400 mg	4	NDS
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	3	ST; NDS; QL (120 per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	3	NDS
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	4	PA NSO; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg	1	
topiramate oral solution 25 mg/ml	3	ST; NDS
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	
valproic acid oral capsule 250 mg	1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	NDS
vigabatrin oral powder in packet 500 mg	4	PA NSO; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	4	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	4	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	4	PA NSO; NDS; QL (180 per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	4	PA NSO; NDS
vigpoder oral powder in packet 500 mg	4	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	ST; NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	3	ST; NDS; QL (28 per 28 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	ST; NDS; QL (28 per 28 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	NDS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
donepezil oral tablet 10 mg, 23 mg, 5 mg	1	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	QL (30 per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	1	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	QL (30 per 30 days)
memantine oral solution 2 mg/ml	1	QL (300 per 30 days)
memantine 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	QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1	QL (30 per 30 days)
Antidepressants		
Antidepressants		
amitriptyline 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, IR AND ER, BIPHASIC 45-105 MG	4	ST; NDS
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg, 450 mg	1	

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	
citalopram oral solution 10 mg/5 ml	1	QL (600 per 30 days)
citalopram oral tablet 10 mg	1	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	3	NDS; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	ST; NDS; QL (30 per 30 days)
escitalopram oxalate oral capsule 15 mg	1	QL (45 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	4	PA NSO; NDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	4	PA NSO; NDS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; NDS
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; NDS; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	

Drug Name	Drug Tier	Requirements/Limits
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
MARPLAN ORAL TABLET 10 MG	3	NDS
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	1	
paroxetine hcl oral suspension 10 mg/5 ml	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
phenelzine oral tablet 15 mg	1	
protriptyline oral tablet 10 mg, 5 mg	1	
RALDESY ORAL SOLUTION 10 MG/ML	4	PA NSO; NDS; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	
tranylcypromine oral tablet 10 mg	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	QL (30 per 30 days)
venlafaxine besylate oral tablet extended release 24hr 112.5 mg	3	NDS; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	1	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg	1	QL (30 per 30 days)
venlafaxine oral tablet extended release 24hr 75 mg	1	QL (90 per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA NSO; NDS; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	QL (90 per 30 days)
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	1	
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	1	
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	1	
dapagliflozin oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg	1	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-500 mg, 5-500 mg	1	
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg	1	QL (60 per 30 days)
dapagliflozin-saxagliptin oral tablet 10-5 mg	2	
DM2 COMBO PACK, TABLET AND STRIP 500 MG	1	QL (120 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	2	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (30 per 30 days)
linagliptin-metformin oral tablet 2.5-1,000 mg, 2.5-500 mg, 2.5-850 mg	1	QL (60 per 30 days)
metformin oral solution 500 mg/5 ml	1	QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	QL (75 per 30 days)
metformin oral tablet 500 mg	1	QL (150 per 30 days)
metformin oral tablet 750 mg	1	QL (60 per 30 days)
metformin oral tablet 850 mg	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 per 30 days)
mifepristone oral tablet 300 mg	4	PA; NDS; QL (112 per 28 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	QL (90 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA NSO; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	QL (90 per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA NSO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA NSO; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	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 ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	2	PA NSO; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	2	QL (60 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	1	QL (30 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	1	QL (60 per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	2	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA NSO; QL (2 per 28 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	max $35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	max $35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	max $35 copay per month supply; QL (24 per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	2	max $35 copay per month supply; QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	2	max $35 copay per month supply; QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	2	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	2	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	2	max $35 copay per month supply; QL (40 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	2	max $35 copay per month supply
insulin glargine-yfgn subcutaneous solution 100 unit/ml	2	max $35 copay per month supply
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	2	max $35 copay per month supply
insulin lispro subcutaneous insulin pen 100 unit/ml	2	max $35 copay per month supply
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	2	max $35 copay per month supply
insulin lispro subcutaneous solution 100 unit/ml	2	max $35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	max $35 copay per month supply
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	max $35 copay per month supply
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	max $35 copay per month supply
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	max $35 copay per month supply
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	max $35 copay per month supply

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	max $35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	max $35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	max $35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	max $35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg, 3 mg, 4 mg	1	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
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		
amphotericin b injection recon soln 50 mg	1	PA BvD; HI
amphotericin b liposome intravenous suspension for reconstitution 50 mg	4	PA BvD; NDS
caspofungin intravenous recon soln 50 mg	3	NDS
caspofungin intravenous recon soln 70 mg	3	PA BvD; HI; NDS
ciclopirox topical cream 0.77 %	1	QL (180 per 30 days)
ciclopirox topical gel 0.77 %	1	QL (300 per 30 days)
ciclopirox topical shampoo 1 %	1	
ciclopirox topical solution 8 %	1	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	1	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg	1	
clotrimazole topical cream 1 %	1	QL (45 per 30 days)
clotrimazole topical solution 1 %	1	

Drug Name	Drug Tier	Requirements/Limits
clotrimazole-betamethasone topical cream 1-0.05 %	1	QL (90 per 30 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	1	QL (90 per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	4	PA; NDS
econazole nitrate topical cream 1 %	1	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	PA BvD; HI
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	4	NDS
griseofulvin microsize oral suspension 125 mg/5 ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
griseofulvin ultramicrosize oral tablet 165 mg	3	NDS
itraconazole oral capsule 100 mg	1	
ketoconazole oral tablet 200 mg	1	
ketoconazole topical cream 2 %	1	QL (180 per 30 days)
ketoconazole topical foam 2 %	1	ST; QL (100 per 30 days)
ketoconazole topical shampoo 2 %	1	QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg	3	NDS
miconazole-3 vaginal suppository 200 mg	1	
nyamyc topical powder 100,000 unit/gram	1	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
nystatin topical cream 100,000 unit/gram	1	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram	1	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	1	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	
nystop topical powder 100,000 unit/gram	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
posaconazole oral tablet,delayed release (dr/ec) 100 mg	4	PA; NDS
terbinafine hcl oral tablet 250 mg	1	
voriconazole intravenous recon soln 200 mg	4	PA BvD; HI; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	4	PA; NDS
voriconazole oral tablet 200 mg, 50 mg	1	
Antigout Agents		
Antigout Agents, Other		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral capsule 0.6 mg	1	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	1	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	1	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg	1	
probenecid-colchicine oral tablet 500-0.5 mg	1	
Antihistamines		
Antihistamines		
carbinoxamine maleate oral liquid 4 mg/5 ml	1	
carbinoxamine maleate oral tablet 6 mg	1	
carbzah oral liquid 4 mg/5 ml	1	
clemastine oral tablet 2.68 mg	1	
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
levocetirizine oral solution 2.5 mg/5 ml	1	
levocetirizine oral tablet 5 mg	1	
promethazine oral syrup 6.25 mg/5 ml	1	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
clindamycin phosphate vaginal cream 2 %	1	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	4	NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	1	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	1	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	QL (12 per 30 days)
sumatriptan 6 mg/0.5 ml autoinj suv	3	NDS; QL (4 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	QL (18 per 30 days)
sumatriptan succinate oral tablet 100 mg	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	3	NDS; QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (16 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL (6 per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1	QL (6 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Antimycobacterials		
Antimycobacterials		
dapsone oral tablet 100 mg, 25 mg	1	
ethambutol oral tablet 100 mg, 400 mg	1	
isoniazid oral solution 50 mg/5 ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
PRETOMANID ORAL TABLET 200 MG	3	NDS; QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	3	NDS
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	1	
rifampin intravenous recon soln 600 mg	1	HI
rifampin oral capsule 150 mg, 300 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	4	PA; NDS
Antinausea Agents		
Antinausea Agents		
aprepitant oral capsule 125 mg	4	PA BvD; NDS; QL (2 per 28 days)
aprepitant oral capsule 40 mg	1	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	3	PA BvD; NDS; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1	PA BvD
compro rectal suppository 25 mg	1	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	PA; QL (60 per 30 days)
granisetron hcl oral tablet 1 mg	1	PA BvD
meclizine oral tablet 12.5 mg, 25 mg	1	
ondansetron hcl oral solution 4 mg/5 ml	1	PA BvD
ondansetron hcl oral tablet 4 mg, 8 mg	1	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	PA BvD
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 25 mg, 50 mg	1	
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	QL (10 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Antiparasite Agents		
Antiparasite Agents		
albendazole oral tablet 200 mg	3	NDS
atovaquone oral suspension 750 mg/5 ml	1	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG	3	NDS
hydroxychloroquine oral tablet 200 mg	1	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	4	PA; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg, 6 mg	1	
KRINTAFEL ORAL TABLET 150 MG	3	NDS
mefloquine oral tablet 250 mg	1	
nitazoxanide oral tablet 500 mg	4	NDS; QL (60 per 30 days)
pentamidine inhalation recon soln 300 mg	1	PA BvD
pentamidine injection recon soln 300 mg	1	HI
praziquantel oral tablet 600 mg	3	NDS
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	3	NDS
pyrimethamine oral tablet 25 mg	4	PA; NDS
quinine sulfate oral capsule 324 mg	1	PA; QL (42 per 7 days)
tinidazole oral tablet 250 mg, 500 mg	1	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl oral tablet 100 mg	1	
apomorphine subcutaneous cartridge 10 mg/ml	4	PA; NDS; QL (60 per 30 days)
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine oral capsule 5 mg	1	
bromocriptine oral tablet 2.5 mg	1	
cabergoline oral tablet 0.5 mg	1	
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	2	
entacapone oral tablet 200 mg	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	2	QL (30 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline oral tablet 0.5 mg, 1 mg	1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	2	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	3	NDS
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	4	NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	NDS; QL (1 per 28 days)
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet 2 mg	1	QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	3	ST; NDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
aripiprazole oral tablet,disintegrating 15 mg	3	ST; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	4	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	NDS; QL (3.2 per 28 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	4	ST; NDS; QL (30 per 30 days)
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	3	NDS
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet,disintegrating 100 mg, 25 mg	1	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 12.5 mg	3	ST; NDS; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	1	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	3	ST; NDS; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	4	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	4	ST; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	4	NDS; QL (1 per 21 days)

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	4	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	3	ST; NDS
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	3	NDS
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	3	NDS
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	3	NDS
fluphenazine hcl oral concentrate 5 mg/ml	3	NDS
fluphenazine hcl oral elixir 2.5 mg/5 ml	3	NDS
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	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	NDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	NDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	NDS; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	NDS; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	NDS; QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	NDS; QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	NDS; QL (2.63 per 84 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	3	NDS; QL (30 per 30 days)
lurasidone oral tablet 80 mg	3	NDS; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	4	NDS; QL (30 per 30 days)
molindone oral tablet 10 mg	3	NDS; QL (240 per 30 days)
molindone oral tablet 25 mg	3	NDS; QL (270 per 30 days)
molindone oral tablet 5 mg	4	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	4	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA NSO; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg	1	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	4	NDS
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	4	NDS; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
pimozide oral tablet 1 mg, 2 mg	1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine oral tablet 150 mg	1	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
REXULTI ORAL TABLET 0.25 MG	4	NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	4	NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	4	NDS; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	1	
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	4	NDS
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet,disintegrating 0.25 mg	3	NDS
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	4	ST; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	4	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	4	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	4	NDS; QL (0.42 per 56 days)

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	4	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	4	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	4	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	4	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	ST; NDS; QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	QL (6 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
abacavir oral solution 20 mg/ml	1	
abacavir oral tablet 300 mg	1	
abacavir-lamivudine oral tablet 600-300 mg	1	
APTIVUS ORAL CAPSULE 250 MG	4	NDS
atazanavir oral capsule 150 mg, 200 mg, 300 mg	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	4	NDS; QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG	4	NDS
darunavir oral tablet 600 mg	3	NDS; QL (60 per 30 days)
darunavir oral tablet 800 mg	4	NDS; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	4	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	4	NDS
DOVATO ORAL TABLET 50-300 MG	4	NDS
EDURANT ORAL TABLET 25 MG	4	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	4	NDS

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Drug Name	Drug Tier	Requirements/Limits
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	3	NDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	4	NDS
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	3	NDS; QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	4	NDS; QL (30 per 30 days)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	4	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	3	NDS
etravirine oral tablet 100 mg, 200 mg	4	NDS
EVOTAZ ORAL TABLET 300-150 MG	4	NDS
fosamprenavir oral tablet 700 mg	4	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	4	NDS
IDVYNSO ORAL TABLET 100-0.25 MG	4	NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG	3	NDS
ISENTRESS HD ORAL TABLET 600 MG	4	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	NDS
ISENTRESS ORAL TABLET 400 MG	4	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	NDS
JULUCA ORAL TABLET 50-25 MG	4	NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	NDS; QL (480 per 30 days)
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
lopinavir-ritonavir oral tablet 100-25 mg	1	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	3	NDS; QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	4	NDS
nevirapine oral suspension 50 mg/5 ml	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
nevirapine oral tablet 200 mg	1	
nevirapine oral tablet extended release 24 hr 400 mg	1	
NORVIR ORAL POWDER IN PACKET 100 MG	3	NDS
ODEFSEY ORAL TABLET 200-25-25 MG	4	NDS
PIFELTRO ORAL TABLET 100 MG	4	NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	4	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	4	NDS; QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	NDS; QL (240 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	NDS; QL (480 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	4	NDS
rilpivirine hcl oral tablet 25 mg	4	NDS
ritonavir oral tablet 100 mg	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	4	NDS
STRIBILD ORAL TABLET 150-150-200-300 MG	4	NDS
SUNLENCA ORAL TABLET 300 MG	4	NDS
SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)	4	NDS; QL (8 per 365 days)
SUNLENCA ORAL TABLET 300 MG (5-TABLET PACK)	4	NDS; QL (10 per 365 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	NDS
tenofovir disoproxil fumarate oral tablet 300 mg	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	4	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	4	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	NDS
VEMLIDY ORAL TABLET 25 MG	4	NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	NDS

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Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	NDS
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 10 mg/ml	1	
zidovudine oral tablet 300 mg	1	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	4	PA; NDS
oseltamivir oral capsule 30 mg	1	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	1	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	1	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	1	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG	1	
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	NDS; QL (60 per 180 days)
rimantadine oral tablet 100 mg	1	
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	4	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	4	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	4	PA; NDS; QL (56 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; NDS; QL (56 per 28 days)
ledipasvir-sofosbuvir oral tablet 90-400 mg	4	PA; NDS; QL (28 per 28 days)
sofosbuvir-velpatasvir oral tablet 400-100 mg	4	PA; NDS; QL (30 per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; NDS; QL (28 per 28 days)
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	1	PA BvD; HI
adefovir oral tablet 10 mg	1	
entecavir oral tablet 0.5 mg, 1 mg	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
lagevrio (eua) oral capsule 200 mg	1	
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
valacyclovir oral tablet 1 gram, 500 mg	1	
valganciclovir oral recon soln 50 mg/ml	4	NDS
valganciclovir oral tablet 450 mg	1	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
dabigatran etexilate oral capsule 110 mg	1	
dabigatran etexilate oral capsule 150 mg, 75 mg	1	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	2	
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	2	
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	1	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	QL (24 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
enoxaparin subcutaneous syringe 60 mg/0.6 ml	1	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	4	NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	4	NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	4	NDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	PA BvD; HI
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
rivaroxaban oral suspension for reconstitution 1 mg/ml	2	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	2	QL (60 per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	QL (51 per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	PA BvD; NDS
eltrombopag olamine oral powder in packet 12.5 mg	4	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	4	PA; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	4	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg	4	PA; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	4	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	4	PA; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	4	PA; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	4	NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; NDS; QL (180 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; QL (4 per 28 days)
Hematologic Agents, Miscellaneous		
anagrelide oral capsule 0.5 mg, 1 mg	1	
tranexamic acid oral tablet 650 mg	1	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	QL (60 per 30 days)
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 300 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
pentoxifylline oral tablet extended release 400 mg	1	
prasugrel hcl oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
ticagrelor oral tablet 60 mg	2	QL (90 per 30 days)
ticagrelor oral tablet 90 mg	2	QL (60 per 30 days)
Caloric Agents		
Caloric Agents		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD; HI; NDS

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD; HI; NDS
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD; HI; NDS
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD; HI; NDS
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	PA BvD; HI; NDS
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD; HI; NDS
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD; HI; NDS
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD; HI; NDS
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD; HI; NDS
dextrose 5 % in water (d5w) intravenous parenteral solution	1	HI
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	3	PA BvD; HI; NDS
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	PA BvD; HI; NDS
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	PA BvD; HI; NDS
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	PA BvD; HI; NDS
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	PA BvD; HI; NDS
Cardiovascular Agents		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	

Drug Name	Drug Tier	Requirements/Limits
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr	1	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	1	QL (8 per 28 days)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
droxidopa oral capsule 100 mg	3	PA; NDS; QL (180 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	4	PA; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg	1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	
Angiotensin Ii Receptor Antagonists		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
EDARBI ORAL TABLET 40 MG, 80 MG	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	
ENTRESTO ORAL TABLET 24-26 MG	2	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	2	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	2	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan-amlodipin-hcthiazid 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	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
sacubitril-valsartan oral tablet 24-26 mg	1	QL (180 per 30 days)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	1	QL (60 per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
Angiotensin-Converting Enzyme Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral solution 1 mg/ml	1	ST; QL (1200 per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide 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	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
moexipril oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	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 oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmic Agents		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	2	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine gluconate oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
betaxolol oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 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	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
Calcium-Channel Blocking Agents		
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	1	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	3	NDS
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	QL (600 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	2	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
icatibant subcutaneous syringe 30 mg/3 ml	4	PA; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	2	QL (60 per 30 days)
metyrosine oral capsule 250 mg	4	PA; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg	2	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	2	QL (120 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	4	PA; NDS; QL (18 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; NDS; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	4	PA; NDS; QL (30 per 30 days)
Dihydropyridines		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
nicardipine oral capsule 20 mg, 30 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
Diuretics		
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
furosemide injection solution 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; NDS; QL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA; NDS; QL (56 per 28 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	4	PA; NDS
tolvaptan oral tablet 15 mg, 30 mg	4	PA; NDS
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
Dyslipidemics		
amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	QL (30 per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	1	
cholestyramine light oral powder in packet 4 gram	1	
colesevelam oral powder in packet 3.75 gram	1	
colesevelam oral tablet 625 mg	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	
ezetimibe oral tablet 10 mg	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1	
fluvastatin oral capsule 20 mg, 40 mg	1	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	1	
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram	1	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	1	QL (120 per 30 days)
LIPFENDRA ORAL TABLET 20 MG	2	ST; QL (30 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	
NEXLETOL ORAL TABLET 180 MG	2	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	2	QL (30 per 30 days)
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	
niacor oral tablet 500 mg	1	
omega-3 acid ethyl esters oral capsule 1 gram	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	
pravastatin oral tablet 10 mg, 80 mg	1	
pravastatin oral tablet 20 mg, 40 mg	1	QL (30 per 30 days)
prevalite oral powder in packet 4 gram	1	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
aliskiren oral tablet 150 mg, 300 mg	1	
eplerenone oral tablet 25 mg, 50 mg	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL (30 per 30 days)
Vasodilators		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
isosorbide-hydralazine oral tablet 20-37.5 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
Central Nervous System Agents		
Central Nervous System Agents		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; NDS; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG	4	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	4	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	4	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	4	PA; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; NDS; QL (84 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; NDS; QL (15 per 30 days)
cladribine 10 mg x 10 tab pk outer	4	PA; NDS
cladribine(multiple sclerosis) oral tablet 10 mg (10 pack), 10 mg (4 pack), 10 mg (5 pack), 10 mg (6 pack), 10 mg (7 pack), 10 mg (8 pack), 10 mg (9 pack)	4	PA; NDS
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1	
dalfampridine oral tablet extended release 12 hr 10 mg	1	PA; QL (60 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1	QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	1	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	1	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	3	PA; NDS; QL (14 per 7 days)

Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	3	PA; NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	4	PA; NDS; QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	4	PA; NDS; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	4	PA; NDS; QL (60 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	4	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	4	PA; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	4	PA; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	4	PA; NDS; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	4	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	4	PA; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; NDS; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	2	
MAYZENT ORAL TABLET 0.25 MG	4	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	3	PA; NDS
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA; NDS
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	QL (90 per 30 days)
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA; NDS; QL (150 per 30 days)
riluzole oral tablet 50 mg	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	
tetrabenazine oral tablet 12.5 mg	3	PA; NDS; QL (112 per 28 days)
tetrabenazine oral tablet 25 mg	4	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
apri oral tablet 0.15-0.03 mg	1	
aubra eq oral tablet 0.1-20 mg-mcg	1	
aviane oral tablet 0.1-20 mg-mcg	1	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	QL (1 per 28 days)
enskyce oral tablet 0.15-0.03 mg	1	
errin oral tablet 0.35 mg	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	1	
haloette vaginal ring 0.12-0.015 mg/24 hr	1	QL (1 per 28 days)
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
lessina oral tablet 0.1-20 mg-mcg	1	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	

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Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
levora-28 oral tablet 0.15-0.03 mg	1	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	
marlissa (28) oral tablet 0.15-0.03 mg	1	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
mili oral tablet 0.25-0.035 mg	1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	3	NDS
NEXPLANON SUBDERMAL IMPLANT 68 MG	2	
norethindrone (contraceptive) oral tablet 0.35 mg	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
portia 28 oral tablet 0.15-0.03 mg	1	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	1	
sprintec (28) oral tablet 0.25-0.035 mg	1	
sronyx oral tablet 0.1-20 mg-mcg	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	

Drug Name	Drug Tier	Requirements/Limits
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	
xulane transdermal patch weekly 150-35 mcg/24 hr	1	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	1	QL (3 per 28 days)
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	
Cough And Cold Products		
Cough And Cold Products		
benzonatate oral capsule 100 mg, 200 mg	5	NDS; EX
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline oral capsule 30 mg	1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
periogard mucous membrane mouthwash 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
triamcinolone acetonide dental paste 0.1 %	1	
Dermatological Agents		
Dermatological Agents, Other		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
acyclovir topical ointment 5 %	1	QL (30 per 30 days)
ammonium lactate topical cream 12 %	1	
ammonium lactate topical lotion 12 %	1	
calcipotriene scalp solution 0.005 %	1	QL (120 per 30 days)
calcipotriene topical cream 0.005 %	1	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	1	QL (120 per 30 days)
fluorouracil topical cream 5 %	1	QL (40 per 30 days)
fluorouracil topical solution 2 %, 5 %	1	
imiquimod topical cream in packet 5 %	1	QL (24 per 30 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	4	NDS
PANRETIN TOPICAL GEL 0.1 %	4	NDS; QL (180 per 30 days)
penciclovir topical cream 1 %	1	QL (5 per 30 days)
podofilox topical solution 0.5 %	1	

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Drug Name	Drug Tier	Requirements/Limits
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	NDS; QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	4	PA NSO; NDS; QL (60 per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
Dermatological Antibacterials		
clindamycin phosphate topical solution 1 %	1	QL (180 per 30 days)
ery pads topical swab 2 %	1	
erythromycin with ethanol topical gel 2 %	1	QL (180 per 30 days)
erythromycin with ethanol topical solution 2 %	1	QL (180 per 30 days)
gentamicin topical cream 0.1 %	1	QL (120 per 30 days)
gentamicin topical ointment 0.1 %	1	QL (120 per 30 days)
metronidazole topical cream 0.75 %	1	
metronidazole topical gel 0.75 %, 1 %	1	
metronidazole topical lotion 0.75 %	1	
mupirocin topical ointment 2 %	1	QL (220 per 30 days)
selenium sulfide topical lotion 2.5 %	1	
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
Dermatological Anti-Inflammatory Agents		
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
betamethasone dipropionate topical cream 0.05 %	1	QL (90 per 30 days)
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	QL (90 per 30 days)
betamethasone valerate topical cream 0.1 %	1	QL (180 per 30 days)
betamethasone valerate topical foam 0.12 %	1	QL (120 per 30 days)
betamethasone valerate topical lotion 0.1 %	1	
betamethasone valerate topical ointment 0.1 %	1	QL (180 per 30 days)
betamethasone, augmented topical cream 0.05 %	1	QL (100 per 30 days)
betamethasone, augmented topical gel 0.05 %	1	QL (100 per 30 days)
betamethasone, augmented topical lotion 0.05 %	1	

Drug Name	Drug Tier	Requirements/Limits
betamethasone, augmented topical ointment 0.05 %	1	QL (100 per 30 days)
clobetasol scalp solution 0.05 %	1	
clobetasol topical cream 0.05 %	1	QL (120 per 30 days)
clobetasol topical foam 0.05 %	1	QL (100 per 30 days)
clobetasol topical gel 0.05 %	1	QL (120 per 28 days)
clobetasol topical lotion 0.05 %	1	
clobetasol topical ointment 0.05 %	1	QL (120 per 28 days)
clobetasol topical shampoo 0.05 %	1	
clobetasol-emollient topical cream 0.05 %	1	QL (120 per 30 days)
clobetasol-emollient topical foam 0.05 %	1	QL (100 per 30 days)
desonide topical cream 0.05 %	1	QL (60 per 30 days)
desonide topical lotion 0.05 %	1	
desonide topical ointment 0.05 %	1	QL (60 per 30 days)
desoximetasone topical cream 0.05 %, 0.25 %	1	QL (120 per 30 days)
desoximetasone topical gel 0.05 %	1	QL (120 per 30 days)
desoximetasone topical ointment 0.05 %, 0.25 %	1	QL (120 per 30 days)
diflorasone topical ointment 0.05 %	1	QL (180 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	2	
fluocinolone topical cream 0.01 %, 0.025 %	1	QL (120 per 30 days)
fluocinolone topical ointment 0.025 %	1	QL (120 per 30 days)
fluocinonide topical cream 0.05 %	1	QL (120 per 30 days)
fluocinonide topical gel 0.05 %	1	QL (120 per 30 days)
fluocinonide topical ointment 0.05 %	1	QL (240 per 30 days)
fluocinonide topical solution 0.05 %	1	
fluocinonide-emollient topical cream 0.05 %	1	QL (120 per 30 days)
fluticasone propionate topical cream 0.05 %	1	QL (240 per 30 days)
fluticasone propionate topical ointment 0.005 %	1	QL (240 per 30 days)
halobetasol propionate topical cream 0.05 %	1	QL (50 per 30 days)
halobetasol propionate topical ointment 0.05 %	1	QL (50 per 30 days)
hydrocortisone 2.5% cream	1	QL (60 per 30 days)
hydrocortisone butyrate topical lotion 0.1 %	1	QL (236 per 30 days)
hydrocortisone butyrate topical ointment 0.1 %	1	QL (120 per 30 days)
hydrocortisone butyrate topical solution 0.1 %	1	QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone topical cream 1 %	1	QL (60 per 30 days)
hydrocortisone topical cream with perineal applicator 2.5 %	1	QL (60 per 30 days)
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	QL (240 per 30 days)
hydrocortisone valerate topical cream 0.2 %	1	
hydrocortisone valerate topical ointment 0.2 %	1	QL (60 per 30 days)
mometasone topical cream 0.1 %	1	QL (180 per 30 days)
mometasone topical ointment 0.1 %	1	QL (180 per 30 days)
mometasone topical solution 0.1 %	1	
pimecrolimus topical cream 1 %	1	QL (100 per 30 days)
proctosol hc topical cream with perineal applicator 2.5 %	1	QL (60 per 30 days)
proctozone-hc topical cream with perineal applicator 2.5 %	1	QL (60 per 30 days)
tacrolimus topical ointment 0.03 %, 0.1 %	1	QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	QL (454 per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
Dermatological Retinoids		
tazarotene topical cream 0.1 %	1	QL (120 per 30 days)
tretinoin topical cream 0.025 %, 0.1 %	1	QL (45 per 30 days)
tretinoin topical cream 0.05 %	1	QL (60 per 30 days)
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	QL (45 per 30 days)
Scabicides And Pediculicides		
malathion topical lotion 0.5 %	1	
permethrin topical cream 5 %	1	QL (120 per 30 days)
Devices		
Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	1	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	1	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	1	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	1	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	1	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	1	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	1	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	1	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	1	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	1	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	1	PA; ST
AUTOKEEPER SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
AUTOKEEPER SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	1	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	1	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	1	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	1	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
BD SINGLE USE SWAB	1	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	1	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	1	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	1	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	1	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	1	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	1	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G HRI 29 GAUGE X 1/2"	1	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	1	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	1	PA; ST
CAREFINE PEN NEEDLE 6MM 31G HRI 31 GAUGE X 1/4"	1	PA; ST
CAREFINE PEN NEEDLE 8MM 30G HRI 30 GAUGE X 5/16"	1	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	1	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	1	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	1	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	1	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	1	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16	1	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	1	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	1	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	1	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	1	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	1	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	1	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	1	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	1	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	1	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	1	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	1	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	1	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	1	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	1	PA; ST
COMFORT EZ PLS PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	1	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	1	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	1	PA; ST
COMFORT TOUCH PEN NDL 33G 5MM 33 GAUGE X 3/16"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	1	PA; ST
CURITY GAUZE PADS 2 X 2 "	1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	1	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	1	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2"	1	PA; ST
DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2"	1	PA; ST
DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16	1	PA; ST
DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64"	1	PA; ST
DROPLET INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	1	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	1	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"	1	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	1	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	1	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	1	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	1	PA; ST
DROPSAFE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	1	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	1	PA; ST
EASY COMFORT ALCOHOL 70% PAD	1	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	1	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"	1	PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"	1	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	1	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	1	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	1	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16	1	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	1	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	1	PA; ST
EASY TOUCH 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	1	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	1	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4"	1	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4"	1	PA; ST
EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	1	PA; ST
EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	1	PA; ST
EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	1	PA; ST
EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	1	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH LUER LOK INSUL 1 ML	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	1	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	1	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	1	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	1	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	1	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	1	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	1	PA; ST
EASYLIFE ALCOHOL 70% PADS	1	PA; ST
EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2"	1	PA; ST
EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32"	1	PA; ST
EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16"	1	PA; ST
EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	PA; ST
EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16"	1	PA; ST
EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	1	PA; ST
EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	1	PA; ST
EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	1	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	1	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	1	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
FT STERILE PADS 2" X 2" 2 X 2 "	1	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	PA; ST
GNP ALCOHOL SWAB STERILE, TWO PLY	1	PA; ST
GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	1	PA; ST
GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE	1	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	1	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	1	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	1	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	1	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	1	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	1	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"	1	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	1	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	1	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	1	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	1	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	1	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	1	PA; ST
INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16"	1	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 29 , 1/2 ML 30 GAUGE	1	PA; ST
INSULIN 3/10 ML SYRINGE 0.3 ML 30	1	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	1	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	1	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	1	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	1	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	1	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	1	PA; ST
INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	1	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	1	PA; ST
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	1	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	1	PA; ST
INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE,THIN II (OTC) 1 ML 31 GAUGE X 5/16	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	PA; ST
INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	1	PA; ST
IV ANTISEPTIC WIPES	1	PA; ST
KENDALL ALCOHOL 70% PREP PAD	1	PA; ST

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

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Drug Name	Drug Tier	Requirements/Limits
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	1	PA; ST
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	1	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	1	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	1	PA; ST
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	1	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	1	PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	1	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	1	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	1	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	1	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	1	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	1	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	1	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	1	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	1	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	1	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	1	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	1	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	1	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	1	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"	1	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	1	PA; ST
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD DASH PDM KIT (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	1	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	1	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	1	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4"	1	PA; ST
PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	1	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	1	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	1	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	1	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	1	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	1	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	1	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	1	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	1	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	1	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	1	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
PRO COMFORT ALCOHOL 70% PADS	1	PA; ST
PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	1	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	1	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	1	PA; ST
PRO-COMFORT ALCOHOL 70% PADS	1	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
PURE COMFORT ALCOHOL 70% PADS	1	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	PA; ST
RA ISOPROPYL ALCOHOL 70% WIPES	1	PA; ST
RA STERILE PADS 2"X 2" 2 X 2 "	1	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	1	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	1	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	1	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	1	PA; ST
RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	1	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	1	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	1	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	1	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	1	PA; ST
SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16"	1	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	1	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
NEEDLES, INSULIN DISP., SAFETY	1	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	PA; ST
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	1	PA; ST
SURE COMFORT ALCOHOL PREP PADS	1	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	1	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	1	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	1	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	1	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	1	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	1	PA; ST
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	1	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	1	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	1	PA; ST
SURE-PREP ALCOHOL PREP PADS	1	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	1	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	1	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	1	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	1	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	1	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	1	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	1	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	1	PA; ST
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	1	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	1	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8"	1	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	1	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8"	1	PA; ST
TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	1	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	1	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	1	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	1	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	1	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	1	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	1	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	1	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	1	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	1	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	1	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64"	1	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	1	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	1	PA; ST
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	1	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	1	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	1	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	1	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	1	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	1	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	1	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	1	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	1	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	1	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	1	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	1	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	1	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	1	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	1	PA; ST
ULTILET ALCOHOL STERL SWAB	1	PA; ST
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	PA; ST
ULTILET PEN NEEDLE 29 GAUGE	1	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	1	PA; ST
ULTRA COMFORT 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	1	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
ULTRA COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	1	PA; ST
ULTRA COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
ULTRA COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	1	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	1	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	1	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	1	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	1	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	1	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	1	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	1	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
ULTRAFINE INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
ULTRA-FINE INS 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	1	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	1	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	1	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	1	PA; ST
ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	1	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64"	1	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	1	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	1	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	1	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	1	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	1	PA; ST
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	1	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	1	PA; ST
UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	1	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	1	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	1	PA; ST
UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16"	1	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	1	PA; ST
UNIFINE PENTIPS PLUS 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	1	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	1	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	1	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"	1	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"	1	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"	1	PA; ST
UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2"	1	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	1	PA; ST
VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	1	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	1	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	1	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	1	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	1	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	1	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	1	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	1	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	1	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	1	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	1	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	1	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	1	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	1	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	PA; ST
WEBCOL ALCOHOL PREPS 20'S,LARGE	1	PA; ST
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	1	PA; ST
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
javygtor oral tablet,soluble 100 mg	4	PA; NDS
miglustat oral capsule 100 mg	4	PA; NDS; QL (90 per 30 days)
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	4	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA BvD; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	4	PA; NDS
sapropterin oral tablet,soluble 100 mg	4	PA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600-252,600 UNIT	2	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
atropine ophthalmic (eye) drops 1 %	3	NDS
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	1	
bepotastine besilate ophthalmic (eye) drops 1.5 %	1	ST
cromolyn ophthalmic (eye) drops 4 %	1	

Drug Name	Drug Tier	Requirements/Limits
epinastine ophthalmic (eye) drops 0.05 %	1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	1	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	QL (15 per 10 days)
olopatadine nasal spray,non-aerosol 0.6 %	1	QL (30.5 per 30 days)
Eye, Ear, Nose, Throat Anti-Infectives Agents		
acetic acid otic (ear) solution 2 %	1	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	QL (3.5 per 4 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
ofloxacin ophthalmic (eye) drops 0.3 %	1	
ofloxacin otic (ear) drops 0.3 %	1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	2	
trifluridine ophthalmic (eye) drops 1 %	1	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; NDS
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	NDS; QL (5 per 30 days)
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %	1	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	2	
cyclosporine ophthalmic (eye) dropperette 0.05 %	1	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
difluprednate ophthalmic (eye) drops 0.05 %	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	QL (8.3 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	3	NDS
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	QL (16 per 30 days)
ketorolac ophthalmic (eye) drops 0.4 %	1	
ketorolac ophthalmic (eye) drops 0.5 %	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	2	QL (5 per 16 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1	QL (10 per 13 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	1	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	1	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	2	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	2	QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	QL (60 per 30 days)
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	1	
nizatidine oral capsule 150 mg, 300 mg	1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	QL (60 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (30 per 30 days)
sucralfate oral tablet 1 gram	1	
VOQUEZNA ORAL TABLET 10 MG	3	NDS; QL (30 per 30 days)
VOQUEZNA ORAL TABLET 20 MG	3	NDS; QL (60 per 30 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	NDS
Gastrointestinal Agents, Other		
carglumic acid oral tablet, dispersible 200 mg	4	PA; NDS
constulose oral solution 10 gram/15 ml	1	
cromolyn oral concentrate 100 mg/5 ml	1	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
enulose oral solution 10 gram/15 ml	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; NDS
generlac oral solution 10 gram/15 ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
kionex oral suspension 15 gram/60 ml	2	
lactulose oral solution 10 gram/15 ml	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	2	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	2	QL (30 per 30 days)
loperamide oral capsule 2 mg	1	
lubiprostone oral capsule 24 mcg	1	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	2	QL (60 per 30 days)
methscopolamine oral tablet 2.5 mg, 5 mg	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL (30 per 30 days)
RELISTOR ORAL TABLET 150 MG	4	PA; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	4	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PA; NDS; QL (11.2 per 28 days)
sodium phenylbutyrate oral tablet 500 mg	4	NDS
sodium polystyrene sulfonate oral powder 15 gram	1	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
TRULANCE ORAL TABLET 3 MG	2	QL (30 per 30 days)
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG	4	PA; NDS; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	NDS
gavilyte-c oral recon soln 240-22.72-6.72 - 5.84 gram	1	

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Drug Name	Drug Tier	Requirements/Limits
gavilyte-g oral recon soln 236-22.74-6.74 - 5.86 gram	1	
gavilyte-n oral recon soln 420 gram	1	
peg-electrolyte soln oral recon soln 420 gram	1	
sod sul-potass sul-mag sul sol inner 17.5-3.13-1.6 gram	2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	2	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	2	
Phosphate Binders		
calcium acetate(phosphat bind) oral capsule 667 mg	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	3	NDS
sevelamer carbonate oral tablet 800 mg	3	NDS
sevelamer hcl oral tablet 400 mg, 800 mg	3	NDS
Genitourinary Agents		
Antispasmodics, Urinary		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	1	
flavoxate oral tablet 100 mg	1	
GEMTESA ORAL TABLET 75 MG	3	NDS; QL (30 per 30 days)
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	2	QL (30 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	QL (30 per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
solifenacin oral tablet 10 mg, 5 mg	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	1	
tolterodine oral tablet 1 mg, 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
trospium oral capsule,extended release 24hr 60 mg	1	
trospium oral tablet 20 mg	1	
Genitourinary Agents, Miscellaneous		
alfuzosin oral tablet extended release 24 hr 10 mg	1	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tamsulosin oral capsule 0.4 mg	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
deferasirox oral tablet 180 mg	3	PA; NDS
deferasirox oral tablet 90 mg	2	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	4	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; NDS
penicillamine oral tablet 250 mg	4	PA; NDS
trientine oral capsule 250 mg	4	PA; NDS; QL (240 per 30 days)
trientine oral capsule 500 mg	4	PA; NDS; QL (120 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	1	
testosterone enanthate intramuscular oil 200 mg/ml	1	QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	QL (300 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Estrogens And Antiestrogens		
DUAVEE ORAL TABLET 0.45-20 MG	2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	
estradiol vaginal tablet 10 mcg	1	QL (18 per 28 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	1	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	NDS; QL (1 per 84 days)
jinteli oral tablet 1-5 mg-mcg	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
raloxifene oral tablet 60 mg	1	
yuvafem vaginal tablet 10 mcg	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	

Drug Name	Drug Tier	Requirements/Limits
methylprednisolone oral tablets,dose pack 4 mg	1	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	1	
prednisolone oral solution 15 mg/5 ml	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
prednisone oral solution 5 mg/5 ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	1	
Pituitary		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	4	PA; NDS; QL (35 per 28 days)
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; NDS; QL (35 per 28 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	4	NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; NDS
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	4	NDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	
ORGOVYX ORAL TABLET 120 MG	4	PA NSO; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA; NDS; QL (60 per 30 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; NDS
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	4	PA; NDS
vabrinty (4 month) subcutaneous syringe 30 mg	3	PA NSO; NDS
vabrinty (6 month) subcutaneous syringe 45 mg	3	PA NSO; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	QL (0.65 per 90 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	1	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	1	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	
norethindrone acetate oral tablet 5 mg	1	
progesterone micronized oral capsule 100 mg, 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
Thyroid And Antithyroid Agents		
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	4	PA; NDS; QL (30 per 30 days)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	2	QL (30 per 30 days)
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	2	QL (30 per 30 days)
Immunological Agents		
Immunological Agents		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; NDS
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; NDS; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA NSO; NDS; QL (2 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	4	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; NDS
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	PA BvD
cyclosporine modified oral solution 100 mg/ml	1	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	1	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; NDS; QL (4.56 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; NDS; QL (4.56 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg	3	PA BvD; NDS

Drug Name	Drug Tier	Requirements/Limits
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	4	PA BvD; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	4	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	4	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	4	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	4	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA BvD; NDS
gengraf oral capsule 100 mg, 25 mg	1	PA BvD
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	PA; NDS
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	4	PA; NDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; NDS
leflunomide oral tablet 10 mg, 20 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	4	PA BvD; NDS
mycophenolate mofetil oral tablet 500 mg	1	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	3	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	4	PA BvD; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; NDS
OTEZLA ORAL TABLET 20 MG	4	PA; LA; NDS; QL (90 per 30 days)
OTEZLA ORAL TABLET 30 MG	4	PA; NDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	4	PA; LA; NDS; QL (110 per 365 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; NDS; QL (110 per 365 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	4	PA; NDS; QL (110 per 365 days)
PRIVIGEN INTRAVENOUS SOLUTION 10 %	4	PA BvD; NDS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	PA BvD; NDS
REZUROCK ORAL TABLET 200 MG	4	PA NSO; NDS
RIDAURA ORAL CAPSULE 3 MG	3	NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	2	PA; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 45 MG	4	PA; NDS; QL (30 per 30 days)
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; NDS
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; NDS
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; NDS
sirolimus oral solution 1 mg/ml	3	PA BvD; NDS
sirolimus oral tablet 0.5 mg, 1 mg	1	PA BvD
sirolimus oral tablet 2 mg	3	PA BvD; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML	4	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; NDS; QL (1.2 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; NDS; QL (2.4 per 56 days)
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; NDS
STARJEMZA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; ST; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; ST; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	PA BvD
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	3	PA BvD; NDS
TAVNEOS ORAL CAPSULE 10 MG	4	PA; NDS; QL (180 per 30 days)
tofacitinib oral solution 1 mg/ml	1	PA
tofacitinib oral tablet 10 mg, 5 mg	1	PA
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	1	PA
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	4	PA; ST; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; ST; NDS
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; ST; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	4	PA; ST; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; NDS
ustekinumab subcutaneous solution 45 mg/0.5 ml	4	PA; ST; NDS
ustekinumab subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml	4	PA; ST; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; NDS
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	PA BvD; $0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	PA BvD; $0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	$0 copay; QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	$0 copay; QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	$0 copay

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	PA BvD; $0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	PA BvD; $0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	$0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	2	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	$0 copay

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Drug Name	Drug Tier	Requirements/Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	$0 copay; QL (2 per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	$0 copay
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	QL (1.5 per 365 days)
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	$0 copay; QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	$0 copay

Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2	$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	2	$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	$0 copay; QL (2 per 365 days)
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	$0 copay
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	2	$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	2	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	$0 copay
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
alosetron oral tablet 0.5 mg	1	
alosetron oral tablet 1 mg	4	NDS
balsalazide oral capsule 750 mg	1	
budesonide oral capsule,delayed,extend.release 3 mg	3	NDS
budesonide rectal foam 2 mg/actuation	1	
DIPENTUM ORAL CAPSULE 250 MG	4	ST; NDS
hydrocortisone rectal enema 100 mg/60 ml	1	
mesalamine oral capsule (with del rel tablets) 400 mg	1	
mesalamine oral capsule, extended release 500 mg	1	
mesalamine oral capsule,extended release 24hr 0.375 gram	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1	QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
mesalamine oral tablet,delayed release (dr/ec) 800 mg	1	
mesalamine rectal enema 4 gram/60 ml	1	
mesalamine rectal suppository 1,000 mg	1	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	3	NDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate oral solution 70 mg/75 ml	3	NDS; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 per 28 days)
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	4	NDS
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; NDS
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	QL (3.7 per 28 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
cinacalcet oral tablet 30 mg	1	QL (60 per 30 days)
cinacalcet oral tablet 60 mg	2	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	3	NDS; QL (120 per 30 days)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
ibandronate oral tablet 150 mg	1	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; NDS
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	NDS; QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	4	NDS; QL (60 per 30 days)
risedronate oral tablet 150 mg	1	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg	1	QL (30 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	QL (4 per 28 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	1	QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	2	
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	4	PA; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; NDS
betaine oral powder 1 gram/scoop	4	PA; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
diazoxide oral suspension 50 mg/ml	4	NDS
ELMIRON ORAL CAPSULE 100 MG	3	NDS; QL (90 per 30 days)
FIRDAPSE ORAL TABLET 10 MG	4	PA; NDS; QL (240 per 30 days)
glutamine (sickle cell) oral powder in packet 5 gram	4	PA; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
levocarnitine (with sugar) oral solution 100 mg/ml	1	
levocarnitine oral tablet 330 mg	3	NDS
mesna oral tablet 400 mg	4	NDS
nitroglycerin rectal ointment 0.4 % (w/w)	3	NDS; QL (30 per 30 days)
pyridostigmine bromide oral syrup 60 mg/5 ml	1	
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	

Drug Name	Drug Tier	Requirements/Limits
pyridostigmine bromide oral tablet extended release 180 mg	1	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; NDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; NDS; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	4	PA; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA NSO; NDS
TYBOST ORAL TABLET 150 MG	2	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	3	PA; NDS; QL (30 per 30 days)
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	4	NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	2	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	
Ophthalmic Agents		
Antiglaucoma Agents		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
betaxolol ophthalmic (eye) drops 0.5 %	1	
bimatoprost (pf) ophthalmic (eye) drops 0.01 %	2	QL (2.5 per 25 days)
bimatoprost ophthalmic (eye) drops 0.01 %	2	QL (2.5 per 25 days)
bimatoprost ophthalmic (eye) drops 0.03 %	1	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	
brinzolamide ophthalmic (eye) drops,suspension 1 %	1	
carteolol ophthalmic (eye) drops 1 %	1	
dorzolamide (pf) ophthalmic (eye) drops 2 %	1	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1	

Drug Name	Drug Tier	Requirements/Limits
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
latanoprost ophthalmic (eye) drops 0.005 %	1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg	1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 1.25 %, 2 %, 4 %	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	2	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	2	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	1	QL (30 per 30 days)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	
travoprost ophthalmic (eye) drops 0.004 %	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	NDS
Replacement Preparations		
Replacement Preparations		
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1	HI
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	HI
electrolyte-a intravenous parenteral solution	1	
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	3	PA BvD; HI; NDS
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	PA BvD; HI; NDS
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	HI; NDS
klor-con m10 oral tablet,er particles/crystals 10 meq	1	

Drug Name	Drug Tier	Requirements/Limits
klor-con m15 oral tablet,er particles/crystals 15 meq	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	1	
magnesium sulfate injection solution 500 mg/ml (50 %)	3	NDS
magnesium sulfate injection syringe 500 mg/ml (50 %)	1	
multiple electrolytes t1 ph5.5 inner, single use	1	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	1	PA BvD; HI
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	1	HI
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	1	
sodium chloride 0.9 % intravenous parenteral solution	1	HI
sodium chloride 0.9% solution mini-bag, single use	1	HI
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	3	PA BvD; NDS
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	NDS
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (30.9 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	PA BvD; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	PA BvD; QL (60 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (30.6 per 30 days)
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	1	QL (60 per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation	1	
fluticasone propionate inhalation blister with device 50 mcg/actuation	1	QL (120 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation	1	
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	1	QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (60 per 30 days)
fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation	1	QL (12 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (60 per 30 days)
Antileukotrienes		
montelukast oral tablet 10 mg	1	
montelukast oral tablet,chewable 4 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
zafirlukast oral tablet 10 mg, 20 mg	1	
Bronchodilators		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	1	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	1	PA BvD; QL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	1	PA BvD; QL (120 per 30 days)
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL (10.7 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 per 30 days)
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	2	QL (25.8 per 28 days)
ipratropium bromide inhalation solution 0.02 %	1	PA BvD; QL (312.5 per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	PA BvD; QL (540 per 30 days)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	2	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	NDS; QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (4 per 28 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	1	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	PA BvD
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	4	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG	4	PA; NDS
KALYDECO ORAL GRANULES IN PACKET 25 MG, 5.8 MG, 50 MG, 75 MG	4	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	4	PA; NDS; QL (56 per 28 days)
nintedanib oral capsule 100 mg, 150 mg	4	PA; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; LA; NDS; QL (0.4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	4	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	4	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg, 801 mg	4	PA; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	4	PA BvD; NDS
roflumilast oral tablet 250 mcg, 500 mcg	1	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; NDS; QL (56 per 28 days)
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	3	PA; NDS
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	3	PA; NDS
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; NDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	4	PA; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine oral tablet 2 mg, 4 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (Page 8)

Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents		
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; NDS; QL (150 per 30 days)
modafinil oral tablet 100 mg	1	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	4	PA; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg	1	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	4	PA; NDS; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	4	PA; LA; NDS; QL (60 per 30 days)
bosentan oral tablet for suspension 32 mg	4	PA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	4	PA; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	1	PA; QL (360 per 30 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	5	NDS; EX; CB (8 EA per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg	3	PA; NDS; QL (60 per 30 days)
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	4	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
cyanocobalamin (vitamin b-12) injection solution	5	NDS; EX

Drug Name	Drug Tier	Requirements/Limits
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	5	NDS; EX
folic acid oral tablet 1 mg	5	NDS; EX

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This formulary was updated on **10/20/2026**. For more recent information or other questions, please contact Leon Health, inc. Member Service at 1-844-969-5366 (TTY users should call 711), from October through March, 8 a.m. to 8 p.m., seven days a week. From April through September, 8 a.m. to 8 p.m., Monday through Friday. Or visit www.leonhealth.com.

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