



Comprehensive Formulary

(List of covered drugs)

Leon MediExtra
Leon MediMore

2023

January 1st - December 31st



This formulary was updated on 04/20/2023. For more recent information or additional questions, please contact Leon Health's member services department at Toll Free Number:(844) 969-5366 or to our local number: (305) 541-5366 (TTY users should call 711). Our hours of operation are 8 a.m. to 8 p.m. EST, seven days a week from October 1st through March 31st and Monday through Friday the rest of the year. Or visit www.leonhealth.com. Leon Health is an HMO plan with a Medicare Contract. Enrollment in Leon Health, Inc. depends on contract renewal. **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Leon Health Member Services for more information. **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Leon Health, Inc.

Leon MediExtra and Leon MediMore

2023 Formulary

List of Covered Drugs

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

Formulary ID 23399, Version 11

This formulary was updated on 04/20/2023. For more recent information or other questions, please contact Member Services at 844-9-MY-LEON (1-844-969-5366) or local at 305-541-LEON (305-541-5366) for additional information. (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 a list of the drugs (formulary) for our plan which is current as of 05/01/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the year.

What is the Leon Health, Inc. formulary?

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 (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Leon Health, Inc.’s formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you with 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 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs. The enclosed formulary is current as of May 2023. To get updated information about the drugs covered by Leon Health, Inc. please contact us. Our contact information appears on the front and back cover 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 www.leonhealth.com.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 10. 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 8. 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 154. 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 cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** Leon Health, Inc. requires you or your physician 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 10. 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 4 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).

List of OTC drugs
12-hour cetirizine hydrochloride 5 mg / pseudoephedrine hydrochloride 120 mg er oral tablet
cetirizine hydrochloride 1 mg/ml oral solution
24-hour loratadine 10 mg / pseudoephedrine sulfate 240 mg er oral tablet
12-hour loratadine 5 mg / pseudoephedrine sulfate 120 mg er oral tablet
loratadine 10 mg oral tablet
loratadine 1 mg/ml oral solution
levocetirizine dihydrochloride 0.5 mg/ml oral solution
levocetirizine dihydrochloride 5 mg oral tablet
fexofenadine hydrochloride 60 mg oral tablet

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 him or her 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 the Leon Health’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 cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier.
- 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.

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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects. You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception. 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 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 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 154.

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

Leon MediExtra

Tier	Preferred retail cost sharing (30-day supply)	Standard retail cost sharing (30-day supply)
Tier 1: Generic Drugs and Insulins	\$0.00	\$5 copay
Tier 2: Preferred Brand Drugs and Insulins	\$0.00	\$20 copay
Tier 3: Non-Preferred Brand Drugs	\$40.00	\$50 copay
Tier 4: Specialty Drugs	33% Coinsurance	33% Coinsurance

Leon MediMore

Tier	Preferred retail cost sharing (30-day supply)	Standard retail cost sharing (30-day supply)
Tier 1: Generic Drugs	\$0.00	\$10 copay
Tier 2: Preferred Brand Drugs*	\$47.00	\$47 copay
Tier 3: Non-Preferred Brand Drugs	\$97.00	\$100 copay
Tier 4: Specialty Drugs	33% Coinsurance	33% Coinsurance

*For Leon MediMore you won't pay more than \$35 for a one-month supply of each insulin product covered by our plan.

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

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, from 8 a.m. to 8 p.m., Monday through Friday, or visit www.leonhealth.com. TTY users should call 711.
- 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 to 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.
- SI – Select Insulins part of the Part D Senior Savings Model (applicable to MediExtra only).

Table of Contents

Analgesics	10
Anesthetics	14
Anti-Addiction/Substance Abuse Treatment Agents	14
Antianxiety Agents	15
Antibacterials	16
Anticancer Agents	21
Anticonvulsants	32
Antidementia Agents	35
Antidepressants	36
Antidiabetic Agents	39
Antifungals	42
Antigout Agents	44
Antihistamines	44
Anti-Infectives (Skin And Mucous Membrane)	44
Antimigraine Agents	45
Antimycobacterials	46
Antinausea Agents	46
Antiparasite Agents	47
Antiparkinsonian Agents	48
Antipsychotic Agents	49
Antivirals (Systemic)	53
Blood Products/Modifiers/Volume Expanders	58
Caloric Agents	62
Cardiovascular Agents	63
Central Nervous System Agents	72
Contraceptives	75
Cough And Cold Products	81

Dental And Oral Agents	81
Dermatological Agents	82
Devices	86
Enzyme Replacement/Modifiers	117
Eye, Ear, Nose, Throat Agents	119
Gastrointestinal Agents	122
Genitourinary Agents	126
Heavy Metal Antagonists	126
Hormonal Agents, Stimulant/Replacement/Modifying	127
Immunological Agents	131
Inflammatory Bowel Disease Agents	139
Metabolic Bone Disease Agents	140
Miscellaneous Therapeutic Agents	141
Ophthalmic Agents	143
Replacement Preparations	144
Respiratory Tract Agents	146
Skeletal Muscle Relaxants	149
Sleep Disorder Agents	149
Vasodilating Agents	150
Vitamins And Minerals	151

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	GC; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	GC; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	GC; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	1	GC; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	GC; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	GC
<i>hydromorphone oral liquid 1 mg/ml</i>	1	GC; QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	GC; QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	1	GC; QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	GC; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	GC; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	GC; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	GC; QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i>	1	GC; QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; GC; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	1	GC; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	GC; 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)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	GC; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	GC; QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	1	GC; QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA; GC; QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	GC; QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	1	GC; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	1	GC; QL (120 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	GC; QL (180 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	GC; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	GC; QL (240 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	GC; QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	GC; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	GC; QL (60 per 30 days)
<i>tencon oral tablet 50-325 mg</i>	1	GC; QL (180 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	GC; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	GC; QL (300 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i>	1	GC; QL (180 per 30 days)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	2	QL (60 per 30 days)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 27 MG	2	QL (120 per 30 days)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 36 MG	2	QL (240 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	1	GC; QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	GC; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	GC; QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	1	GC; QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	GC; QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	1	GC; QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	1	GC; QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; GC; QL (100 per 28 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	4	PA; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	GC
<i>diflunisal oral tablet 500 mg</i>	1	GC
<i>ec-naproxen dr 500 mg tablet</i>	1	GC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	GC
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	GC
<i>fenoprofen oral tablet 600 mg</i>	1	GC
<i>flurbiprofen oral tablet 100 mg</i>	1	GC
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	PA; GC; QL (90 per 30 days)
<i>indomethacin oral capsule 25 mg</i>	1	GC; QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	GC; QL (120 per 30 days)
<i>indomethacin oral capsule, extended release 75 mg</i>	1	GC; QL (60 per 30 days)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	GC
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	GC
<i>ketorolac injection cartridge 15 mg/ml</i>	1	GC; QL (40 per 30 days)
<i>ketorolac injection solution 15 mg/ml</i>	1	GC; QL (40 per 30 days)
<i>ketorolac injection solution 30 mg/ml, 30 mg/ml (1 ml)</i>	1	GC; QL (20 per 30 days)
<i>ketorolac injection syringe 15 mg/ml</i>	1	GC; QL (40 per 30 days)
<i>ketorolac injection syringe 30 mg/ml</i>	1	GC; QL (20 per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	GC; QL (20 per 30 days)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	GC; QL (20 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	1	GC; QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	1	GC
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	GC
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	GC
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	1	GC
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	GC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>tolmetin oral capsule 400 mg</i>	1	GC
<i>tolmetin oral tablet 200 mg, 600 mg</i>	1	GC
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	GC; QL (30 per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	GC
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	GC
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	GC; QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	PA; GC
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; GC; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	PA; GC; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	GC
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	PA; GC; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	2	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	GC
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	GC; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	GC; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	GC; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	GC; QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	GC
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	GC
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	QL (4 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam oral capsule 15 mg</i>	1	GC; QL (60 per 30 days)
<i>flurazepam oral capsule 30 mg</i>	1	GC; QL (30 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i>	1	GC; QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i>	1	GC
<i>lorazepam injection solution 2 mg/ml</i>	1	GC; QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i>	3	NDS; QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	GC; QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	GC; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	GC; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	GC; QL (150 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i>	1	GC; QL (10 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	GC; QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	GC; QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	1	GC; QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	1	GC; QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	GC; HI
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	GC; HI
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	1	GC; HI
<i>neomycin oral tablet 500 mg</i>	1	GC
<i>streptomycin intramuscular recon soln 1 gram</i>	4	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	PA BvD; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	PA BvD; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	GC; HI
Antibacterials, Miscellaneous		
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	GC
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	GC; HI
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	1	GC; HI
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	GC
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	1	GC; HI
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml</i>	1	GC; HI
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	4	HI; NDS
<i>daptomycin intravenous recon soln 500 mg</i>	4	HI; NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML	3	NDS
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	GC; HI
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	4	NDS
<i>linezolid oral tablet 600 mg</i>	1	GC
<i>methenamine hippurate oral tablet 1 gram</i>	1	GC
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	GC; HI
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	GC; QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	GC; QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	GC; HI
SYNERCID INTRAVENOUS RECON SOLN 500 MG	4	HI; NDS
<i>trimethoprim oral tablet 100 mg</i>	1	GC
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	GC
<i>vancomycin oral capsule 125 mg</i>	1	GC; QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i>	1	GC; QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	4	PA; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; NDS; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	GC
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>cefactor oral tablet extended release 12 hr 500 mg</i>	1	GC
<i>cefadroxil oral capsule 500 mg</i>	1	GC
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	GC
<i>cefadroxil oral tablet 1 gram</i>	1	GC
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	1	GC; HI
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	GC; HI
<i>cefdinir oral capsule 300 mg</i>	1	GC
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	GC
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	GC; HI
<i>cefixime oral capsule 400 mg</i>	1	GC
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	GC
<i>cefotaxime injection recon soln 1 gram</i>	1	GC; HI
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	GC; HI
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	GC
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	GC
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	GC
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	GC
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	GC; HI
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	GC; HI
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	GC
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	GC; HI
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	GC; HI
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	GC
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	GC
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	4	HI; NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i>	1	GC; HI
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	GC
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	GC
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	GC
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	GC
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	GC
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	4	NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	GC
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	GC; HI
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	1	GC; HI
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	GC; HI
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	GC; HI
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	GC
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	GC
<i>ampicillin oral capsule 500 mg</i>	1	GC
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	GC; HI
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	GC; HI
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	NDS
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>nafcillin 1 gm/ 50 ml inj 1 gram/50 ml</i>	1	GC; HI
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	GC; HI
<i>nafcillin injection recon soln 10 gram</i>	4	HI; NDS
<i>penicillin g potassium injection recon soln 20 million unit</i>	1	GC; HI
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	GC
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	GC
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
<i>pfizerpen-g injection recon soln 20 million unit</i>	1	GC; HI
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	GC; HI
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	GC; HI
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	GC
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	GC; HI
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	GC; HI
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	GC
<i>moxifloxacin oral tablet 400 mg</i>	1	GC
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	1	GC
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	GC; HI
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	GC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	GC
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	GC
<i>doxy-100 intravenous recon soln 100 mg</i>	1	GC; HI
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	GC; HI
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	GC
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	GC
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	GC
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	GC
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	GC
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	GC
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	GC
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	GC
<i>mondoxyne nl oral capsule 100 mg</i>	1	GC
<i>mondoxyne nl oral capsule 75 mg</i>	1	GC; QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	GC
<i>tigecycline intravenous recon soln 50 mg</i>	4	HI; NDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA NSO; NDS; QL (120 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	4	PA BvD; HI; NDS
<i>adrucil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	PA BvD; GC
ALECENSA ORAL CAPSULE 150 MG	4	PA NSO; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	4	HI; NDS
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
<i>anastrozole oral tablet 1 mg</i>	1	GC
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i>	4	NDS
BALVERSA ORAL TABLET 3 MG	4	PA NSO; NDS; QL (84 per 28 days)
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)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i>	4	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	4	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	4	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i>	4	PA NSO; NDS
<i>bexarotene topical gel 1 %</i>	4	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i>	1	GC
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	GC
<i>bortezomib injection recon soln 1 mg</i>	3	PA NSO; NDS
<i>bortezomib injection recon soln 2.5 mg</i>	4	PA NSO; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	4	PA NSO; HI; NDS
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)
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)
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)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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
EMCYT ORAL CAPSULE 140 MG	4	NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	4	PA NSO; HI; NDS
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)
<i>erlotinib oral tablet 100 mg, 25 mg</i>	4	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	4	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	3	HI; NDS
<i>etoposide intravenous solution 20 mg/ml</i>	1	GC; HI
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	4	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	4	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i>	1	GC
EXKIVITY ORAL CAPSULE 40 MG	4	PA NSO; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	4	PA NSO; NDS
<i>floxuridine injection recon soln 0.5 gram</i>	1	PA BvD; GC
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	PA BvD; GC
<i>flutamide oral capsule 125 mg</i>	1	GC
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA NSO; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	4	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	4	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	4	PA NSO; NDS; QL (120 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	PA BvD; GC; HI

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	1	PA BvD; GC; HI
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	4	PA NSO; NDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i>	1	GC
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)
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)
<i>ifosfamide intravenous recon soln 1 gram</i>	1	GC
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	GC
<i>imatinib oral tablet 100 mg</i>	1	PA NSO; GC; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	PA NSO; GC; 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, 560 MG	4	PA NSO; NDS; QL (28 per 28 days)
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	4	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	3	PA NSO; NDS; QL (4 per 365 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)
IRESSA ORAL TABLET 250 MG	4	PA NSO; NDS; QL (60 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	GC; HI

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA NSO; NDS; QL (60 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)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	4	PA NSO; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	4	PA NSO; NDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	4	PA NSO; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA NSO; NDS; QL (49 per 28 days)
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)
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)
KRAZATI ORAL TABLET 200 MG	4	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i>	4	PA NSO; NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	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
<i>letrozole oral tablet 2.5 mg</i>	1	GC
LEUKERAN ORAL TABLET 2 MG	4	NDS
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	3	PA NSO; NDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA NSO; NDS
LONSURF ORAL TABLET 15-6.14 MG	4	PA NSO; NDS; QL (100 per 28 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
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	4	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	4	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	4	PA NSO; NDS
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
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 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB)	4	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	4	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	4	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	GC
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)
<i>mercaptopurine oral tablet 50 mg</i>	1	GC
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	GC
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	PA BvD; ST; GC
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	GC; HI
MVASI INTRAVENOUS SOLUTION 25 MG/ML	4	PA NSO; HI; NDS
NERLYNX ORAL TABLET 40 MG	4	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	4	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA NSO; NDS; QL (3 per 28 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
NUBEQA ORAL TABLET 300 MG	4	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	4	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA NSO; NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	4	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	4	PA NSO; NDS
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)
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	GC; HI
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	1	GC; HI
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	PA BvD; GC; HI
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i>	4	PA BvD; HI; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA NSO; NDS; QL (30 per 30 days)
<i>pemetrexed disodium 1 gm/40 ml sub, p/f 25 mg/ml</i>	4	HI; NDS
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	4	HI; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	4	NDS
<i>pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg</i>	4	HI; NDS
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)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA NSO; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	4	NDS
QINLOCK ORAL TABLET 50 MG	4	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	4	PA NSO; NDS; QL (180 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL CAPSULE 80 MG	4	PA NSO; NDS; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	4	PA NSO; NDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	4	PA NSO; HI; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	4	PA NSO; NDS
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)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA NSO; HI; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	4	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	4	PA NSO; NDS; QL (224 per 28 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	4	PA NSO; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	NDS
<i>sorafenib oral tablet 200 mg</i>	4	PA NSO; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	4	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	4	PA NSO; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	PA NSO; NDS
TABLOID ORAL TABLET 40 MG	3	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)
TAGRISSE ORAL TABLET 40 MG, 80 MG	4	PA NSO; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	GC
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)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	4	PA NSO; NDS
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	4	PA NSO; NDS
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)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	3	NDS
TIVDAK INTRAVENOUS RECON SOLN 40 MG	4	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i>	1	GC; HI
<i>toremifene oral tablet 60 mg</i>	4	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO; NDS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1- 25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	4	PA NSO; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	4	PA NSO; HI; NDS
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, 200 MG	4	PA NSO; NDS; QL (120 per 30 days)
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	4	PA NSO; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	4	PA NSO; HI; NDS
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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA NSO; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	1	PA BvD; GC
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	PA BvD; GC
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	PA BvD; GC
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	GC; HI
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)
VOTRIENT ORAL TABLET 200 MG	4	PA NSO; NDS; QL (120 per 30 days)
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)
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA BvD; 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)	4	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	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)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	4	PA NSO; NDS
YONSA ORAL TABLET 125 MG	4	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	4	PA NSO; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	4	PA NSO; NDS; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	4	PA NSO; HI; NDS

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	3	PA NSO; NDS
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)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	4	PA NSO; NDS
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	4	ST; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	ST; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	2	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	2	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	GC
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	GC
<i>carbamazepine oral tablet 200 mg</i>	1	GC
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	GC
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	GC
CELONTIN ORAL CAPSULE 300 MG	3	NDS
<i>clobazam oral suspension 2.5 mg/ml</i>	1	GC; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	GC; 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)
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA NSO; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	3	NDS
DILANTIN ORAL CAPSULE 30 MG	3	NDS
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	GC
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	GC
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA NSO; NDS
<i>epitol oral tablet 200 mg</i>	1	GC
EPRONTIA ORAL SOLUTION 25 MG/ML	3	ST; NDS; QL (480 per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	1	GC
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	GC
<i>felbamate oral suspension 600 mg/5 ml</i>	4	NDS
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	GC
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA NSO; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	GC; HI
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)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	GC; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	GC; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	GC; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	GC; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	GC; QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i>	1	GC; QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i>	1	GC; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	GC; QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	GC
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	GC
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	GC
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	1	GC; HI
<i>levetiracetam oral solution 100 mg/ml</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	GC
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	GC
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	NDS; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	GC
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	GC
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	GC
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	GC
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	GC
<i>phenytoin oral tablet, chewable 50 mg</i>	1	GC
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	GC
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	GC; HI
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	GC; HI
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	GC; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	GC; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	GC; QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	GC
<i>rufinamide oral suspension 40 mg/ml</i>	4	NDS
<i>rufinamide oral tablet 200 mg</i>	1	GC
<i>rufinamide oral tablet 400 mg</i>	4	NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	4	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	3	ST; NDS; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	3	ST; NDS; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA NSO; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA NSO; NDS; QL (60 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	GC
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	GC
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	GC; HI
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	GC
<i>valproic acid oral capsule 250 mg</i>	1	GC
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 5 MG/SPRAY (0.1 ML)	3	NDS
VALTOCO NASAL SPRAY, NON-AEROSOL 20 MG/2 SPRAY (10MG/0.1ML X2)	4	NDS
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	4	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	4	PA NSO; NDS; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	2	QL (200 per 5 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	ST; NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	3	ST; NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	3	ST; NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	ST; NDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	3	NDS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	GC
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	GC; QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	GC; QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	GC; QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	ST; GC; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	GC; QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	GC; QL (60 per 30 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	ST; NDS
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	ST; NDS; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	GC; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	GC; QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GC
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	GC
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	GC
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	4	ST; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	GC
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	GC
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	GC
<i>citalopram oral solution 10 mg/5 ml</i>	1	GC; QL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	1	GC; QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i>	1	GC; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	GC
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	GC; QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GC
<i>doxepin oral concentrate 10 mg/ml</i>	1	GC
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	ST; NDS; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	ST; NDS; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	GC; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	GC; 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)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	GC
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC
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)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	GC
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GC
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	GC
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	GC
MARPLAN ORAL TABLET 10 MG	3	NDS
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	GC
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	GC
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	GC
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	GC
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	GC
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	GC
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	GC
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	GC
<i>phenelzine oral tablet 15 mg</i>	1	GC
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	GC
<i>sertraline oral concentrate 20 mg/ml</i>	1	GC
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	3	PA NSO; NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg</i>	1	GC
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	GC
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	GC
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	3	NDS; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	GC; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	1	GC; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GC
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i>	1	GC; QL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	1	GC; QL (90 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	2	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC; QL (30 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC; QL (90 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)
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)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	4	PA; NDS; QL (112 per 28 days)
<i>metformin oral solution 500 mg/5 ml</i>	1	GC; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	GC; QL (60 per 30 days)
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC; 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	QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	GC; QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	QL (1.5 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	GC; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	GC; QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	GC; QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	GC; QL (240 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	GC; QL (150 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	4	PA; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	4	PA; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	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	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	SI; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	SI; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	SI; QL (40 per 28 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	SI; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	1	GC; SI; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	1	GC; SI; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	1	GC; SI; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	1	GC; SI; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	1	GC; SI; QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	SI; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	SI; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	SI; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	SI; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	SI; QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	SI; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	SI; QL (40 per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	SI; QL (30 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	SI; QL (18 per 28 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	SI; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	GC; QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	GC; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	GC; QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	GC
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	GC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	GC
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	3	PA BvD; NDS
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	PA BvD; NDS
<i>amphotericin b injection recon soln 50 mg</i>	1	PA BvD; GC
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	4	PA BvD; NDS
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	GC; HI
<i>ciclopirox topical cream 0.77 %</i>	1	GC; QL (180 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	1	GC; QL (300 per 30 days)
<i>ciclopirox topical shampoo 1 %</i>	1	GC
<i>ciclopirox topical solution 8 %</i>	1	GC; QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	1	GC; QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	GC
<i>clotrimazole topical cream 1 %</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole topical solution 1 %</i>	1	GC
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	GC; QL (90 per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	GC; QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	1	GC; QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	GC; HI
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	GC
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	GC
<i>flucytosine oral capsule 250 mg, 500 mg</i>	4	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	GC
<i>griseofulvin microsize oral tablet 500 mg</i>	1	GC
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	GC
<i>itraconazole oral capsule 100 mg</i>	1	GC
<i>itraconazole oral solution 10 mg/ml</i>	4	PA; NDS
<i>ketoconazole oral tablet 200 mg</i>	1	GC
<i>ketoconazole topical cream 2 %</i>	1	GC; QL (180 per 30 days)
<i>ketoconazole topical foam 2 %</i>	1	ST; GC; QL (100 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	1	GC; QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>	1	GC
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	4	HI; NDS
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	4	PA; NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	4	PA; NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	1	GC; QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	1	GC; QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	1	GC
<i>nystatin topical cream 100,000 unit/gram</i>	1	GC; QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	GC; QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1	GC; QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	GC
<i>nystop topical powder 100,000 unit/gram</i>	1	GC; QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	4	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	GC
<i>voriconazole intravenous recon soln 200 mg</i>	4	PA BvD; HI; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	4	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	GC
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	GC
<i>colchicine oral capsule 0.6 mg</i>	1	GC; QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	3	NDS; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST; GC; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	GC
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	GC
Antihistamines		
Antihistamines		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	GC
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	GC
<i>clemastine oral tablet 2.68 mg</i>	1	GC
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	GC
<i>cyproheptadine oral tablet 4 mg</i>	1	GC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	GC
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	GC
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	1	GC
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	GC
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	GC
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GC
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	GC
<i>levocetirizine oral tablet 5 mg</i>	1	GC
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	GC
Anti-Infectives (Skin And Mucous Membrane)		

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	GC
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	GC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	GC
<i>terconazole vaginal suppository 80 mg</i>	1	GC
Antimigraine Agents		
Antimigraine Agents		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	GC; QL (24 per 28 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	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)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	GC; 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)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	GC; QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	GC; QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	GC; QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	GC; QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	GC; QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	3	NDS; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	GC; QL (4 per 28 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	GC; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	GC; QL (4 per 28 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	GC; QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (16 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	GC; QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	GC; QL (6 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	GC
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	GC
<i>isoniazid oral solution 50 mg/5 ml</i>	1	GC
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PRETOMANID ORAL TABLET 200 MG	3	NDS; QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	3	NDS
<i>pyrazinamide oral tablet 500 mg</i>	1	GC
<i>rifabutin oral capsule 150 mg</i>	1	GC
<i>rifampin intravenous recon soln 600 mg</i>	1	GC; HI
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	GC
SIRTURO ORAL TABLET 100 MG, 20 MG	4	PA; NDS
TRECATOR ORAL TABLET 250 MG	3	NDS
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	3	NDS
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	3	NDS
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	PA BvD; NDS
APONVIE INTRAVENOUS EMULSION 7.2 MG/ML	3	NDS; QL (4.4 per 28 days)
<i>aprepitant oral capsule 125 mg</i>	1	PA BvD; GC; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	PA BvD; GC; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	1	PA BvD; GC; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	PA BvD; GC
<i>compro rectal suppository 25 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	GC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA; GC; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	1	GC
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	3	PA BvD; NDS; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i>	1	GC; QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	1	GC
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	GC
<i>granisetron hcl oral tablet 1 mg</i>	1	PA BvD; GC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	GC
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	GC
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	PA BvD; GC
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA BvD; GC
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	PA BvD; GC
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	GC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	GC
<i>prochlorperazine rectal suppository 25 mg</i>	1	GC
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	GC
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	GC; QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	4	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	GC
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	GC
COARTEM ORAL TABLET 20-120 MG	3	NDS
<i>hydroxychloroquine oral tablet 200 mg</i>	1	GC; QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	4	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i>	1	GC
KRINTAFEL ORAL TABLET 150 MG	3	NDS
<i>mefloquine oral tablet 250 mg</i>	1	GC
<i>nitazoxanide oral tablet 500 mg</i>	4	NDS
<i>paromomycin oral capsule 250 mg</i>	1	GC
<i>pentamidine inhalation recon soln 300 mg</i>	1	PA BvD; GC
<i>pentamidine injection recon soln 300 mg</i>	1	GC; HI
PRIMAQUINE ORAL TABLET 26.3 MG	3	NDS
<i>pyrimethamine oral tablet 25 mg</i>	4	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i>	1	PA; GC; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	GC
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	GC
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	GC
<i>amantadine hcl oral tablet 100 mg</i>	1	GC
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	PA; NDS; QL (60 per 30 days)
<i>benztropine injection solution 1 mg/ml</i>	1	GC
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>bromocriptine oral capsule 5 mg</i>	1	GC
<i>bromocriptine oral tablet 2.5 mg</i>	1	GC
<i>cabergoline oral tablet 0.5 mg</i>	1	GC
<i>carbidopa oral tablet 25 mg</i>	1	GC
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	GC
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	GC
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	GC
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	3	NDS

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>entacapone oral tablet 200 mg</i>	1	GC
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	4	PA; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	2	QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	3	PA; NDS; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	3	ST; NDS; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	3	ST; NDS; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	GC
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	GC
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	GC
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	GC
<i>selegiline hcl oral capsule 5 mg</i>	1	GC
<i>selegiline hcl oral tablet 5 mg</i>	1	GC
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	GC
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	GC
XADAGO ORAL TABLET 100 MG, 50 MG	4	PA; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
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)
<i>aripiprazole oral solution 1 mg/ml</i>	1	GC
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	GC
<i>aripiprazole oral tablet 2 mg</i>	1	GC; QL (60 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	4	ST; NDS; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	4	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)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC; QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	4	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	1	GC
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	GC
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	ST; GC; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	1	ST; GC; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	4	ST; NDS; QL (120 per 30 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 ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	ST; NDS
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	GC
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	GC
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	GC
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	1	GC
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	GC
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	GC
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	GC
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	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)
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	2	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)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	GC
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	GC; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	GC; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	4	PA NSO; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	1	GC; QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	1	GC; QL (270 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>molindone oral tablet 5 mg</i>	1	GC; 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)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	GC; QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	GC
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	GC
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	GC; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	GC; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	GC
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	4	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	GC
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	GC
<i>quetiapine oral tablet 150 mg</i>	1	GC; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	GC
REXULTI ORAL TABLET 0.25 MG	4	ST; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	4	ST; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	4	ST; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	NDS; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	4	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	GC
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	GC
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	GC
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)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	GC
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	3	ST; NDS
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	GC
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	GC; QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	4	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i>	1	GC
<i>abacavir oral tablet 300 mg</i>	1	GC
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	GC
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	4	NDS
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	4	NDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	4	NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	GC
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	4	NDS; QL (30 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	NDS
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml), 600 mg/3 ml (200 mg/ml)</i>	4	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	4	NDS
COMPLERA ORAL TABLET 200-25-300 MG	4	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	4	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	4	NDS
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	1	GC
DOVATO ORAL TABLET 50-300 MG	4	NDS
EDURANT ORAL TABLET 25 MG	4	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	GC
<i>efavirenz oral tablet 600 mg</i>	1	GC
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	4	NDS
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	4	NDS
<i>emtricitabine oral capsule 200 mg</i>	1	GC
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	4	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	3	NDS
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	3	NDS
<i>etravirine oral tablet 100 mg, 200 mg</i>	4	NDS
EVOTAZ ORAL TABLET 300-150 MG	4	NDS
<i>fosamprenavir oral tablet 700 mg</i>	4	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	4	NDS
INTELENCE ORAL TABLET 25 MG	3	NDS
INVIRASE ORAL TABLET 500 MG	4	NDS
ISENTRESS HD ORAL TABLET 600 MG	4	NDS

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	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
<i>lamivudine oral solution 10 mg/ml</i>	1	GC
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	GC
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	GC
LEXIVA ORAL SUSPENSION 50 MG/ML	3	NDS
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	GC; QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	GC; QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	NDS; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	4	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	GC
<i>nevirapine oral tablet 200 mg</i>	1	GC
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	GC
NORVIR ORAL POWDER IN PACKET 100 MG	3	NDS
NORVIR ORAL SOLUTION 80 MG/ML	3	NDS
ODEFSEY ORAL TABLET 200-25-25 MG	4	NDS
PIFELTRO ORAL TABLET 100 MG	4	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	4	NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	4	NDS
PREZISTA ORAL TABLET 75 MG	3	NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	HI; NDS
REYATAZ ORAL POWDER IN PACKET 50 MG	4	NDS

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	4	NDS
<i>ritonavir oral tablet 100 mg</i>	1	GC
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	4	NDS
SELZENTRY ORAL TABLET 25 MG	2	
SELZENTRY ORAL TABLET 75 MG	4	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	GC
STRIBILD ORAL TABLET 150-150-200-300 MG	4	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	4	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	PA BvD; NDS
SYM TUZA ORAL TABLET 800-150-200-10 MG	4	NDS
TEMIXYS ORAL TABLET 300-300 MG	4	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	GC
TIVICAY ORAL TABLET 10 MG	3	NDS
TIVICAY ORAL TABLET 25 MG, 50 MG	4	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	3	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	4	NDS
TRIZIVIR ORAL TABLET 300-150-300 MG	4	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	4	NDS
VEMLIDY ORAL TABLET 25 MG	4	NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	NDS
VOCABRIA ORAL TABLET 30 MG	3	NDS
<i>zidovudine oral capsule 100 mg</i>	1	GC
<i>zidovudine oral syrup 10 mg/ml</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral tablet 300 mg</i>	1	GC
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i>	1	PA BvD; GC
<i>oseltamivir oral capsule 30 mg</i>	1	GC; QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	1	GC; QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i>	1	GC; QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	GC; QL (540 per 180 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	NDS; QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	4	PA; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	4	PA; NDS; QL (672 per 28 days)
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)
<i>rimantadine oral tablet 100 mg</i>	1	GC
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	4	PA; NDS
XOFLUZA 40 MG TAB (80 MG DOSE)	3	NDS; QL (4 per 180 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	NDS; QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	3	NDS; QL (2 per 180 days)
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, 400-100 MG	4	PA; NDS; QL (28 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)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	4	PA; NDS; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; NDS; QL (28 per 28 days)
Interferons		

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	PA NSO; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	GC
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	GC
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	GC
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	1	PA BvD; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD; GC
<i>adefovir oral tablet 10 mg</i>	1	GC
<i>cidofovir intravenous solution 75 mg/ml</i>	4	HI; NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	GC
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	GC
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	4	PA BvD; NDS
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	4	PA BvD; NDS
<i>lagevrio (eua) oral capsule 200 mg</i>	3	NDS; QL (40 per 5 days)
<i>ribavirin inhalation recon soln 6 gram</i>	4	PA BvD; NDS
<i>ribavirin oral capsule 200 mg</i>	1	GC
<i>ribavirin oral tablet 200 mg</i>	1	GC
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	GC
<i>valganciclovir oral recon soln 50 mg/ml</i>	4	NDS
<i>valganciclovir oral tablet 450 mg</i>	1	GC
VEKLURY INTRAVENOUS RECON SOLN 100 MG	4	PA BvD; NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	PA; NDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	4	PA; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	4	PA; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; NDS
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	4	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	4	PA; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	4	NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	NDS
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	4	PA; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; 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
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	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)
PROMACTA ORAL TABLET 12.5 MG	4	PA; NDS; QL (90 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL TABLET 25 MG	4	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	4	PA; NDS; QL (60 per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; QL (4 per 28 days)
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	4	PA; NDS
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	4	PA; NDS
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	GC
CABLIVI INJECTION KIT 11 MG	4	PA; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	NDS
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	4	PA; NDS
<i>protamine intravenous solution 10 mg/ml</i>	1	GC
SIKLOS ORAL TABLET 100 MG	3	PA; NDS
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	1	GC
<i>tranexamic acid oral tablet 650 mg</i>	1	GC
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	GC; QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel oral tablet 75 mg</i>	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	GC
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	GC
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	3	PA BvD; NDS
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD; NDS
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD; NDS
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD; NDS
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD; NDS
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	3	PA BvD; NDS
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	3	PA BvD; NDS
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	3	PA BvD; NDS
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	PA BvD; NDS
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD; NDS
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD; NDS

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD; NDS
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD; NDS
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	3	PA BvD; NDS
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	3	PA BvD; NDS
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	PA BvD; GC
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	3	NDS
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	GC; HI
<i>dextrose 5%-water iv soln p/f, single use</i>	1	GC
<i>dextrose 5%-water iv soln single use</i>	1	GC; HI
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	3	PA BvD; NDS
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	PA BvD; NDS
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	3	PA BvD; NDS
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	PA BvD; NDS
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	PA BvD; NDS
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	PA BvD; NDS
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GC
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i>	1	GC; QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	1	GC; QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	GC
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	GC
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	GC
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	GC
KATERZIA ORAL SUSPENSION 1 MG/ML	3	ST; NDS; QL (300 per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	GC
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	GC
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	GC
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	GC
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	GC
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	GC
<i>bumetanide injection solution 0.25 mg/ml</i>	1	GC; HI
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	GC; HI
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	GC
<i>furosemide injection solution 10 mg/ml</i>	1	GC
<i>furosemide injection syringe 10 mg/ml</i>	1	GC
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	GC
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
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)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	GC
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	GC
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg</i>	1	GC
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	GC; QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GC; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	GC
<i>cholestyramine light oral powder in packet 4 gram</i>	1	GC
<i>colesevelam oral powder in packet 3.75 gram</i>	1	GC
<i>colesevelam oral tablet 625 mg</i>	1	GC
<i>colestipol oral packet 5 gram</i>	1	GC
<i>colestipol oral tablet 1 gram</i>	1	GC
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	3	ST; NDS; QL (30 per 30 days)
<i>ezetimibe oral tablet 10 mg</i>	1	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	GC; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	GC
<i>fenofibrate nanocrystallized oral tablet 145 mg, 160 mg, 48 mg</i>	1	GC
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	GC
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	GC
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	GC; QL (60 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	GC
<i>gemfibrozil oral tablet 600 mg</i>	1	GC
<i>icosapent ethyl oral capsule 0.5 gram</i>	1	GC; QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i>	1	GC; QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG	4	PA; NDS; QL (28 per 28 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	4	PA; NDS; QL (56 per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
NEXLETOL ORAL TABLET 180 MG	2	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	2	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i>	1	GC
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	GC
<i>niacor oral tablet 500 mg</i>	1	GC
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	ST; GC; QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	2	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	GC
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	GC; QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	1	GC
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	QL (7 per 28 days)
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)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	GC; QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	GC
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	3	ST; NDS; QL (600 per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	GC
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL (30 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	GC
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	GC
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	1	GC
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	GC
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	GC
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	GC; HI
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	GC
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	GC
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	GC; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	GC; QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; NDS; 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)
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)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	1	PA BvD; GC
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	GC
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	GC
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; NDS; QL (12 per 28 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; GC; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC; QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	GC; QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	GC; QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i>	1	GC; QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	1	GC; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	1	GC; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	GC; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	4	PA; NDS; QL (60 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; NDS
<i>fingolimod oral capsule 0.5 mg</i>	4	PA; NDS; QL (30 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	GC
GILENYA ORAL CAPSULE 0.25 MG	4	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	GC
INGREZZA INITIATION PACK 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)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	1	GC
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	GC
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; NDS
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
<i>metadate er oral tablet extended release 20 mg</i>	1	GC; QL (90 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	1	GC; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	1	GC; QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	1	GC; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	1	GC; QL (60 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	GC; QL (900 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	GC; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	1	GC; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 36 mg (bx rating)</i>	1	GC; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; NDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	4	PA; NDS; QL (2800 per 28 days)
<i>riluzole oral tablet 50 mg</i>	1	GC; QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	4	PA; NDS; QL (30 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; NDS; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	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		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	GC
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	GC
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	GC
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	GC; QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	1	GC
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	GC
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	GC; QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	GC
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	GC
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	GC
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	GC
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	GC
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	GC
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	GC
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	GC
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	GC
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	GC
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	GC
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	GC
<i>camila oral tablet 0.35 mg</i>	1	GC
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	GC
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	GC
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	GC
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	GC
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	GC
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	GC
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	GC
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	GC; QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	1	GC
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	GC
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	GC
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	GC
ELLA ORAL TABLET 30 MG	3	NDS; QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	GC; QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	GC
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	GC
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	GC
<i>errin oral tablet 0.35 mg</i>	1	GC
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	GC
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	GC
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	GC; QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	GC
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	GC
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	GC
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	GC
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	GC
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	GC; QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	1	GC
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	GC; QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	1	GC
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	GC
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	GC; QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	GC
<i>jencycla oral tablet 0.35 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>juleber oral tablet 0.15-0.03 mg</i>	1	GC
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	GC
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	GC
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	GC
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	GC
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	GC
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	GC
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	GC
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	1	GC
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	GC
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	GC; QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	GC
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	GC
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	GC
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	GC
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	GC
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	GC
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	GC
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	GC
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	GC; QL (91 per 84 days)
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	GC
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	GC
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	GC; QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	GC
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	GC
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	GC
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	1	GC
<i>lyleq oral tablet 0.35 mg</i>	1	GC
<i>lyza oral tablet 0.35 mg</i>	1	GC
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	GC
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	GC
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	GC
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	GC
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	GC
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	GC
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	GC
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	GC
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	GC
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	GC
<i>norlyda oral tablet 0.35 mg</i>	1	GC
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	GC
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	GC
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	GC
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	GC
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	GC
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	GC
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	GC
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	GC
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	GC
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	GC
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	GC
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	GC
<i>tulana oral tablet 0.35 mg</i>	1	GC
<i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>	3	NDS
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	GC
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	GC
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	GC
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	GC
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	GC
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	GC
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	GC
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	GC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	GC; QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	GC; QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	1	GC
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	GC
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	GC
Cough And Cold Products		
Cough And Cold Products		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	GC; EX
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i>	1	GC
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	GC
<i>denta 5000 plus dental cream 1.1 %</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>dentagel dental gel 1.1 %</i>	1	GC
<i>fluoride (sodium) dental solution 0.2 %</i>	1	GC
<i>oralone dental paste 0.1 %</i>	1	GC
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	GC
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	GC
<i>sf 5000 plus dental cream 1.1 %</i>	1	GC
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	GC
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	GC
Dermatological Agents		
Dermatological Agents, Other		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	GC
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	GC
<i>acyclovir topical cream 5 %</i>	1	GC; QL (5 per 4 days)
<i>acyclovir topical ointment 5 %</i>	1	GC; QL (30 per 30 days)
ALCOHOL 70% SWABS	1	GC
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	GC
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	1	GC
<i>ammonium lactate topical cream 12 %</i>	1	GC
<i>ammonium lactate topical lotion 12 %</i>	1	GC
BD SINGLE USE SWAB	1	GC
<i>calcipotriene scalp solution 0.005 %</i>	1	GC; QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	1	GC; QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	GC; QL (120 per 30 days)
CARETOUCH ALCOHOL 70% PREP PAD	1	GC
CURITY ALCOHOL PREPS 2 PLY, MEDIUM	1	GC
DROPSAFE ALCOHOL 70% PREP PADS	1	GC
EASY COMFORT ALCOHOL 70% PAD	1	GC
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	1	GC
<i>fluorouracil topical cream 0.5 %</i>	4	NDS
<i>fluorouracil topical cream 5 %</i>	1	GC
<i>fluorouracil topical solution 2 %, 5 %</i>	1	GC
HEB INCONTROL ALCOHOL 70% PADS	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod topical cream in packet 5 %</i>	1	GC; QL (24 per 30 days)
IV ANTISEPTIC WIPES	1	GC
KENDALL ALCOHOL 70% PREP PAD	1	GC
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	2	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	4	NDS
PANRETIN TOPICAL GEL 0.1 %	4	NDS; QL (180 per 30 days)
<i>penciclovir topical cream 1 %</i>	1	GC
<i>podofilox topical solution 0.5 %</i>	1	GC
PRO COMFORT ALCOHOL 70% PADS	1	GC
PURE COMFORT ALCOHOL 70% PADS	1	GC
RA ISOPROPYL ALCOHOL 70% WIPES	1	GC
REGRANEX TOPICAL GEL 0.01 %	4	PA; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	NDS; QL (180 per 30 days)
SURE COMFORT ALCOHOL PREP PADS	1	GC
SURE-PREP ALCOHOL PREP PADS	1	GC
TRUE COMFORT ALCOHOL 70% PADS	1	GC
TRUE COMFORT PRO ALCOHOL PADS	1	GC
ULTILET ALCOHOL STERL SWAB	1	GC
VALCHLOR TOPICAL GEL 0.016 %	4	NDS
WEBCOL ALCOHOL PREPS 20'S,LARGE	1	GC
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	GC
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i>	1	GC; QL (100 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	GC; QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	1	GC
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	GC
<i>ery pads topical swab 2 %</i>	1	GC
<i>erythromycin with ethanol topical gel 2 %</i>	1	GC; QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	1	GC; QL (180 per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3- 5 %</i>	1	GC
<i>gentamicin topical cream 0.1 %</i>	1	GC; QL (120 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	GC; QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i>	1	GC
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical lotion 0.75 %</i>	1	GC
<i>mupirocin topical ointment 2 %</i>	1	GC; QL (220 per 30 days)
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	GC
<i>rosadan topical cream 0.75 %</i>	1	GC
<i>selenium sulfide topical lotion 2.5 %</i>	1	GC
<i>silver sulfadiazine topical cream 1 %</i>	1	GC
<i>ssd topical cream 1 %</i>	3	NDS
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	GC
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i>	1	GC
<i>ala-scalp topical lotion 2 %</i>	1	GC
<i>alclometasone topical cream 0.05 %</i>	1	GC
<i>alclometasone topical ointment 0.05 %</i>	1	GC
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	GC
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	GC
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	GC
<i>betamethasone valerate topical cream 0.1 %</i>	1	GC
<i>betamethasone valerate topical foam 0.12 %</i>	1	GC
<i>betamethasone valerate topical lotion 0.1 %</i>	1	GC
<i>betamethasone valerate topical ointment 0.1 %</i>	1	GC
<i>betamethasone, augmented topical cream 0.05 %</i>	1	GC
<i>betamethasone, augmented topical gel 0.05 %</i>	1	GC
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	GC
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	GC
<i>clobetasol scalp solution 0.05 %</i>	1	GC
<i>clobetasol topical cream 0.05 %</i>	1	GC
<i>clobetasol topical foam 0.05 %</i>	1	GC
<i>clobetasol topical gel 0.05 %</i>	1	GC
<i>clobetasol topical lotion 0.05 %</i>	1	GC
<i>clobetasol topical ointment 0.05 %</i>	1	GC
<i>clobetasol topical shampoo 0.05 %</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	GC
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	1	GC
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	1	GC
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	1	GC
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	1	GC
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	1	GC
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	1	GC
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	1	GC
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	1	GC
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	1	GC
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	1	GC
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	1	GC
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	1	GC
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	1	GC
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	1	GC
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	1	GC
BD INSULIN SYRINGE 1 ML W/O NEEDLE	1	GC
BD LUER-LOK SYRINGE 1 ML	1	GC
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	GC
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	1	GC
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	GC
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	1	GC
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	1	GC
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	GC
BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 "	1	GC
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	1	GC
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	1	GC
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	1	GC
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	1	GC
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	1	GC
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	1	GC
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	1	GC
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	1	GC
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	1	GC
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	1	GC
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	GC
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	1	GC
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	1	GC
BORDERED GAUZE 2"X2" 2 X 2 "	1	GC
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	1	GC
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	1	GC
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	1	GC
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	1	GC
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	1	GC
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	1	GC
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	1	GC
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	1	GC
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	1	GC
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	GC
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	GC
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	GC
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	1	GC
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"	1	GC
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	1	GC
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	1	GC
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	1	GC
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	GC
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	GC
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	GC
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	GC
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	GC
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	1	GC
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	1	GC
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	1	GC
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	1	GC
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	GC
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	GC
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	GC
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	GC
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	GC
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	GC
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	GC
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	1	GC
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	GC
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	1	GC
CURAD GAUZE PADS 2" X 2" 2 X 2 "	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
CURITY GAUZE SPONGES (12 PLY)- 200/BAG 2 X 2 "	1	GC
CURITY GAUZE PADS 1'S(12 PLY) 2 X 2 "	1	GC
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	1	GC
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	GC
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	GC
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	1	GC
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	1	GC
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	1	GC
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	1	GC
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	1	GC
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	1	GC
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	1	GC
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	1	GC
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	1	GC
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	1	GC
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	1	GC
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	1	GC
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	1	GC
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	1	GC
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	1	GC
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	1	GC
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	1	GC
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	1	GC
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	GC
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	1	GC
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	1	GC
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	1	GC
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	1	GC
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	1	GC
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	GC
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	1	GC
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	1	GC
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	GC
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	1	GC
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	GC
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	GC
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	1	GC
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	1	GC
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	1	GC
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	1	GC
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	1	GC
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	1	GC
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	1	GC
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	1	GC
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	1	GC
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	1	GC
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	GC
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	GC
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	GC
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	1	GC
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	1	GC
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	1	GC
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	1	GC
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	1	GC
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	1	GC
LISCO SPONGES 100/BAG 2 X 2 "	1	GC
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	1	GC
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	1	GC
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	1	GC
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	1	GC
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	1	GC
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	1	GC
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	GC
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	1	GC
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	GC
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	1	GC
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	GC
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	GC
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	GC
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	GC
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	1	GC
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	1	GC
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	1	GC
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	1	GC
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	1	GC
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	1	GC
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	1	GC
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	1	GC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	GC
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	1	GC
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	1	GC
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	1	GC
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	1	GC
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	GC
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	1	GC
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	1	GC
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	1	GC
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	1	GC
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	1	GC
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	1	GC
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	GC
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	1	GC
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	GC
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	1	GC
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	1	GC
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	1	GC
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	1	GC
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	1	GC
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	1	GC
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	1	GC
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	GC
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	GC
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	GC
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	1	GC
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	1	GC
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	1	GC
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	1	GC
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	1	GC
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4"	1	GC
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	1	GC
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	1	GC
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	1	GC
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	1	GC
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	1	GC
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	1	GC
RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32"	1	GC
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	1	GC
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	1	GC
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	1	GC
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	1	GC
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	1	GC
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	1	GC
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	1	GC
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	GC
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	GC
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	1	GC
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	1	GC
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	GC
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	GC
NEEDLES, INSULIN DISP., SAFETY	1	GC
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	1	GC
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	GC
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	1	GC
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	1	GC
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	1	GC
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	1	GC
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	1	GC
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	1	GC
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	GC
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	GC
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	GC
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	GC
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	1	GC
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	1	GC
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	1	GC
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	1	GC
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	1	GC
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	1	GC
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	1	GC
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	1	GC
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	1	GC
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	1	GC
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	1	GC
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	1	GC
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	1	GC
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	1	GC
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	1	GC
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	1	GC
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	1	GC
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	1	GC
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	1	GC
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	1	GC
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	1	GC
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	1	GC
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	1	GC
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	1	GC
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	GC
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	1	GC
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	GC
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	1	GC
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	1	GC
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	GC
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	GC
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	GC
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	1	GC
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	1	GC
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	GC
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	GC
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	GC
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8"	1	GC
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	1	GC
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	1	GC
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	GC
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	1	GC
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	1	GC
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	GC
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	GC
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	GC
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	GC
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	GC
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	1	GC
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	1	GC
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	1	GC
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	1	GC
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	1	GC
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	1	GC
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	1	GC
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	1	GC
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	1	GC
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	1	GC
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	1	GC
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	1	GC
TRUE COMFORT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	GC
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	1	GC
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	GC
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	GC
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	1	GC
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	1	GC
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	1	GC
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	GC
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	1	GC
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	1	GC
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	1	GC
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	1	GC
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	1	GC
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	1	GC
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	1	GC
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"	1	GC
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	1	GC
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	1	GC
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	1	GC
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	1	GC
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	1	GC
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	1	GC
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	1	GC
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	1	GC
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	1	GC
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
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	GC
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	1	GC
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	GC
ULTILET PEN NEEDLE 29 GAUGE	1	GC
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	1	GC
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	1	GC
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	1	GC
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	1	GC
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	1	GC
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	1	GC
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	1	GC
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	1	GC
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	1	GC
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	1	GC
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	1	GC
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	1	GC
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	GC
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	1	GC
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

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

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	1	GC
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	1	GC
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	1	GC
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	1	GC
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	1	GC
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	1	GC
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	1	GC
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	1	GC
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	1	GC
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	1	GC
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	1	GC
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	1	GC
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	1	GC
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	1	GC
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	1	GC
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	1	GC
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	1	GC
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	1	GC
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	1	GC
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	1	GC
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	1	GC
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	1	GC
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	1	GC
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	1	GC
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	1	GC
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	1	GC
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	1	GC
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	1	GC
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	GC
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	1	GC
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	GC
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	1	GC
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	1	GC
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	1	GC
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	1	GC
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	1	GC
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	1	GC
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	1	GC
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	GC
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	

Enzyme Replacement/Modifiers

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
Enzyme Replacement/Modifiers		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	4	HI; NDS
CERDELGA ORAL CAPSULE 84 MG	4	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	HI; NDS
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	4	HI; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	4	HI; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	4	PA; HI; NDS
GALAFOLD ORAL CAPSULE 123 MG	4	PA; NDS; QL (14 per 28 days)
<i>javygtor oral tablet, soluble 100 mg</i>	4	PA; NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	4	PA; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	4	PA BvD; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	4	PA; NDS
<i>miglustat oral capsule 100 mg</i>	4	PA; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	4	HI; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA; NDS
ORFADIN ORAL CAPSULE 20 MG	4	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	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
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA; LA; NDS

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	4	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	4	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	2	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>alcaine ophthalmic (eye) drops 0.5 %</i>	1	GC
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	GC
<i>atropine ophthalmic (eye) drops 1 %</i>	3	NDS
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	GC; QL (30 per 25 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1	GC; QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	GC
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	ST; GC
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	GC
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	GC
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	4	PA; NDS; QL (20 per 28 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA; NDS; QL (60 per 28 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	GC
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	1	GC; QL (30 per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	1	GC; QL (15 per 10 days)
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	GC
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	GC; QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	GC
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	4	PA; NDS
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	1	GC
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	GC
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	GC
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	1	GC
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	GC; QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	GC; QL (3.5 per 4 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	GC
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	GC
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	GC
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	GC
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	GC
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	NDS
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	GC
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	GC
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	GC
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	GC
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	GC
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	GC
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	GC
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	GC
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	GC
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	GC
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	GC
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	GC
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	GC
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	GC
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	GC
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	NDS
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	2	ST; QL (10 per 25 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	GC
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	GC; QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	GC
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	GC
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	GC; QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	GC
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	3	NDS
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	GC
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	GC; QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1	GC; 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)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	GC; QL (10 per 13 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	GC; QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	GC; QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	3	NDS
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	GC
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	QL (5.5 per 28 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	2	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	GC
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	GC
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	GC
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	GC; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	GC; QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; GC; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST; GC; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	1	GC; HI
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	GC; HI
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	GC; HI
<i>famotidine intravenous solution 10 mg/ml</i>	1	GC; HI
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	GC
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	GC
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	GC; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	GC; QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	GC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	GC
<i>nizatidine oral solution 150 mg/10 ml</i>	1	GC
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	GC
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	1	ST; GC; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i>	1	GC; HI
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	GC; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	GC; QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	GC; QL (30 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate oral tablet 1 gram</i>	1	GC
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i>	1	GC
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	GC
<i>dicyclomine oral capsule 10 mg</i>	1	GC
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	GC
<i>dicyclomine oral tablet 20 mg</i>	1	GC
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	GC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	GC
<i>enulose oral solution 10 gram/15 ml</i>	1	GC
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; NDS
<i>generlac oral solution 10 gram/15 ml</i>	1	GC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	GC
<i>lactulose oral solution 10 gram/15 ml</i>	1	GC
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)
<i>loperamide oral capsule 2 mg</i>	1	GC
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (60 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	GC
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	GC; HI
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	GC; HI
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	GC
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	4	PA; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	PA; NDS
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)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PA; NDS; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	GC
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	GC
<i>ursodiol oral capsule 300 mg</i>	1	GC
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	GC
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/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	2	
<i>gavilyte-c oral recon soln 240-22.72-6.72 - 5.84 gram</i>	1	GC
<i>gavilyte-g oral recon soln 236-22.74-6.74 - 5.86 gram</i>	1	GC
<i>gavilyte-n oral recon soln 420 gram</i>	1	GC
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	GC
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	2	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	2	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	GC
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	GC
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	4	NDS
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	3	NDS
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	4	NDS
<i>sevelamer carbonate oral tablet 800 mg</i>	1	GC
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
VELPHORO ORAL TABLET,CHEWABLE 500 MG	2	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	GC
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1	GC
<i>flavoxate oral tablet 100 mg</i>	1	GC
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	GC
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	GC
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	GC
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1	GC
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	GC
<i>tropium oral capsule,extended release 24hr 60 mg</i>	1	GC
<i>tropium oral tablet 20 mg</i>	1	GC
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	GC; QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	GC
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	GC
ENTADFI ORAL CAPSULE 5-5 MG	3	PA; NDS; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	GC
<i>tamsulosin oral capsule 0.4 mg</i>	1	GC
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
<i>tiopronin oral tablet 100 mg</i>	4	NDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA; NDS
<i>deferasirox oral tablet 90 mg</i>	1	PA; GC
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA; NDS

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA; NDS
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	4	PA; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	4	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; NDS
<i>penicillamine oral tablet 250 mg</i>	4	PA; NDS
<i>trientine oral capsule 250 mg</i>	4	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	GC
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	GC
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	PA; GC
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA; GC; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; GC; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; GC; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; GC; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; GC; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	2	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	GC
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	GC; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	GC; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	GC; QL (4 per 28 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	GC
<i>estradiol vaginal tablet 10 mcg</i>	1	GC; QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	GC
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	1	GC
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	NDS; QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	GC
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	GC
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	GC; QL (8 per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i>	1	GC
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	GC
PREMARIN INJECTION RECON SOLN 25 MG	2	
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	
<i>raloxifene oral tablet 60 mg</i>	1	GC
<i>yuvaferm vaginal tablet 10 mcg</i>	1	GC; QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	1	GC
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	GC
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	GC
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	GC; HI
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	1	GC; HI

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	GC
<i>fludrocortisone oral tablet 0.1 mg</i>	1	GC
HEMADY ORAL TABLET 20 MG	3	NDS
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	GC
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	GC
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	GC
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	GC
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	1	GC
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	1	PA BvD; GC
<i>prednisolone oral solution 15 mg/5 ml</i>	1	PA BvD; GC
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	PA BvD; GC
<i>prednisone oral solution 5 mg/5 ml</i>	1	PA BvD; GC
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	GC
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	3	NDS
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	GC
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; NDS; QL (35 per 28 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	4	PA; NDS; QL (35 per 28 days)
<i>desmopressin ac 4 mcg/ml ampul p/f, outer, sdv</i>	4	NDS
<i>desmopressin injection solution 4 mcg/ml</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	GC
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	GC
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	4	PA; NDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	GC
<i>octreotide acetate injection solution 500 mcg/ml</i>	4	NDS
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1	GC
ORGOVYX ORAL TABLET 120 MG	4	PA NSO; NDS
ORLISSA ORAL TABLET 150 MG	4	PA; NDS; QL (28 per 28 days)
ORLISSA ORAL TABLET 200 MG	4	PA; NDS; QL (56 per 28 days)
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)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	PA NSO; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	4	PA NSO; NDS; QL (0.2 per 28 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	4	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	4	PA; NDS
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	4	PA; NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; NDS
Progestins		
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	4	NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	GC; QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	GC; QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	GC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	GC
<i>norethindrone acetate oral tablet 5 mg</i>	1	GC
<i>progesterone intramuscular oil 50 mg/ml</i>	1	GC
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	GC
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GC
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	GC
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	1	GC
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; NDS

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	4	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	NDS
AVSOLA INTRAVENOUS RECON SOLN 100 MG	4	PA; NDS
<i>azathioprine oral tablet 50 mg</i>	1	PA BvD; GC
<i>azathioprine sodium injection recon soln 100 mg</i>	1	PA BvD; GC
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	4	PA; NDS
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)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA NSO; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 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
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	PA BvD; GC
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA BvD; GC
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	PA BvD; GC
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	PA BvD; GC
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA; NDS

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	4	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (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
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	4	PA BvD; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	4	PA BvD; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	4	PA; 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 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	PA BvD; GC
<i>gengraf oral solution 100 mg/ml</i>	1	PA BvD; GC
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; NDS

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; NDS
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	4	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; NDS
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	4	PA; NDS
<i>infliximab intravenous recon soln 100 mg</i>	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
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	PA BvD; GC
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	PA BvD; GC
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	4	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	PA BvD; GC
NULOJIX INTRAVENOUS RECON SOLN 250 MG	4	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	4	PA BvD; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	4	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; NDS
OTEZLA ORAL TABLET 30 MG	4	PA; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	4	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	4	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	3	PA BvD; NDS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	PA BvD; ST; NDS
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	4	PA; NDS
REZUROCK ORAL TABLET 200 MG	4	PA NSO; NDS
RIDAURA ORAL CAPSULE 3 MG	4	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i>	4	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	PA BvD; GC
<i>sirolimus oral tablet 2 mg</i>	4	PA BvD; NDS

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	4	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	4	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	4	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	PA BvD; GC
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	4	PA; HI; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; NDS
Vaccines		
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	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	PA BvD
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	PA BvD
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	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	
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	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF- 48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	2	PA BvD
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	
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, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	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
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	PA BvD

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	PA BvD
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	2	QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	2	

Inflammatory Bowel Disease Agents

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents		
<i>alose tron oral tablet 0.5 mg</i>	1	GC
<i>alose tron oral tablet 1 mg</i>	4	NDS
<i>balsalazide oral capsule 750 mg</i>	1	GC
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	3	NDS
DIPENTUM ORAL CAPSULE 250 MG	4	ST; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	GC
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	GC
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	GC
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	1	GC; QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	1	GC
<i>mesalamine rectal suppository 1,000 mg</i>	1	GC
<i>sulfasalazine oral tablet 500 mg</i>	1	GC
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	3	NDS
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	1	GC; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	GC; QL (4 per 28 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	4	NDS
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	GC; QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	GC; HI
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	GC
<i>calcitriol oral solution 1 mcg/ml</i>	1	GC
<i>cinacalcet oral tablet 30 mg</i>	1	GC; QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	4	NDS; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	4	NDS; QL (120 per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	GC
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	4	PA; NDS; QL (2.34 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	2	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	1	GC; QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	1	GC; QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i>	1	GC; QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4	PA; NDS; QL (2 per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	1	GC; HI
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	GC; HI
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	GC
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	2	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	2	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i>	1	GC; QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	GC; QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	GC; QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	1	GC
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	GC
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	GC; QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; NDS
<i>betaine oral powder 1 gram/scoop</i>	4	PA; NDS
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	4	NDS
<i>diazoxide oral suspension 50 mg/ml</i>	1	GC
ELMIRON ORAL CAPSULE 100 MG	3	NDS; QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	4	PA; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4	PA; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	4	PA; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	4	NDS
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 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	GC
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	3	PA; NDS; QL (90 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	GC; HI
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	GC; HI
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	GC
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	GC
<i>levocarnitine oral tablet 330 mg</i>	3	NDS
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	4	NDS
<i>mesna intravenous solution 100 mg/ml</i>	1	GC; HI
MESNEX ORAL TABLET 400 MG	4	NDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	4	PA; NDS
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	GC
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	GC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	NDS; QL (30 per 30 days)
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, 150 MG, 200 MG, 50 MG	4	PA NSO; NDS; QL (56 per 28 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	4	NDS
TYBOST ORAL TABLET 150 MG	3	NDS; QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	NDS; QL (24 per 14 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		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	GC
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	GC
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	GC
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	GC
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	GC; QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	3	NDS
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	GC
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	GC
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	GC
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	GC
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	GC
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	GC; QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	GC
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	GC
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	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	GC; QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	GC
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	GC; QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	NDS; QL (5 per 30 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	1	GC; HI
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	GC; HI
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	GC; HI
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	3	HI; NDS
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	HI; NDS
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	HI; NDS
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	GC
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	GC
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	1	GC; HI
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	GC; HI
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	GC; HI
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	GC; HI
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	HI; NDS
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	HI; NDS
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	HI; NDS
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	PA BvD; GC; HI
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	GC
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	GC
<i>potassium chloride oral tablet extended release 10 meq, 20 meq</i>	1	GC
<i>potassium chloride oral tablet extended release 8 meq</i>	1	GC
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	GC
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	GC; HI
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	GC
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	GC; HI
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	3	HI; NDS
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	GC; HI

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.9% solution viaflex, single use</i>	1	GC; HI
<i>sodium chloride 0.9% solution viaflex, single use</i>	3	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)
ARNUIITY 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	2	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	PA BvD; GC; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	PA BvD; GC; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	GC; QL (60 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (30.6 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	GC; QL (60 per 30 days)
Antileukotrienes		

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast oral tablet 10 mg</i>	1	GC
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	GC
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	GC
Bronchodilators		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	GC; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	GC; QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	1	GC; QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	1	PA BvD; GC; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	1	PA BvD; GC; QL (120 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	GC
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	GC
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	GC
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	NDS; QL (25.8 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)
<i>elixophyllin oral elixir 80 mg/15 ml</i>	1	GC
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD; GC; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	PA BvD; GC; QL (540 per 30 days)
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)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 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)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	GC
<i>terbutaline subcutaneous solution 1 mg/ml</i>	4	NDS
<i>theophylline oral solution 80 mg/15 ml</i>	1	GC
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	GC
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	GC
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	1	GC
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	PA BvD; GC
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	4	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	PA BvD; GC
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 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)
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)
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; NDS; QL (60 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	4	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	4	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	4	PA; NDS; QL (90 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV	4	PA BvD; HI; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	4	PA BvD; HI; NDS
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	GC; QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	GC
<i>chlorzoxazone oral tablet 250 mg</i>	4	NDS; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	GC
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	GC
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	GC
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	GC
<i>revonto intravenous recon soln 20 mg</i>	1	GC; HI
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	GC
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; GC; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	GC; QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; NDS; QL (150 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil oral tablet 100 mg</i>	1	PA; GC; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; GC; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	4	PA; LA; NDS; QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; NDS; QL (30 per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	4	PA; NDS; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	4	PA; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	GC; QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	1	PA; GC; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; NDS; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA; NDS; QL (60 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA; NDS
OPSUMIT ORAL TABLET 10 MG	4	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	4	PA; NDS; QL (37.5 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; GC; QL (360 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC; EX; CB (8 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	1	PA; GC; QL (60 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; GC; QL (30 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; NDS; QL (112 per 28 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	4	PA; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	4	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	4	PA; NDS; QL (240 per 30 days)

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	1	GC
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	1	GC
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	1	GC
<i>completenate tablet chew 29 mg iron- 1 mg</i>	1	GC
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	GC; EX
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	GC; EX
<i>folic acid oral tablet 1 mg</i>	1	GC; EX
<i>folivane-ob capsule 85-1 mg</i>	1	GC
<i>hemenatal ob + dha oral combo pack 28 mg iron-6 mg iron-1 mg</i>	1	GC
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	1	GC
<i>marnatal-f capsule 60 mg iron-1 mg</i>	1	GC
<i>m-natal plus tablet 27 mg iron- 1 mg</i>	1	GC
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	GC
<i>mynatal capsule 65 mg iron- 1 mg</i>	1	GC
<i>mynatal oral tablet 90-1-50 mg</i>	1	GC
<i>mynatal plus captab 65 mg iron- 1 mg</i>	1	GC
<i>mynatal-z captab 65 mg iron- 1 mg</i>	1	GC
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	GC
<i>newgen tablet 32-1,000 mg-mcg</i>	1	GC
<i>niva-plus tablet 27 mg iron- 1 mg</i>	1	GC
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	GC
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	1	GC
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	1	GC
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	1	GC
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	GC
<i>pnv-omega softgel 28-1-300 mg</i>	1	GC
<i>pnv-vp-u oral capsule 106.5-1 mg</i>	1	GC
<i>pr natal 400 combo pack 29-1-400 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	1	GC
<i>pr natal 430 combo pack 29 mg iron-1 mg - 430 mg</i>	1	GC
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	1	GC
<i>prena1 true combo pack 30 mg iron- 1.4 mg- 300 mg</i>	1	GC
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	GC
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	GC
<i>prenatabs fa tablet 29-1 mg</i>	1	GC
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	GC
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	1	GC
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	1	GC
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	1	GC
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	GC
<i>prenatal-u capsule 106.5-1 mg</i>	1	GC
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	1	GC
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	1	GC
<i>purefe ob plus capsule 106 mg iron- 1 mg</i>	1	GC
<i>purefe plus capsule 106 mg iron- 1 mg</i>	1	GC
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	1	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	1	GC
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	1	GC
<i>taron-c dha capsule 35-1-200 mg</i>	1	GC
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	GC
<i>triveen-duo dha combo pack 29-1-400 mg</i>	1	GC
<i>vinate care chewable tablet 40 mg iron- 1 mg</i>	1	GC
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	1	GC
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	1	GC
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	1	GC
<i>virt-pn oral tablet 27-1 mg</i>	1	GC
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	1	GC
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

Drug Name	Drug Tier	Requirements/Limits
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	1	GC
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	1	GC
<i>vol-nate oral tablet 28 mg iron- 1 mg</i>	1	GC
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	GC
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	1	GC
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	1	GC
<i>zatean-pn plus softgel 28-1-300 mg</i>	1	GC
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	GC

04/20/2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. (page 7)

INDEX

1		
1ST TIER UNIFINE		
PENTIPS.....	86	
1ST TIER UNIFINE		
PENTIPS PLUS.....	86, 87	
A		
abacavir.....	53	
abacavir-lamivudine	53	
abacavir-lamivudine-		
zidovudine.....	53	
ABELCET.....	42	
ABILIFY MAINTENA.....	49	
abiraterone.....	21	
ABOUTTIME PEN NEEDLE		
.....	87	
ABRAXANE	22	
acamprosate.....	14	
acarbose	39	
accutane.....	82	
acebutolol.....	66	
acetaminophen-codeine	10	
acetazolamide	143	
acetazolamide sodium	143	
acetic acid.....	120	
acetylcysteine.....	148	
acitretin.....	82	
ACTEMRA	132	
ACTEMRA ACTPEN.....	131	
ACTHAR	129	
ACTHIB (PF)	136	
ACTIMMUNE.....	141	
acyclovir	58, 82	
acyclovir sodium	58	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)	136	
ADAKVEO	61	
adapalene	86	
adefovir.....	58	
ADEMPAS	150	
adrucil	22	
ADVAIR HFA.....	146	
ADVOCATE PEN NEEDLE	87	
ADVOCATE SYRINGES	87	
afirmelle.....	75	
AJOVY AUTOINJECTOR...	45	
AJOVY SYRINGE.....	45	
AKYNZEO		
(FOSNETUPITANT).....	46	
AKYNZEO (NETUPITANT)	46	
ala-cort.....	84	
ala-scalp.....	84	
albendazole	47	
albuterol sulfate.....	147	
alcaine	119	
alclometasone	84	
ALCOHOL PADS.....	82	
ALCOHOL PREP PADS.....	83	
ALCOHOL PREP SWABS	82	
ALCOHOL SWABS	82	
ALCOHOL WIPES.....	83	
ALDURAZYME.....	118	
ALECENSA.....	22	
alendronate.....	140	
alfuzosin	126	
ALIMTA.....	22	
aliskiren	71	
allopurinol.....	44	
alosetron.....	140	
ALPHAGAN P	143	
alprazolam	15	
ALREX.....	121	
altavera (28).....	75	
ALTRENO	86	
ALUNBRIG.....	22	
alyacen 1/35 (28).....	75	
alyacen 7/7/7 (28).....	75	
alyq.....	150	
amabelz.....	127	
amantadine hcl.....	48	
AMBISOME.....	42	
ambrisentan	150	
amethia.....	76	
amiloride.....	69	
amiloride-hydrochlorothiazide		
.....	69	
AMINOSYN-PF 7 %		
(SULFITE-FREE).....	62	
amiodarone.....	65	
amitriptyline.....	36	
amitriptyline-chlordiazepoxide		
.....	36	
amlodipine.....	68	
amlodipine-atorvastatin.....	70	
amlodipine-benazepril.....	68	
amlodipine-olmesartan.....	69	
amlodipine-valsartan	69	
amlodipine-valsartan-		
hcthiazid	69	
ammonium lactate	82	
amoxapine.....	36	
amoxicil-clarithromy-		
lansopraz.....	123	
amoxicillin.....	19	
amoxicillin-pot clavulanate	19,	
20		
amphotericin b.....	42	
amphotericin b liposome.....	42	
ampicillin.....	20	
ampicillin sodium.....	20	
ampicillin-sulbactam	20	
anagrelide	61	

anastrozole	22	AUVELITY	36	BD SAFETYGLIDE NEEDLE	89
ANORO ELLIPTA	147	aviane	76	BD SAFETYGLIDE	
apomorphine	48	AVONEX	72	SYRINGE	89
APONVIE	46	AVSOLA	132	BD ULTRA-FINE MICRO	
apraclonidine	119	ayuna	76	PEN NEEDLE	89
aprepitant	46	AYVAKIT	22	BD ULTRA-FINE MINI PEN	
APRETUDE	53	azacitidine	22	NEEDLE	89
apri	76	azathioprine	132	BD ULTRA-FINE NANO PEN	
APTIOM	32	azathioprine sodium	132	NEEDLE	89
APTIVUS	53	azelastine	119	BD ULTRA-FINE ORIG PEN	
aranelle (28)	76	azithromycin	19	NEEDLE	89
ARCALYST	132	aztreonam	19	BD ULTRA-FINE SHORT	
aripiprazole	49, 50	azurette (28)	76	PEN NEEDLE	89
ARISTADA	50	B		BD VEO INSULIN SYR	
ARISTADA INITIO	50	bacitracin	16, 120	(HALF UNIT)	89
armodafinil	149	bacitracin-polymyxin b	120	BD VEO INSULIN SYRINGE	
ARNUITY ELLIPTA	146	baclofen	149	UF	89
ascomp with codeine	10	bal-care dha	151	BELSOMRA	149
asenapine maleate	50	bal-care dha essential	151	benazepril	65
ashlyna	76	balsalazide	140	benazepril-	
aspirin-dipyridamole	61	BALVERSA	22	hydrochlorothiazide	65
ASSURE ID DUO-SHIELD	87	balziva (28)	76	bendamustine	22
ASSURE ID INSULIN		BCG VACCINE, LIVE (PF)		BENDAMUSTINE	22
SAFETY	88	.....	137	BENDEKA	22
ASSURE ID PEN NEEDLE	88	BD ALCOHOL SWABS	82	BENLYSTA	132
atazanavir	53	BD AUTOSHIELD DUO PEN		benzonatate	81
atenolol	66	NEEDLE	88	benztropine	48
atenolol-chlorthalidone	66	BD ECLIPSE LUER-LOK	88	bepotastine besilate	119
atomoxetine	72	BD INSULIN SYRINGE	88	BESREMI	132
atorvastatin	70	BD INSULIN SYRINGE		betaine	141
atovaquone	47	(HALF UNIT)	88	betamethasone acet,sod	
atovaquone-proguanil	48	BD INSULIN SYRINGE SLIP		phos	128
atropine	119	TIP	88	betamethasone dipropionate	
ATROVENT HFA	147	BD INSULIN SYRINGE U-		.....	84
AUBAGIO	72	500	88	betamethasone valerate	84
aubra eq	76	BD INSULIN SYRINGE		betamethasone, augmented	
aurovela 1.5/30 (21)	76	ULTRA-FINE	88	.....	84
aurovela 1/20 (21)	76	BD NANO 2ND GEN PEN		BETASERON	72
aurovela 24 fe	76	NEEDLE	88	betaxolol	66, 143
aurovela fe 1.5/30 (28)	76	BD SAFETYGLIDE INSULIN		bethanechol chloride	126
aurovela fe 1-20 (28)	76	SYRINGE	88, 89	bexarotene	22
AUSTEDO	72				

BEXSERO	137	butalbital-acetaminop-caf-cod	10	CARETOUCH ALCOHOL	
bicalutamide	22	.....	10	PREP PAD.....	82
BICILLIN L-A	20	butalbital-acetaminophen ...	10	CARETOUCH INSULIN	
BIKTARVY	53	butalbital-acetaminophen-caff	10	SYRINGE	90
bimatoprost.....	143	.....	10	CARETOUCH PEN NEEDLE	
bisoprolol fumarate.....	66	butalbital-aspirin-caffeine ...	10	.....	90
bisoprolol-		butorphanol.....	10	carglumic acid.....	124
hydrochlorothiazide	66	C		CAROSPIR	71
bleomycin.....	22	CABENUVA.....	54	carteolol.....	143
bleph-10	120	cabergoline	48	cartia xt.....	67
blisovi 24 fe.....	76	CABLIVI.....	61	carvedilol	66
blisovi fe 1.5/30 (28).....	76	CABOMETYX.....	22	casprofungin.....	42
blisovi fe 1/20 (28).....	76	cabotegravir	54	CAYSTON.....	19
BOOSTRIX TDAP	137	caffeine citrate	72	caziant (28).....	76
BORDERED GAUZE	89	calcipotriene.....	82	cefaclor	17, 18
bortezomib	22	calcitonin (salmon).....	140	cefadroxil.....	18
BORTEZOMIB	22	calcitriol.....	140	cefazolin	18
bosentan	150	calcium acetate(phosphat		cefazolin in dextrose (iso-os)	
BOSULIF.....	22	bind).....	125	.....	18
BRAFTOVI.....	22	calcium chloride	144	cefdinir	18
BREO ELLIPTA	146	CALQUENCE	23	cefepime.....	18
BREZTRI AEROSPHERE	147	CALQUENCE		cefixime	18
briellyn	76	(ACALABRUTINIB MAL) 23		cefotaxime.....	18
BRILINTA.....	61	camila	76	cefoxitin	18
brimonidine	143	candesartan	64	cefpodoxime	18
brimonidine-timolol	143	candesartan-		cefprozil	18
brinzolamide	143	hydrochlorothiazid	64	ceftazidime.....	18
BRIVIACT	32	CAPLYTA.....	50	ceftriaxone.....	18
bromfenac.....	121	CAPRELSA.....	23	cefuroxime axetil.....	18
bromocriptine.....	48	captopril.....	65	cefuroxime sodium.....	18
BROMSITE	121	captopril-hydrochlorothiazide		celecoxib	12
BRUKINSA	22	.....	65	CELONTIN.....	32
budesonide	140, 146	carbamazepine.....	32	cephalexin	18
bumetanide.....	69	carbidopa	48	CERDELGA	118
buprenorphine	10	carbidopa-levodopa.....	48	CEREZYME.....	118
buprenorphine hcl.....	10, 14	carbidopa-levodopa-		cevimeline	81
buprenorphine-naloxone	14	entacapone	48	chateal eq (28)	76
bupropion hcl.....	36	carbinoxamine maleate.....	44	chloramphenicol sod	
bupropion hcl (smoking		carboplatin	23	succinate	16
deter)	14	CAREFINE PEN NEEDLE 89,		chlordiazepoxide hcl.....	15
buspirone	141	90		chlorhexidine gluconate	81
				chloroquine phosphate.....	48

chlorothiazide sodium	69	CLINIMIX 4.25%/D10W		codeine-butalbital-asa-caff .10	
chlorpromazine	50	SULF FREE	62	colchicine.....	44
chlorthalidone	69	CLINIMIX 4.25%/D5W		colesevelam.....	70
chlorzoxazone	149	SULFIT FREE	62	colestipol	70
cholestyramine (with sugar)		CLINIMIX 5%-		colistin (colistimethate na) ..	17
.....	70	D20W(SULFITE-FREE)..	62	COMBIVENT RESPIMAT.	147
cholestyramine light	70	CLINIMIX 6%-D5W		COMETRIQ.....	23
ciclopirox	42	(SULFITE-FREE).....	62	COMFORT EZ INSULIN	
cidofovir	58	CLINIMIX 8%-		SYRINGE	91, 92
cilostazol	61	D10W(SULFITE-FREE)..	62	COMFORT EZ PEN	
CIMDUO.....	54	CLINIMIX 8%-		NEEDLES	91
cimetidine.....	123	D14W(SULFITE-FREE)..	62	COMFORT TOUCH PEN	
cimetidine hcl.....	123	CLINIMIX E 2.75%/D5W		NEEDLE	92
CIMZIA	132	SULF FREE	62	COMPLERA.....	54
CIMZIA POWDER FOR		CLINIMIX E 4.25%/D10W		completenate	151
RECONST	132	SUL FREE	62	compro.....	46
cinacalcet	140	CLINIMIX E 4.25%/D5W		constulose	124
CINQAIR	148	SULF FREE	62	COPAXONE	72
CINRYZE	60	CLINIMIX E 5%/D15W		COPIKTRA.....	23
ciprofloxacin.....	20	SULFIT FREE	63	CORLANOR	68
ciprofloxacin hcl	20, 120	CLINIMIX E 5%/D20W		CORTROPHIN GEL	129
ciprofloxacin in 5 % dextrose		SULFIT FREE	63	COSENTYX	132
.....	20	CLINIMIX E 8%-D10W		COSENTYX (2 SYRINGES)	
ciprofloxacin-dexamethasone		SULFITEFREE.....	63	.....	132
.....	120	CLINIMIX E 8%-D14W		COSENTYX PEN (2 PENS)	
citalopram	36	SULFITEFREE.....	63	.....	132
cladribine.....	23	clobazam.....	32	COTELLIC.....	23
clarithromycin	19	clobetasol.....	84	CREON.....	118
clemastine.....	44	clobetasol-emollient.....	85	cromolyn.....	119, 124, 148
CLENPIQ	125	clomipramine	36	cryselle (28)	76
CLICKFINE PEN NEEDLE 90,		clonazepam	15	CURAD GAUZE PAD.....	92
91		clonidine	63	CURITY ALCOHOL SWABS	
clindamycin hcl.....	16	clonidine hcl.....	63, 72	.....	82
clindamycin in 5 % dextrose		clopidogrel.....	62	CURITY GAUZE	93
.....	17	clorazepate dipotassium....	15	cyanocobalamin (vitamin b-	
clindamycin pediatric.....	17	clotrimazole.....	42, 43	12)	151
clindamycin phosphate 17, 45,		clotrimazole-betamethasone		cyclafem 1/35 (28)	76
83		.....	43	cyclafem 7/7/7 (28)	76
clindamycin-benzoyl peroxide		clozapine	50	cyclobenzaprine	149
.....	83	c-nate dha	151	cyclopentolate.....	119
CLINIMIX 5%/D15W		COARTEM.....	48	cyclophosphamide	23
SULFITE FREE.....	62	codeine sulfate	10	CYCLOPHOSPHAMIDE.....	23

cyclosporine.....	121, 132	desog-e.estradiol/e.estradiol	77	dimenhydrinate.....	47
cyclosporine modified	132	.....	77	dimethyl fumarate	73
cyproheptadine	44	desogestrel-ethinyl estradiol	77	DIPENTUM	140
CYRAMZA	23	.....	77	diphenhydramine hcl	44
cyred eq	76	desonide.....	85	diphenoxylate-atropine.....	124
CYSTADROPS	119	desoximetasone.....	85	dipyridamole	62
CYSTARAN	119	desvenlafaxine succinate ...	37	disopyramide phosphate.....	65
D		dexamethasone	128	disulfiram	14
d5 % and 0.9 % sodium		dexamethasone sodium phos	128	divalproex.....	32
chloride.....	144	(pf).....	128	docetaxel.....	23
d5 %-0.45 % sodium chloride	144	dexamethasone sodium		dofetilide	65
.....	144	phosphate	121, 128, 129	donepezil.....	35
dalfampridine.....	73	dexmethylphenidate	73	DOPTELET (10 TAB PACK)	60
danazol.....	127	dexrazoxane hcl.....	142	.....	60
dantrolene.....	149	dextroamphetamine sulfate	73	DOPTELET (15 TAB PACK)	60
DANYELZA.....	23	dextroamphetamine-		.....	60
dapsone	46	amphetamine.....	73	DOPTELET (30 TAB PACK)	60
DAPTACEL (DTAP		dextrose 10 % in water		.....	60
PEDIATRIC) (PF)	137	(d10w).....	63	dorzolamide	143
daptomycin	17	dextrose 5 % in water (d5w)	63	dorzolamide-timolol	144
DARZALEX.....	23	.....	63	dotti.....	127
DARZALEX FASPRO	23	DIACOMIT	32	DOVATO	54
dasetta 1/35 (28).....	76	diazepam.....	15, 32	doxazosin	63
dasetta 7/7/7 (28)	76	diazepam intensol.....	15	doxepin	37
DAURISMO	23	diazoxide	142	doxercalciferol	140
daysee.....	77	diclofenac potassium.....	12	doxorubicin.....	23
deblitane.....	77	diclofenac sodium ..	12, 13, 121	doxorubicin, peg-liposomal	23
decitabine.....	23	diclofenac-misoprostol	13	doxy-100.....	21
deferasirox.....	126	dicloxacillin.....	20	doxycycline hyclate.....	21
deferiprone.....	127	dicyclomine	124	doxycycline monohydrate ...	21
deferoxamine.....	127	didanosine.....	54	DRIZALMA SPRINKLE	37
DELSTRIGO.....	54	DIFICID.....	19	dronabinol	47
demeclocycline	21	diflorasone	85	droperidol	47
DENGVAXIA (PF).....	137	diflunisal	13	DROPLET INSULIN	
denta 5000 plus	81	difluprednate.....	121	SYR(HALF UNIT).....	93
dentagel	82	digitek	68	DROPLET INSULIN	
DERMACEA	93	digox	68	SYRINGE	93, 94
DERMACEA NON-WOVEN	93	digoxin	68	DROPLET MICRON PEN	
.....	93	dihydroergotamine.....	45	NEEDLE	94
DESCOVY	54	DILANTIN.....	32	DROPLET PEN NEEDLE ...	94
desipramine	36	diltiazem hcl.....	67	DROPSAFE ALCOHOL	
desmopressin.....	129, 130	dilt-xr	67	PREP PADS	82

DROPSAFE PEN NEEDLE	94	ec-naproxen	13	ENBREL SURECLICK	133
drospirenone-ethinyl estradiol	77	econazole	43	ENDARI	142
DROXIA	61	EDARBI	64	endocet	10
droxidopa	64	EDARBYCLOR	64	ENGERIX-B (PF)	137
DUAVEE	127	EDURANT	54	ENGERIX-B PEDIATRIC	
duloxetine	37	efavirenz	54	(PF)	137
DUPIXENT PEN	132	efavirenz-emtricitabin-tenofov	54	enoxaparin	59
DUPIXENT SYRINGE	133	efavirenz-lamivu-tenofov		enpresse	77
dutasteride	126	disop	54	enskyce	77
dutasteride-tamsulosin	126	EGRIFTA SV	130	ENSPRYNG	73
E		ELAPRASE	118	entacapone	49
EASY COMFORT ALCOHOL		ELIGARD	24	ENTADFI	126
PAD	82	ELIGARD (3 MONTH)	24	entecavir	58
EASY COMFORT INSULIN		ELIGARD (4 MONTH)	24	ENTRESTO	64
SYRINGE	94, 95	ELIGARD (6 MONTH)	24	enulose	124
EASY COMFORT PEN		elinest	77	EPCLUSA	57
NEEDLES	95	ELIQUIS	58	EPIDIOLEX	33
EASY GLIDE INSULIN		ELIQUIS DVT-PE TREAT		epinastine	119
SYRINGE	95	30D START	58	epinephrine	68
EASY GLIDE PEN NEEDLE		ELITEK	118	epitol	33
	95	elixophyllin	147	EPIVIR HBV	54
EASY TOUCH	96, 97	ELLA	77	eplerenone	71
EASY TOUCH ALCOHOL		ELMIRON	142	epoprostenol (glycine)	150
PREP PADS	82	eluryng	77	EPRONTIA	33
EASY TOUCH FLIPLOCK		EMBRACE PEN NEEDLE	97,	eprosartan	64
INSULIN	96	98		ERBITUX	24
EASY TOUCH FLIPLOCK		EMCYT	24	ergocalciferol (vitamin d2)	151
SYRINGE	96	EMEND	47	ergoloid	35
EASY TOUCH INSULIN		EMGALITY PEN	45	ERIVEDGE	24
SAFETY SYR	95, 96	EMGALITY SYRINGE	45	ERLEADA	24
EASY TOUCH INSULIN		emoquette	77	erlotinib	24
SYRINGE	95, 96, 97	EMSAM	37	errin	77
EASY TOUCH LUER LOCK		emtricitabine	54	ertapenem	19
INSULIN	96	emtricitabine-tenofovir (tdf)	54	ery pads	83
EASY TOUCH PEN NEEDLE		EMTRIVA	54	erythromycin	19, 120
	96	enalapril maleate	65	erythromycin ethylsuccinate	
EASY TOUCH SAFETY PEN		enalaprilat	65		19
NEEDLE	97	enalapril-hydrochlorothiazide		erythromycin with ethanol	83
EASY TOUCH		ENBREL	133	erythromycin-benzoyl	
SHEATHLOCK INSULIN	96	ENBREL MINI	133	peroxide	83
EASY TOUCH UNI-SLIP	97			escitalopram oxalate	37

esomeprazole magnesium	123	famotidine (pf)-nacl (iso-os)	123	flucytosine	43
esomeprazole sodium.....	123	FANAPT	50	fludrocortisone.....	129
estarylla.....	77	FARXIGA	39	flumazenil.....	73
estazolam.....	15	FARYDAK.....	24	flunisolide	122
estradiol.....	127, 128	FASENRA.....	148	fluocinolone.....	85
estradiol valerate	128	FASENRA PEN.....	148	fluocinolone acetonide oil .	122
estradiol-norethindrone acet	128	febuxostat.....	44	fluocinonide.....	85
eszopiclone.....	149	felbamate	33	fluocinonide-emollient	85
ethambutol.....	46	felodipine.....	69	fluoride (sodium)	82
ethosuximide	33	FEMRING.....	128	fluorometholone	122
ethynodiol diac-eth estradiol	77	femynor.....	77	fluorouracil.....	24, 82
etodolac.....	13	fenofibrate	70	fluoxetine	37
etonogestrel-ethinyl estradiol	77	fenofibrate micronized.....	70	fluphenazine decanoate.....	50
ETOPOPHOS.....	24	fenofibrate nanocrystallized	70	fluphenazine hcl	50, 51
etoposide	24	fenofibric acid (choline).....	70	flurazepam	16
etravirine	54	fenoprofen.....	13	flurbiprofen	13
EUCRISA.....	85	fentanyl.....	11	flurbiprofen sodium	122
EVENITY.....	140	fentanyl citrate.....	10	flutamide.....	24
everolimus (antineoplastic) 24		FERRIPROX.....	127	fluticasone propionate .85, 122	
everolimus (immunosuppressive)....	133	FERRIPROX (2 TIMES A DAY)	127	fluticasone propion- salmeterol.....	146
EVOTAZ.....	54	fesoterodine	126	fluvastatin	70, 71
EVRYSDI	142	FETZIMA.....	37	fluvoxamine.....	37
EXEL INSULIN.....	98	FIASP FLEXTOUCH U-100 INSULIN	40	folic acid.....	151
exemestane	24	FIASP PENFILL U-100 INSULIN	40	folivane-ob.....	151
EXKIVITY	24	FIASP U-100 INSULIN	40	fomepizole.....	142
EXONDYS-51	142	finasteride.....	126	fondaparinux.....	59
EYSUVIS	122	fingolimod.....	73	FORTEO	141
EZALLOR SPRINKLE.....	70	FINTEPLA.....	33	fosamprenavir.....	54
ezetimibe.....	70	FIRVANQ	17	fosaprepitant.....	47
ezetimibe-simvastatin	70	flavoxate	126	foscarnet.....	57
F		FLEBOGAMMA DIF	133	fosinopril	65
FABRAZYME	118	flecainide	66	fosinopril-hydrochlorothiazide	65
falmina (28).....	77	FLOVENT DISKUS.....	146	fosphenytoin	33
famciclovir	58	FLOVENT HFA	146	FOTIVDA.....	24
famotidine	123	floxuridine.....	24	FREESTYLE PRECISION..	98
famotidine (pf)	123	fluconazole.....	43	FULPHILA.....	60
		fluconazole in nacl (iso-osm)	43	fulvestrant.....	24
				furosemide	69
				FUZEON.....	54
				FYARRO	24

fyavolv	128	glipizide-metformin	42	HEPLISAV-B (PF).....	137
FYCOMPA	33	glyburide.....	42	HERCEPTIN HYLECTA	25
FYLNETRA.....	60	glyburide micronized	42	HERZUMA	25
G		glyburide-metformin.....	42	HETLIOZ LQ.....	149
gabapentin	33	glycopyrrolate	124	HIBERIX (PF).....	137
GALAFOLD	118	glydo	14	HUMIRA	134
galantamine	36	GLYXAMBI.....	39	HUMIRA PEN.....	134
GAMIFANT	133	granisetron (pf).....	47	HUMIRA PEN CROHNS-UC-	
GAMMAGARD LIQUID.....	133	granisetron hcl.....	47	HS START	133
GAMMAGARD S-D (IGA < 1		GRANIX.....	60	HUMIRA PEN PSOR-	
MCG/ML).....	133	griseofulvin microsize.....	43	UVEITS-ADOL HS.....	133
GAMMAPLEX	133	griseofulvin ultramicrosize..	43	HUMIRA(CF)	134
GAMMAPLEX (WITH		guanfacine	64, 73	HUMIRA(CF) PEDI CROHNS	
SORBITOL)	133	GVOKE.....	142	STARTER	134
GAMUNEX-C	133	GVOKE HYPOPEN 2-PACK		HUMIRA(CF) PEN.....	134
ganciclovir sodium.....	58	.....	142	HUMIRA(CF) PEN	
GARDASIL 9 (PF)	137	GVOKE PFS 1-PACK		CROHNS-UC-HS.....	134
gatifloxacin.....	120	SYRINGE.....	142	HUMIRA(CF) PEN	
GATTEX 30-VIAL	124	H		PEDIATRIC UC.....	134
GAUZE PAD.....	98	HAEGARDA.....	60	HUMIRA(CF) PEN PSOR-	
gavilyte-c.....	125	hailey.....	77	UV-ADOL HS.....	134
gavilyte-g.....	125	hailey 24 fe	77	HUMULIN R U-500 (CONC)	
gavilyte-n.....	125	hailey fe 1.5/30 (28).....	77	INSULIN	41
GAVRETO	24	hailey fe 1/20 (28).....	77	HUMULIN R U-500 (CONC)	
gemcitabine	24, 25	halobetasol propionate	85	KWIKPEN.....	41
gemfibrozil	71	haloette.....	77	hydralazine.....	68
generlac	124	haloperidol	51	hydrochlorothiazide	69
gengraf	133	haloperidol decanoate.....	51	hydrocodone-acetaminophen	
gentak.....	120	haloperidol lactate	51	.....	11
gentamicin	16, 83, 120	HARVONI.....	57	hydrocodone-ibuprofen.....	11
gentamicin sulfate (ped) (pf)		HAVRIX (PF).....	137	hydrocortisone.....	85, 129, 140
.....	16	HEALTHWISE INSULIN		hydrocortisone butyrate	85
gentamicin sulfate (pf)	16	SYRINGE.....	98, 99	hydrocortisone valerate	85
GENVOYA	54	HEALTHWISE PEN NEEDLE		hydrocortisone-acetic acid	120
GILENYA	73	.....	99	hydromorphone	11
GILOTRIF	25	HEALTHY ACCENTS		hydromorphone (pf).....	11
GIVLAARI	61	UNIFINE PENTIP	99	hydroxychloroquine	48
glatiramer	73	heather	77	hydroxyprogesterone	
glatopa.....	73	HEMADY.....	129	cap(ppres).....	131
GLEOSTINE.....	25	hemenatal ob + dha	151	hydroxyurea	25
glimepiride	42	heparin (porcine).....	59	hydroxyzine hcl.....	44
glipizide	42	heparin, porcine (pf).....	59	hydroxyzine pamoate	142

HYQVIA.....	134	INGREZZA INITIATION PACK.....	73	ISOLYTE S PH 7.4	144
I		INLYTA.....	25	ISOLYTE-P IN 5 % DEXTROSE	144
ibandronate.....	141	INPEN (FOR HUMALOG) BLUE.....	99	ISOLYTE-S	144
IBRANCE	25	INPEN (NOVOLOG OR FIASP) BLUE.....	99	isoniazid.....	46
ibu.....	13	INQOVI.....	25	isosorbide dinitrate.....	72
ibuprofen	13	INREBIC.....	25	isosorbide mononitrate.....	72
ibuprofen-famotidine	13	insulin asp prt-insulin aspart	41	isosorbide-hydralazine	72
icatibant.....	68	insulin aspart u-100	41	isradipine	69
iclevia.....	77	INSULIN SYR/NDL U100 HALF MARK.....	100	itraconazole.....	43
ICLUSIG.....	25	INSULIN SYRINGE	89	IV PREP WIPES	83
icosapent ethyl	71	INSULIN SYRINGE MICROFINE.....	88	ivermectin.....	48
IDHIFA.....	25	INSULIN SYRINGE NEEDLELESS.....	88	IXIARO (PF).....	137
ifosfamide.....	25	INSULIN SYRINGE-NEEDLE U-100	88, 90, 98, 99, 100, 106, 109	J	
IGALMI	142	INSUPEN	100, 101	jaimiess.....	77
ILARIS (PF)	134	INTELENCE.....	54	JAKAFI.....	26
ILEVRO	122	INTRALIPID	63	jantoven.....	59
ILUMYA.....	134	INTRON A.....	58	JARDIANCE	39
imatinib	25	INVEGA HAFYERA.....	51	jasmiel (28)	77
IMBRUVICA.....	25	INVEGA SUSTENNA.....	51	javygtor	118
imipenem-cilastatin.....	19	INVEGA TRINZA	51	JAYPIRCA.....	26
imipramine hcl.....	37	INVELTYS.....	122	JEMPERLI.....	26
imipramine pamoate.....	37	INVIRASE	54	jencycla.....	77
imiquimod.....	83	IPOL.....	137	JENTADUETO	39
IMJUDO.....	25	ipratropium bromide ..	119, 147	JENTADUETO XR.....	39
IMLYGIC	25	ipratropium-albuterol	147	jinteli.....	128
IMOVAX RABIES VACCINE (PF).....	137	irbesartan	64	juleber	78
IMPAVIDO	48	irbesartan- hydrochlorothiazide	64	JULUCA.....	55
INBRIJA.....	49	IRESSA	25	junel 1.5/30 (21)	78
incassia	77	irinotecan.....	25	junel 1/20 (21).....	78
INCONTROL ALCOHOL PADS.....	82	ISENTRESS	55	junel fe 1.5/30 (28).....	78
INCONTROL PEN NEEDLE	99	ISENTRESS HD	54	junel fe 1/20 (28).....	78
INCRELEX.....	130	isibloom	77	junel fe 24.....	78
indapamide	69			JUXTAPID.....	71
indomethacin	13			JYNARQUE	69
INFANRIX (DTAP) (PF)....	137			JYNNEOS (PF)(STOCKPILE)	138
INFLECTRA.....	134			K	
infliximab	134			kalliga.....	78
INGREZZA.....	73			KALYDECO	148
				KANJINTI	26
				KANUMA.....	118

kariva (28).....	78	lanthanum	125	linezolid in dextrose 5%	17
KATERZIA	69	lapatinib	26	LINZESS	124
kelnor 1/35 (28).....	78	larin 1.5/30 (21).....	78	liothyronine.....	131
kelnor 1-50 (28).....	78	larin 1/20 (21)	78	LISCO	101
KERENDIA	71	larin 24 fe	78	lisinopril.....	65
KESIMPTA PEN	74	larin fe 1.5/30 (28)	78	lisinopril-hydrochlorothiazide	
ketoconazole	43	larin fe 1/20 (28).....	78	.....	65
ketoprofen.....	13	larissia.....	78	LITE TOUCH INSULIN PEN	
ketorolac.....	13, 122	latanoprost	144	NEEDLES	101
KEVZARA	134	leflunomide.....	134	LITE TOUCH INSULIN	
KEYTRUDA	26	lenalidomide	26	SYRINGE	101
KIMMTRAK.....	26	LENVIMA	26	lithium carbonate.....	74
KINERET.....	134	lessina.....	78	LIVALO	71
KINRIX (PF).....	138	letrozole.....	26	lojaimiess.....	79
KISQALI	26	leucovorin calcium	142	LOKELMA	124
KISQALI FEMARA CO-PACK		LEUKERAN	26	LONSURF	26, 27
.....	26	LEUKINE.....	60	loperamide	124
KLISYRI	83	leuprolide.....	26	lopinavir-ritonavir.....	55
klor-con m10.....	144	leuprolide (3 month)	26	lorazepam	16
klor-con m15.....	145	levetiracetam	33, 34	lorazepam intensol.....	16
klor-con m20.....	145	levobunolol.....	144	LORBRENA	27
KLOXXADO.....	14	levocarnitine.....	142	loryna (28).....	79
KORLYM.....	39	levocarnitine (with sugar)..	142	losartan.....	64
KOSELUGO	26	levocetirizine.....	44	losartan-hydrochlorothiazide	
kosher prenatal plus iron ..	151	levofloxacin	20, 21, 119, 120	.....	64
KRAZATI.....	26	levofloxacin in d5w	20	LOTEMAX.....	122
KRINTAFEL.....	48	levoleucovorin calcium.....	142	LOTEMAX SM.....	122
KRYSTEXXA.....	118	levonest (28).....	78	loteprednol etabonate	122
kurvelo (28).....	78	levonorgestrel-ethinyl estrad		lovastatin	71
KYNMOBI	49	.....	78	low-ogestrel (28)	79
L		levonorg-eth estrad triphasic		loxapine succinate	51
l norgest/e.estradiol-e.estrad		.....	78	lo-zumandimine (28).....	79
.....	78	levora-28	78	lubiprostone	124
labetalol.....	66	levothyroxine	131	LUMAKRAS	27
lacosamide.....	33	LEXIVA.....	55	LUMIGAN.....	144
lactulose	124	lidocaine	14	LUNSUMIO	27
lagevrio (eua)	58	lidocaine (pf)	14, 66	LUPRON DEPOT.....	130
lamivudine.....	55	lidocaine hcl.....	14	LUPRON DEPOT (3	
lamivudine-zidovudine	55	lidocaine viscous.....	14	MONTH).....	27, 130
lamotrigine	33	lidocaine-prilocaine.....	14	LUPRON DEPOT (4	
lanreotide	130	lillow (28).....	78	MONTH).....	27
lansoprazole	123	linezolid.....	17		

LUPRON DEPOT (6 MONTH).....	27	MAVENCLAD (8 TABLET PACK).....	74	methadone	11
LUPRON DEPOT-PED.....	130	MAVENCLAD (9 TABLET PACK).....	74	methadose	11
LUPRON DEPOT-PED (3 MONTH).....	130	MAVYRET.....	57	methazolamide	144
lurasidone	51	MAXICOMFORT II PEN NEEDLE.....	102	methenamine hippurate	17
lutera (28).....	79	MAXICOMFORT INSULIN SYRINGE.....	102	methimazole	131
LYBALVI.....	51	MAXI-COMFORT INSULIN SYRINGE.....	102	methocarbamol.....	149
lyleq.....	79	MAXI-COMFORT INSULIN SYRINGE.....	102	methotrexate sodium.....	27
lyllana	128	MAXI-COMFORT INSULIN SYRINGE.....	102	methotrexate sodium (pf).....	27
LYNPARZA.....	27	MAXI-COMFORT SAFETY PEN NEEDLE.....	102	methoxsalen	83
LYSODREN.....	27	MAYZENT.....	74	methscopolamine.....	124
LYTGOBI.....	27	MAYZENT STARTER(FOR 1MG MAINT)	74	methyl dopa	64
lyza.....	79	MAYZENT STARTER(FOR 2MG MAINT)	74	methylphenidate hcl	74, 75
M		meclizine	47	methylprednisolone	129
MAGELLAN INSULIN SAFETY SYRNG.....	102	medroxyprogesterone	131	methylprednisolone acetate	129
MAGELLAN SYRINGE....	101, 102	mefenamic acid.....	13	methylprednisolone sodium succ.....	129
magnesium sulfate	145	mefloquine	48	metoclopramide hcl	124
magnesium sulfate in d5w	145	megestrol	27, 131	metolazone	70
magnesium sulfate in water	145	MEKINIST	27	metoprolol succinate	66
malathion	86	MEKTOVI.....	27	metoprolol ta- hydrochlorothiaz.....	66
maprotiline	37	meloxicam.....	13	metoprolol tartrate.....	66
maraviroc	55	memantine	36	metronidazole.....	17, 45, 83, 84
MARGENZA	27	MENACTRA (PF).....	138	metronidazole in nacl (iso-os)	17
marlissa (28).....	79	MENQUADFI (PF).....	138	metyrosine.....	68
marnatal-f.....	151	MENVEO A-C-Y-W-135-DIP (PF).....	138	mexiletine	66
MARPLAN.....	37	MEPSEVII	118	miconazole-3	43
MATULANE	27	mercaptapurine	27	MICRODOT INSULIN PEN NEEDLE	102
matzim la.....	67	meropenem.....	19	microgestin fe 1/20 (28).....	79
MAVENCLAD (10 TABLET PACK).....	74	merzee.....	79	midazolam.....	16
MAVENCLAD (4 TABLET PACK).....	74	mesalamine	140	midodrine.....	64
MAVENCLAD (5 TABLET PACK).....	74	mesna	142	miglitol.....	39
MAVENCLAD (6 TABLET PACK).....	74	MESNEX.....	142	miglustat	118
MAVENCLAD (7 TABLET PACK).....	74	metadate er.....	74	mili	79
		metformin	39	mimvey	128
				MINI ULTRA-THIN II	103
				minitran.....	72
				minocycline	21
				minoxidil.....	72

mirtazapine	37	nafcillin in dextrose iso-osm	20	nikki (28).....	79
misoprostol	123	NAGLAZYME	118	nilutamide.....	27
mitoxantrone.....	27	naloxone.....	15	NINLARO	27
M-M-R II (PF)	138	naltrexone	15	nitazoxanide.....	48
m-natal plus	151	NAMZARIC	36	nitisinone	118
modafinil.....	150	naproxen	13	nitrofurantoin macrocrystal.17	
moexipril.....	65	naratriptan.....	45	nitrofurantoin monohyd/m- cryst.....	17
molindone	51, 52	NATACYN.....	120	nitroglycerin.....	72
mometasone.....	85, 86, 122	nateglinide.....	39	niva-plus	151
mondoxyne nl.....	21	NATPARA	141	NIVESTYM.....	60
MONOJECT INSULIN SAFETY SYRINGE.....	103	NAYZILAM.....	34	nizatidine	123
MONOJECT INSULIN SYRINGE.....	103	nebivolol	67	NORDITROPIN FLEXPRO	130
MONOJECT SYRINGE ...	103	necon 0.5/35 (28).....	79	norethindrone (contraceptive)	79
MONOJECT ULTRA COMFORT INSULIN.....	114	nefazodone	37	norethindrone acetate	131
mono-linyah	79	neomycin.....	16	norethindrone ac-eth estradiol.....	79, 128
montelukast	147	neomycin-bacitracin-poly-hc	120	norethindrone-e.estradiol-iron	79
morphine	11	neomycin-bacitracin- polymyxin	120	norgestimate-ethinyl estradiol	79
MORPHINE	11	neomycin-polymyxin b gu...84		norlyda.....	79
morphine concentrate	11	neomycin-polymyxin b- dexameth	120	NORMOSOL-M IN 5 % DEXTROSE	145
MOUNJARO	39	neomycin-polymyxin- gramicidin.....	120	nortrel 0.5/35 (28)	79
MOVANTIK.....	124	neomycin-polymyxin-hc ... 120, 121		nortrel 1/35 (21).....	79
moxifloxacin.....	21, 120	neo-polycin.....	121	nortrel 1/35 (28).....	79
MOZOBIL.....	60	neo-polycin hc	121	nortrel 7/7/7 (28).....	79
MULTAQ	66	NERLYNX.....	27	nortriptyline	38
mupirocin	84	NEULASTA.....	60	NORVIR.....	55
MVASI	27	NEULASTA ONPRO	60	NOVOFINE 30.....	103
mycophenolate mofetil.....	135	NEUPRO	49	NOVOFINE 32.....	104
mycophenolate mofetil (hcl)	135	nevirapine.....	55	NOVOFINE PLUS.....	104
mynatal.....	151	newgen	151	NOVOLIN 70/30 U-100 INSULIN	41
mynatal advance.....	151	NEXLETOL	71	NOVOLIN 70-30 FLEXPEN U-100	41
mynatal plus	151	NEXLIZET	71	NOVOLIN N FLEXPEN.....	41
mynatal-z.....	151	niacin.....	71	NOVOLIN N NPH U-100 INSULIN	41
mynate 90 plus.....	151	niacor	71		
MYRBETRIQ	126	nicardipine.....	69		
N		NICOTROL	15		
nabumetone.....	13	nifedipine.....	69		
nadolol.....	67				
nafcillin	20				

NOVOLIN R FLEXPEN.....	41	omeprazole-sodium		oxazepam.....	16
NOVOLIN R REGULAR U-		bicarbonate	123	oxcarbazepine	34
100 INSULN	41	OMNIPOD 5 G6 INTRO KIT		OXLUMO.....	142
NOVOTWIST.....	104	(GEN 5).....	104	oxybutynin chloride.....	126
NOXAFIL.....	43	OMNIPOD 5 G6 PODS (GEN		oxycodone.....	11
NPLATE	60	5).....	104	oxycodone-acetaminophen	
NUBEQA.....	28	OMNIPOD CLASSIC PDM		.....	11, 12
NUCALA.....	148	KIT(GEN 3).....	104	OXYCONTIN	12
NULOJIX.....	135	OMNIPOD CLASSIC PODS		oxymorphone.....	12
NUPLAZID	52	(GEN 3).....	104	OZEMPIC.....	39
NURTEC ODT.....	45	OMNIPOD DASH INTRO KIT		P	
NUTRILIPID.....	63	(GEN 4).....	104	pacerone	66
nyamyc.....	43	OMNIPOD DASH PDM KIT		paclitaxel	28
nylia 1/35 (28)	79	(GEN 4).....	104	paclitaxel protein-bound.....	28
nylia 7/7/7 (28)	79	OMNIPOD DASH PODS		paliperidone	52
nymyo.....	79	(GEN 4).....	104	PALYNZIQ	118
nystatin	43	ondansetron.....	47	pamidronate.....	141
nystatin-triamcinolone... 43, 44		ondansetron hcl	47	PANRETIN.....	83
nystop.....	44	ondansetron hcl (pf)	47	pantoprazole.....	123
NYVEPRIA.....	60	ONGENTYS.....	49	paricalcitol	141
O		ONTRUZANT	28	paroex oral rinse	82
obstetrix dha.....	151	ONUREG	28	paramomycin	48
o-cal prenatal.....	151	OPDIVO	28	paroxetine hcl	38
OCALIVA	124	OPDUALAG.....	28	PAXLOVID (EUA).....	57
OCREVUS	75	OPSUMIT.....	150	PEDIARIX (PF).....	138
OCTAGAM.....	135	oralone.....	82	PEDVAX HIB (PF).....	138
octreotide acetate	130	ORENCIA.....	135	PEGASYS.....	58
ODEFSEY.....	55	ORENCIA (WITH MALTOSE)		peg-electrolyte soln	125
ODOMZO.....	28	.....	135	PEMAZYRE	28
OFEV	148	ORENCIA CLICKJECT	135	pemetrexed.....	28
ofloxacin	121	ORFADIN.....	118	pemetrexed disodium.....	28
OGIVRI.....	28	ORGOVYX.....	130	PEN NEEDLE.....	98, 104, 106
olanzapine	52	ORLISSA.....	130	PEN NEEDLE, DIABETIC .	92,
olmesartan	64	ORKAMBI.....	149	102, 104, 106	
olmesartan-amlodipin-		ORSERDU.....	28	PEN NEEDLE, DIABETIC,	
hcthiazid	64	orsythia.....	79	SAFETY.....	107
olmesartan-		oseltamivir.....	57	penciclovir	83
hydrochlorothiazide	64	OSMOLEX ER.....	49	penicillamine.....	127
olopatadine	119	OTEZLA	135	penicillin g potassium	20
OLUMIANT	135	OTEZLA STARTER.....	135	penicillin g procaine.....	20
omega-3 acid ethyl esters ..	71	oxaliplatin	28	penicillin v potassium	20
omeprazole.....	123	oxandrolone.....	127	PENTACEL (PF).....	138

pentamidine	48	polymyxin b sulfate	17	prenatal vitamin plus low iron	152
PENTIPS.....	104, 105	polymyxin b sulf-trimethoprim	121	.....	152
pentoxifylline.....	62	POMALYST	28	prenatal-u	152
perindopril erbumine	65	portia 28	80	preplus.....	152
periogard.....	82	posaconazole	44	pretab.....	152
permethrin.....	86	potassium chloride.....	145	PRETOMANID	46
perphenazine.....	52	potassium chloride-0.45 %	145	prevalite.....	71
perphenazine-amitriptyline	38	nacl.....	145	PREVENT DROPSAFE PEN	105
PERSERIS.....	52	potassium citrate.....	145	NEEDLE	105
pfizerpen-g.....	20	pr natal 400.....	151	previfem.....	80
phenelzine	38	pr natal 400 ec	152	PREVYMIS	57
phenobarbital.....	34	pr natal 430.....	152	PREZCOBIX.....	55
phenylephrine hcl	64	pr natal 430 ec	152	PREZISTA.....	55
phenytoin	34	PRALUENT PEN	71	PRIFTIN.....	46
phenytoin sodium	34	pramipexole	49	PRIMAQUINE.....	48
phenytoin sodium extended	34	prasugrel	62	primidone.....	34
.....	34	pravastatin	71	PRIORIX (PF).....	138
philith	80	prazosin.....	64	PRIVIGEN.....	135
PHOSLYRA.....	125	prednicarbate	86	PRO COMFORT ALCOHOL	83
PIFELTRO	55	prednisolone	129	PADS	83
pilocarpine hcl	82, 144	prednisolone acetate.....	122	PRO COMFORT INSULIN	105
pimecrolimus	86	prednisolone sodium	122, 129	SYRINGE	105
pimozide.....	52	phosphate	122, 129	PRO COMFORT PEN	105
pimtreea (28).....	80	prednisone	129	NEEDLE	105
pindolol.....	67	pregabalin	34	PROAIR RESPICLICK.....	147
pioglitazone	39	PREHEVBRIO (PF).....	138	probenecid	44
pioglitazone-metformin	39	PREMARIN.....	128	probenecid-colchicine	44
PIP PEN NEEDLE.....	105	PREMPHASE.....	128	procainamide	66
piperacillin-tazobactam.....	20	PREMPRO.....	128	PROCALAMINE 3%.....	63
PIQRAY.....	28	prena1 true	152	prochlorperazine	47
pirfenidone	149	prenaissance	152	prochlorperazine edisylate	47
pirmella.....	80	prenaissance plus.....	152	prochlorperazine maleate...47	47
piroxicam.....	13	prenatabs fa.....	152	proctosol hc.....	86
PLASMA-LYTE 148	145	prenatal 19.....	152	proctozone-hc.....	86
PLASMA-LYTE A	145	prenatal 19 (with docusate)	152	PRODIGY INSULIN	105
PLEGRIDY.....	75	.....	152	SYRINGE	105
pnv 29-1	151	prenatal low iron.....	152	progesterone.....	131
pnv-dha + docusate.....	151	prenatal plus.....	152	progesterone micronized ..131	131
pnv-omega.....	151	prenatal plus (calcium carb)	151	PROGRAF	135
pnv-vp-u	151	.....	151	PROLASTIN-C	149
podofilox.....	83			PROLENSA	122
polycin	121			PROLIA	141

PROMACTA	60, 61	ranolazine.....	68	RISPERDAL CONSTA.....	52
promethazine.....	44, 47	rasagiline.....	49	risperidone	52
promethegan	47	RASUVO (PF)	135	ritonavir.....	56
propafenone	66	RAVICTI	124	RITUXAN HYCELA	29
proparacaine	119	RAYALDEE.....	141	rivastigmine.....	36
propranolol.....	67	reclipsen (28).....	80	rivastigmine tartrate.....	36
propranolol-		RECOMBIVAX HB (PF)...	138,	rizatriptan.....	45
hydrochlorothiazid	67	139		r-natal ob	152
propylthiouracil.....	131	RECTIV	143	ROCKLATAN.....	144
PROQUAD (PF).....	138	REGRANEX.....	83	roflumilast.....	149
PROSOL 20 %.....	63	RELENZA DISKHALER.....	57	ROLVEDON.....	61
protamine	61	RELEUKO.....	61	ropinirole.....	49
protriptyline	38	RELION NEEDLES	106	rosadan.....	84
PULMOZYME.....	118	RELION PEN NEEDLES..	106	rosuvastatin.....	71
PURE COMFORT ALCOHOL		RELISTOR.....	124, 125	ROTARIX	139
PADS.....	83	RENFLEXIS.....	135	ROTATEQ VACCINE.....	139
PURE COMFORT PEN		repaglinide	39	ROZLYTREK	29
NEEDLE.....	106	repaglinide-metformin	40	RUBRACA.....	29
purefe ob plus	152	REPATHA PUSHTRONEX	71	rufinamide	34
purefe plus	152	REPATHA SURECLICK....	71	RUKOBIA	56
PURIXAN	28	REPATHA SYRINGE	71	RUXIENCE	29
pyrazinamide	46	RESTASIS MULTIDOSE..	122	RYBELSUS.....	40
pyridostigmine bromide ...	142,	RETACRIT	61	RYBREVANT.....	29
143		RETEVMO	28, 29	RYDAPT	29
pyrimethamine.....	48	RETROVIR	55	S	
Q		REVCovi.....	118	SAFESNAP INSULIN	
QINLOCK.....	28	revonto.....	149	SYRINGE	106, 107
QUADRACEL (PF).....	138	REXULTI	52	SAFETY PEN NEEDLE ...	107
quetiapine	52	REYATAZ.....	55	sajazir.....	68
quinapril.....	65	REZLIDHIA	29	SANTYL.....	83
quinapril-hydrochlorothiazide		REZUROCK.....	135	sapropterin	118
.....	65	RHOPRESSA.....	144	SAVELLA	75
quinidine gluconate	66	RIABNI.....	29	SCEMBLIX.....	29
quinidine sulfate.....	66	ribavirin	58	scopolamine base.....	47
quinine sulfate	48	RIDAURA.....	135	SECUADO	52
QULIPTA.....	45	rifabutin.....	46	SECURESAFE PEN	
R		rifampin.....	46	NEEDLE	107
RABAVERT (PF)	138	rilpivirine	56	select-ob.....	152
rabeprazole.....	123	riluzole	75	select-ob (folic acid).....	152
RADICAVA	75	rimantadine	57	selegiline hcl	49
raloxifene	128	RINVOQ	135	selenium sulfide	84
ramipril.....	65	risedronate	141	SELZENTRY.....	56

SEMGLEE(INSULIN GLARGINE-YFGN)	41	SOLTAMOX.....	29	sulfamethoxazole- trimethoprim.....	21
SEMGLEE(INSULIN GLARG-YFGN)PEN.....	41	SOLU-CORTEF ACT-O-VIAL (PF)	129	sulfasalazine	140
se-natal 19 chewable	152	SOMATULINE DEPOT	130,	sulindac	13
SEREVENT DISKUS	147	131		sumatriptan	45
SEROSTIM.....	130	SOMAVERT.....	131	sumatriptan succinate ...	45, 46
sertraline	38	sorafenib.....	29	sumatriptan-naproxen	46
setlakin	80	sorine	67	sunitinib malate	29
sevelamer carbonate	125	sotalol	67	SUNLENCA	56
sevelamer hcl	125	sotalol af.....	67	SUNOSI.....	150
SEZABY	34	SPIRIVA RESPIMAT	147	SUPPRELIN LA	131
sf 5000 plus	82	SPIRIVA WITH HANDIHALER	148	SUPREP BOWEL PREP KIT	125
sharobel	80	spironolactone	70	SURE COMFORT ALCOHOL PREP PADS	83
SHINGRIX (PF).....	139	spironolacton- hydrochlorothiaz.....	70	SURE COMFORT INS. SYR. U-100	107
SIGNIFOR.....	130	SPRAVATO	38	SURE COMFORT INSULIN SYRINGE	107, 108
SIKLOS	61	sprintec (28).....	80	SURE COMFORT PEN NEEDLE	107, 108
sildenafil	150	SPRITAM	34	SURE COMFORT SAFETY PEN NEEDLE.....	107
sildenafil (pulm.hypertension)	150	SPRYCEL	29	SURE-FINE PEN NEEDLES	108
silver sulfadiazine	84	sps (with sorbitol).....	125	SURE-JECT INSULIN SYRINGE	108
SIMBRINZA	144	sronyx	80	SURE-PREP ALCOHOL PREP PADS	83
simliya (28)	80	ssd.....	84	SUTAB.....	125
simpesse.....	80	stavudine.....	56	syeda	80
simvastatin.....	71	STELARA.....	136	SYMBICORT	146
sirolimus	135	STERILE PADS	107	SYMDEKO	149
SIRTURO.....	46	STIOLTO RESPIMAT	148	SYMJEPI.....	68
SKY SAFETY PEN NEEDLE	107	STIVARGA.....	29	SYMLINPEN 120	40
SKYRIZI	136	STRENSIQ.....	118	SYMLINPEN 60	40
SLYND.....	80	streptomycin	16	SYMPAZAN	34
sodium chloride 0.45 %	145	STRIBILD	56	SYMTUZA.....	56
sodium chloride 0.9 %	145,	STRIVERDI RESPIMAT ...	148	SYNAGIS	57
146		SUBLOCADE	15	SYNAREL	131
sodium fluoride-pot nitrate..	82	subvenite.....	34	SYNERCID	17
sodium oxybate.....	150	sucalfate.....	124	SYNJARDY.....	40
sodium phenylbutyrate.....	125	sulfacetamide sodium	121		
sodium polystyrene sulfonate	125	sulfacetamide sodium (acne)	84		
sodium,potassium,mag sulfates	125	sulfacetamide-prednisolone	121		
SOLQUA 100/33.....	41	sulfadiazine.....	21		

SYNJARDY XR.....	40	telmisartan-		tizanidine	149
SYNRIBO.....	29	hydrochlorothiazid	64	TOBI PODHALER.....	16
T		temazepam	16	tobramycin.....	16, 121
TABLOID.....	29	TEMIXYS	56	tobramycin in 0.225 % nacl	16
TABRECTA.....	29	tencon.....	12	tobramycin sulfate.....	16
tacrolimus.....	86, 136	TENIVAC (PF).....	139	tobramycin-dexamethasone	
tadalafil	150	tenofovir disoproxil fumarate		.....	121
tadalafil (pulm. hypertension)		.....	56	tolmetin	14
.....	150	TEPEZZA.....	120	tolterodine	126
TAFINLAR.....	29	TEPMETKO.....	30	TOPCARE CLICKFINE.....	110
tafluprost (pf)	144	terazosin.....	126	TOPCARE ULTRA	
TAGRISSE	29	terbinafine hcl.....	44	COMFORT	110
TAKHZYRO	143	terbutaline	148	topiramate	35
TALTZ AUTOINJECTOR .	136	terconazole	45	toposar.....	30
TALTZ SYRINGE	136	teriflunomide	75	toremifene	30
TALZENNA.....	29	TERUMO INSULIN		torse mide.....	70
tamoxifen	29	SYRINGE.....	109, 110	TOTECT	143
tamsulosin.....	126	testosterone.....	127	TOUJEO MAX U-300	
tarina 24 fe.....	80	testosterone cypionate.....	127	SOLOSTAR	41
tarina fe 1-20 eq (28)	80	testosterone enanthate	127	TOUJEO SOLOSTAR U-300	
taron-c dha.....	152	TETANUS, DIPHTHERIA		INSULIN	42
taron-prex prenatal-dha	152	TOX PED(PF).....	139	TRACLEER.....	150
TASCENSO ODT	75	tetrabenazine.....	75	TRADJENTA.....	40
TASIGNA	29	tetracycline.....	21	tramadol.....	12
tasimelteon	150	THALOMID	143	tramadol-acetaminophen....	12
TAVALISSE	61	theophylline.....	148	trandolapril	65
tazarotene.....	86	THINPRO INSULIN		trandolapril-verapamil.....	65
TAZORAC.....	86	SYRINGE.....	110	tranexamic acid	61
taztia xt.....	67	thioridazine.....	53	tranylcypro mine.....	38
TAZVERIK	29	thiothixene.....	53	TRAVASOL 10 %.....	63
TDVAX.....	139	tiadylt er.....	67	travoprost	144
TECENTRIQ.....	30	tiagabine.....	35	TRAZIMERA.....	30
TECHLITE INSULIN		TIBSOVO	30	trazodone	38
SYRINGE.....	109	TICE BCG	30	TRECATOR	46
TECHLITE INSULN		TICOVAC	139	TRELEGY ELLIPTA	148
SYR(HALF UNIT) ..	108, 109	tigecycline	21	TRELSTAR	30
TECHLITE PEN NEEDLE	109	timolol maleate	67, 144	TREMFYA.....	136
TECVAYLI	30	tinidazole	48	treprostinil sodium.....	150
TEFLARO	19	tiopronin.....	126	tretinoin.....	86
telmisartan	64	TIVDAK.....	30	tretinoin (antineoplastic).....	30
telmisartan-amlodipine.....	64	TIVICAY	56	tri femynor	80
		TIVICAY PD.....	56		

triamcinolone acetonide.....	82, 86, 129	TRUE COMFORT PRO ALCOHOL PADS.....	83	ULTILET INSULIN SYRINGE	100, 114
triamterene- hydrochlorothiazid	70	TRUE COMFORT PRO INS SYRINGE.....	110, 111	ULTILET PEN NEEDLE....	114
triazolam.....	16	TRUE COMFORT SAFETY PEN NEEDLE.....	110	ULTRA CMFT INS SYR (HALF UNIT).....	98, 107, 112
trientine.....	127	TRUEPLUS INSULIN	111, 112	ULTRA COMFORT INSULIN SYRINGE	94, 98, 114
tri-estarylla	80	TRUEPLUS PEN NEEDLE	111	ULTRA FLO INSUL SYR(HALF UNIT).....	114
trifluoperazine.....	53	TRULICITY	40	ULTRA FLO INSULIN SYRINGE	115
trifluridine	121	TRUMENBA.....	139	ULTRA FLO PEN NEEDLE	114
trihexyphenidyl	49	TRUSELTIQ.....	30	ULTRA THIN PEN NEEDLE	115
TRIJARDY XR.....	40	TRUXIMA.....	30	ULTRACARE INSULIN SYRINGE	115
TRIKAFTA.....	149	TUKYSA.....	30	ULTRACARE PEN NEEDLE	115
tri-legest fe	80	tulana	81	ULTRA-THIN II (SHORT) INS SYR.....	115, 116
tri-linyah.....	80	TURALIO.....	30	ULTRA-THIN II (SHORT) PEN NDL.....	116
tri-lo-estarylla	80	TWINRIX (PF).....	139	ULTRA-THIN II INS PEN NEEDLES	116
tri-lo-marzia.....	80	tyblume.....	81	ULTRA-THIN II INSULIN SYRINGE	116
tri-lo-mili.....	80	TYBOST.....	143	UNIFINE PEN NEEDLE....	116
tri-lo-sprintec.....	80	TYMLOS.....	141	UNIFINE PENTIPS....	104, 116
trimethoprim.....	17	TYPHIM VI.....	139	UNIFINE PENTIPS MAXFLOW.....	116
tri-mili	80	TYSABRI.....	136	UNIFINE PENTIPS PLUS.....	116, 117
trimipramine.....	38	TYVASO.....	150	UNIFINE PENTIPS PLUS MAXFLOW.....	116
TRINTELLIX.....	38	U		UNIFINE SAFECONTROL	117
tri-nymyo	81	UBRELVY	46	UNIFINE ULTRA PEN NEEDLE	117
tri-previfem (28).....	81	UCERIS.....	140	UPTRAVI.....	150, 151
TRIPTODUR.....	131	UDENYCA	61	ursodiol	125
tri-sprintec (28).....	81	ULTICARE	112, 113		
TRIUMEQ	56	ULTICARE INSULIN SYRINGE.....	112		
TRIUMEQ PD.....	56	ULTICARE INSULN SYR(HALF UNIT)	112		
triveen-duo dha	152	ULTICARE PEN NEEDLE	112, 113		
trivora (28).....	81	ULTICARE SAFETY PEN NEEDLE.....	113		
tri-vylibra.....	81	ULTIGUARD SAFEPACK-INSULIN SYR.....	113		
tri-vylibra lo	81	ULTIGUARD SAFEPACK-PEN NEEDLE.....	113		
TRIZIVIR.....	56	ULTILET ALCOHOL SWAB	83		
TROGARZO	56				
TROPHAMINE 10 %.....	63				
tropium.....	126				
TRUE COMFORT ALCOHOL PADS.....	83				
TRUE COMFORT INSULIN SYRINGE.....	110, 111				
TRUE COMFORT PEN NEEDLE.....	111				

V		W	
valacyclovir	58	warfarin	59
VALCHLOR	83	WEBCOL	83
valganciclovir	58	WELIREG	31
valproate sodium	35	wera (28)	81
valproic acid	35	wixela inhub	146
valproic acid (as sodium salt)		X	
.....	35	XADAGO	49
valsartan	64	XALKORI	31
valsartan-hydrochlorothiazide		XARELTO	59
.....	64	XARELTO DVT-PE TREAT	
VALTOCO	35	30D START	59
vancomycin	17	XATMEP	31
VANISHPOINT INSULIN		XCOPRI	35
SYRINGE	117	XCOPRI MAINTENANCE	
VANISHPOINT SYRINGE	117	PACK	35
VAQTA (PF)	139	XCOPRI TITRATION PACK	
varenicline	15	.....	35
VARIVAX (PF)	139	XELJANZ	136
VEGZELMA	30	XELJANZ XR	136
VEKLURY	58	XERMELO	125
VELCADE	30	XGEVA	141
velivet triphasic regimen (28)		XHANCE	122
.....	81	XIFAXAN	17
VELPHORO	126	XIGDUO XR	40
VELTASSA	125	XIIDRA	122
VEMLIDY	56	XOFLUZA	57
VENCLEXTA	30	XOLAIR	149
VENCLEXTA STARTING		XOSPATA	31
PACK	30	XPOVIO	31
venlafaxine	38	XTAMPZA ER	12
venlafaxine besylate	38	XTANDI	31
verapamil	67, 68	xulane	81
VERIFINE PEN NEEDLE	117	XULTOPHY 100/3.6	42
VERSACLOZ	53	XYOSTED	127
VERSALON	117	XYREM	150
VERZENIO	31	Y	
vestura (28)	81	YERVOY	31
V-GO 20	117	YF-VAX (PF)	139
V-GO 30	117	YONSA	31
V-GO 40	117	yuvafem	128
vicodin hp	12		
		VICTOZA	40
		vienna	81
		vigabatrin	35
		vigadrone	35
		VIIBRYD	38
		vilazodone	38
		VIMIZIM	119
		VIMPAT	35
		vinate care	152
		vinblastine	31
		vincasar pfs	31
		vincristine	31
		vinorelbine	31
		viorele (28)	81
		VIRACEPT	56
		VIREAD	56
		virt-c dha	152
		virt-nate dha	152
		virt-pn	152
		virt-pn dha	152
		virt-pn plus	152
		VISTOGARD	143
		vitafol gummies	152
		vitafol nano	153
		vitafol-ob+dha	153
		VITRAKVI	31
		VIZIMPRO	31
		VOCABRIA	56
		vol-nate	153
		volnea (28)	81
		VONJO	31
		voriconazole	44
		VOSEVI	57
		VOTRIENT	31
		vp-ch-pnv	153
		vp-pnv-dha	153
		VPRIV	119
		VRAYLAR	53
		VUMERITY	75
		vyfemla (28)	81
		vylibra	81
		VYZULTA	144

Z		
zafemy.....	81	
zafirlukast.....	147	
zaleplon.....	150	
zarah.....	81	
ZARXIO.....	61	
zatean-pn dha.....	153	
zatean-pn plus.....	153	
zebutal.....	12	
ZEGALOGUE		
AUTOINJECTOR.....	143	
ZEGALOGUE SYRINGE..	143	
ZEJULA.....	31	
ZELBORAF.....	31	
zenatane.....	83	
ZENPEP.....	119	
zidovudine.....	56, 57	
ZIEXTENZO.....	61	
zingiber.....	153	
ziprasidone hcl.....	53	
ziprasidone mesylate.....	53	
ZIRABEV.....	31	
ZIRGAN.....	121	
ZOLADEX.....	32	
zoledronic acid.....	141	
zoledronic acid-mannitol-		
water.....	141	
ZOLINZA.....	32	
zolmitriptan.....	46	
zolpidem.....	150	
ZONISADE.....	35	
zonisamide.....	35	
zovia 1-35 (28).....	81	
ZTALMY.....	35	
ZTLIDO.....	14	
zumandimine (28).....	81	
ZYDELIG.....	32	
ZYKADIA.....	32	
ZYLET.....	121	
ZYNLONTA.....	32	
ZYPREXA RELPREVV.....	53	

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-969-5366. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-969-5366. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-969-5366。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-969-5366。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-969-5366. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-969-5366. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-969-5366 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-969-5366. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-969-5366번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-969-5366. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-969-5366. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-969-5366 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-969-5366. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-969-5366. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-969-5366. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-969-5366. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-969-5366 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

This formulary was updated on 04/20/2023. For more recent information or additional questions, please contact Leon Health's member services department at Toll Free Number: (844) 969-5366 or to our local number: (305) 541-5366 (TTY users should call 711). Our hours of operation are 8 a.m. to 8 p.m. EST, seven days a week from October 1st through March 31st and Monday through Friday the rest of the year. Or visit www.leonhealth.com. Leon Health is an HMO plan with a Medicare Contract. Enrollment in Leon Health, Inc. depends on contract renewal.

