



CHOICESM
Health Plans

A Medicare Advantage Program

2022 FORMULARY (LIST OF COVERED DRUGS)

FORMULARIO DE MEDICAMENTOS 2022 (LISTADO DE MEDICAMENTOS CUBIERTOS)

2022 處方集 (給付藥品清單)

Approved Formulary Submission
ID Number: 22093 Version 17

VNSNY CHOICE EasyCare (HMO)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN
This formulary was updated on 11/22/2022 For more recent information or other questions, please contact the CHOICE Care Team at 1-866-783-1444 or, for TTY users, 711, 7 days a week from 8 am to 8 pm or visit www.vnsnychoice.org.

VNSNY CHOICE EasyCare (HMO)

2022 Formulary (List of Covered Drugs)

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

Approved Formulary File Submission ID Number: 22093, Version: 17

This formulary was updated on 11/22/2022 For more recent information or other questions, please contact us at 1-866-783-1444 or, for TTY users, 711, 7 days a week from 8 am – 8 pm or visit vnsnychoice.org.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means VNSNY CHOICE EasyCare. When it refers to “plan” or “our plan,” it means VNSNY CHOICE EasyCare.

This document includes a list of the drugs (formulary) for our plan, which is current as of 11/22/2022 For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover 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, 2023, and from time to time during the year.

H5549_CY2022_EC_012 Formulary_C

What is the VNSNY CHOICE EasyCare Formulary?

A formulary is a list of covered drugs selected by VNSNY CHOICE EasyCare 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. VNSNY CHOICE EasyCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a VNSNY CHOICE EasyCare 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 VNSNY CHOICE EasyCare 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 how to request an exception, and you can also find information in the section below titled “How do I request an exception to the VNSNY CHOICE EasyCare 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 new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior

authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the VNSNY CHOICE EasyCare Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 11/22/2022 To get updated information about the drugs covered by VNSNY CHOICE EasyCare, please contact us. Our contact information appears on the front cover and back cover pages. If we update our printed formulary with non-maintenance formulary changes, we will send you a notice that includes this information.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

VNSNY CHOICE EasyCare 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:** VNSNY CHOICE EasyCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from VNSNY CHOICE EasyCare before you fill your prescriptions. If you don't get approval, VNSNY CHOICE EasyCare may not cover the drug.
- **Quantity Limits:** For certain drugs, VNSNY CHOICE EasyCare limits the amount of the drug that VNSNY CHOICE EasyCare will cover. For example, VNSNY CHOICE EasyCare provides Celcoxib in varying quantities, depending on strength. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, VNSNY CHOICE EasyCare 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, VNSNY CHOICE EasyCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, VNSNY CHOICE EasyCare will then cover Drug B.

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

You can ask VNSNY CHOICE EasyCare 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 VNSNY CHOICE EasyCare formulary?” on page VI 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. VNSNY CHOICE EasyCare pays for certain OTC drugs.

COVERED OVER-THE-COUNTER (OTC) DRUGS

DRUG		Dosage Form
Generic Name	(Reference Brand Name)	
<i>Cetirizine Hydrochloride</i>	(Zyrtec)	Chewable Tablets, Solution, Tablets
<i>Cetirizine Hydrochloride/ Pseudoephedrine Hydrochloride</i>	(Zyrtec-D)	12 Hour Tablets
<i>Fexofenadine Hydrochloride</i>	(Allegra)	12 hour tablets, 24 hour tablets rapdis, suspension
<i>Fexofenadine/Pseudoephedrine Hydrochloride</i>	(Allegra-D)	12 hour tablets, 24 Hour Tablet
<i>Ketotifen Fumarate</i>	(Zaditor)	Ophthalmic Drops
<i>Levocetirizine Dihydrochloride</i>	(Xyzal)	Solution, Tablets
<i>Loratadine</i>	(Claritin)	Solution, Tablets, tablets rapdis, Chewable tablets
<i>Loratadine/ Pseudoephedrine Hydrochloride</i>	(Claritin-D)	12 Hour Tablets 24 Hour Tablets
<i>Olopatadine Hydrochloride</i>	(Pataday)	Ophthalmic Drops

VNSNY CHOICE EasyCare will provide these OTC drugs at no cost to you. The cost to VNSNY CHOICE EasyCare of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap.)

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact the CHOICE EasyCare Care Team and ask if your drug is covered.

If you learn that VNSNY CHOICE EasyCare does not cover your drug, you have two options:

- You can ask the CHOICE EasyCare Care Team for a list of similar drugs that are covered by VNSNY CHOICE EasyCare. When you receive the list, show it to

your doctor and ask him or her to prescribe a similar drug that is covered by VNSNY CHOICE EasyCare.

- You can ask VNSNY CHOICE EasyCare 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 VNSNY CHOICE EasyCare Formulary?

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill

your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-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.

A transition fill is provided to current members that are in need of a one-time Emergency Fill or that are prescribed a non-formulary drug as a result of a level of care change.

For more information

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

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

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

This information is available for free in other languages. Please call The CHOICE Care Team at 1-866-783-1444 for additional information. (TTY users should call 711 toll free) 7 days a week from 8 am to 8 pm. The CHOICE Care Team also has free language interpreter services available for non-English speakers.

VNSNY CHOICE EasyCare's Formulary

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

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

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

Please see the following for an explanation of the Drug Tier columns listed in your formulary. See your Chapter 6 of Evidence of Coverage for actual copayments.

Tier 1: Preferred Generic Drugs

Tier 2: Generic Drugs

Tier 3: Preferred Brand Name Drugs

Tier 4: Non-Preferred Brand Name Drugs

Tier 5: Speciality Drugs

Tier 6: Select Care Drugs

**The following Utilization Management abbreviations may be found
within the body of this document**

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from VNSNY CHOICE EasyCare before you fill your prescription for this drug. Without prior approval, VNSNY CHOICE EasyCare may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from VNSNY CHOICE EasyCare to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, VNSNY CHOICE EasyCare may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from VNSNY CHOICE EasyCare before you fill your prescription for this drug. Without prior approval, VNSNY CHOICE EasyCare may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member, you (or your physician) are required to get prior authorization from VNSNY CHOICE EasyCare before you fill your prescription for this drug. Without prior approval, VNSNY CHOICE EasyCare may not cover this drug.

ABBREVIATION	DESCRIPTION	EXPLANATION
QL	Quantity Limit Restriction	VNSNY CHOICE EasyCare limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before VNSNY CHOICE EasyCare will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

The following additional coverage note abbreviations may be found within the body of this document

OTHER SPECIAL REQUIREMENTS FOR COVERAGE

ABBREVIATION	DESCRIPTION	EXPLANATION
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your <i>Provider</i> and <i>Pharmacy Directory</i> or call the CHOICE Care Team at 1-866-783-1444, 7 days a week from 8 am to 8 pm. TTY users should call 711.
NM	Non-Mail Order Drug	You may be able to receive greater than a 1-month supply of most of the drugs on your formulary via mail order at a reduced cost share. Drugs <u>not</u> available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary.
NDS	Non-Extended Day Supply	Those drugs that are limited to a 30-day supply are noted as ‘NDS’ (non-extended day supply) in the Requirements/Limits column of your formulary.

STRENGTH AND DOSAGE FORM ABBREVIATIONS

ABBREVIATION	DESCRIPTION
adh. patch	adhesive patch
aer br act	aerosol, breath activated
aer pow	aerosol, powder
aer pow ba	aerosol powder, breath activated
aer refill	aerosol refill
aer w/adap	aerosol with adapter
ampul	ampule
blkbaginj	bulk bag injection
cap dr mp	capsule, delayed release multiphasic
cap ds pk	capsule, dose pack
cap er 12h	capsule, 12 hour extended release
cap er 24h	capsule, 24 hour extended release
cap er deg	capsule, extended release degradable
cap er pel	capsule, extended release pellets
cap mphase	capsule, multiphasic
cap.sa 24h	capsule, 24 hour sustained action
cap.sr 12h	capsule, 12 hour sustained release
cap.sr 24h	capsule, 24 hour sustained release
cap24h pct	capsule, 24 hour controlled-onset pellets
cap24h pel	capsule, 24 hour sustained release pellets
cap sprink	capsule, sprinkle
cap sr pel	capsule sustained release pellets
cap w/dev	capsule with device
capsule dr	capsule, delayed release
capsule er	capsule, extended release
capsule sa	capsule, sustained action
cmb cappad	combination: capsule, pad
cmb ont fm	combination: ointment, foam
cmb ont lt	combination: ointment, lotion
cmb tabpad	combination: tablet, pad
combo. pkg	combination package
cpmp 12hr	capsule, 12 hour multiphasic
cpmp 24hr	capsule, 24 hour multiphasic

ABBREVIATION	DESCRIPTION
cpmp 30-70	capsule, multiphasic, 30%-70%
cpmp 50-50	capsule, multiphasic, 50%-50%
cream(g), cream(gm)	cream (grams)
cream(ml)	cream (milliliters)
cream/appl	cream with applicator
cream, er (g)	cream, extended release (grams)
cream pack	cream, package
dehp fr bg	di(2-ethylhexyl)phthalate free bag
dis needle	disposable needle
disk w/dev	disk with inhalation device
disp syrin	disposable syringe
drops susp	drops, suspension
drps hpvis	drops, hyperviscous
emul adhes	emulsion adhesive
emul packt	emulsion packet
emulsn(g)	emulsion (grams)
foam/appl.	foam with applicator
froz.piggy	frozen piggyback
g	gram
gel/pf app	gel with prefilled applicator
gel (gm)	gel (grams)
gel (ml)	gel (milliliters)
gel md pmp	gel in metered dose pump
gel w/appl	gel with applicator
gel w/pump	gel with pump
gran pack	granule pack
hfa aer ad	hfa aerosol adapter
infus. btl	infusion bottle
insuln pen	insulin pen
ip soln	intraperitoneal solution
irrig soln	irrigating solution
iv soln.	intravenous solution
jel	jelly
jelly/app	jelly with applicator
jel/pf app	jelly with pre-filled applicator

ABBREVIATION	DESCRIPTION
kit cl&crm	kit: cleanser and cream
kt crm le	kit: cream, lotion emollient
kt lotn ce	kit: lotion, cream emollient
kt oint le	kit: ointment, lotion emollient
lotion, er	lotion, extended release
lozenge hd	lozenge handle
m.ht patch	medicated heated patch
ma buc tab	mucoadhesive buccal tablet
mcg	microgram
med. pad	medicated pad
med. swab	medicated swab
med. tape	medicated tape
mg	milligram
ml	milliliter
muc er 12h	mucoadhesive system, 12 hour extended release
ndl fr inj	needle for injection
nl fm susp	nail film suspension
oint. (g), oint.(gm)	ointment (grams)
oral conc	oral concentrate
oral susp	oral suspension
paste (g)	paste (grams)
patch td24	patch, 24 hour transdermal
patch td72	patch, 72 hour transdermal
patch tds	patch, biweekly transdermal
patch tdwk	patch, weekly transdermal
pca syring	patient-controlled analgesic syringe
pca vial	patient-controlled analgesic vial
pellet(ea)	pellet (each)
pen ij kit	pen injector kit
pen injctr	pen injector
pggybk btl	piggyback bottle
plast. bag	plastic bag
powd pack	powder pack
sol md pmp	solution with multi-dose pump
sol w/appl	solution with applicator

ABBREVIATION	DESCRIPTION
sol/pf app	solution with pre-filled applicator
sol-gel	solution, gel-forming
soln recon	solution, reconstituted
soln(gram)	solution (grams)
spray susp	spray, suspension
spray/pump	spray with pump
stick(ea)	stick (each)
supp.rect	suppository, rectal
supp.vag	suppository, vaginal
suppos.	suppository
sus er 24h	suspension, 24 hour extended release
sus er rec	suspension, extended release reconstituted
sus mc rec	suspension, microcapsule reconstituted
suspdr pkt	suspension, delayed release packet
susp recon	suspension, reconstituted
syringekit	syringe kit
tab chew	tablet, chewable
tab er 12h	tablet, 12 hour extended release
tab er 24h	tablet, 24 hour extended release
tab er prt	tablet, extended release particles
tab er seq	tablet, extended release sequels
tab disper	tablet, dispersible
tab ds pk	tablet, dose pack
tab er 24	tablet, 24 hour extended release
tab mphase	tablet, multiphasic
tab part	tablet, particles
tab rap dr	tablet, rapid disintegrating delayed release
tab rapdis	tablet, rapid disintegrating
tab subl	tablet, sublingual
tab.sr 12h	tablet, 12 hour sustained release
tab.sr 24h	tablet, 24 hour sustained release
tabergr24hr	tablet, 24 hour gradual extended release
tablet dr	tablet, delayed release
tablet, er	tablet, extended release
tablet eff	tablet, effervescent

ABBREVIATION	DESCRIPTION
tablet sa	tablet, sustained action
tablet sol	tablet, soluble
tb er dspk	tablet, extended release dose pack
tb mp dspk	tablet, multiphasic dose pack
tb rd dspk	tablet, rapid disintegrating dose pack
tb dspk 3mo	tablet, 3-month dose pack
tb mp 12hr	tablet, 12 hour multiphasic
tb mp 24hr	tablet, 24 hour multiphasic
u	unit
vag ring	vaginal ring

VNSNY CHOICE EasyCare (HMO)

Formulario 2022

(Lista de medicamentos cubiertos)

**LEA DETENIDAMENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN
SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

Número de identificación de la presentación del archivo
del formulario aprobado: 22093, Versión: 17

Este formulario se actualizó el 11/22/2022 Para obtener información más reciente u si tiene otras preguntas, comuníquese con nosotros al 1-866-783-1444 o, para los usuarios de TTY, al 711, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m. o visite vnsnychoice.org.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros”, “nos” o “nuestro”, significa VNSNY CHOICE EasyCare. Cuando se refiere a “plan” o “nuestro plan”, significa VNSNY CHOICE EasyCare.

Este documento incluye una lista de los medicamentos (formulario) para nuestro plan, que está actualizada a partir del 11/22/2022 Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparecen en la portada y la contraportada.

Por lo general, debe utilizar farmacias de la red de servicios para acceder a su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias, los copagos o el coseguro pueden cambiar el 1 de enero de 2023 y ocasionalmente durante el año.

¿Qué es el Formulario de VNSNY CHOICE EasyCare?

Un formulario es una lista de medicamentos cubiertos seleccionados por VNSNY CHOICE EasyCare en consulta con un equipo de proveedores de atención médica, que representa los tratamientos recetados que se consideran parte necesaria de un programa de tratamiento de calidad. VNSNY CHOICE EasyCare, por lo general, cubrirá los medicamentos enumerados en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de VNSNY CHOICE EasyCare y se cumplan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de cobertura.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero VNSNY CHOICE EasyCare puede agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare al realizar estos cambios.

Modificaciones que pueden afectarlo este año: En los siguientes casos, usted se verá afectado por los cambios en la cobertura durante el año:

- **Nuevos medicamentos genéricos:** es posible que eliminemos de manera inmediata un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos por un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o uno menor, y con las mismas restricciones o menos. Además, al agregar un nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero lo moveremos inmediatamente a un nivel de costo compartido diferente o agregaremos nuevas restricciones. Si actualmente toma ese medicamento de marca, es posible que no le indiquemos con anticipación antes de que realicemos ese cambio, pero le proporcionaremos información sobre los cambios específicos que realizamos.
 - Si hacemos ese cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de VNSNY CHOICE EasyCare?”.
- **Medicamentos retirados del mercado:** si la Administración de Alimentos y Medicamentos (FDA) considera que un medicamento de nuestro formulario no es seguro o el fabricante lo retira del mercado, lo retiraremos inmediatamente de nuestro formulario y lo notificaremos a los miembros que lo toman.
- **Otros cambios:** es posible que hagamos otros cambios que afecten a los

miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para sustituir a un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel diferente de costo compartido, o ambos. O es posible que hagamos cambios con base en nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad y/o restricciones de tratamiento escalonado a un medicamento, o movemos un medicamento a un nivel de costo compartido más alto, debemos notificar el cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el miembro solicite un resuministro del medicamento, momento en el que miembro recibirá un suministro para 30 días del medicamento.

- Si hacemos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de VNSNY CHOICE EasyCare?”.

Cambios que no le afectarán si actualmente está tomando el medicamento: por lo general, si está tomando un medicamento de nuestro formulario de 2021 que estaba cubierto al principio del año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2022, excepto en los casos descritos anteriormente. Esto significa que estos medicamentos seguirán estando disponibles con el mismo costo compartido y sin nuevas restricciones para los miembros que los tomen durante el resto del año de cobertura. Usted no recibirá un aviso directo este año sobre los cambios que no lo afecten. No obstante, dichos cambios lo afectarán a partir del 1 de enero del año siguiente y es importante que consulte la Lista de medicamentos del nuevo año de beneficios para conocer los cambios en los medicamentos.

El formulario adjunto está actualizado a partir del 11/22/2022 Para obtener información actualizada sobre los medicamentos cubiertos por VNSNY CHOICE EasyCare, comuníquese con nosotros. Nuestra información para contacto aparece en la portada y en la contraportada. Si actualizamos nuestro formulario impreso con cambios que no sean de mantenimiento, le enviaremos un aviso que incluya esta información.

¿Cómo se utiliza el Formulario?

Hay dos maneras de encontrar su medicamento dentro del formulario:

Afección médica

El formulario comienza en la página 3. Los medicamentos de este formulario están agrupados en categorías según el tipo de afecciones médicas para las que se utilizan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría “Cardiovascular”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 3. Luego, busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de en qué categoría debe buscar, debe buscar su medicamento en el Índice que comienza en la página I-1. El Índice ofrece una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el Índice su medicamento. Al lado de su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página del Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

VNSNY CHOICE EasyCare cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la FDA por tener el mismo principio activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los de marca.

¿Hay alguna restricción con respecto a mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** VNSNY CHOICE EasyCare requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de VNSNY CHOICE EasyCare antes de surtir las recetas para sus medicamentos. Si no tienen la aprobación, es posible que VNSNY CHOICE EasyCare no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, VNSNY CHOICE EasyCare establece un límite en la cantidad del medicamento que cubrirá VNSNY CHOICE EasyCare. Por ejemplo, VNSNY CHOICE EasyCare proporciona Celocoxib en cantidades variables, según la concentración. Esto puede ser adicional al suministro estándar de un mes o tres meses.

- **Tratamiento escalonado:** en algunos casos, VNSNY CHOICE EasyCare exige que primero intente tratar su afección médica con otros medicamentos antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el Medicamento A y el Medicamento B tratan su afección médica, VNSNY CHOICE EasyCare podría no cubrir el Medicamento B a menos que usted pruebe primero el Medicamento A. Si el Medicamento A no funciona para usted, VNSNY CHOICE EasyCare cubrirá el Medicamento B.

Puede averiguar si su medicamento tiene requisitos o límites adicionales en el formulario que comienza en la página 3. También puede obtener más información sobre las restricciones aplicadas a determinados medicamentos cubiertos al visitar nuestra página web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparecen en la portada y la contraportada.

Usted puede solicitar a VNSNY CHOICE EasyCare que haga una excepción a estas restricciones o límites o una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección, “¿Cómo solicito una excepción al Formulario de VNSNY CHOICE EasyCare?” en la página VI para obtener información sobre cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos OTC son medicamentos no recetados que normalmente no están cubiertos por un plan de medicamentos recetados de Medicare. VNSNY CHOICE EasyCare paga ciertos medicamentos OTC.

MEDICAMENTOS DE VENTA LIBRE (OTC)

MEDICAMENTO		Forma de dosificación
Nombre genérico	(Nombre de marca de referencia)	
<i>Clorhidrato de cetirizina</i>	(Zyrtec)	Comprimidos masticables, solución, comprimidos
<i>Clorhidrato de cetirizina/ Clorhidrato de pseudoefedrina</i>	(Zyrtec-D)	Comprimidos de 12 horas
<i>Clorhidrato de fexofenadina</i>	(Allegra)	Comprimidos de 12 horas, comprimidos de 24 horas rapidis, suspensión

MEDICAMENTO		Forma de dosificación
Nombre genérico	(Nombre de marca de referencia)	
<i>Fexofenadina/Clorhidrato de pseudoefedrina</i>	(Allegra-D)	Comprimidos de 12 horas, comprimidos de 24 horas
<i>Ketotifeno fumarato</i>	(Zaditor)	Gotas oftalmológicas
<i>Levocetirizina dihidrocloruro</i>	(Xyzal)	Solución, comprimidos
<i>Loratadina</i>	(Claritin)	Solución, comprimidos, comprimidos rapdis, comprimidos masticables
<i>Loratadina/Clorhidrato de pseudoefedrina</i>	(Claritin-D)	Comprimidos de 12 horas Comprimidos de 24 horas
<i>Clorhidrato de olopatadina</i>	(Pataday)	Gotas oftalmológicas

VNSNY CHOICE EasyCare le proporcionará estos medicamentos OTC sin costo alguno para usted. El costo para VNSNY CHOICE EasyCare de estos medicamentos OTC no contará para sus costos totales de medicamentos de la Parte D (es decir, el costo de los medicamentos OTC no cuenta para el período sin cobertura).

¿Qué pasa si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con el equipo de atención al cliente de CHOICE EasyCare y preguntar si su medicamento está cubierto.

Si se entera de que VNSNY CHOICE EasyCare no cubre su medicamento, tiene dos opciones:

- Puede solicitar al equipo de atención al cliente de CHOICE EasyCare una lista de medicamentos similares que están cubiertos por VNSNY CHOICE EasyCare. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por VNSNY CHOICE EasyCare.
- Puede solicitar a VNSNY CHOICE EasyCare que haga una excepción y cubra su medicamento. Vea a continuación la información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de VNSNY CHOICE EasyCare?

Puede solicitar a VNSNY CHOICE EasyCare que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos un medicamento, aunque no esté en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le proporcionemos el medicamento a un menor nivel de costo compartido.
- Puede solicitarnos que cubramos un medicamento del formulario a un menor nivel de costo compartido, a menos que el medicamento esté en el nivel de especialidad. Si se aprueba, esto reduciría la cantidad que debe pagar por su medicamento.
- Puede solicitarnos que eliminemos las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, VNSNY CHOICE EasyCare establece un límite en la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que no apliquemos el límite y cubramos una mayor cantidad.

Por lo general, VNSNY CHOICE EasyCare solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o las restricciones de utilización adicionales no fueran tan efectivos para tratar su afección y/o le causaran efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una excepción al formulario, a los niveles o a las restricciones de utilización. **Cuando solicite una excepción al formulario, a los niveles o a las restricciones de utilización, deberá presentar una declaración de la persona autorizada a dar recetas o su médico que apoye su solicitud.** Por lo general, debemos tomar nuestra decisión en un plazo de 72 horas después de recibir la declaración justificativa de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que su salud podría verse seriamente perjudicada si espera hasta 72 horas por una decisión. Si se concede su solicitud de excepción acelerada, debemos informarle nuestra decisión, como máximo, 24 horas después de que recibamos una declaración de apoyo de su médico u otra persona autorizada a dar recetas.

¿Qué debo hacer antes de hablar con mi médico para cambiar mis medicamentos o solicitar una excepción?

Como nuevo miembro o que continúa en nuestro plan, es posible que tome medicamentos que no están en nuestro formulario. O bien, es posible que esté tomando un medicamento que está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nuestra parte antes de poder surtir su

receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el curso de acción adecuado para usted, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su capacidad para obtenerlos es limitada, cubriremos un suministro temporal para 31 días. Si su receta está indicada para menos días, permitiremos obtener resurtidos por un suministro máximo para 31 días del medicamento. Después del primer suministro de 31 días, no pagaremos estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no se encuentra en nuestro formulario o si su capacidad de obtener el medicamento es limitada, pero ya pasaron los primeros 90 días como miembro de nuestro plan, cubriremos un suministro de emergencia para 31 días de ese medicamento mientras busca una excepción al formulario.

Se proporciona un suministro de transición a los miembros actuales que necesitan un suministro de emergencia por única vez o a los que se les prescribe un medicamento no incluido en el formulario como resultado de un cambio en el nivel de atención.

Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados de VNSNY CHOICE EasyCare, revise su Evidencia de cobertura y otros materiales del plan.

Si tiene preguntas sobre VNSNY CHOICE EasyCare, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparecen en la portada y la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas, los 7 días de la semana.

Los usuarios de TTY deben llamar al 1-877-486-2048. O visite www.medicare.gov.

Esta información está disponible sin cargo en otros idiomas. Llame al equipo de atención al cliente de CHOICE EasyCare al 1-866-783-1444 para obtener más información. (Los usuarios de TTY deben llamar al 711) los 7 días de la semana de 8:00 a. m. a 8:00 p. m. El equipo de atención al cliente de CHOICE EasyCare también ofrece servicios gratuitos de intérpretes para las personas que no hablan inglés.

Formulario de VNSNY CHOICE EasyCare

El formulario que comienza en la página 3 brinda información sobre los medicamentos cubiertos por VNSNY CHOICE EasyCare. Si tiene problemas para encontrar su medicamento en la lista, consulte el índice que comienza en la página I-1.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos de marca se escriben en mayúsculas (por ejemplo, CELEBREX) y los medicamentos genéricos se enumeran en minúsculas y cursiva (por ejemplo, *naproxeno*).

La información en la columna de Requisitos/Límites le indica si VNSNY CHOICE EasyCare tiene algún requisito especial para la cobertura de su medicamento.

Vea lo siguiente para una explicación de las columnas de niveles de medicamentos que se enumeran en su formulario. Consulte el Capítulo 6 de la Evidencia de cobertura para conocer los copagos reales.

Nivel 1: Medicamentos genéricos preferidos

Nivel 2: Medicamentos genéricos

Nivel 3: Medicamentos de marca preferidos

Nivel 4: Medicamentos de marca no preferidos

Nivel 5: Medicamentos especializados

Nivel 6: Seleccionar medicamentos de cuidado

**Se pueden encontrar las siguientes abreviaturas de gestión de uso
en el cuerpo de este documento**

ABREVIATURAS DE LAS NOTAS DE COBERTURA

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
Restricciones de gestión de uso		
AP	Restricción de la autorización previa	Usted (o su médico) debe obtener una autorización previa de VNSNY CHOICE EasyCare antes de surtir la receta para este medicamento. Sin la aprobación previa, es posible que VNSNY CHOICE EasyCare no cubra el medicamento.
AP BvD	Restricción de la autorización previa para determinación de la Parte B en comparación con la Parte D	Este medicamento puede ser elegible para ser pagado por la Parte B o la Parte D de Medicare. Usted (o su médico) debe obtener una autorización previa de VNSNY CHOICE EasyCare para determinar que este medicamento está cubierto por la Parte D de Medicare antes de surtir la receta para este medicamento. Sin la aprobación previa, es posible que VNSNY CHOICE EasyCare no cubra el medicamento.
AP-MAR	Restricción de la autorización previa para medicamentos de alto riesgo	Este medicamento ha sido considerado por los CMS (Centros de Servicios de Medicare y Medicaid) como potencialmente dañino y, por lo tanto, un medicamento de alto riesgo para los beneficiarios de Medicare de 65 años o más. Los miembros de 65 años o más deben obtener una autorización previa de VNSNY CHOICE EasyCare antes de surtir la receta para este medicamento. Sin la aprobación previa, es posible que VNSNY CHOICE EasyCare no cubra el medicamento.

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
AP SNI	Restricción de la autorización previa para solo para nuevos inicios	Si usted es un miembro nuevo, usted (o su médico) debe obtener una autorización previa de VNSNY CHOICE EasyCare antes de surtir la receta para este medicamento. Sin la aprobación previa, es posible que VNSNY CHOICE EasyCare no cubra el medicamento.
LC	Restricción del límite de cantidad	VNSNY CHOICE EasyCare establece un límite en la cantidad de este medicamento que se cubre por receta, o dentro de un plazo especificado.
TE	Restricción del tratamiento escalonado	Antes de que VNSNY CHOICE EasyCare brinde cobertura para este medicamento, usted deberá probar primero otros medicamentos para tratar su afección médica. Este medicamento solo puede ser cubierto si el otro medicamento no funciona para usted.

Se pueden encontrar las siguientes abreviaturas de cobertura adicional en el cuerpo de este documento

OTROS REQUISITOS ESPECIALES PARA LA COBERTURA

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
AL	Medicamento de acceso limitado	Esta receta puede estar disponible solo en determinadas farmacias. Para obtener más información, consulte el Directorio de proveedores y farmacias o llame al equipo de atención al cliente de CHOICE EasyCare al 1-866-783-1444, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m. Los usuarios de TTY/TDD deben llamar al 711.

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
NC	Medicamento que no se envía por correo	Usted puede recibir más de un suministro de 1 mes de la mayoría de los medicamentos en el listado por correo postal por un costo compartido reducido. Los medicamentos que <u>no</u> están disponibles a través de su beneficio de pedido por correo postal se marcan como “NC” en la columna Requerimientos/Limitaciones en su formulario.
SNE	Suministro de días no extendido	Aquellos medicamentos que están limitados a un suministro de 30 días se anotan como ‘SNE’ (suministro de días no extendido) en la columna de Requisitos/Límites de su formulario.

ABREVIATURAS DE CONCENTRACIÓN Y FORMA DE DOSIFICACIÓN

ABREVIATURA	DESCRIPCIÓN
parche adh.	parche adhesivo
aer ac res	aerosol, activado por la respiración
aer pol	aerosol, en polvo
aer pol ar	aerosol en polvo, activado por la respiración
resum aer	resuministro de aerosol
aer c/adap	aerosol con adaptador
ampol	ampolla
in bol gra	inyección en bolsa a granel
cáp mf lr	cápsula, multifásica de liberación retardada
cáp pq ds	cápsula, paquete de dosis
cáp 12 h lp	cápsula, 12 horas de liberación prolongada
cáp 24 h lp	cápsula, 24 horas de liberación prolongada
cáp lp deg	cápsula, de liberación prolongada degradable
cáp grán lp	cápsula, gránulos de liberación prolongada
cáp mfásica	cápsula, multifásica
cáp 24 h as	cápsula, 24 horas de acción sostenida
cáp 12 h ls	cápsula, 12 horas de liberación sostenida
cáp 24 h ls	cápsula, 24 horas de liberación sostenida
cáp gic 24 h	cápsula, gránulos de 24 horas de inicio controlado
cáp grá 24 h	cápsula, gránulos de liberación sostenida de 24 horas
cáp espolvorear	cápsula, para espolvorear
cáp grá ls	cápsula, gránulos de liberación sostenida
cáp c/dis	cápsula con dispositivo
cáp lr	cápsula, liberación retardada
cáp lp	cápsula, liberación prolongada
cáp as	cápsula, acción sostenida
cmb cáp alm	combinación: cápsula, almohadilla
cmb ung esp	combinación: ungüento, espuma
cmb ung loc	combinación: ungüento, loción
cmb com alm	combinación: comprimido, almohadilla
paq combi.	paquete de combinación
cpmp 12hr	cápsula, 12 horas multifásica

ABREVIATURA	DESCRIPCIÓN
cpmp 24hr	cápsula, 24 horas multifásica
cpmp 30-70	cápsula, multifásica, 30 %-70 %
cpmp 50-50	cápsula, multifásica, 50%-50%
crema(g), crema(gm)	crema (gramos)
crema (ml)	crema (mililitros)
crema/apl	crema con aplicador
cream, lp (g)	crema, liberación prolongada (gramos)
paq de crema	crema, paquete
bol li fdeh	bolsa libre de ftalato de di(2-etilhexilo)
agu des	aguja desechable
disco c/disp	disco con dispositivo de inhalación
jer des	jeringa desechable
gotas susp	gotas, suspensión
gotas hpvis	gotas, hiperviscosas
adhes emul	adhesivo de emulsión
paq emul	paquete de emulsión
emulsn (g)	emulsión (gramos)
esp/apl.	espuma con aplicador
piggy cong	piggyback congelada
g	gramo
gel/apl pr	gel con aplicador prellenado
gel (gm)	gel (gramos)
gel (ml)	gel (mililitros)
gel bom dos	gel en bomba dosificadora
gel c/apl	gel con aplicador
gel c/bomba	gel con bomba
paq grán	paquete de gránulos
ad aer hfa	adaptador de aerosol hfa (hidrofluoroalcanos)
bot inf	botella de infusión
lápiz insuln	lápiz de insulina
soln ip	solución intraperitoneal
soln irrig	solución de irrigación
soln. iv	solución intravenosa
jal	jalea
jalea/apl	jalea con aplicador

ABREVIATURA	DESCRIPCIÓN
jal/apl pl	jalea con aplicador prellenado
kit lim y crem	kit: limpiador y crema
kt crem le	kit: crema, loción emoliente
kt loc ce	kit: loción, crema emoliente
kt ung le	kit: ungüento, loción emoliente
loción, lp	loción, liberación prolongada
com chu c/apl buc inte	comprimidos para chupar con aplicador bucal integrado
par tér m.	parche térmico medicinal
com buc ma	comprimido bucal mucoadhesivo
mcg	microgramo
alm med.	almohadilla medicada
hisopo med.	hisopo medicado
cinta adhesiva med.	cinta adhesiva medicada
mg	miligramo
ml	mililitro
muc 12 h lp	sistema mucoadhesivo, 12 horas de liberación prolongada
agu pa iny	aguja para inyección
susp pl uñas	suspensión de la película de uñas
ung. (g), ung. (gm)	ungüento (gramos)
conc oral	concentrado oral
susp oral	suspensión oral
pasta (g)	pasta (gramos)
parche td 24	parche, transdérmico de 24 horas
parche td 72	parche, transdérmico de 72 horas
parche td quin	parche, transdérmico quincenal
parche trans sem	parche, transdérmico semanal
jeringa acp	jeringa de analgésicos controlados por el paciente
vial acp	vial de analgésicos controlados por el paciente
gránulo (c/u)	gránulo (cada uno)
kit iy láp	kit de inyectores para lápices
inyectr láp	inyector para lápices
btl pggybk	botella piggyback
bolsa plást.	bolsa de plástico

ABREVIATURA	DESCRIPCIÓN
paquete polv	paquete de polvo
sol bom md	solución con bomba multidosis
sol c/ apl	solución con aplicador
sol/apl pl	solución con aplicador prellenado
sol-gel	solución, formadora de gel
soln recon	solución reconstituida
soln (gramos)	solución (gramos)
atomizador, susp	atomizador, suspensión
atomizador/bomba	atomizador con bomba
palo (c/u)	palo (cada uno)
sup. rect	supositorio, rectal
sup. vag	supositorio, vaginal
supos.	supositorio
sus 24 h lp	suspensión, 24 horas de liberación prolongada
sus lp rec	suspensión, liberación prolongada reconstituida
sus mc rec	suspensión, microcápsula reconstituida
susp pqt lr	suspensión, paquete de liberación retardada
susp recon	suspensión, reconstituida
kit jeringa	kit de jeringa
comp masticable	comprimido, masticable
comp 12 h lp	comprimido, 12 horas de liberación prolongada
comp 24 h lp	comprimido, 24 horas de liberación prolongada
comp prt lp	comprimido, partículas de liberación prolongada
comp sec lp	comprimido, secuelas de liberación prolongada
comp disper	comprimido, dispersable
comp pq ds	comprimido, paquete de dosis
comp 24 lp	comprimido, 24 horas de liberación prolongada
comp mfásico	comprimido, multifásico
comp part	comprimido, partículas
comp des ráp lr	comprimido, desintegración rápida de liberación retardada
comp rápid	comprimido, desintegración rápida
comp subl	comprimido, sublingual
comp 12 h ls	comprimido, 12 horas de liberación sostenida
comp 24 h ls	comprimido, 24 horas de liberación sostenida

ABREVIATURA	DESCRIPCIÓN
tabergr24hr	comprimido, 24 horas de liberación prolongada gradual
comp lr	comprimido, liberación retardada
comprimido, lp	comprimido, liberación prolongada
comp efe	comprimido, efervescente
comp as	comprimido, acción sostenida
comprimido sol	comprimido, soluble
cp pq ds lp	comprimido, paquete de dosis de liberación prolongada
cp pq ds mf	comprimido, paquete de dosis multifásica
cp pq ds dr	comprimido, paquete de dosis de desintegración rápida
cp pq ds 3 me	comprimido, paquete de dosis para 3 meses
cp 12 h mf	comprimido, 12 horas multifásico
cp 24 h mf	comprimido, 24 horas multifásico
u	unidad
anillo vag	anillo vaginal

VNSNY CHOICE EasyCare (HMO)

2022 年處方藥一覽表 (承保藥物清單)

請閱讀：本文件包含
有關本計劃承保藥物的資訊

受核准處方藥一覽表文件提交 ID 號碼：22093，版本：17

本處方藥一覽表更新於 11/22/2022。如需更多近期資訊或有其他疑問，請撥打 1-866-783-1444 聯絡我們，或者對於 TTY 使用者，則請撥 711，工作時間為每週 7 天的上午 8 點 – 晚上 8 點，或可瀏覽 vnsnychoice.org。

本藥物清單（處方藥一覽表）中，凡提述「我們」或「我們的」均指 VNSNY CHOICE EasyCare。本冊中所提述的「計劃」與「本計劃」均指 VNSNY CHOICE EasyCare。

本文件載有我們計劃截至 11/22/2022 的藥物清單（處方藥一覽表）。如需最新處方藥一覽表，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

一般而言，您必須使用網絡內藥房才能享受處方藥福利。自 2023 年 1 月 1 日起和在該年內，福利、處方藥一覽表、藥房網絡和/或共付額/共同保險可能會不時有所調整。

什麼是 VNSNY CHOICE EasyCare 處方藥一覽表？

處方藥一覽表是 VNSNY CHOICE EasyCare 透過諮詢醫療提供者團隊所選出的受保藥物清單，代表其被認定是高品質治療計劃中不可或缺的處方藥治療。只要具有醫療必要性，且於 VNSNY CHOICE EasyCare 網絡內藥房配藥，並遵守其他計劃規則，VNSNY CHOICE EasyCare 通常會承保列於我們處方藥一覽表中的藥物。要瞭解有關如何按您的處方配藥的更多資訊，請查閱您的「承保範圍說明書」。

處方藥一覽表（藥物清單）是否會變更？

藥物承保中的大多數變更會在 1 月 1 日做出，但 VNSNY CHOICE EasyCare 可能會在年內新增或刪除藥物清單上的藥物，將其移至其他費用分攤等級，或增加新的限制。我們必須遵循 Medicare 的規則才能進行變更。

今年可能會影響到您的變更：在下列情況中，您將受到年內承保範圍變更的影響：

- **新普通藥。**如果出現新的學名藥且其分攤費用額與品牌藥相同或更低及其限制與品牌藥相同會更少，我們可能會立即將該品牌藥從我們的藥物清單中刪除，代之以新的學名藥。此外，我們增加新的副廠藥時可能會決定保留我們藥物清單上的原廠藥，但會立即將該原廠藥移到不同的分攤費用層次或增加新的限制規定。如果您目前正在服用該原廠藥，我們可能不會在做出該變更前通知您，但我們之後會提供已做特定變更的相關資訊給您。
 - 如果我們進行這類變更，您或您的開立處方者可要求我們進行例外處理，繼續為您承保該原廠藥。我們提供給您的通知也會列出相關資訊，告訴您如何要求例外處理，您也可以在下文標題為「我該如何向 VNSNY CHOICE EasyCare 處方藥一覽表要求例外處理？」的一節中找到相關資訊。
- **藥物從市場中被撤下。**若美國食品及藥物管理局認為我們處方藥一覽表上的某種藥物不安全，或藥物製造商從市場中撤除該藥物，我們會立即從我們的處方藥一覽表上刪除該藥物，並向使用該藥物的會員發出通知。
- **其他變更。**我們可能會做出其他影響正在服用藥物的會員的變更。例如，我們可能會增加新的品牌藥取代目前在處方藥一覽表中的品牌藥。或者我們可能會根據新的臨床指導做出變更。若我們自處方藥一覽表中移除了藥物，對某個藥物新增了預先授權、數量限制，和/或階段治療限制，或提高

某個藥物的費用分擔等級，則我們必須在該變生效前至少 30 天，或在要求重新配藥時通知受影響的會員（該名會員將收到 30 天份的藥物）。

- 如果我們進行這類其他變更，您或您的開立處方者可要求我們進行例外處理，繼續為您承保該普通藥。我們提供給您的通知也會列出相關資訊，告訴您如何要求例外處理，您也可以在下文標題為「我該如何向 VNSNY CHOICE EasyCare 處方藥一覽表要求例外處理？」的一節中找到相關資訊。

如果您目前正在服用該藥物，變更將不會影響您。一般而言，若您在服用年初受到承保的 2021 年處方藥一覽表上的藥物，我們不會在 2022 年承保年度中終止或減少此藥物的承保，正如上文所述。這意味著，在承保年度剩餘時間內，仍將以相同的費用分攤向服用此藥物的會員提供此藥物。對於不會影響您的變更，今年內您不會收到有關直接通知。然而，自明年的 1 月 1 日起，這些變更將會影響到您，因此務必檢查新福利年的藥物清單，瞭解藥物是否有任何變更。

隨函附上的處方藥一覽表截至 11/22/2022 若要取得有關 VNSNY CHOICE EasyCare 承保藥物的最新資訊，請聯絡我們。我們的聯絡資訊在封面和封底頁均有提供。如果我們更新我們的印刷版處方藥一覽表（附帶非維護處方藥一覽表變更），我們將向您寄發包含此資訊的通知。

如何使用處方藥一覽表？

有兩種方法在處方藥一覽表中查找您所需的藥物：

病症

處方藥一覽表從第 3 頁開始。本處方藥一覽表中的藥物按照所治療的病症類型分類。例如，用來治療心臟病的藥物列在「心血管藥物」類別。若您瞭解藥物的用途，在從第 3 頁開始的清單中尋找類別名稱。然後，在此類別名稱下查找所需的藥物。

按字母順序排列的清單

若您不確定應尋找哪一個類別，則應在開始於第 I-1 頁的索引中尋找所需的藥物。該索引提供一份按字母順序排列的清單，其中有本文件包含的所有藥物。品牌藥和普通藥均列在該索引中。請在該索引中查找所需的藥物。在藥物旁邊，您

將看到載有承保資訊的頁碼。轉到該索引中所列的頁碼，在清單的第一欄即可找到所需的藥物名稱。

甚麼是副廠藥？

VNSNY CHOICE EasyCare 承保品牌藥和普通藥。普通藥是一種由美國食品藥品監督管理局 (FDA) 核准，具有與品牌藥相同活性成分的藥物。通常，普通藥的費用較品牌藥低。

對於我享受的承保範圍是否有任何限制？

某些承保藥物可能有其他要求或承保範圍限制。這些要求和限制可能包括：

- **預先授權：**就一些藥物而言，VNSNY CHOICE EasyCare 可能要求您或您的醫師獲得事先核准。這意味著您在配藥前需獲得 VNSNY CHOICE EasyCare 的核准。如果您未得到核准，則 VNSNY CHOICE EasyCare 可能不會為該藥物承保。
- **供藥量限制：**就一些藥物而言，VNSNY CHOICE EasyCare 會限制它將承保的藥物劑量。例如 VNSNY CHOICE EasyCare 對於 Celecoxib 會根據藥力提供各種劑量。這可以另外附加在標準的一個月或三個月的藥量上。
- **漸進式治療：**在某些情況下，VNSNY CHOICE EasyCare 在承保另一種適用於該病症的藥物前，需要您先嘗試某些藥物來治療您的疾病。例如，若藥物 A 及藥物 B 均適合治療您的病症，VNSNY CHOICE EasyCare 可能不會承保藥物 B，除非您已先嘗試使用藥物 A。如果藥物 A 對您而言沒有療效，則 VNSNY CHOICE EasyCare 會承保藥物 B。

您可以透過第 3 頁開始的處方藥一覽表查詢您的藥物是否有額外的要求或限制。您也可以透過瀏覽我們的網站，取得更多關於特定承保藥物適用之限制的資訊。我們已在網站發佈文件說明我們的事前授權和循序用藥限制規定。您亦可以要求我們給您寄送一份副本。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

您可以要求 VNSNY CHOICE EasyCare 對此類限制或使用上限作出例外處理，或索取可能治療您的病症的其他相似藥物清單。請參閱第 VI 頁的「我該如何向 VNSNY CHOICE EasyCare 處方藥一覽表要求例外處理？」一節，瞭解如何要求例外處理的相關資訊。

什麼是非處方藥 (OTC)?

OTC 藥物是 Medicare 處方藥計劃一般不承保的非處方藥。VNSNY CHOICE EasyCare 承保特定的 OTC 藥。

受承保非處方 (OTC) 藥物

藥物		藥物劑型
普通藥	(參考品牌藥)	
<i>Cetirizine Hydrochloride</i>	(Zyrtec)	可咀嚼片劑，液劑，片劑
<i>Cetirizine Hydrochloride/ Pseudoephedrine Hydrochloride</i>	(Zyrtec-D)	12 小時藥錠
<i>Fexofenadine Hydrochloride</i>	(Allegra)	12 小時片劑，24 小時片劑快速生效，懸劑
<i>Fexofenadine/Pseudoephedrine Hydrochloride</i>	(Allegra-D)	12 小時片劑，24 小時片劑
<i>Ketotifen Fumarate</i>	(Zaditor)	眼用滴劑
<i>Levocetirizine Dihydrochloride</i>	(Xyzal)	液劑，片劑
<i>Loratadine</i>	(Claritin)	液劑，片劑，快速起效片劑，可咀嚼片劑
<i>Loratadine/ Pseudoephedrine Hydrochloride</i>	(Claritin-D)	12 小時藥錠 24 小時藥錠
<i>Olopatadine Hydrochloride</i>	(Pataday)	眼用滴劑

VNSNY CHOICE EasyCare 將免費為您提供此等 OTC 藥。VNSNY CHOICE EasyCare 不會將此類 OTC 藥的支付費用計入您的 D 部份總藥費中（也就是說，OTC 藥的費用不會計入承保缺口金額）。

若我的藥物不在處方藥一覽表上，該怎麼辦？

若您的藥物不在此處方藥一覽表（承保藥物清單）上，那麼您首先應該聯絡 CHOICE EasyCare 護理團隊，詢問您的藥物是否在承保範圍內。

若您得知 VNSNY CHOICE EasyCare 並未承保您的藥物，則您有兩種選擇：

- 您可向 CHOICE EasyCare 護理團隊要求一份由 VNSNY CHOICE EasyCare 承保的相似藥物清單。當您收到該清單時，請拿給您的醫生看，並要求他（她）開立由 VNSNY CHOICE EasyCare 承保的相似藥物。
- 您可以要求 VNSNY CHOICE EasyCare 作出例外處理，並承保您的藥物。請查看以下關於如何申請例外處理的資訊。

我該如何向 VNSNY CHOICE EasyCare 處方藥一覽表要求例外處理？

您可以要求 VNSNY CHOICE EasyCare 針對我們的承保規定作出例外處理。

您可以向我們提出數種例外處理申請。

- 您可以要求我們承保一種藥物，即使它不在我們的處方藥一覽表上。如獲批准，此藥物將按預定分攤費用等級獲得承保，且您不得要求我們以更低的分攤費用等級提供此藥物。
- 您可以要求我們以較低費用分攤等級承保處方藥一覽表中的藥物，除非該藥物在特殊等級中。如獲批准，這會減少您必須為藥物支付的金額。
- 您可以要求我們撤銷對您的藥物的承保限制。例如，就一些藥物而言，VNSNY CHOICE EasyCare 會限制我們將承保的藥物劑量。若您的藥物有數量限制，您可以要求我們撤銷限制並承保更多數量。

通常，只有在替代藥物包含在計劃的處方藥一覽表中時，或是較低的分攤費用藥物或額外的使用限制對於治療您的病症無法達到相同的效果時，和/或可能造成不良醫療作用時，VNSNY CHOICE EasyCare 才會核准您的例外處理要求。

您應當與我們聯絡，要求我們做出針對處方藥一覽表、藥物等級或使用限制例外處理的初始承保決定。在提出針對處方藥一覽表藥物等級或使用限制例外處理申請時，您應提交一份處方醫生或醫生的聲明以支持您的申請。通常，我們在收到處方醫生的支持聲明後，必須在 72 小時內做出決定。若您或您的醫生認為等候 72 小時再做出決定會對您的健康造成嚴重傷害，您可以申請加急

（快速）例外處理。如果您的加急申請獲得批准，我們在收到您的醫生或其他處方醫生的支持聲明後，必須在 24 小時內為您做出決定。

在向醫生提出變更藥物請求或提交例外處理申請之前，我應該做什麼？

作為我們計劃的新老會員，您可能正在使用我們處方藥一覽表上沒有的藥物。或者，您正在使用一種在我們處方藥一覽表上的藥物，但您獲取該藥物的能力受到限制。例如，您可能需要向我們取得事前授權才能購買處方配藥。您應當先和您的醫

生談談，以決定您是否應該換用我們承保的適當藥物，或提出處方藥一覽表例外處理申請以使我们承保您使用的藥物。在您與醫生討論以確定何種措施對您合適的時候，我們可能會在您成為我們計劃會員的頭 90 天內針對某些情況為您的藥物提供承保。

對於每一種不在我們處方藥一覽表上的藥物，或如果您獲得藥物的能力受到限制，我們將承保 31 天的臨時供藥。如果您處方的天數較少，我們將允許配藥，以提供最高達 31 天的供藥量。在提供頭 31 天藥量之後，我們將不會為您支付這些藥物的費用，即使您成為計劃會員還不足 90 天。

若您是長期護理機構的住戶，且需要不在我們處方藥一覽表上的藥物，或您獲得藥物的能力受到限制，但您成為我們計劃會員已超過頭 90 天，則在您尋求處方藥一覽表例外處理時，我們將會對該藥物承保 31 天份量的緊急藥量。

過渡配藥提供給需要一次性緊急配藥或因護理水準改變而被開具非處方藥一覽表藥物的現有會員。

要瞭解更多資訊

如需您的 VNSNY CHOICE EasyCare 的處方配藥承保的更詳細資訊，請查閱您的承保證書和其他計劃資料。

如果您對 VNSNY CHOICE EasyCare 有疑問，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

若您對 Medicare 處方藥承保範圍有一般性疑問，請撥打 1-800-MEDICARE (1-800-633-4227) 致電 Medicare，工作時間每週 7 天，每天 24 小時。

TTY 使用者應致電 1-877-486-2048。或瀏覽 www.medicare.gov。

此資訊包括其他語言您可以免費索取。請致電 1-866-783-1444 聯絡 CHOICE EasyCare 護理團隊瞭解更多資訊。（TTY 使用者應撥打免付費電話 711）每週 7 天的上午 8 點至晚上 8 點。CHOICE EasyCare 護理團隊還為不說英語的人士提供免費的翻譯服務。

VNSNY CHOICE EasyCare 的處方藥一覽表

第 3 頁開始列載的處方藥一覽表提供了有關 VNSNY CHOICE EasyCare 承保的藥物的承保範圍資訊。如果您未能在清單內找到您需要的藥物，請閱覽始於第 I-1 頁的索引。

表格的第一欄列出了藥物名稱。品牌藥物為大寫（如 CELEBREX），普通藥物為小寫斜體（如 *naproxen*）。

要求/限制欄中的資訊表示 VNSNY CHOICE EasyCare 對於承保您的藥物是否有任何特殊的要求。

請參閱下文，瞭解處方藥一覽表中所列的藥物等級的說明。請參閱承保範圍說明書的第 6 章，瞭解實際的共付額。

第 1 級：優惠副廠藥

第 2 級：副廠藥

第 3 級：首選原廠藥

第 4 級：非首選原廠藥

第 5 級：特殊藥物

第 6 級：選擇性護理藥物

以下利用管理縮略詞可以在
本文件的文字中找到
承保通知縮略詞

縮寫	說明	解釋
利用管理限制		
PA	事先授權限制	在您的配取此種處方藥之前，您（或您的醫生）必須獲得 VNSNY CHOICE EasyCare 的事先授權。如未得到事先核准，則 VNSNY CHOICE EasyCare 可能不會為該藥物提供承保。
PA BvD	B 部分與 D 部分裁定的事先授權限制	該藥物可能符合 Medicare B 部份或 D 部份承保的資格。在您的配取此種處方藥之前，您（或您的醫生）必須獲得 VNSNY CHOICE EasyCare 的事先授權，以確定該藥物是由 Medicare D 部份所承保。如未得到事先核准，則 VNSNY CHOICE EasyCare 可能不會為該藥物提供承保。
PA-HRM	B 部分與 D 部分裁定高風險藥物	該藥物被 CMS 視為有潛在危害性，因此對於 65 歲或以上的 Medicare 受益人來說，是一種高風險藥物。在 65 歲或以上的會員配取此種處方藥之前，必須獲得 VNSNY CHOICE EasyCare 的事先授權。如未得到事先核准，則 VNSNY CHOICE EasyCare 可能不會為該藥物提供承保。

縮寫	說明	解釋
PA NSO	B 部分與 D 部分裁定 僅限新開始	如果您是新會員，在您配取此種處方藥之前，您（或您的醫生）必須獲得 VNSNY CHOICE EasyCare 的事先授權。如未得到事先核准，則 VNSNY CHOICE EasyCare 可能不會為該藥物提供承保。
QL	數量上限限制	VNSNY CHOICE EasyCare 按照處方或在特定的時間段內限制此種受承保藥物的劑量。
ST	階段治療限制	VNSNY CHOICE EasyCare 為該藥物承保之前，您必須先嘗試用處方藥一覽表上的另一種藥物以治療您的疾病。該藥物只有在其他藥物對您無效的情況下才能獲得承保。

可找到以下其他承保通知縮略詞
本文件的文字中找到
承保範圍的其他特殊要求

縮寫	說明	解釋
LA	有限藥物可及性	此種處方可能僅可從特定藥房獲取。如需更多資訊，請諮詢您的提供者或藥房目錄，或撥打 1-866-783-1444 致電 CHOICE EasyCare 護理團隊，工作時間為每週 7 天的上午 8 點至晚上 8 點。TTY/TDD 人士可致電
NM	非郵購藥物	711。您可以透過郵購以更低的費用分攤獲得超過 1 個月的處方藥一覽表上大部

縮寫	說明	解釋
		分藥物的供量。無法透過郵購獲得的藥物在處方藥一覽表的「要求/限制」欄中標明「NM」。
NDS	不延長天數的供藥	這些在處方藥一覽表的「要求/限制」欄中，最多只能提供 30 天供藥的藥物會帶有「NDS」（不延長天數的供藥）的標註。

藥力和劑型縮略詞

縮寫	說明
adh. patch	貼片
aer br act	氣霧劑，呼吸啟動
aer pow	氣霧劑，粉末
aer pow ba	粉霧劑，呼吸啟動
aer refill	氣霧劑補充
aer w/adap	氣霧劑（帶配接器）
ampul	安瓿
blkbaginj	散包裝注射
cap dr mp	膠囊劑，延緩釋放多相
cap ds pk	膠囊劑，劑量包
cap er 12h	膠囊劑，12 小時持續釋放
cap er 24h	膠囊劑，24 小時持續釋放
cap er deg	膠囊劑，持續釋放可降解
cap er pel	膠囊劑，持續釋放丸劑
cap mphase	膠囊劑，多相
cap.sa 24h	膠囊劑，24 小時持續作用
cap.sr 12h	膠囊劑，12 小時緩慢釋放
cap.sr 24h	膠囊劑，24 小時緩慢釋放
cap24h pct	膠囊劑，24 小時控制發作丸劑
cap24h pel	膠囊劑，24 小時緩慢釋放丸劑
cap sprink	膠囊劑，顆粒
cap sr pel	膠囊劑，緩慢釋放丸劑
cap w/dev	膠囊劑（帶裝置）
capsule dr	膠囊劑，延緩釋放
capsule er	膠囊劑，持續釋放
capsule sa	膠囊劑，持續作用
cmb cappad	組合：膠囊劑，墊片

縮寫	說明
cmb ont fm	組合：藥膏，泡沫
cmb ont lt	組合：藥膏，洗液
cmb tabpad	組合：片劑，墊片
combo. pkg	組合套餐
cpmp 12hr	膠囊劑，12 小時多相
cpmp 24hr	膠囊劑，24 小時多相
cpmp 30-70	膠囊劑，多相，30%-70%
cpmp 50-50	膠囊劑，多相，50%-50%
cream(g), cream(gm)	乳膏劑（克）
cream(ml)	乳膏劑（毫升）
cream/appl	乳膏劑（帶敷帖器）
cream, er (g)	乳膏劑，持續釋放（克）
cream pack	乳膏劑，包裝
dehp fr bg	di(2-ethylhexyl)phthalate 免費贈品
dis needle	一次性使用針頭
disk w/dev	碟片（帶吸入裝置）
disp syrin	一次性使用注射器
drops susp	滴劑，懸液
drps hpvis	滴劑，高黏性
emul adhes	乳狀黏合劑
emul packt	乳劑小包
emulsn(g)	乳劑（克）
foam/appl.	泡沫（帶敷帖器）
froz.piggy	冷凍劑，背負式
g	克
gel/pf app	凝膠（帶預裝敷帖器）
gel (gm)	凝膠（克）
gel (ml)	凝膠（毫升）
gel md pmp	凝膠（在定量劑量泵中）

縮寫	說明
gel w/appl	凝膠（帶敷帖器）
gel w/pump	凝膠（帶泵）
gran pack	顆粒包
hfa aer ad	hfa 氣霧劑配接器
infus. btl	輸液瓶
insuln pen	胰島素筆
ip soln	腹腔液劑
irrig soln	灌洗液劑
iv soln.	靜脈注射液劑
jel	膠狀劑
jelly/app	膠狀劑（帶敷帖器）
jel/pf app	膠狀劑（帶預裝敷帖器）
kit cl&crm	套件：清潔劑和乳膏劑
kt crm le	套件：乳膏劑，鎮痛洗劑
kt lotn ce	套件：洗劑，鎮痛乳膏劑
kt oint le	套件：藥膏，鎮痛洗劑
lotion, er	洗劑，持續釋放
lozenge hd	錠劑柄口
m.ht patch	含藥加熱貼片
ma buc tab	黏膜黏著頰含片
mcg	微克
med. pad	含藥墊片
med. swab	含藥棉棒
med. tape	含藥膠帶
mg	毫克
ml	毫升
muc er 12h	黏膜黏著系統，12 小時持續釋放
ndl fr inj	注射用針頭
nl fm susp	指甲薄膜懸液劑

縮寫	說明
oint. (g), oint.(gm)	藥膏 (克)
oral conc	內服濃縮劑
oral susp	內服懸液劑
paste (g)	糊劑 (克)
patch td24	貼片, 24 小時經皮
patch td72	貼片, 72 小時經皮
patch tds	貼片, 兩週一次經皮
patch tdwk	貼片, 每週一次經皮
pca syring	患者控制鎮痛注射器
pca vial	患者控制鎮痛小瓶
pellet(ea)	丸劑 (每次)
pen ij kit	注射筆套件
pen injectr	注射筆
pggybk btl	背負式瓶
plast. bag	塑膠袋
powd pack	粉劑包
sol md pmp	液劑 (帶多劑量泵)
sol w/appl	液劑 (帶敷帖器)
sol/pf app	液劑 (帶預裝敷帖器)
sol-gel	液劑, 形成凝膠
soln recon	液劑, 還原型
soln(gram)	液劑 (克)
spray susp	噴霧, 懸液劑
spray/pump	噴霧 (帶泵)
stick(ea)	棒狀劑 (每次)
supp.rect	栓劑, 直腸
supp.vag	栓劑, 陰道
suppos.	栓劑
sus er 24h	懸液劑, 24 小時持續釋放

縮寫	說明
sus er rec	懸液劑，持續釋放還原
sus mc rec	懸液劑，還原型微膠囊
suspdr pkt	懸液劑，延緩釋放小包
susp recon	懸液劑，還原型
syringekit	注射器套件
tab chew	片劑，可咀嚼
tab er 12h	片劑，12 小時持續釋放
tab er 24h	片劑，24 小時持續釋放
tab er prt	片劑，持續釋放顆粒
tab er seq	片劑，持續釋放延續
tab disper	片劑，可溶
tab ds pk	片劑，劑量包
tab er 24	片劑，24 小時持續釋放
tab mphase	片劑，多相
tab part	片劑，顆粒
tab rap dr	片劑，速崩型延緩釋放
tab rapdis	片劑，速崩型
tab subl	片劑，舌下
tab.sr 12h	片劑，12 小時緩慢釋放
tab.sr 24h	片劑，24 小時緩慢釋放
tabergr24hr	片劑，24 小時漸進持續釋放
tablet dr	片劑，延緩釋放
tablet, er	片劑，持續釋放
tablet eff	片劑，發泡
tablet sa	片劑，持續作用
tablet sol	片劑，可溶解
tb er dspk	片劑，持續釋放劑量包
tb mp dspk	片劑，多相劑量包
tb rd dspk	片劑，速崩型劑量包

縮寫	說明
tbdspk 3mo	片劑，3 個月劑量包
tbmp 12hr	片劑，12 小時多相
tbmp 24hr	片劑，24 小時多相
u	單位
vag ring	陰道環

Table of Contents

Analgesics.....	3
Anesthetics.....	7
Anti-Addiction/Substance Abuse Treatment Agents.....	8
Antianxiety Agents.....	9
Antibacterials.....	10
Anticancer Agents.....	18
Anticonvulsants.....	35
Antidementia Agents.....	40
Antidepressants.....	41
Antidiabetic Agents.....	44
Antifungals.....	48
Antigout Agents.....	50
Antihistamines.....	51
Anti-Infectives (Skin And Mucous Membrane).....	51
Antimigraine Agents.....	51
Antimycobacterials.....	53
Antinausea Agents.....	54
Antiparasite Agents.....	55
Antiparkinsonian Agents.....	56
Antipsychotic Agents.....	58
Antivirals (Systemic).....	64
Blood Products/Modifiers/Volume Expanders.....	71
Caloric Agents.....	75
Cardiovascular Agents.....	77
Central Nervous System Agents.....	88
Contraceptives.....	92
Dental And Oral Agents.....	102
Dermatological Agents.....	102
Devices.....	108
Enzyme Replacement/Modifiers.....	149
Eye, Ear, Nose, Throat Agents.....	151
Gastrointestinal Agents.....	155
Genitourinary Agents.....	159
Heavy Metal Antagonists.....	160
Hormonal Agents, Stimulant/Replacement/Modifying.....	161
Immunological Agents.....	168

Inflammatory Bowel Disease Agents.....	178
Metabolic Bone Disease Agents.....	179
Miscellaneous Therapeutic Agents.....	181
Ophthalmic Agents.....	183
Replacement Preparations.....	184
Respiratory Tract Agents.....	186
Skeletal Muscle Relaxants.....	192
Sleep Disorder Agents.....	192
Vasodilating Agents.....	193
Vitamins And Minerals.....	194

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution</i> 120-12 mg/5 ml	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-15 mg, 300-30 mg	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-60 mg	2	QL (180 per 30 days)
<i>buprenorphine hcl injection solution</i> (Buprenex) 0.3 mg/ml	2	
<i>buprenorphine hcl injection syringe</i> 0.3 mg/ml	2	
<i>butalbital-acetaminophen-caff oral</i> (Esgic) <i>tablet 50-325-40 mg</i>	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral</i> <i>capsule 50-325-40 mg</i>	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral</i> <i>tablet 50-325-40 mg</i>	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	2	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i> (Actiq)	2	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour</i> 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	QL (10 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	QL (180 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	5	PA; NDS; QL (30 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i> (methadone)	2	QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	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> (OxyContin)	3	QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	QL (240 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (oxycodone)	3	QL (60 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	2	QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	3	QL (240 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	4	PA; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium oral tablet 50 mg</i> (Cataflam)	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i>	2	QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	2	QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL (100 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i> (Pennsaid)	5	PA; NDS; QL (224 per 28 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg</i>	1	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule 50 mg</i>	1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac oral tablet 10 mg</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i> (Relafen)	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	2	QL (30 per 30 days)
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	1	
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	1	
<i>lidocaine hcl 1% 20 mg/2 ml vial sdv, plf 10 mg/ml (1 %)</i> (Xylocaine-MPF)	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PA
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine topical cream</i> 2.5-2.5 %	2	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet</i> 2 mg, 8 mg	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film</i> 12-3 mg (Suboxone)	2	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film</i> 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet</i> 2-0.5 mg, 8-2 mg	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i> 150 mg	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (varenicline)	3	QL (336 per 365 days)
<i>disulfiram oral tablet</i> 250 mg, 500 mg	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	5	NDS; QL (228 per 14 days)
<i>naloxone injection solution</i> 0.4 mg/ml	1	
<i>naloxone injection syringe</i> 0.4 mg/ml, 1 mg/ml	2	
<i>naloxone nasal spray, non-aerosol</i> 4 mg/actuation (Narcan)	2	QL (4 per 30 days)
<i>naltrexone oral tablet</i> 50 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
NARCAN NASAL (naloxone) SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	NDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	NDS; QL (1.5 per 30 days)
<i>varenicline oral tablet 0.5 mg</i>	2	QL (336 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix Continuing Month Box)	2	QL (336 per 365 days)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	2	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	2	QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	2	QL (180 per 30 days)
<i>diazepam 25 mg/5 ml oral conc 5 mg/ml</i> (Diazepam Intensol)	2	QL (1200 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	5	PA BvD; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution</i> 40 mg/ml	2	
Antibacterials, Miscellaneous		
<i>chloramphenicol sod succinate</i> <i>intravenous recon soln 1 gram</i>	2	
<i>clindamycin hcl oral capsule 150 mg,</i> (Cleocin HCl) <i>300 mg, 75 mg</i>	1	
<i>clindamycin in 5 % dextrose</i> <i>intravenous piggyback 300 mg/50 ml</i>	2	
<i>clindamycin phosphate injection</i> <i>solution 150 (mg/ml) (6 ml)</i>	2	
<i>clindamycin phosphate injection</i> (Cleocin) <i>solution 150 mg/ml</i>	2	
<i>clindamycin phosphate intravenous</i> <i>solution 600 mg/4 ml</i>	2	
<i>colistin (colistimethate na) injection</i> (Coly-Mycin M <i>recon soln 150 mg</i> Parenteral)	5	NDS
<i>daptomycin intravenous recon soln</i> (Cubicin RF) <i>500 mg</i>	5	NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML	4	
<i>linezolid 600 mg/300 ml-0.9% nacl</i> <i>600 mg/300 ml</i>	2	
<i>linezolid in dextrose 5% intravenous</i> (Zyvox) <i>piggyback 600 mg/300 ml</i>	2	
<i>linezolid oral suspension for</i> (Zyvox) <i>reconstitution 100 mg/5 ml</i>	5	NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	
<i>methenamine hippurate oral tablet 1</i> (Hiprex) <i>gram</i>	2	
<i>metronidazole in nacl (iso-os)</i> (Metro I.V.) <i>intravenous piggyback 500 mg/100</i> <i>ml</i>	2	
<i>metronidazole oral tablet 250 mg,</i> <i>500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral</i> (Macrochantin) <i>capsule 100 mg, 25 mg, 50 mg</i>	2	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohydlm-cryst oral (Macrobid) capsule 100 mg</i>	2	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	NDS
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg (Vancocin)</i>	2	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg (Vancocin)</i>	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	5	PA; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)
Cephalosporins		
<i>cefactor oral capsule 250 mg, 500 mg</i>	2	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	
<i>cefixime oral capsule 400 mg (Suprax)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime injection recon soln 1 gram</i>	2	
<i>cefoxitin 1 gm piggyback bag 1 gram/50 ml</i>	2	
<i>cefoxitin intravenous recon soln 1 gram</i>	2	
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 600 mg</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	5	NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>meropenem intravenous recon soln 1 gram</i>	2	
<i>meropenem intravenous recon soln 500 mg</i>	2	
<i>meropenem-0.9% nacl 500 mg/50 500 mg/50 ml</i>	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	

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

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin 1 gml 50 ml inj 1 gram/50 ml</i>	2	
<i>nafcillin 2 gml 100 ml inj 2 gram/100 ml</i>	2	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5	NDS
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 (penicillin g potassium) million unit</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
Quinolones		
BAXDELA ORAL TABLET 450 MG	5	PA; NDS; QL (28 per 14 days)
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg</i> (LymePak)	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin (mono))	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	QL (60 per 30 days)
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	QL (60 per 30 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>mondoxylene nl oral capsule 100 mg</i> (doxycycline monohydrate)	2	QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	5	PA NSO; NDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (paclitaxel protein-bound)	5	PA BvD; NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	5	PA NSO; NDS
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (doxorubicin)	2	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	2	PA BvD
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG (pemetrexed disodium)	5	NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA NSO; NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NDS
<i>alymysys intravenous solution 25 mg/ml</i>	5	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	NDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)	5	NDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	5	PA NSO; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	5	PA NSO; NDS
BESPONSА INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS
<i>bexarotene topical gel 1%</i> (Targretin)	5	PA NSO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
BLENREP INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; NDS
<i>bortezomib injection recon soln 1 mg</i>	4	PA NSO
<i>bortezomib injection recon soln 2.5 mg</i>	5	PA NSO; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NDS; QL (30 per 30 days)
<i>clofarabine intravenous solution 1 mg/ml</i> (Clolar)	5	NDS

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	2	
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Afinitor)	5	PA NSO; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	5	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NDS
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NDS; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA NSO; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	4	PA NSO; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA NSO; NDS
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NDS; QL (28 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	5	NDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	NDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LYSODREN ORAL TABLET 500 MG	5	NDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA NSO; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NDS
<i>paclitaxel protein-bound intravenous (Abraxane) suspension for reconstitution 100 mg</i>	5	PA BvD; NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA NSO; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NDS
<i>pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg</i>	5	NDS
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	5	PA NSO; NDS; QL (2 per 28 days)
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML	5	PA NSO; NDS; QL (15 per 21 days)

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

Drug Name	Drug Tier	Requirements/Limits
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG-20000 UNIT/10ML	5	PA NSO; NDS; QL (10 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	5	PA NSO; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE (lenalidomide) 2.5 MG, 20 MG	5	PA NSO; LA; NDS; QL (28 per 28 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NDS
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA NSO; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NDS; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS
TABLOID ORAL TABLET 40 (thioguanine) MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; NDS; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina)	5	NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	2	
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA NSO; NDS

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

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	QL (1 per 28 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA NSO; 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)	5	PA NSO; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NDS
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	5	NDS
VELCADE INJECTION RECON (bortezomib) SOLN 3.5 MG	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PA NSO; NDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NDS; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	5	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PA NSO; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NDS
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	4	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	QL (480 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NDS
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	2	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	ST

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

Drug Name	Drug Tier	Requirements/Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	5	ST; NDS
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NDS
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	5	ST; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NDS; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML (lacosamide)	3	QL (200 per 5 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	
<i>zonisamide oral capsule 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	2	QL (60 per 30 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	ST
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	2	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	4	PA NSO
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NDS
<i>tranlycypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone oral tablet 300 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	4	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	QL (30 per 30 days)
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	5	NDS
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NDS; QL (112 per 28 days)
<i>metformin oral tablet 1,000 mg</i>	6	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	6	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10- 1,000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5- 1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)
LANTUS SOLOSTAR U-100 (insulin glargine) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart u-100)	2	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	2	QL (40 per 28 days)
NOVOLOG MIX 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	2	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin aspart u-100)	2	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart u-100)	2	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)	6	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	6	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet extended release</i> (Glucotrol XL) <i>24hr 10 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet extended release</i> (Glucotrol XL) <i>24hr 2.5 mg, 5 mg</i>	6	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 250 mg</i>	6	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 500 mg, 5-500 mg</i>	6	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5</i> (Glynase) <i>mg, 3 mg, 6 mg</i>	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet</i> <i>1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	6	PA-HRM; AGE (Max 64 Years)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
AMBISOME INTRAVENOUS (amphotericin b SUSPENSION FOR liposome) RECONSTITUTION 50 MG	5	PA BvD; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b injection recon soln</i> 50 mg	2	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution</i> 50 mg (AmBisome)	5	PA BvD; NDS
<i>casposfungin intravenous recon soln</i> 50 mg (Cancidas)	5	NDS
<i>casposfungin intravenous recon soln</i> 70 mg (Cancidas)	2	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	QL (19.8 per 30 days)
<i>clotrimazole mucous membrane troche</i> 10 mg	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	2	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback</i> 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml	2	
<i>fluconazole oral suspension for reconstitution</i> 10 mg/ml, 40 mg/ml (Diflucan)	2	
<i>fluconazole oral tablet</i> 100 mg, 150 mg, 200 mg, 50 mg (Diflucan)	2	
<i>flucytosine oral capsule</i> 250 mg, 500 mg (Ancobon)	5	NDS
<i>griseofulvin microsize oral suspension</i> 125 mg/5 ml	2	
<i>griseofulvin microsize oral tablet</i> 500 mg	2	
<i>itraconazole oral capsule</i> 100 mg (Sporanox)	2	
<i>ketoconazole oral tablet</i> 200 mg	2	
<i>ketoconazole topical cream</i> 2 %	2	QL (180 per 30 days)
<i>ketoconazole topical shampoo</i> 2 %	2	QL (360 per 30 days)
<i>miconazole-3 vaginal suppository</i> 200 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
NOXAFIL ORAL SUSPENSION (posaconazole) 200 MG/5 ML (40 MG/ML)	5	PA; NDS
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	QL (60 per 30 days)
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil)	5	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	2	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	4	PA; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST; QL (30 per 30 days)
MITIGARE ORAL CAPSULE (colchicine) 0.6 MG	2	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
Antihistamines		
Antihistamines		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	PA-HRM; AGE (Max 64 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	2	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	PA-HRM; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution</i> <i>1 mg/ml</i>	2	QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-</i> (Migranal) <i>aerosol 0.5 mg/pump act. (4 mg/ml)</i>	5	NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> (Maxalt-MLT) <i>10 mg</i>	2	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> <i>5 mg</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol</i> (Imitrex) <i>20 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol</i> (Imitrex) <i>5 mg/actuation</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet</i> (Imitrex) <i>100 mg</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25</i> (Imitrex) <i>mg, 50 mg</i>	2	QL (18 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i> (Imitrex STATdose Refill)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg</i>	2	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECTOR ORAL TABLET 250 MG	4	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	2	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	2	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 50 mg</i> (Promethegan)	2	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine)	2	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	5	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepro)	2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil oral tablet</i> (Malarone Pediatric) 62.5-25 mg	2	
<i>chloroquine phosphate oral tablet</i> 250 mg	2	QL (50 per 30 days)
<i>chloroquine phosphate oral tablet</i> 500 mg	2	QL (25 per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet</i> 200 mg (Plaquenil)	2	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet</i> 3 mg (Stromectol)	2	
KRINTAFEL ORAL TABLET 150 MG	4	
<i>mefloquine oral tablet</i> 250 mg	2	
<i>nitazoxanide oral tablet</i> 500 mg (Alinia)	5	NDS
<i>paromomycin oral capsule</i> 250 mg (Humatin)	2	
<i>pentamidine inhalation recon soln</i> 300 mg (Nebupent)	2	PA BvD
<i>pentamidine injection recon soln</i> 300 mg (Pentam)	2	
PRIMAQUINE ORAL TABLET 26.3 MG	4	
<i>pyrimethamine oral tablet</i> 25 mg (Daraprim)	5	PA; NDS
<i>quinine sulfate oral capsule</i> 324 mg (Qualaquin)	2	PA; QL (42 per 7 days)
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule</i> 100 mg	2	
<i>amantadine hcl oral solution</i> 50 mg/5 ml	1	
<i>apomorphine subcutaneous cartridge</i> 10 mg/ml (APOKYN)	5	PA; NDS; QL (60 per 30 days)
<i>benztropine oral tablet</i> 0.5 mg, 1 mg, 2 mg	2	
<i>bromocriptine oral capsule</i> 5 mg (Parlodel)	2	
<i>bromocriptine oral tablet</i> 2.5 mg (Parlodel)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	4	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	4	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	4	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	4	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	4	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	4	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG	4	PA; QL (30 per 30 days)
XADAGO ORAL TABLET 50 MG	5	PA; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	2	QL (60 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	2	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	5	ST; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 56 days)

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

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 28 days)
<i>asenapine maleate sublingual tablet</i> (Saphris) <i>10 mg, 2.5 mg, 5 mg</i>	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i> (Clozaril)	2	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)	2	QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	5	ST; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular (Haldol Decanoate) solution 100 mg/ml</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	2	
<i>haloperidol decanoate intramuscular (Haldol Decanoate) solution 50 mg/ml</i>	2	
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NDS; QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NDS; QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NDS; QL (2.63 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln (Zyprexa) 10 mg</i>	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, (Zyprexa) 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet, disintegrating</i> (Zyprexa Zydis) 10 mg, 15 mg, 20 mg, 5 mg	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr</i> (Invega) 1.5 mg, 3 mg, 9 mg	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr</i> (Invega) 6 mg	2	QL (60 per 30 days)
<i>perphenazine oral tablet</i> 16 mg, 2 mg, 4 mg, 8 mg	2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet</i> 1 mg, 2 mg	2	
<i>quetiapine oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg (Seroquel)	2	QL (90 per 30 days)
<i>quetiapine oral tablet</i> 150 mg	2	QL (30 per 30 days)
<i>quetiapine oral tablet</i> 300 mg, 400 mg (Seroquel)	2	QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution</i> 1 mg/ml (Risperdal)	2	QL (480 per 30 days)
<i>risperidone oral tablet</i> 0.25 mg	2	QL (60 per 30 days)
<i>risperidone oral tablet</i> 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	2	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 4 mg</i> (Risperdal)	2	QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i>	2	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	2	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	5	NDS
APRETUDE (cabotegravir) INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	5	NDS; QL (24 per 365 days)
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	NDS
APTIVUS ORAL CAPSULE 250 MG	5	NDS
<i>atazanavir oral capsule 150 mg</i>	2	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	2	
BIKTARVY ORAL TABLET 30- 120-15 MG, 50-200-25 MG	5	NDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	5	NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	5	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300- 300 MG	5	NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
CRIXIVAN ORAL CAPSULE 200 MG	4	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120- 15 MG, 200-25 MG	5	NDS
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50- 300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> (Atripla)	5	NDS
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NDS
<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i> (Symfi)	5	NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada)	5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	5	NDS
EVOTAZ ORAL TABLET 300- 150 MG	5	NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	2	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150- 150-200-10 MG	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	5	NDS; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	2	
NORVIR ORAL POWDER IN PACKET 100 MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NDS
PREZISTA ORAL TABLET 75 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
TEMIXYS ORAL TABLET 300-300 MG	5	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NDS
TRIZIVIR ORAL TABLET 300-150-300 MG (abacavir-lamivudine-zidovudine)	5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG	4	QL (20 per 5 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	4	QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL TABLET 45-200 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	5	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	5	PA BvD; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	5	PA BvD; NDS
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	PA BvD; NDS
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	
VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)	5	PA BvD; NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	2	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	5	NDS; QL (24 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 5 mg/0.4 ml	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 7.5 mg/0.6 ml	5	NDS; QL (18 per 30 days)
<i>heparin (porcine) injection cartridge</i> 5,000 unit/ml (1 ml)	2	
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	2	
<i>heparin (porcine) injection syringe</i> 5,000 unit/ml	2	
<i>heparin, porcine (pf) injection</i> solution 1,000 unit/ml	2	
<i>heparin, porcine (pf) injection</i> syringe 5,000 unit/0.5 ml	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2</i> (warfarin) <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i>	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2</i> (Jantoven) <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NDS; QL (20 per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NDS
MUPLETA ORAL TABLET 3 MG	5	PA; NDS; QL (7 per 7 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NDS; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL TABLET 25 MG	5	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NDS; QL (60 per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
CABLIVI INJECTION KIT 11 MG	5	PA; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; NDS
<i>protamine intravenous solution 10 mg/ml</i>	2	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution</i> (Cyklokapron) <i>1,000 mg/10 ml (100 mg/ml)</i>	2	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
<i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i>	2	PA BvD
<i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	2	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly</i> (Catapres-TTS-1) <i>0.1 mg/24 hr</i>	2	QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	PA; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	
Angiotensin II Receptor Antagonists		
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	6	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	6	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	6	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	6	

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

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	6	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	6	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	6	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	6	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	6	
<i>benazepril oral tablet 5 mg</i>	6	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	6	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	6	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	6	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	6	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	6	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	6	

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

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	6	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	6	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	6	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 200 mg</i> (Pacerone)	1	
<i>amiodarone oral tablet 400 mg</i> (Pacerone)	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	PA-HRM; AGE (Max 64 Years)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>lidocaine (pf) injection solution 10 mg/ml (1%)</i> (Xylocaine-MPF)	1	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 200 mg</i> (amiodarone)	1	
<i>pacerone oral tablet 400 mg</i> (amiodarone)	2	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	
<i>procainamide intravenous syringe 100 mg/ml</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate oral tablet 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule, extended release 24 hr 420 mg</i> (Tiadyt ER)	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	2	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> (Verelan)	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i> (Verelan)	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	2	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	2	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	2	
<i>digoxin 250 mcg tablet 250 mcg (0.25 mg)</i> (Digitek)	2	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	QL (4 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	2	QL (4 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i> (Adrenalin)	1	
<i>hydralazine injection solution 20 mg/ml</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	5	PA; NDS; QL (18 per 30 days)
<i>metyrosine oral capsule 250 mg</i> (Demser)	5	NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa)	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa)	2	QL (120 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant)	5	PA; NDS; QL (18 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NDS; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; NDS; QL (120 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	6	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	6	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	6	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NDS; QL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; NDS; QL (56 per 28 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	2	
<i>toremide oral tablet 20 mg</i> (Soaanz)	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	
Dyslipidemics		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	6	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	2	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	2	
<i>colestipol oral packet 5 gram</i> (Colestid)	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate nanocrystallized oral tablet 160 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	5	PA; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NDS; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NDS; QL (45 per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	2	
<i>niacin oral tablet extended release 24 hr 1,000 mg</i> (Niaspan Extended-Release)	2	
<i>niacin oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	6	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	6	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	6	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)	6	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin oral tablet 5 mg</i>	6	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	2	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	2	QL (120 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	2	
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> (nitroglycerin)	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> (Nitro-Dur)	2	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	PA BvD
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	5	PA; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	5	PA; NDS; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	2	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i> (Zenedi)	2	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenedi)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i> (Adderall XR) 20 mg, 25 mg, 30 mg	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i> (Tecfidera)	5	PA; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	5	PA; NDS
<i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i> (Tecfidera)	5	PA; NDS; QL (60 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	
GILENYA ORAL CAPSULE 0.25 MG	5	PA; NDS; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG (fingolimod)	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	5	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	5	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 10 mg, 20 mg, 40 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 30 mg</i>	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	2	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	5	PA; NDS; QL (2800 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG	5	PA; NDS; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	

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

Drug Name		Drug Tier	Requirements/Limits
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>		2	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		2	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</i> (norethindrone-e.estradiol-iron)	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i> (norethindrone-e.estradiol-iron)	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i> (norethindrone-e.estradiol-iron)	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
<i>camila oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	2	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri)	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Syeda)	2	

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

Drug Name		Drug Tier	Requirements/Limits
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
ELLA ORAL TABLET 30 MG		4	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	4	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>introvale oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>l norgest/e.estradiol-e.estrad oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	(LoJaimiess)	2	QL (91 per 84 days)

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

Drug Name		Drug Tier	Requirements/Limits
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	2	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	

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

Drug Name		Drug Tier	Requirements/Limits
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>lultera (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		2	
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	1	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	2	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Merzee)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) 11mg-35mcg (9)</i>	(Tri-Legest Fe) 2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla) 2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla) 2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Femynor) 2	
<i>norlyda oral tablet 0.35 mg</i>	(norethindrone (contraceptive)) 1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol) 2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol) 2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol) 2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad) 2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol) 2	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>	2	
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol) 2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad) 2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>previfem oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive))	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	2	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	
<i>syeda oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (norethindrone-e.estradiol-iron)	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol)	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol)	1	

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

Drug Name		Drug Tier	Requirements/Limits
<i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	2	
<i>tri-mili oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
<i>tri-nymyo oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
<i>tri-previfem (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
<i>trivora (28) oral tablet</i> 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
<i>tulana oral tablet</i> 0.35 mg	(norethindrone (contraceptive))	1	
<i>tyblume oral tablet, chewable</i> 0.1 mg- 20 mcg		2	
<i>velivet triphasic regimen (28) oral</i> <i>tablet</i> 0.1/1.125/1.15-25 mg-mcg		2	
<i>vestura (28) oral tablet</i> 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
<i>vienva oral tablet</i> 0.1-20 mg-mcg	(levonorgestrel-ethinyl estradiol)	2	
<i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	(desog- e.estradiol/e.estradiol)	2	
<i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	(desog- e.estradiol/e.estradiol)	2	
<i>vyfemla (28) oral tablet</i> 0.4-35 mg- mcg		2	
<i>vylibra oral tablet</i> 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	
<i>wera (28) oral tablet</i> 0.5-35 mg- mcg		2	
<i>xulane transdermal patch weekly</i> 150-35 mcg/24 hr		2	QL (3 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	2	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	2	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i> (ethynodiol diac-eth estradiol)	2	
<i>zumandimine (28) oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	2	
Dental And Oral Agents		
Dental And Oral Agents		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	1	
<i>denta 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	
<i>dentagel dental gel 1.1 %</i> (fluoride (sodium))	1	
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	1	
<i>oralone dental paste 0.1 %</i> (triamcinolone acetone)	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>perio gard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	
<i>sf 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	1	
<i>triamcinolone acetone dental paste 0.1 %</i> (Oralene)	2	
Dermatological Agents		
Dermatological Agents, Other		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	2	QL (30 per 30 days)
ALCOHOL 70% SWABS (Alcohol Pads)	1	

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

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	1	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	1	
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	2	
BD SINGLE USE SWAB (alcohol swabs)	1	
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	2	QL (120 per 30 days)
CARETOUCH ALCOHOL 70% PREP PAD (alcohol swabs)	1	
CURITY ALCOHOL PREPS 2 PLY, MEDIUM (alcohol swabs)	1	
DROPSAFE ALCOHOL 70% PREP PADS (alcohol swabs)	1	
EASY COMFORT ALCOHOL 70% PAD (alcohol swabs)	1	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED (alcohol swabs)	1	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
HEB INCONTROL ALCOHOL 70% PADS (alcohol swabs)	1	
<i>imiquimod topical cream in packet 5 %</i>	2	QL (24 per 30 days)
IV ANTISEPTIC WIPES (alcohol swabs)	1	
KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)	1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>podofilox topical solution 0.5 %</i>	2	
PRO COMFORT ALCOHOL (alcohol swabs) 70% PADS	1	
PURE COMFORT ALCOHOL (alcohol swabs) 70% PADS	1	
RA ISOPROPYL ALCOHOL (alcohol swabs) 70% WIPES	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
SURE COMFORT ALCOHOL (alcohol swabs) PREP PADS	1	
SURE-PREP ALCOHOL PREP PADS	1	
TRUE COMFORT ALCOHOL (alcohol swabs) 70% PADS	1	
TRUE COMFORT PRO (alcohol swabs) ALCOHOL PADS	1	
ULTILET ALCOHOL STERL SWAB	1	
VALCHLOR TOPICAL GEL 0.016 %	5	NDS
WEBCOL ALCOHOL PREPS (alcohol swabs) 20'S,LARGE	1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	
Dermatological Antibacterials		
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	2	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	2	
<i>ery pads topical swab 2 %</i> (erythromycin with ethanol)	2	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	2	QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	2	QL (180 per 30 days)
<i>gentamicin topical cream 0.1 %</i>	2	QL (120 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	QL (120 per 30 days)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	2	QL (120 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i> (fluocinonide-emollient)	2	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone 2.5% cream 2.5 %</i>	1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	1	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>pimecrolimus topical cream 1 %</i> (Elidel)	2	QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	2	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.1 %, 0.5 %</i>	2	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	2	
<i>adapalene topical gel 0.1 %</i> (Differin)	2	
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	

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

Drug Name		Drug Tier	Requirements/Limits
<i>permethrin topical cream 5 %</i>	(Elimite)	2	
Devices			
Devices			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE- USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
1ST TIER UNIFINE PNTIP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	2	
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	2	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	2	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	2	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	2	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	2
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	2	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	2	
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2
BD INSULIN SYRINGE 1 ML W/O NEEDLE 1 ML	(insulin syringe needleless)	2
BD LUER-LOK SYRINGE 1 ML 1 ML	(BD Insulin Syringe Slip Tip)	2

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

Drug Name	Drug Tier	Requirements/Limits
BD NANO 2 GEN PEN NDL (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	2	
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	
BD SAFETGLD INS 0.5 ML (insulin syringe-needle 13MMX29G 0.5 ML 29 GAUGE u-100) X 1/2"	2	
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	2	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 "	2	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	2	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	2	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	2	
BD UF MICRO PEN NEEDLE (pen needle, diabetic) 6MMX32G 32 GAUGE X 1/4"	2	
BD UF MINI PEN NEEDLE (pen needle, diabetic) 5MMX31G 31 GAUGE X 3/16"	2	
BD UF NANO PEN NEEDLE (pen needle, diabetic) 4MMX32G 32 GAUGE X 5/32"	2	
BD UF ORIG PEN NDL (pen needle, diabetic) 12.7MMX29G 29 GAUGE X 1/2"	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16"	2	
CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	
CARETOUCH SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	
CARETOUCH SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	2	
CARETOUCH SYR 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	2	
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16	2	
CARETOUCH SYR 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X u-100) 5/16	2	
CARETOUCH SYR 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X u-100) 5/16	2	
CLICKFINE 31G X 5/16" (pen needle, diabetic) NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	2	
CLICKFINE PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	2	
CLICKFINE UNIVERSAL 31G (pen needle, diabetic) X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	2	
COMFORT EZ INS 0.3 ML (insulin syringe-needle 30GX1/2" 0.3 ML 30 GAUGE X u-100) 1/2"	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	2	
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	2	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	2	
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	2	
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	

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

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 4MM 32 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 5MM 32 GAUGE X 3/16"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 6MM 32 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 8MM 32 GAUGE X 5/16"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33G 6MM 33 GAUGE X 1/4"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX4MM 33 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"	2	
CURAD GAUZE PADS 2" X 2" 2 (gauze bandage) X 2 "	1	
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	
CURITY GUAZE PADS 1'S(12 (gauze bandage) PLY) 2 X 2 "	1	
DERMACEA 2"X2" GAUZE 12 (gauze bandage) PLY, USP TYPE VII 2 X 2 "	1	
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	2	
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	2	
DROPLET INS 0.3 ML (insulin syringe-needle 29GX12.5MM 0.3 ML 29 u-100) GAUGE X 1/2"	2	
DROPLET INS 0.3 ML (insulin syringe-needle 30GX12.5MM 0.3 ML 30 u-100) GAUGE X 1/2"	2	

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

Drug Name	Drug Tier	Requirements/Limits
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	2	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	2	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	2	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	2	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	2	
DROPLET INS SYR 0.3 ML (insulin syringe-needle 30GX8MM 0.3 ML 30 GAUGE X u-100) 5/16"	2	
DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX6MM 0.3 ML 31 GAUGE X u-100) 15/64"	2	
DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX8MM 0.3 ML 31 GAUGE X u-100) 5/16"	2	
DROPLET INS SYR 1 ML (insulin syringe-needle 29GX12.5MM 1 ML 29 GAUGE u-100) X 1/2"	2	
DROPLET INS SYR 1 ML (insulin syringe-needle 30GX12.5MM 1 ML 30 GAUGE u-100) X 1/2"	2	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	2	
DROPLET INS SYR 1 ML (insulin syringe-needle 30GX8MM 1 ML 30 GAUGE X u-100) 5/16"	2	
DROPLET INS SYR 1 ML (insulin syringe-needle 31GX6MM 1 ML 31 GAUGE X u-100) 15/64"	2	

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

Drug Name	Drug Tier	Requirements/Limits
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	2	
DROPLET PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	2	
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	2	
DROPLET PEN NEEDLE (pen needle, diabetic) 30GX5/16" 30 GAUGE X 5/16"	2	
DROPLET PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	2	
DROPLET PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	2	
DROPLET PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	
DROPLET PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4"	2	
DROPLET PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16"	2	
DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16"	2	
DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
DROPSAFE PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety)	2	
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
DRUG MART ULTRA (insulin syringe-needle COMFORT SYR 0.3 ML 29 u-100) 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	2	

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

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	2	
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	2	
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	2	
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	2	
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	2	
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	2	
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	2	
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic)	2	
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic)	2	

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	2	
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	2
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Lite Touch Insulin Syringe)	2
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Lite Touch Insulin Syringe)	2
EXEL INSULIN SYRINGE 27G- 1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	2
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	2
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Lite Touch Insulin Syringe)	2
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1

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

Drug Name	Drug Tier	Requirements/Limits
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	2	
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100)	2	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100)	2	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE	2	
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 (insulin syringe-needle u-100)	2	
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	2	

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

Drug Name	Drug Tier	Requirements/Limits
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 5MM 31G 31 GAUGE X 3/16"	2	
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 6MM 31G 31 GAUGE X 1/4"	2	
HEALTHY ACCENTS PENTIP (pen needle, diabetic) 8MM 31G 31 GAUGE X 5/16"	2	
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"	2	
INCONTROL PEN NEEDLE (pen needle, diabetic) 12MM 29G 29 GAUGE X 1/2"	2	
INCONTROL PEN NEEDLE (pen needle, diabetic) 4MM 32G 32 GAUGE X 5/32"	2	
INCONTROL PEN NEEDLE (pen needle, diabetic) 5MM 31G 31 GAUGE X 3/16"	2	
INCONTROL PEN NEEDLE (pen needle, diabetic) 6MM 31G 31 GAUGE X 1/4"	2	
INCONTROL PEN NEEDLE (pen needle, diabetic) 8MM 31G 31 GAUGE X 5/16"	2	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INSULIN SYR 0.3 ML (Advocate Syringes) 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	2	
INSULIN SYR 0.3 ML (UltiCare Insulin Syr(half unit)) 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	2	
INSULIN SYRIN 0.3 ML (Comfort EZ Insulin Syringe) 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML (Comfort EZ Insulin Syringe) 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	2	
INSULIN SYRIN 0.5 ML (Advocate Syringes) 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	2	

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	2	
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" (Advocate Syringes)	2	
INSULIN SYRING 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe)	2	
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE (insulin syringe-needle u-100)	2	
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	2	
INSULIN SYRINGE 0.5 ML 1/2 ML 29 (insulin syringe-needle u-100)	2	
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	2	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	2	
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2" (BD Eclipse Luer-Lok)	2	
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16 (Advocate Syringes)	2	
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Advocate Syringes)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Lite Touch Insulin Syringe)	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH INS 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	2	
LITETOUCH INS 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	
LITETOUCH INS 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	
LITETOUCH SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X u-100) 1/2"	2	
LITETOUCH SYR 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"	2	
LITETOUCH SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	2	
LITETOUCH SYRIN 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X u-100) 1/2"	2	
LITETOUCH SYRIN 1 ML (insulin syringe-needle 29GX1/2" 1 ML 29 GAUGE X u-100) 1/2"	2	
LITETOUCH SYRIN 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X u-100) 5/16"	2	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	2	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	2	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 X 1/2"	2	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	2	

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

Drug Name	Drug Tier	Requirements/Limits
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic) 2	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	2	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	2	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic) 2	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 2	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic) 2	
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips) 2	
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle) 2	
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle) 2	
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles) 2	
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle) 2	
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles) 2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"	2	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
NOVOFINE 30 NEEDLE	2	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)	2	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	2	
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	

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

Drug Name	Drug Tier	Requirements/Limits
PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16"	2	
PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16"	2	
PEN NEEDLE 30G X 8MM 30 (AboutTime Pen GAUGE X 5/16" Needle)	2	
PEN NEEDLE, DIABETIC (1st Tier Unifine NEEDLE 29 GAUGE X 1/2" Pentips Plus)	2	
PEN NEEDLES 12MM 29G (pen needle, diabetic) 29GX12MM,STRL 29 GAUGE X 1/2"	2	
PEN NEEDLES 4MM 32G 32 (pen needle, diabetic) GAUGE X 5/32"	2	
PEN NEEDLES 6MM 31G (1st Tier Unifine 31GX6MM, STRL 31 GAUGE X Pentips) 1/4"	2	
PEN NEEDLES 8MM 31G (pen needle, diabetic) 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	2	
PENTIPS PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	2	
PENTIPS PEN NEEDLE (pen needle, diabetic) 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	2	
PENTIPS PEN NEEDLE (pen needle, diabetic) 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	2	
PENTIPS PEN NEEDLE 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	2	
PENTIPS PEN NEEDLE (pen needle, diabetic) 32GX5/32" 4MM 32 GAUGE X 5/32"	2	
PENTIPS PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	2	
PIP PEN NEEDLE 31G X 5MM (pen needle, diabetic) 31 GAUGE X 3/16"	2	
PIP PEN NEEDLE 32G X 4MM (pen needle, diabetic) 32 GAUGE X 5/32"	2	

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

Drug Name	Drug Tier	Requirements/Limits
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	
PRO COMFORT 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	2	
PRO COMFORT 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	2	
PRO COMFORT 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	
PRO COMFORT 1 ML 30GX1/2" (insulin syringe-needle 1 ML 30 GAUGE X 1/2" u-100)	2	
PRO COMFORT 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X u-100) 5/16"	2	
PRO COMFORT 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X u-100) 5/16"	2	
PRO COMFORT PEN NDL (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	
PRO COMFORT PEN NDL 32G (pen needle, diabetic) X 1/4" 32 GAUGE X 1/4"	2	
PRO COMFORT PEN NDL (pen needle, diabetic) 4MM 32G 32 GAUGE X 5/32"	2	
PRO COMFORT PEN NDL (pen needle, diabetic) 5MM 32G 32 GAUGE X 3/16"	2	
PRODIGY INS SYR 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X u-100) 1/2"	2	
PRODIGY SYRNG 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	
PRODIGY SYRNGE 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	2	
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4" (pen needle, diabetic)	2	
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	2	
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	2	
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	2	
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29 (Lite Touch Insulin Syringe)	2	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	2	
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4" (pen needle, diabetic)	2	
RELION PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	2	
RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	2	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	2	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	2	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	2	
SURE COMFORT 31G PEN NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	2	
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	2	
SURE COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	2	
SURE COMFORT PEN NDL 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	2	
SURE COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	2	
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	2	
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	2	
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	2	
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	2	

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

Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) 2	
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) 2	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	2	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	2	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	2	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	2	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	2	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	2	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	2	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	2	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	2	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	2	
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	

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

Drug Name	Drug Tier	Requirements/Limits
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	2	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" (pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	2	
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (Advocate Syringes)	2	
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8" (Thinpro Insulin Syringe)	2	
TERUMO INS SYRINGE U100- 1/2 ML 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	2	
TERUMO INS SYRINGE U100- 1/3 ML 0.3 ML 30 X 3/8" (insulin syringe-needle u-100)	2	

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

Drug Name	Drug Tier	Requirements/Limits
TERUMO INS SYRNG U100-1/2 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", u-100) 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
THINPRO INS SYRIN U100-0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", u-100) 0.3 ML 30 X 3/8"	2	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"	2	
THINPRO INS SYRIN U100-0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", u-100) 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	2	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"	2	
THINPRO INS SYRIN U100-1 (insulin syringe-needle ML 1 ML 28 GAUGE X 1/2", 1 u-100) ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	2	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	2	
TOPCARE CLICKFINE 31G X (pen needle, diabetic) 1/4" 31 GAUGE X 1/4"	2	
TOPCARE CLICKFINE 31G X (pen needle, diabetic) 5/16" 31 GAUGE X 5/16"	2	
TOPCARE ULTRA COMFORT (insulin syringe-needle SYRINGE 0.3 ML 29 GAUGE X u-100) 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
TRUE CMFRT PRO 0.5 ML 30G (insulin syringe-needle 5/16" 0.5 ML 30 GAUGE X 5/16" u-100)	2	
TRUE CMFRT PRO 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16" u-100)	2	

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

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

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

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	

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

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	
ULT CFT 0.3 ML 30GX5/16" (1/2) 1/2 UNIT 0.3 ML 30 GAUGE X 5/16"	2	
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" (insulin syr/ndl u100 half mark)	2	
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	2	
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	2	
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	2	
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	2	
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	2	
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	2	
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" (pen needle, diabetic)	2	
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	2	

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

Drug Name	Drug Tier	Requirements/Limits
ULTICARE SAFE PEN NDL 8MM 30G 30 GAUGE X 5/16"	2	
ULTICARE SYR 0.3 ML (insulin syringe-needle 30GX1/2" 0.3 ML 30 GAUGE X u-100) 1/2"	2	
ULTICARE SYR 0.3 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.3 ML u-100) 31 GAUGE X 5/16"	2	
ULTICARE SYR 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2"	2	
ULTICARE SYR 0.5 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.5 ML u-100) 31 GAUGE X 5/16"	2	
ULTICARE SYR 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X u-100) 5/16"	2	
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	2	
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"	2	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	2	
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	2	
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	2	
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	2	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	2	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	2	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	2	
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	2	
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	2	

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX3/16" MINI 31 GAUGE X 3/16"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX5/16" SHORT 31 GAUGE X 5/16"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	
UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32"	2	
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	2	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	2	
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	2	
UNIFINE ULTRA PEN NDL (pen needle, diabetic) 31G 5MM 31 GAUGE X 3/16"	2	
UNIFINE ULTRA PEN NDL (pen needle, diabetic) 31G 6MM 31 GAUGE X 1/4"	2	
UNIFINE ULTRA PEN NDL (pen needle, diabetic) 31G 8MM 31 GAUGE X 5/16"	2	
UNIFINE ULTRA PEN NDL (pen needle, diabetic) 32G 4MM 32 GAUGE X 5/32"	2	
VANISHPOINT 0.5 ML (insulin syringe-needle 30GX1/2" SY OUTER 0.5 ML 30 u-100) GAUGE X 1/2"	2	
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	2	
VANISHPOINT U-100 29X1/2 (insulin syringe-needle SYR 1 ML 29 GAUGE X 1/2" u-100)	2	
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	2	
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	2	

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

Drug Name	Drug Tier	Requirements/Limits
VERIFINE PEN NEEDLE 32G X (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	2	
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	
V-GO 40 DEVICE	3	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NDS; QL (14 per 28 days)
<i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)	5	NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NDS

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

Drug Name	Drug Tier	Requirements/Limits
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	PA; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	5	PA; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NDS
ORFADIN ORAL CAPSULE 20 MG	5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	5	NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
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	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	4	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NDS; QL (60 per 28 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch- Redness Rlf)	2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Clear Eyes Once Daily Allergy)	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b-dexameth (Maxitrol) ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth (Maxitrol) ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg- 10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000- 10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml- %</i>	2	
<i>neo-polycin hc ophthalmic (eye) (neomycin-bacitracin- ointment 3.5-400-10,000 mg-unit/g- poly-hc) 1%</i>	2	
<i>neo-polycin ophthalmic (eye) (neomycin-bacitracin- ointment 3.5-400-10,000 mg-unit- polymyxin) unit/g</i>	2	
<i>ofloxacin ophthalmic (eye) drops (Ocuflox) 0.3 %</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment (bacitracin-polymyxin 500-10,000 unit/gram b)</i>	2	
<i>polymyxin b sulf-trimethoprim (Polytrim) ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin ophthalmic (eye) drops</i> (Tobrex) 0.3 %	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i> (TobraDex) 0.3-0.1 %	2	
<i>trifluridine ophthalmic (eye) drops</i> 1 %	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
<i>cyclosporine ophthalmic (eye) dropperette</i> (Restasis) 0.05 %	2	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i> 0.1 %	2	
<i>diclofenac sodium ophthalmic (eye) drops</i> 0.1 %	2	
<i>difluprednate ophthalmic (eye) drops</i> (Durezol) 0.05 %	2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %)	2	QL (50 per 25 days)
<i>fluorometholone ophthalmic (eye) drops,suspension</i> (FML Liquifilm) 0.1 %	4	
<i>flurbiprofen sodium ophthalmic (eye) drops</i> 0.03 %	2	
<i>fluticasone propionate nasal spray,suspension</i> (24 Hour Allergy Relief) 50 mcg/actuation	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	

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

Drug Name	Drug Tier	Requirements/Limits
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>ketorolac ophthalmic (eye) drops</i> (Acular) 0.5 %	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	
<i>loteprednol etabonate ophthalmic</i> (Lotemax) <i>(eye) drops,gel 0.5 %</i>	2	
<i>mometasone nasal spray,non-aerosol</i> <i>50 mcg/actuation</i>	2	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic</i> (Pred Forte) <i>(eye) drops,suspension 1 %</i>	4	
<i>prednisolone sodium phosphate</i> <i>ophthalmic (eye) drops 1 %</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (60 per 30 days)
RESTASIS OPHTHALMIC (cyclosporine) (EYE) DROPPERETTE 0.05 %	2	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>cimetidine hcl oral solution 300 mg/5</i> <i>ml</i>	2	
<i>esomeprazole magnesium oral</i> (Nexium) <i>capsule,delayed release(dr/ec) 20</i> <i>mg</i>	2	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule, delayed release (drlec) 40 mg</i> (Nexium)	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	2	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	2	ST; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	2	
<i>famotidine intravenous solution 10 mg/ml</i>	2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule, delayed release (drlec) 15 mg</i> (Prevacid 24Hr)	2	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i> (Prevacid)	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	2	ST; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	2	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NDS
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	3	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NDS
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	NDS
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (90 per 30 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	2	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) 236-22.74-6.74 -5.86 gram	2	
<i>peg-electrolyte soln oral recon soln</i> 420 gram	2	
<i>sodium,potassium,mag sulfates oral recon soln</i> 17.5-3.13-1.6 gram (Suprep Bowel Prep Kit)	3	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium,potassium,ma g sulfates)	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
<i>trilyte with flavor packets oral recon soln</i> 420 gram (peg-electrolyte soln)	2	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule</i> 667 mg	2	
<i>calcium acetate(phosphat bind) oral tablet</i> 667 mg	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
<i>sevelamer carbonate oral powder in packet</i> 0.8 gram, 2.4 gram (Renvela)	5	NDS
<i>sevelamer carbonate oral tablet</i> 800 mg (Renvela)	2	
<i>sevelamer hcl oral tablet</i> 400 mg	2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet</i> 10 mg, 25 mg, 5 mg, 50 mg	2	
<i>fesoterodine oral tablet extended release</i> 24 hr 4 mg, 8 mg (Toviaz)	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	2	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
<i>tropium oral tablet 20 mg</i>	2	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	5	PA; NDS
<i>tiopronin oral tablet 100 mg</i> (Thiola)	5	NDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>clovique oral capsule 250 mg</i> (trientine)	5	PA; NDS; QL (240 per 30 days)
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu)	5	PA; NDS
<i>deferasirox oral tablet 90 mg</i> (Jadenu)	2	PA
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	2	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	5	PA; NDS
<i>deferoxamine injection recon soln 2 gram</i>	2	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	2	PA
FERRIPROX 1,000 MG TAB(2X/DAY) 1,000 MG (deferiprone)	5	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG (deferiprone)	5	PA; NDS
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	5	PA; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	5	PA; NDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i> (Vogelxo)	2	PA; QL (300 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp 30 mglactuation (1.5 ml)</i>	2	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG	3	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	PA-HRM; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	2	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)	2	PA-HRM; AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	PA-HRM; AGE (Max 64 Years)
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	PA-HRM; AGE (Max 64 Years)
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	2	PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET (conjugated estrogens) 0.625 MG, 1.25 MG	3	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	2	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	2	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	2	
<i>dexamethasone 0.5 mg/5 ml liq 0.5 mg/5 ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NDS; QL (91 per 28 days)
EMFLAZA ORAL TABLET 18 MG	5	PA; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	5	PA; NDS; QL (60 per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablet 32 mg</i>	2	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	2	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	4	
<i>triamcinolone acetanide injection suspension 40 mg/ml</i> (Kenalog)	2	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	5	NDS
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	5	PA NSO; NDS; QL (0.5 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	2	
<i>octreotide acetate injection solution (Sandostatin) 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA NSO; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	NDS; QL (1 per 360 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NDS; QL (1 per 168 days)
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NDS
Progestins		
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i> (Makena)	5	NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA-HRM; AGE (Max 64 Years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents		
Immunological Agents		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	2	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	2	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	2	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)	2	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive)</i> (Zortress) oral tablet 0.25 mg	2	PA BvD
<i>everolimus (immunosuppressive)</i> (Zortress) oral tablet 0.5 mg, 0.75 mg, 1 mg	5	PA BvD; NDS

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

Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	PA BvD
HUMIRA PEN CROHNS-UC- HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	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	5	PA; NDS
HUMIRA(CF) PEN CROHNS- UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	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 %)	5	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NDS

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

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

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

Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	6	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	6	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	6	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF- MCG-LF/0.5ML	6	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	6	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	6	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	6	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	6	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	6	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	6	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	6	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	6	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	6	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	6	

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

Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	6	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	6	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	6	PA BvD
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4- 4.2- 3.3CCID50/0.5ML	6	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3- 4.3-3- 3.99 TCID50/0.5	6	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	6	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	6	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	6	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	6	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	6	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	6	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	6	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	6	(tetanus-diphtheria toxoids-td)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	6	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	6	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	6	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	6	QL (0.75 per 365 days)
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	6	QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	6	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	6	

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

Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	6	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	6	(typhoid vi polysacch vaccine)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	6	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	6	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	6	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)	6	
Inflammatory Bowel Disease		
Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg</i>	(Lotronex)	2
<i>alosetron oral tablet 1 mg</i>	(Lotronex)	5
<i>balsalazide oral capsule 750 mg</i>	(Colazal)	2
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>		2
DIPENTUM ORAL CAPSULE 250 MG		5
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	(Cortenema)	4
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	(Delzicol)	2

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

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i> (Apriso)	2	
<i>mesalamine oral tablet,delayed release (drlec) 1.2 gram</i> (Lialda)	2	
<i>mesalamine oral tablet,delayed release (drlec) 800 mg</i> (Asacol HD)	2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet,delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	4	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unitlactuation</i>	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>cinacalcet oral tablet 30 mg</i> (Sensipar)	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i> (Sensipar)	5	NDS; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	NDS; QL (120 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	5	PA; NDS; QL (2.34 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	3	PA; QL (2.4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	2	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	
<i>paricalcitol oral capsule 4 mcg</i>	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	2	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	2	QL (100 per 300 days)

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

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	5	NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO- INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	
<i>hydroxyzine pamoate oral capsule</i> (Vistaril) <i>25 mg, 50 mg</i>	1	
KEVEYIS ORAL TABLET 50 MG	5	PA; NDS; QL (120 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium injection solution</i> 10 mg/ml	2	
<i>leucovorin calcium oral tablet</i> 10 mg, 15 mg, 25 mg, 5 mg	2	
<i>levocarnitine (with sugar) oral</i> (Carnitor) <i>solution</i> 100 mg/ml	2	
<i>levocarnitine oral tablet</i> 330 mg (Carnitor)	4	
<i>levoleucovorin calcium intravenous</i> (Fusilev) <i>recon soln</i> 50 mg	5	NDS
<i>mesna intravenous solution</i> 100 (Mesnex) <i>mg/ml</i>	2	
MESNEX ORAL TABLET 400 MG	5	NDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NDS
<i>pyridostigmine bromide oral syrup</i> (Mestinon) 60 mg/5 ml	2	
<i>pyridostigmine bromide oral tablet</i> 30 mg	2	
<i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (60 per 30 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NDS
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NDS; QL (120 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine-timolol)	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	QL (2.5 per 25 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>metipranolol ophthalmic (eye)</i> <i>drops 0.3 %</i>	2	
<i>pilocarpine hcl ophthalmic (eye)</i> <i>drops 1 %, 4 %</i>	2	
<i>pilocarpine hcl ophthalmic (eye)</i> (Isopto Carpine) <i>drops 2 %</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1- 0.2 %	3	
<i>timolol maleate ophthalmic (eye)</i> (Timoptic) <i>drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye)</i> (Timoptic-XE) <i>gel forming solution 0.25 %, 0.5 %</i>	4	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) <i>0.004 %</i>	2	QL (2.5 per 25 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe</i> <i>100 mg/ml (10 %)</i>	2	
<i>d5 % and 0.9 % sodium chloride</i> <i>intravenous parenteral solution</i>	4	
<i>d5 %-0.45 % sodium chloride</i> <i>intravenous parenteral solution</i>	4	
ISOLYTE S IV SOLUTION- EXCEL SINGLE USE	4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral tablet extended release 10 meq, 20 meq</i> (K-Tab)	2	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	2	
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	2	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % injection solution</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	

Respiratory Tract Agents

Anti-Inflammatories, Inhaled

Corticosteroids

ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	2	QL (60 per 30 days)
---	---	---------------------

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

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115- 21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION (fluticasone furoate- BLISTER WITH DEVICE 100-25 vilanterol) MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for (Pulmicort) nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for (Pulmicort) nebulization 1 mg/2 ml</i>	2	PA BvD; QL (60 per 30 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION (fluticasone HFA AEROSOL INHALER 110 propionate) MCG/ACTUATION	3	QL (12 per 30 days)
FLOVENT HFA INHALATION (fluticasone HFA AEROSOL INHALER 220 propionate) MCG/ACTUATION	3	QL (24 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION (fluticasone propionate)	3	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	3	QL (30.6 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	
Bronchodilators		
<i>albuterol 5 mg/ml solution 5 mg/ml</i>	2	PA BvD; QL (120 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Proventil HFA)	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	2	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i>	2	PA BvD; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	2	PA BvD; QL (120 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20%)</i> (Acetadote)	2	
<i>acetylcysteine solution 100 mg/ml (10%), 200 mg/ml (20%)</i>	2	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
DALIRESP ORAL TABLET 250 MCG (roflumilast)	3	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG (roflumilast)	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NDS; QL (270 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (120 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NDS; QL (90 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV 1,000 MG (+/-)/20 ML	5	PA BvD; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NDS
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	2	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/150 MG (N), 50-75 MG (D)/75 MG (N)	5	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D)/150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>chlorzoxazone oral tablet 250 mg</i>	5	PA-HRM; NDS; QL (120 per 30 days); AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 50 mg</i>	2	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>revonto intravenous recon soln 20 mg</i> (dantrolene)	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; NDS; QL (150 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NDS; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NDS; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	5	PA; NDS
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)	5	PA; NDS; QL (37.5 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; QL (90 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	2	PA; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	5	PA; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NDS; QL (112 per 28 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	5	PA; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NDS

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

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	2	
<i>calcium pnv oral capsule 28-1-250 mg</i>	2	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	2	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	2	
<i>dothelle dha oral capsule 35-1-200 mg</i>	2	
<i>extra-virt plus dha oral capsule 29 mg iron-1.25 mg-55 mg</i>	2	
<i>folivane-ob capsule 85-1 mg</i>	2	
<i>hemenatal ob + dha oral combo pack 28 mg iron-6 mg iron-1 mg</i>	2	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	2	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	2	
<i>m-natal plus tablet 27 mg iron- 1 mg (pnv,calcium 72-iron-folic acid)</i>	2	
<i>mynatal advance oral tablet 90-1-50 mg</i>	2	
<i>mynatal capsule 65 mg iron- 1 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>mynatal oral tablet 90-1-50 mg</i>	2	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	2	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	2	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	2	
<i>newgen tablet 32-1,000 mg-mcg</i>	2	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	2	
<i>obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg</i>	2	
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	2	
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	2	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	2	
<i>pnv-ferrous fumarate-docu-fa oral tablet 29 mg iron- 1 mg-25 mg</i>	2	
<i>pnv-omega softgel 28-1-300 mg</i>	2	
<i>pnv-yp-u oral capsule 106.5-1 mg</i>	2	
<i>pr natal 400 combo pack 29-1-400 mg</i>	2	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	2	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	2	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	2	
<i>preнал true combo pack 30 mg iron- 1.4 mg-300 mg</i>	2	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	2	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	2	
<i>prenatabs fa tablet 29-1 mg</i>	2	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	2	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)	2	
<i>prenatal plus tablet (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	
<i>prenatal-u capsule 106.5-1 mg</i>	2	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	
<i>purefe ob plus capsule 106 mg iron- 1 mg</i>	2	
<i>purefe plus capsule 106 mg iron- 1 mg</i>	2	
<i>r-natal ob softgel 20 mg iron- 1 mg- 320 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	
<i>taron-c dha capsule 35-1-200 mg</i>	2	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	2	
<i>triveen-duo dha combo pack 29-1-400 mg</i>	2	
<i>triveen-prx rnf oral capsule 26-1.2-55-300 mg</i>	2	
<i>vena-bal dha oral combo pack, tablet and cap,dr 27-1-430 mg</i>	2	
<i>vinate care chewable tablet 40 mg iron- 1 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>vinate gt oral tablet 90-1-50 mg</i>	2	
<i>vinate ii oral tablet 29 mg iron- 1 mg</i>	2	
<i>vinate ultra oral tablet 90-1-50 mg</i>	2	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	2	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	2	
<i>virt-pn oral tablet 27-1 mg</i>	2	
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	2	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	2	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	2	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	2	
<i>viva dha oral capsule 28 mg iron-1 mg -200 mg</i>	2	
<i>vol-nate oral tablet 28 mg iron- 1 mg</i>	2	
<i>vp-ch plus oral capsule 29 mg iron-1 mg -50 mg-265 mg</i>	2	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	2	
<i>vp-pnv-dha softgel (rx) 28 mg iron-1 mg-200 mg</i>	2	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	2	
<i>zatean-pn plus softgel 28-1-300 mg</i>	2	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	2	

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

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

INDEX

1ST TIER UNIFINE PENTIPS.....	108	ADVAIR HFA.....	187	ALUNBRIG.....	18, 19
1ST TIER UNIFINE PENTIPS PLUS.....	108	ADVOCATE PEN NEEDLE	109	<i>alyacen 1/35 (28)</i>	93
<i>abacavir</i>	64	ADVOCATE SYRINGES	108, 109	<i>alyacen 7/7/7 (28)</i>	93
<i>abacavir-lamivudine</i>	64	<i>afirmelle</i>	92	<i>alymSYS</i>	19
<i>abacavir-lamivudine- zidovudine</i>	64	<i>a-hydrocort</i>	163	<i>alyq</i>	193
ABELCET.....	48	AIMOVIG.....		<i>amabelz</i>	162
<i>abiraterone</i>	18	AUTOINJECTOR.....	51	<i>amantadine hcl</i>	56
ABOUTTIME PEN NEEDLE.....	108	AJOVY AUTOINJECTOR....	52	AMBISOME.....	48
ABRAXANE.....	18	AJOVY SYRINGE.....	52	<i>ambrisentan</i>	193
<i>acamprosate</i>	8	AKYNZEO (FOSNETUPITANT).....	54	<i>amethia</i>	93
<i>acarbose</i>	44	AKYNZEO (NETUPITANT).....	54	<i>amiloride</i>	85
<i>accutane</i>	102	<i>ala-cort</i>	105	<i>amiloride-hydrochlorothiazide</i> ..	85
<i>acebutolol</i>	81	<i>albendazole</i>	55	AMINOSYN II 15 %.....	75
<i>acetaminophen-codeine</i>	3	<i>albuterol sulfate</i>	188	AMINOSYN-PF 7 % (SULFITE-FREE).....	75
<i>acetazolamide</i>	183	<i>alclometasone</i>	105	<i>amiodarone</i>	80
<i>acetazolamide sodium</i>	183	ALCOHOL PADS.....	103	<i>amitriptyline</i>	41
<i>acetic acid</i>	152	ALCOHOL PREP PADS....	103	<i>amlodipine</i>	84
<i>acetylcysteine</i>	190	ALCOHOL PREP SWABS..	103	<i>amlodipine-benazepril</i>	84
<i>acitretin</i>	102	ALCOHOL SWABS.....	102	<i>amlodipine-valsartan</i>	84
ACTHAR.....	165	ALCOHOL WIPES.....	104	<i>ammonium lactate</i>	103
ACTHIB (PF).....	173	ALDURAZYME.....	149	<i>amoxapine</i>	41
ACTIMMUNE.....	181	ALECENSA.....	18	<i>amoxicillin</i>	15
<i>acyclovir</i>	70, 102	<i>alendronate</i>	179	<i>amoxicillin-pot clavulanate</i>	15
<i>acyclovir sodium</i>	70	<i>alfuzosin</i>	160	<i>amphotericin b</i>	49
ADACEL(TDAP ADOLESN/ADULT)(PF)....	173	ALIMTA.....	18	<i>amphotericin b liposome</i>	49
ADAKVEO.....	74	ALIQOPA.....	18	<i>ampicillin</i>	15
<i>adapalene</i>	107	<i>aliskiren</i>	88	<i>ampicillin sodium</i>	15
ADCETRIS.....	18	<i>allopurinol</i>	50	<i>ampicillin-sulbactam</i>	15
<i>adefovir</i>	70	<i>alose tron</i>	178	ANADROL-50.....	161
ADEMPAS.....	193	ALPHAGAN P.....	183	<i>anagrelide</i>	74
<i>adriamycin</i>	18	<i>alprazolam</i>	9	<i>anastrozole</i>	19
<i>adrucil</i>	18	ALREX.....	154	ANORO ELLIPTA.....	188
ADVAIR DISKUS.....	186	<i>altavera (28)</i>	93	<i>apomorphine</i>	56
		ALTRENO.....	107	<i>apraclonidine</i>	151
				<i>aprepitant</i>	54
				APRETUDE.....	64
				<i>apri</i>	93

APTIOM.....	35	AVONEX.....	89	BD SAFETYGLIDE	
APTIVUS.....	64	<i>ayuna</i>	93	NEEDLE.....	111
APTIVUS (WITH VITAMIN		AYVAKIT.....	19	BD SAFETYGLIDE	
E).....	64	<i>azacitidine</i>	19	SYRINGE.....	111
<i>aranelle (28)</i>	93	<i>azathioprine</i>	168	BD ULTRA-FINE MICRO	
ARCALYST.....	168	<i>azathioprine sodium</i>	168	PEN NEEDLE.....	111
<i>aripiprazole</i>	58	<i>azelastine</i>	151	BD ULTRA-FINE MINI	
ARISTADA.....	58, 59	<i>azithromycin</i>	13, 14	PEN NEEDLE.....	111
ARISTADA INITIO.....	58	AZOPT.....	183	BD ULTRA-FINE NANO	
<i>armodafinil</i>	192	<i>aztreonam</i>	14	PEN NEEDLE.....	111
ARNUIITY ELLIPTA.....	187	<i>azurette (28)</i>	93	BD ULTRA-FINE ORIG	
<i>arsenic trioxide</i>	19	<i>bacitracin</i>	152	PEN NEEDLE.....	111
<i>asenapine maleate</i>	59	<i>bacitracin-polymyxin b</i>	152	BD ULTRA-FINE SHORT	
<i>ashlyna</i>	93	<i>baclofen</i>	192	PEN NEEDLE.....	112
ASPARLAS.....	19	<i>bal-care dha</i>	194	BD VEO INSULIN SYR	
<i>aspirin-dipyridamole</i>	75	<i>bal-care dha essential</i>	194	(HALF UNIT).....	112
ASSURE ID DUO-SHIELD	109	<i>balsalazide</i>	178	BD VEO INSULIN	
ASSURE ID INSULIN		BALVERSA.....	19	SYRINGE UF.....	112
SAFETY.....	109, 110	<i>balziva (28)</i>	93	<i>bekyree (28)</i>	93
ASSURE ID PEN NEEDLE	109	BAVENCIO.....	19	BELEODAQ.....	19
<i>atazanavir</i>	64	BAXDELA.....	16	BELSOMRA.....	192
<i>atenolol</i>	81	BCG VACCINE, LIVE (PF)	173	<i>benazepril</i>	79
<i>atenolol-chlorthalidone</i>	81	BD ALCOHOL SWABS.....	103	<i>benazepril-hydrochlorothiazide</i>	79
<i>atomoxetine</i>	88, 89	BD AUTOSHIELD DUO		BENDEKA.....	19
<i>atorvastatin</i>	86	PEN NEEDLE.....	110	BENLYSTA.....	168
<i>atovaquone</i>	55	BD ECLIPSE LUER-LOK...	110	<i>benztropine</i>	56
<i>atovaquone-proguanil</i>	55, 56	BD INSULIN SYRINGE.....	110	BESPONSА.....	19
<i>atropine</i>	151	BD INSULIN SYRINGE		BESREMI.....	168
ATROVENT HFA.....	189	(HALF UNIT).....	110	<i>betaine</i>	181
AUBAGIO.....	89	BD INSULIN SYRINGE		<i>betamethasone acet,sod phos..</i>	163
<i>aubra eq.</i>	93	SLIP TIP.....	110	<i>betamethasone dipropionate...</i>	105
<i>aurovela 1.5/30 (21)</i>	93	BD INSULIN SYRINGE U-		<i>betamethasone valerate</i>	105
<i>aurovela 1/20 (21)</i>	93	500.....	110	<i>betamethasone, augmented</i>	
<i>aurovela 24 fe</i>	93	BD INSULIN SYRINGE		.....	105, 106
<i>aurovela fe 1.5/30 (28)</i>	93	ULTRA-FINE.....	110	BETASERON.....	89
<i>aurovela fe 1-20 (28)</i>	93	BD NANO 2ND GEN PEN		<i>betaxolol</i>	81
AUSTEDO.....	89	NEEDLE.....	111	<i>bethanechol chloride</i>	159
AUVELITY.....	41	BD SAFETYGLIDE		<i>bexarotene</i>	19
AVASTIN.....	19	INSULIN SYRINGE.....	111	BEXSERO.....	173
<i>aviane</i>	93			<i>bicalutamide</i>	20

BICILLIN L-A.....	16	CABLIVI.....	74	<i>cefdinir</i>	12
BIKTARVY.....	64	CABOMETYX.....	20	<i>cefepime</i>	12
<i>bisoprolol fumarate</i>	81	<i>cabotegravir</i>	64	<i>cefixime</i>	12
<i>bisoprolol-hydrochlorothiazide</i> ..	81	<i>caffeine citrate</i>	89	<i>cefotaxime</i>	13
BLENREP.....	20	<i>calcipotriene</i>	103	<i>cefoxitin</i>	13
<i>bleomycin</i>	20	<i>calcitonin (salmon)</i>	179	<i>cefoxitin in dextrose, iso-osm</i> ...	13
<i>bleph-10</i>	152	<i>calcitriol</i>	179	<i>cefpodoxime</i>	13
BLINCYTO.....	20	<i>calcium acetate (phosphat</i>		<i>cefprozil</i>	13
<i>blisovi 24 fe</i>	94	<i>bind)</i>	159	<i>ceftazidime</i>	13
<i>blisovi fe 1.5/30 (28)</i>	94	<i>calcium chloride</i>	184	<i>ceftriaxone</i>	13
<i>blisovi fe 1/20 (28)</i>	94	<i>calcium pnv</i>	194	<i>cefuroxime axetil</i>	13
BOOSTRIX TDAP.....	174	CALQUENCE.....	20	<i>cefuroxime sodium</i>	13
BORDERED GAUZE.....	112	CALQUENCE		<i>celecoxib</i>	5
<i>bortezomib</i>	20	(ACALABRUTINIB MAL)...	20	CELONTIN.....	35
BORTEZOMIB.....	20	<i>camila</i>	94	<i>cephalexin</i>	13
BOSULIF.....	20	CAPLYTA.....	59	CERDELGA.....	149
BRAFTOVI.....	20	CAPRELSA.....	20	CEREZYME.....	149
BREO ELLIPTA.....	187	<i>captopril</i>	79	CHANTIX CONTINUING	
BREZTRI AEROSPHERE..	189	<i>carbamazepine</i>	35	MONTH BOX.....	8
<i>briellyn</i>	94	<i>carbidopa-levodopa</i>	57	<i>chateal eq (28)</i>	94
BRILINTA.....	75	<i>carbidopa-levodopa-</i>		<i>chloramphenicol sod succinate</i> ..	11
<i>brimonidine</i>	183	<i>entacapone</i>	57	<i>chlordiazepoxide hcl</i>	9
<i>brimonidine-timolol</i>	183	CAREFINE PEN NEEDLE	112	<i>chlorhexidine gluconate</i>	102
BRIVIACT.....	35	CARETOUCH ALCOHOL		<i>chloroquine phosphate</i>	56
<i>bromocriptine</i>	56	PREP PAD.....	103	<i>chlorothiazide sodium</i>	85
BROMSITE.....	154	CARETOUCH INSULIN		<i>chlorpromazine</i>	59
BRONCHITOL.....	190	SYRINGE.....	113	<i>chlorthalidone</i>	85
BRUKINSA.....	20	CARETOUCH PEN		<i>chlorzoxazone</i>	192
<i>budesonide</i>	178, 187	NEEDLE.....	112, 113	<i>cholestyramine (with sugar)</i>	86
<i>bumetanide</i>	85	<i>carglumic acid</i>	157	<i>cholestyramine light</i>	86
<i>buprenorphine hcl</i>	3, 8	<i>carteolol</i>	183	<i>ciclopirox</i>	49
<i>buprenorphine-naloxone</i>	8	<i>cartia xt</i>	82	<i>cilostazol</i>	75
<i>bupropion hcl</i>	41	<i>carvedilol</i>	81	CIMDUO.....	64
<i>bupropion hcl (smoking deter)</i> ...	8	<i>caspofungin</i>	49	<i>cimetidine hcl</i>	155
<i>buspiron</i>	181	CAYSTON.....	14	<i>cinacalcet</i>	179
<i>butalbital-acetaminophen-caff</i>	3	<i>caziant (28)</i>	94	CINQAIR.....	190
<i>butalbital-aspirin-caffeine</i>	3	<i>cefaclor</i>	12	CINRYZE.....	72
BYNFEZIA.....	165	<i>cefadroxil</i>	12	<i>ciprofloxacin</i>	17
CABENUVA.....	64	<i>cefazolin</i>	12	<i>ciprofloxacin hcl</i>	16, 152
<i>cabergoline</i>	57	<i>cefazolin in dextrose (iso-os)</i> ...	12	<i>ciprofloxacin in 5 % dextrose</i> ...	16

<i>ciprofloxacin-dexamethasone</i> .	152	<i>clofarabine</i>	20	CREON.....	149
<i>citalopram</i>	41	<i>clomipramine</i>	41	CRIXIVAN.....	65
<i>clarithromycin</i>	14	<i>clonazepam</i>	9	<i>cromolyn</i>	151, 157, 190
CLENPIQ.....	158	<i>clonidine</i>	77, 78	<i>cryselle (28)</i>	94
CLICKFINE PEN NEEDLE		<i>clonidine hcl</i>	77	CURAD GAUZE PAD.....	116
.....	113	<i>clopidogrel</i>	75	CURITY ALCOHOL	
<i>clindamycin hcl</i>	11	<i>clorazepate dipotassium</i>	9	SWABS.....	103
<i>clindamycin in 5 % dextrose</i>	11	<i>clotrimazole</i>	49	CURITY GAUZE.....	116
<i>clindamycin phosphate</i> 11, 51, 104		<i>clotrimazole-betamethasone</i>	49	<i>cyclafem 1/35 (28)</i>	94
CLINIMIX 5%/D15W		<i>clovique</i>	160	<i>cyclafem 7/7/7 (28)</i>	94
SULFITE FREE.....	75	<i>clozapine</i>	59	<i>cyclobenzaprine</i>	192
CLINIMIX 4.25%/D10W		<i>c-nate dha</i>	194	<i>cyclopentolate</i>	151
SULF FREE.....	75	COARTEM.....	56	<i>cyclophosphamide</i>	21
CLINIMIX 4.25%/D5W		<i>codeine sulfate</i>	3	CYCLOPHOSPHAMIDE.....	21
SULFIT FREE.....	75	<i>colchicine</i>	50	<i>cyclosporine</i>	154, 169
CLINIMIX 5%-		<i>colesevelam</i>	86	<i>cyclosporine modified</i>	169
D20W(SULFITE-FREE).....	76	<i>colestipol</i>	86	<i>cyproheptadine</i>	51
CLINIMIX 6%-D5W		<i>colistin (colistimethate na)</i>	11	CYRAMZA.....	21
(SULFITE-FREE).....	76	COMBIGAN.....	183	<i>cyred eq</i>	94
CLINIMIX 8%-		COMBIVENT RESPIMAT..	189	CYSTARAN.....	151
D10W(SULFITE-FREE).....	76	COMETRIQ.....	21	<i>d5 % and 0.9 % sodium</i>	
CLINIMIX 8%-		COMFORT EZ INSULIN		<i>chloride</i>	184
D14W(SULFITE-FREE).....	76	SYRINGE.....	113, 114, 115	<i>d5 %-0.45 % sodium chloride</i> ..	184
CLINIMIX E 2.75%/D5W		COMFORT EZ PEN		<i>dalfampridine</i>	89
SULF FREE.....	76	NEEDLES.....	114, 115	DALIRESP.....	190
CLINIMIX E 4.25%/D10W		COMFORT TOUCH PEN		<i>danazol</i>	161
SUL FREE.....	76	NEEDLE.....	115, 116	<i>dantrolene</i>	192
CLINIMIX E 4.25%/D5W		COMPLERA.....	64	DANYELZA.....	21
SULF FREE.....	76	<i>completenate</i>	194	<i>dapsone</i>	53
CLINIMIX E 5%/D15W		<i>compro</i>	54	DAPTACEL (DTAP	
SULFIT FREE.....	76	<i>constulose</i>	157	PEDIATRIC) (PF).....	174
CLINIMIX E 5%/D20W		COPAXONE.....	89	<i>daptomycin</i>	11
SULFIT FREE.....	76	COPIKTRA.....	21	DARZALEX.....	21
CLINIMIX E 8%-D10W		CORLANOR.....	83	DARZALEX FASPRO.....	21
SULFITEFREE.....	76	CORTROPHIN GEL.....	165	<i>dasetta 1/35 (28)</i>	94
CLINIMIX E 8%-D14W		COSENTYX.....	169	<i>dasetta 7/7/7 (28)</i>	94
SULFITEFREE.....	77	COSENTYX (2 SYRINGES)		DAURISMO.....	21
<i>clobazam</i>	35	.....	168	<i>daysee</i>	94
<i>clobetasol</i>	106	COSENTYX PEN (2 PENS)	168	<i>deblitane</i>	94
<i>clobetasol-emollient</i>	106	COTELLIC.....	21	<i>decitabine</i>	21

<i>deferasirox</i>	160	<i>digitek</i>	83	DROPLET MICRON PEN	
<i>deferiprone</i>	161	<i>digox</i>	83	NEEDLE.....	118
<i>deferoxamine</i>	161	<i>digoxin</i>	83	DROPLET PEN NEEDLE..	118
DELSTRIGO.....	65	<i>dihydroergotamine</i>	52	DROPSAFE ALCOHOL	
DENGVAXIA (PF).....	174	<i>diltiazem hcl</i>	82	PREP PADS.....	103
<i>denta 5000 plus</i>	102	<i>dilt-xr</i>	82	DROPSAFE PEN NEEDLE	118
<i>dentagel</i>	102	<i>dimenhydrinate</i>	54	<i>drospirenone-ethinyl estradiol</i> ...	94
DERMACEA.....	116	<i>dimethyl fumarate</i>	90	DROXIA.....	74
DERMACEA NON-		DIPENTUM.....	178	<i>droxidopa</i>	78
WOVEN.....	116	<i>diphenhydramine hcl</i>	51	DUAVEE.....	162
DESCOVY.....	65	<i>diphenoxylate-atropine</i>	157	<i>duloxetine</i>	42
<i>desipramine</i>	41	<i>dipyridamole</i>	75	DUPIXENT PEN.....	169
<i>desmopressin</i>	165	<i>disopyramide phosphate</i>	80	DUPIXENT SYRINGE.....	169
<i>desog-e.estradiolle.estradiol</i>	94	<i>disulfiram</i>	8	<i>dutasteride</i>	160
<i>desogestrel-ethinyl estradiol</i>	94	<i>divalproex</i>	36	EASY COMFORT	
<i>desoximetasone</i>	106	<i>dofetilide</i>	80	ALCOHOL PAD.....	103
<i>desvenlafaxine succinate</i>	41	<i>donepezil</i>	40	EASY COMFORT	
<i>dexamethasone</i>	163, 164	DOPTELET (10 TAB PACK)	72	INSULIN SYRINGE....	119, 120
<i>dexamethasone sodium phos</i>		DOPTELET (15 TAB PACK)	73	EASY COMFORT PEN	
(<i>pf</i>).....	164	DOPTELET (30 TAB PACK)	73	NEEDLES.....	119
<i>dexamethasone sodium</i>		<i>dorzolamide</i>	183	EASY GLIDE INSULIN	
<i>phosphate</i>	154, 164	<i>dorzolamide-timolol</i>	183	SYRINGE.....	120
<i>dexmethylphenidate</i>	89	<i>dothelle dha</i>	194	EASY GLIDE PEN	
<i>dextroamphetamine sulfate</i>	89	<i>dotti</i>	162	NEEDLE.....	120
<i>dextroamphetamine-</i>		DOVATO.....	65	EASY TOUCH.....	122
<i>amphetamine</i>	89, 90	<i>doxazosin</i>	78	EASY TOUCH ALCOHOL	
<i>dextrose 10 % in water (d10w)</i> ..	77	<i>doxepin</i>	41	PREP PADS.....	103
<i>dextrose 5 % in water (d5w)</i>	77	<i>doxorubicin</i>	21	EASY TOUCH FLIPLOCK	
DIACOMIT.....	35, 36	<i>doxorubicin, peg-liposomal</i>	21	INSULIN.....	121
<i>diazepam</i>	9, 10, 36	<i>doxy-100</i>	17	EASY TOUCH FLIPLOCK	
<i>diazepam intensol</i>	10	<i>doxycycline hyclate</i>	17	SYRINGE.....	121
<i>diazoxide</i>	181	<i>doxycycline monohydrate</i>	17, 18	EASY TOUCH INSULIN	
<i>diclofenac epolamine</i>	5	DRIZALMA SPRINKLE	41, 42	SAFETY SYR.....	120
<i>diclofenac potassium</i>	6	<i>dronabinol</i>	54	EASY TOUCH INSULIN	
<i>diclofenac sodium</i>	6, 154	<i>droperidol</i>	54	SYRINGE.....	120, 121, 122
<i>dicloxacillin</i>	16	DROPLET INSULIN		EASY TOUCH LUER	
<i>dicyclomine</i>	157	SYR(HALF UNIT).....	116, 117	LOCK INSULIN.....	121
<i>didanosine</i>	65	DROPLET INSULIN		EASY TOUCH PEN	
DIFICID.....	14	SYRINGE.....	116, 117, 118	NEEDLE.....	122
<i>difluprednate</i>	154				

EASY TOUCH SAFETY	ENBREL.....	169	<i>estarylla</i>	95	
PEN NEEDLE.....	122, 123	ENBREL MINI.....	169	<i>estradiol</i>	162
EASY TOUCH		ENBREL SURECLICK.....	169	<i>estradiol valerate</i>	162
SHEATHLOCK INSULIN..	121	ENDARI.....	181	<i>estradiol-norethindrone acet...</i>	162
EASY TOUCH UNI-SLIP...	122	<i>endocet</i>	3	<i>eszopiclone</i>	192
<i>econazole</i>	49	ENGERIX-B (PF).....	174	<i>ethambutol</i>	53
EDARBI.....	78	ENGERIX-B PEDIATRIC		<i>ethosuximide</i>	36
EDARBYCLOR.....	78	(PF).....	174	<i>ethynodiol diac-eth estradiol</i>	95
EDURANT.....	65	ENHERTU.....	22	<i>etodolac</i>	6
<i>efavirenz</i>	65	<i>enoxaparin</i>	71	<i>etonogestrel-ethinyl estradiol</i> ...	95
<i>efavirenz-emtricitabin-tenofov</i> ..	65	<i>enpresse</i>	95	ETOPOPHOS.....	22
<i>efavirenz-lamivu-tenofov disop</i> ..	65	<i>enskyce</i>	95	<i>etoposide</i>	22
EGRIFTA SV.....	165	<i>entacapone</i>	57	<i>etravirine</i>	65
ELAPRASE.....	149	<i>entecavir</i>	70	EUCRISA.....	106
ELIGARD.....	22	ENTRESTO.....	78	EVENITY.....	179
ELIGARD (3 MONTH).....	22	<i>enulose</i>	157	<i>everolimus (antineoplastic)</i>	22
ELIGARD (4 MONTH).....	22	EPCLUSA.....	69	<i>everolimus</i>	
ELIGARD (6 MONTH).....	22	EPIDIOLEX.....	36	(<i>immunosuppressive</i>).....	169
<i>elinest</i>	95	<i>epinastine</i>	151	EVOTAZ.....	65
ELIQUIS.....	71	<i>epinephrine</i>	83, 84	EVRYSDI.....	181
ELIQUIS DVT-PE TREAT		<i>epitol</i>	36	EXEL INSULIN.....	123
30D START.....	71	EPIVIR HBV.....	65	<i>exemestane</i>	23
ELITEK.....	149	<i>eplerenone</i>	88	EXKIVITY.....	23
ELLA.....	95	<i>epoprostenol (glycine)</i>	193	EXONDYS-51.....	181
ELMIRON.....	181	EPRONTIA.....	36	<i>extra-virt plus dha</i>	194
<i>eluryng</i>	95	ERBITUX.....	22	EYSUVIS.....	154
EMCYT.....	22	<i>ergoloid</i>	40	<i>ezetimibe</i>	86
EMEND.....	54	ERIVEDGE.....	22	FABRAZYME.....	149
EMFLAZA.....	164	ERLEADA.....	22	<i>falmina (28)</i>	95
EMGALITY PEN.....	52	<i>erlotinib</i>	22	<i>famciclovir</i>	70
EMGALITY SYRINGE.....	52	<i>errin</i>	95	<i>famotidine</i>	156
<i>emoquette</i>	95	<i>ertapenem</i>	14	<i>famotidine (pf)</i>	156
EMPLICITI.....	22	<i>ery pads</i>	104	<i>famotidine (pf)-nacl (iso-os)</i>	156
EMSAM.....	42	<i>erythromycin</i>	14, 152	FANAPT.....	59
<i>emtricitabine</i>	65	<i>erythromycin ethylsuccinate</i>	14	FARXIGA.....	44
<i>emtricitabine-tenofov</i> ir (<i>tdf</i>)....	65	<i>erythromycin with ethanol</i>	104	FARYDAK.....	23
EMTRIVA.....	65	ESBRIET.....	190	FASENRA.....	190
<i>enalapril maleate</i>	79	<i>escitalopram oxalate</i>	42	FASENRA PEN.....	190
<i>enalaprilat</i>	79	<i>esomeprazole magnesium</i>	155, 156	<i>febuxostat</i>	50
<i>enalapril-hydrochlorothiazide</i> ...	79	<i>esomeprazole sodium</i>	156	<i>felbamate</i>	36

FEMRING.....	163	<i>flurbiprofen</i>	6	GAZYVA.....	23
<i>femynor</i>	95	<i>flurbiprofen sodium</i>	154	<i>gemfibrozil</i>	86
<i>fenofibrate</i>	86	<i>flutamide</i>	23	<i>generlac</i>	157
<i>fenofibrate micronized</i>	86	<i>fluticasone propionate</i>	106, 154	<i>gengraf</i>	170
<i>fenofibrate nanocrystallized</i>	86	<i>fluvoxamine</i>	42	<i>gentak</i>	152
<i>fentanyl</i>	3	<i>folivane-ob</i>	194	<i>gentamicin</i>	10, 104, 152
<i>fentanyl citrate</i>	3	<i>fomepizole</i>	181	<i>gentamicin sulfate (ped) (pf)</i> ...	10
FERRIPROX.....	161	<i>fondaparinux</i>	71, 72	<i>gentamicin sulfate (pf)</i>	10
FERRIPROX (2 TIMES A		FORTEO.....	179	GENVOYA.....	65
DAY).....	161	<i>fosamprenavir</i>	65	GILENYA.....	90
<i>fesoterodine</i>	159	<i>fosaprepitant</i>	54	GILOTRIF.....	23
FETZIMA.....	42	<i>foscarnet</i>	68	GIVLAARI.....	74
FIASP FLEXTOUCH U-100		<i>fosinopril</i>	79	<i>glatiramer</i>	90
INSULIN.....	46	<i>fosphenytoin</i>	36	<i>glatopa</i>	90
FIASP PENFILL U-100		FOTIVDA.....	23	<i>glimepiride</i>	48
INSULIN.....	46	FREESTYLE PRECISION..	123	<i>glipizide</i>	48
FIASP U-100 INSULIN.....	46	FULPHILA.....	73	<i>glipizide-metformin</i>	48
<i>finasteride</i>	160	<i>fulvestrant</i>	23	<i>glyburide</i>	48
FINTEPLA.....	36	<i>furosemide</i>	85	<i>glyburide micronized</i>	48
FIRVANQ.....	11	FUZEON.....	65	<i>glyburide-metformin</i>	48
FLEBOGAMMA DIF.....	170	<i>fyavolv</i>	163	<i>glycopyrrolate</i>	157
<i>flecainide</i>	80	FYCOMPA.....	36, 37	<i>glydo</i>	7
FLOVENT DISKUS.....	187	<i>gabapentin</i>	37	GLYXAMBI.....	44
FLOVENT HFA.....	187, 188	GALAFOLD.....	149	<i>granisetron (pf)</i>	54
<i>floxuridine</i>	23	<i>galantamine</i>	40	<i>granisetron hcl</i>	54
<i>fluconazole</i>	49	GAMIFANT.....	170	<i>griseofulvin microsize</i>	49
<i>fluconazole in nacl (iso-osm)</i> ...	49	GAMMAGARD LIQUID...	170	<i>guanfacine</i>	78, 90
<i>flucytosine</i>	49	GAMMAGARD S-D (IGA <		GVOKE.....	181
<i>fludrocortisone</i>	164	1 MCG/ML).....	170	GVOKE HYPOPEN 2-	
<i>flumazenil</i>	90	GAMMAPLEX.....	170	PACK.....	181
<i>flunisolide</i>	154	GAMMAPLEX (WITH		GVOKE PFS 1-PACK	
<i>fluocinolone</i>	106	SORBITOL).....	170	SYRINGE.....	181
<i>fluocinonide</i>	106	<i>ganciclovir sodium</i>	70, 71	HAEGARDA.....	73
<i>fluocinonide-e</i>	106	GARDASIL 9 (PF).....	174	<i>hailey</i>	95
<i>fluoride (sodium)</i>	102	GATTEX 30-VIAL.....	157	<i>hailey 24 fe</i>	95
<i>fluorometholone</i>	154	GAUZE PAD.....	123	<i>hailey fe 1.5/30 (28)</i>	95
<i>fluorouracil</i>	23, 103	<i>gavilyte-c</i>	158	<i>hailey fe 1/20 (28)</i>	95
<i>fluoxetine</i>	42	<i>gavilyte-g</i>	158	<i>halobetasol propionate</i>	106
<i>fluphenazine decanoate</i>	59	<i>gavilyte-n</i>	158	<i>haloperidol</i>	60
<i>fluphenazine hcl</i>	60	GAVRETO.....	23	<i>haloperidol decanoate</i>	60

<i>haloperidol lactate</i>	60	<i>hydralazine</i>	84	INCONTROL PEN	
HARVONI.....	69, 70	<i>hydrochlorothiazide</i>	85	NEEDLE.....	125
HAVRIX (PF).....	174	<i>hydrocodone-acetaminophen</i>	4	INCRELEX.....	165
HEALTHWISE INSULIN		<i>hydrocodone-ibuprofen</i>	4	<i>indapamide</i>	85
SYRINGE.....	124	<i>hydrocortisone</i>	106, 164, 178	<i>indomethacin</i>	6
HEALTHWISE PEN		<i>hydromorphone</i>	4	INFANRIX (DTAP) (PF)....	175
NEEDLE.....	124	<i>hydromorphone (pf)</i>	4	INLYTA.....	24
HEALTHY ACCENTS		<i>hydroxychloroquine</i>	56	INPEN (FOR HUMALOG)	
UNIFINE PENTIP.....	124, 125	<i>hydroxyprogesterone</i>		BLUE.....	125
<i>heather</i>	95	<i>cap (ppres)</i>	167	INPEN (NOVOLOG OR	
<i>hemenatal ob + dha</i>	194	<i>hydroxyurea</i>	23	FIASP) BLUE.....	125
<i>heparin (porcine)</i>	72	<i>hydroxyzine hcl</i>	51	INQOVI.....	24
<i>heparin, porcine (pf)</i>	72	<i>hydroxyzine pamoate</i>	181	INREBIC.....	24
HEPATAMINE 8%.....	77	HYQVIA.....	171	INSULIN SYR/NDL U100	
HERCEPTIN.....	23	<i>ibandronate</i>	180	HALF MARK.....	125
HERCEPTIN HYLECTA.....	23	IBRANCE.....	23	INSULIN SYRINGE.....	111
HERZUMA.....	23	<i>ibu</i>	6	INSULIN SYRINGE	
HETLIOZ.....	192	<i>ibuprofen</i>	6	MICROFINE.....	110
HETLIOZ LQ.....	192	<i>icatibant</i>	84	INSULIN SYRINGE	
HIBERIX (PF).....	174	<i>iclevia</i>	95	NEEDLELESS.....	110
HUMIRA.....	170	ICLUSIG.....	23	INSULIN SYRINGE-	
HUMIRA PEN.....	170	IDHIFA.....	23	NEEDLE U-100	
HUMIRA PEN CROHNS-		<i>ifosfamide</i>	24	..110, 112, 123, 125, 126, 134, 138	
UC-HS START.....	170	ILARIS (PF).....	171	INSUPEN.....	127
HUMIRA PEN PSOR-		ILEVRO.....	154	INTELENCE.....	66
UVEITS-ADOL HS.....	170	<i>imatinib</i>	24	INTRALIPID.....	77
HUMIRA(CF).....	171	IMBRUVICA.....	24	INTRON A.....	70
HUMIRA(CF) PEDI		IMFINZI.....	24	<i>introvale</i>	96
CROHNS STARTER.....	170	<i>imipenem-cilastatin</i>	14	INVEGA HAFYERA.....	60
HUMIRA(CF) PEN.....	171	<i>imipramine hcl</i>	42	INVEGA SUSTENNA.....	60, 61
HUMIRA(CF) PEN		<i>imiquimod</i>	103	INVEGA TRINZA.....	61
CROHNS-UC-HS.....	170	IMLYGIC.....	24	INVELTYS.....	155
HUMIRA(CF) PEN		IMOVAX RABIES		INVIRASE.....	66
PEDIATRIC UC.....	171	VACCINE (PF).....	175	IPOL.....	175
HUMIRA(CF) PEN PSOR-		IMPAVIDO.....	56	<i>ipratropium bromide</i>	151, 189
UV-ADOL HS.....	171	INBRIJA.....	57	<i>ipratropium-albuterol</i>	189
HUMULIN R U-500		<i>incassia</i>	96	<i>irbesartan</i>	78
(CONC) INSULIN.....	46	INCONTROL ALCOHOL		<i>irbesartan-hydrochlorothiazide</i>	78
HUMULIN R U-500		PADS.....	103	IRESSA.....	24
(CONC) KWIKPEN.....	46			ISENTRESS.....	66

ISENTRESS HD.....	66	<i>kelnor 1/35 (28)</i>	96	LANTUS U-100 INSULIN....	46
<i>isibloom</i>	96	<i>kelnor 1-50 (28)</i>	96	<i>lapatinib</i>	25
ISOLYTE S PH 7.4.....	184	KERENDIA.....	88	<i>larin 1.5/30 (21)</i>	97
ISOLYTE-P IN 5 %		KESIMPTA PEN.....	90	<i>larin 1/20 (21)</i>	97
DEXTROSE.....	185	<i>ketoconazole</i>	49	<i>larin 24 fe</i>	97
ISOLYTE-S.....	184	<i>ketorolac</i>	7, 155	<i>larin fe 1.5/30 (28)</i>	97
<i>isoniazid</i>	53	KEVEYIS.....	181	<i>larin fe 1/20 (28)</i>	97
<i>isosorbide dinitrate</i>	88	KEYTRUDA.....	25	<i>larissia</i>	97
<i>isosorbide mononitrate</i>	88	KIMMTRAK.....	25	<i>latanoprost</i>	183
<i>isosorbide-hydralazine</i>	88	KINRIX (PF).....	175	LATUDA.....	61
<i>itraconazole</i>	49	<i>kionex (with sorbitol)</i>	157	LAZANDA.....	4
IV PREP WIPES.....	103	KISQALI.....	25	<i>leflunomide</i>	171
<i>ivermectin</i>	56	KISQALI FEMARA CO-		<i>lenalidomide</i>	25
IXEMPRA.....	24	PACK.....	25	LENVIMA.....	26
IXIARO (PF).....	175	KLISYRI.....	103	<i>lessina</i>	97
<i>jaimiess</i>	96	<i>klor-con m10</i>	185	<i>letrozole</i>	26
JAKAFI.....	25	<i>klor-con m15</i>	185	<i>leucovorin calcium</i>	181, 182
<i>jantoven</i>	72	<i>klor-con m20</i>	185	LEUKERAN.....	26
JARDIANCE.....	44	KLOXXADO.....	8	LEUKINE.....	73
<i>jasmiel (28)</i>	96	KORLYM.....	44	<i>leuprolide</i>	26
<i>javygtor</i>	149	KOSELUGO.....	25	<i>levetiracetam</i>	37
JEMPERLI.....	25	<i>kosher prenatal plus iron</i>	194	<i>levobunolol</i>	184
<i>jencycla</i>	96	KRINTAFEL.....	56	<i>levocarnitine</i>	182
JENTADUETO.....	44	KRYSTEXXA.....	149	<i>levocarnitine (with sugar)</i>	182
JENTADUETO XR.....	44	<i>kurvelo (28)</i>	96	<i>levocetirizine</i>	51
<i>jinteli</i>	163	KYNMOBI.....	57	<i>levofloxacin</i>	17, 151, 152
<i>juleber</i>	96	KYPROLIS.....	25	<i>levofloxacin in d5w</i>	17
JULUCA.....	66	<i>l norgestle.estradiol-e.estrad</i>		<i>levoleucovorin calcium</i>	182
<i>junel 1.5/30 (21)</i>	96	.....	96, 97	<i>levonest (28)</i>	97
<i>junel 1/20 (21)</i>	96	<i>labetalol</i>	81	<i>levonorgestrel-ethinyl estrad</i>	97
<i>junel fe 1.5/30 (28)</i>	96	<i>lacosamide</i>	37	<i>levonorg-eth estrad triphasic</i>	97
<i>junel fe 1/20 (28)</i>	96	<i>lactulose</i>	157	<i>levora-28</i>	97
<i>junel fe 24</i>	96	<i>lagevrio (eua)</i>	71	<i>levothyroxine</i>	168
JUXTAPID.....	86, 87	<i>lamivudine</i>	66	LEXIVA.....	66
JYNARQUE.....	85	<i>lamivudine-zidovudine</i>	66	LIBTAYO.....	26
<i>kalliga</i>	96	<i>lamotrigine</i>	37	<i>lidocaine</i>	7
KALYDECO.....	190	<i>lanreotide</i>	165	<i>lidocaine (pf)</i>	7, 80
KANJINTI.....	25	<i>lansoprazole</i>	156	<i>lidocaine hcl</i>	7
KANUMA.....	149	LANTUS SOLOSTAR U-100		<i>lidocaine viscous</i>	7
<i>kariva (28)</i>	96	INSULIN.....	46	<i>lidocaine-prilocaine</i>	8

<i>lillow (28)</i>	97	LUPRON DEPOT (4 MONTH).....	26	MAVENCLAD (9 TABLET PACK).....	91
<i>linezolid</i>	11	LUPRON DEPOT (6 MONTH).....	26	MAXICOMFORT II PEN NEEDLE.....	129
<i>linezolid in dextrose 5%</i>	11	LUPRON DEPOT-PED.....	166	MAXICOMFORT INSULIN SYRINGE.....	129
<i>linezolid-0.9% sodium chloride</i>	11	LUPRON DEPOT-PED (3 MONTH).....	166	MAXI-COMFORT INSULIN SYRINGE.....	129
LINZESS.....	157	<i>lutera (28)</i>	98	MAXICOMFORT SAFETY PEN NEEDLE.....	129
<i>liothyronine</i>	168	LYBALVI.....	61	MAYZENT.....	91
LISCO.....	127	<i>lyleq</i>	98	MAYZENT STARTER(FOR 1MG MAINT).....	91
<i>lisinopril</i>	79	<i>lyllana</i>	163	MAYZENT STARTER(FOR 2MG MAINT).....	91
<i>lisinopril-hydrochlorothiazide</i> ...	79	LYNPARZA.....	26	<i>meclizine</i>	54, 55
LITE TOUCH INSULIN PEN NEEDLES.....	127	LYSODREN.....	27	<i>medroxyprogesterone</i>	167
LITE TOUCH INSULIN SYRINGE.....	127, 128	<i>lyza</i>	98	<i>mefenamic acid</i>	7
<i>lithium carbonate</i>	90, 91	MAGELLAN INSULIN SAFETY SYRNG.....	128, 129	<i>mefloquine</i>	56
LIVALO.....	87	MAGELLAN SYRINGE.....	128	<i>megestrol</i>	27, 167
<i>lojaimiess</i>	97	<i>magnesium sulfate</i>	185	<i>mefenamic acid</i>	7
LOKELMA.....	157	<i>magnesium sulfate in d5w</i>	185	<i>mefloquine</i>	56
LONSURF.....	26	<i>magnesium sulfate in water</i>	185	<i>MEKINIST</i>	27
<i>loperamide</i>	157	<i>malathion</i>	107	MEKTOVI.....	27
<i>lopinavir-ritonavir</i>	66	<i>maprotiline</i>	42	<i>meloxicam</i>	7
<i>lorazepam</i>	10	<i>maraviroc</i>	66	<i>memantine</i>	40
LORBRENA.....	26	MARGENZA.....	27	MENACTRA (PF).....	175
<i>loryna (28)</i>	97	<i>marlissa (28)</i>	98	MENQUADFI (PF).....	175
<i>losartan</i>	78	<i>marnatal-f</i>	194	MENVEO A-C-Y-W-135-DIP (PF).....	175
<i>losartan-hydrochlorothiazide</i>	78	MARPLAN.....	42	MEPSEVII.....	150
LOTEMAX.....	155	MATULANE.....	27	<i>mercaptopurine</i>	27
LOTEMAX SM.....	155	MAVENCLAD (10 TABLET PACK).....	91	<i>meropenem</i>	15
<i>loteprednol etabonate</i>	155	MAVENCLAD (4 TABLET PACK).....	91	<i>meropenem-0.9% sodium chloride</i>	15
<i>lovastatin</i>	87	MAVENCLAD (5 TABLET PACK).....	91	<i>merzee</i>	98
<i>low-ogestrel (28)</i>	98	MAVENCLAD (6 TABLET PACK).....	91	<i>mesalamine</i>	178, 179
<i>loxapine succinate</i>	61	MAVENCLAD (7 TABLET PACK).....	91	<i>mesna</i>	182
<i>lo-zumandimine (28)</i>	98	MAVENCLAD (8 TABLET PACK).....	91	MESNEX.....	182
<i>lubiprostone</i>	157			<i>metaproterenol</i>	189
LUCEMYRA.....	8				
LUMAKRAS.....	26				
LUMIGAN.....	184				
LUMOXITI.....	26				
LUPRON DEPOT.....	166				
LUPRON DEPOT (3 MONTH).....	26, 166				

<i>metformin</i>	44	MITIGARE.....	50	NAGLAZYME.....	150
<i>methadone</i>	4	<i>mitoxantrone</i>	27	<i>naloxone</i>	8
<i>methadose</i>	4	M-M-R II (PF).....	175	<i>naltrexone</i>	8
<i>methenamine hippurate</i>	11	<i>m-natal plus</i>	194	NAMZARIC.....	40
<i>methimazole</i>	168	<i>modafinil</i>	192, 193	<i>naproxen</i>	7
<i>methocarbamol</i>	192	<i>molindone</i>	61	NARCAN.....	9
<i>methotrexate sodium</i>	27	<i>mometasone</i>	106, 155	NATACYN.....	152
<i>methotrexate sodium (pf)</i>	27	<i>mondoxyne nl</i>	18	NATPARA.....	180
<i>methoxsalen</i>	103	MONJUVI.....	27	NAYZILAM.....	37
<i>methscopolamine</i>	158	MONOJECT INSULIN		<i>neбиволol</i>	81
<i>methyldopa</i>	78	SAFETY SYRING.....	130, 131	<i>necon 0.5/35 (28)</i>	98
<i>methylphenidate hcl</i>	91, 92	MONOJECT INSULIN		<i>nefazodone</i>	43
<i>methylprednisolone</i>	164	SYRINGE.....	130, 131	<i>neomycin</i>	10
<i>methylprednisolone acetate</i>	164	MONOJECT SYRINGE.....	130	<i>neomycin-bacitracin-poly-hc</i> ...	152
<i>methylprednisolone sodium</i>		MONOJECT ULTRA		<i>neomycin-bacitracin-</i>	
<i>succ</i>	164	COMFORT INSULIN.....	144	<i>polymyxin</i>	152
<i>metipranolol</i>	184	<i>mono-lynyah</i>	98	<i>neomycin-polymyxin b gu</i>	105
<i>metoclopramide hcl</i>	158	<i>montelukast</i>	188	<i>neomycin-polymyxin b-</i>	
<i>metolazone</i>	85	<i>morphine</i>	4	<i>dexameth</i>	153
<i>metoprolol succinate</i>	81	MORPHINE.....	4	<i>neomycin-polymyxin-</i>	
<i>metoprolol ta-hydrochlorothiaz</i>	81	<i>morphine concentrate</i>	4	<i>gramicidin</i>	153
<i>metoprolol tartrate</i>	81	MOVANTIK.....	158	<i>neomycin-polymyxin-hc</i>	153
<i>metronidazole</i>	11, 51, 105	<i>moxifloxacin</i>	17, 152	<i>neo-polycin</i>	153
<i>metronidazole in nacl (iso-os)</i> ..	11	MOZOBIL.....	73	<i>neo-polycin hc</i>	153
<i>metyrosine</i>	84	MULPLETA.....	73	NEPHRAMINE 5.4 %.....	77
<i>mexiletine</i>	80	MULTAQ.....	80	NERLYNX.....	27
<i>miconazole-3</i>	49	<i>mupirocin</i>	105	NEULASTA.....	73
MICRODOT INSULIN PEN		MVASI.....	27	NEULASTA ONPRO.....	73
NEEDLE.....	129	<i>mycophenolate mofetil</i>	171	NEUPRO.....	57
<i>microgestin fe 1/20 (28)</i>	98	<i>mycophenolate mofetil (hcl)</i> ...	171	<i>nevirapine</i>	66
<i>midodrine</i>	78	MYLOTARG.....	27	<i>newgen</i>	195
<i>miglustat</i>	150	<i>mynatal</i>	194, 195	NEXLETOL.....	87
<i>mili</i>	98	<i>mynatal advance</i>	194	NEXLIZET.....	87
<i>mimvey</i>	163	<i>mynatal plus</i>	195	<i>niacin</i>	87
MINI ULTRA-THIN II.....	130	<i>mynatal-z</i>	195	<i>nicardipine</i>	84
<i>minitran</i>	88	<i>mynate 90 plus</i>	195	NICOTROL.....	9
<i>minocycline</i>	18	MYRBETRIQ.....	159	<i>nifedipine</i>	84, 85
<i>minoxidil</i>	88	<i>nabumetone</i>	7	<i>nikki (28)</i>	98
<i>mirtazapine</i>	42	<i>nafcillin</i>	16	<i>nilutamide</i>	27
<i>misoprostol</i>	156	<i>nafcillin in dextrose iso-osm</i>	16	NINLARO.....	27

<i>nitazoxanide</i>	56	NOVOLIN R REGULAR U-	<i>olmesartan-</i>
<i>nitisinone</i>	150	100 INSULN.....	<i>hydrochlorothiazide</i>
<i>nitrofurantoin macrocrystal</i>	11	NOVOLOG FLEXPEN U-	<i>olopatadine</i>
<i>nitrofurantoin monohydr/m-</i>		100 INSULIN.....	<i>omega-3 acid ethyl esters</i>
<i>cryst</i>	12	NOVOLOG MIX 70-30 U-	<i>omeprazole</i>
<i>nitroglycerin</i>	88	100 INSULN.....	<i>omeprazole-sodium</i>
NITYR.....	150	NOVOLOG MIX 70-	<i>bicarbonate</i>
<i>niva-plus</i>	195	30FLEXPEN U-100.....	156
NIVESTYM.....	73	NOVOLOG PENFILL U-100	OMNIPOD 5 G6 INTRO
<i>nizatidine</i>	156	INSULIN.....	KIT (GEN 5).....
NORDITROPIN FLEXPRO		NOVOLOG U-100 INSULIN	OMNIPOD 5 G6 PODS
.....	166	ASPART.....	(GEN 5).....
<i>norethindrone (contraceptive)</i> ..	98	NOVOTWIST.....	131
<i>norethindrone acetate</i>	168	NOXAFIL.....	OMNIPOD CLASSIC PDM
<i>norethindrone ac-eth estradiol</i>		NUBEQA.....	KIT(GEN 3).....
.....	98, 163	NUCALA.....	131
<i>norethindrone-e.estradiol-iron</i>		NULOJIX.....	OMNIPOD CLASSIC PODS
.....	98, 99	NUPLAZID.....	(GEN 3).....
<i>norgestimate-ethinyl estradiol</i> ..	99	NURTEC ODT.....	131
<i>norlyda</i>	99	NUTRILIPID.....	OMNIPOD DASH INTRO
NORMOSOL-M IN 5 %		<i>nyamyc</i>	KIT (GEN 4).....
DEXTROSE.....	185	<i>nylia 1/35 (28)</i>	131
<i>nortrel 0.5/35 (28)</i>	99	<i>nylia 7/7/7 (28)</i>	OMNIPOD DASH PDM
<i>nortrel 1/35 (21)</i>	99	<i>nymyo</i>	KIT (GEN 4).....
<i>nortrel 1/35 (28)</i>	99	<i>nystatin</i>	131
<i>nortrel 7/7/7 (28)</i>	99	<i>nystop</i>	OMNIPOD DASH PODS
<i>nortriptyline</i>	43	NYVEPRIA.....	(GEN 4).....
NORVIR.....	66, 67	<i>obstetrix dha</i>	131
NOVOFINE 30.....	131	<i>o-cal prenatal</i>	ONCASPAR.....
NOVOFINE 32.....	131	OCALIVA.....	28
NOVOFINE PLUS.....	131	OCREVUS.....	<i>ondansetron</i>
NOVOLIN 70/30 U-100		OCTAGAM.....	55
INSULIN.....	47	<i>octreotide acetate</i>	<i>ondansetron hcl</i>
NOVOLIN 70-30 FLEXPEN		ODEFSEY.....	55
U-100.....	47	ODOMZO.....	<i>ondansetron hcl (pf)</i>
NOVOLIN N FLEXPEN.....	47	OFEV.....	28
NOVOLIN N NPH U-100		<i>ofloxacin</i>	ONIVYDE.....
INSULIN.....	47	OGIVRI.....	28
NOVOLIN R FLEXPEN.....	47	<i>olanzapine</i>	28
		<i>olmesartan</i>	28
			193
			102
			150
			166
			166
			191
			73
			99
			68, 69
			57, 58

<i>oxandrolone</i>	161	PENTACEL (PF)	176	<i>podofilox</i>	104
<i>oxcarbazepine</i>	37	<i>pentamidine</i>	56	POLIVY	29
OXLUMO	182	PENTIPS	132	<i>polycin</i>	153
OXTELLAR XR	37, 38	<i>pentoxifylline</i>	75	<i>polymyxin b sulfate</i>	12
<i>oxybutynin chloride</i>	160	PEPAXTO	28	<i>polymyxin b sulf-trimethoprim</i>	153
<i>oxycodone</i>	5	<i>perindopril erbumine</i>	80	POMALYST	29
<i>oxycodone-acetaminophen</i>	5	<i>periogard</i>	102	<i>portia 28</i>	99
<i>oxycodone-aspirin</i>	5	<i>permethrin</i>	108	PORTRAZZA	29
OXYCONTIN	5	<i>perphenazine</i>	62	<i>posaconazole</i>	50
OZEMPIC	45	<i>perphenazine-amitriptyline</i>	43	<i>potassium chloride</i>	185, 186
<i>pacerone</i>	80	PERSERIS	62	<i>potassium chloride-0.45 % nacl</i>	.....
<i>paclitaxel protein-bound</i>	28	<i>pfizerpen-g</i>	16	.....	186
PADCEV	28	<i>phenelzine</i>	43	<i>potassium citrate</i>	186
<i>paliperidone</i>	62	<i>phenobarbital</i>	38	<i>pr natal 400</i>	195
PALYNZIQ	150	<i>phenylephrine hcl</i>	78	<i>pr natal 400 ec</i>	195
PANRETIN	103	<i>phenytoin</i>	38	<i>pr natal 430</i>	195
<i>pantoprazole</i>	156, 157	<i>phenytoin sodium</i>	38	<i>pr natal 430 ec</i>	195
<i>paricalcitol</i>	180	<i>phenytoin sodium extended</i>	38	PRALUENT PEN	87
<i>paroex oral rinse</i>	102	PHESGO	28, 29	<i>pramipexole</i>	58
<i>paromomycin</i>	56	<i>philith</i>	99	<i>prasugrel</i>	75
<i>paroxetine hcl</i>	43	PHOSLYRA	159	<i>pravastatin</i>	87
PAXLOVID (EUA)	69	PIFELTRO	67	<i>prazosin</i>	78
PEDIARIX (PF)	175	<i>pilocarpine hcl</i>	102, 184	<i>prednicarbate</i>	107
PEDVAX HIB (PF)	176	<i>pimecrolimus</i>	107	<i>prednisolone</i>	164
<i>peg 3350-electrolytes</i>	159	<i>pimozide</i>	62	<i>prednisolone acetate</i>	155
PEGASYS	70	<i>pimtreea (28)</i>	99	<i>prednisolone sodium phosphate</i>	.....
<i>peg-electrolyte soln</i>	159	<i>pioglitazone</i>	45	.....	155, 164, 165
PEGINTRON	70	PIP PEN NEEDLE	132	<i>prednisone</i>	165
PEMAZYRE	28	<i>piperacillin-tazobactam</i>	16	<i>pregabalin</i>	38
<i>pemetrexed</i>	28	PIQRAY	29	PREHEVBRIO (PF)	176
<i>pemetrexed disodium</i>	28	<i>pirfenidone</i>	191	PREMARIN	163
PEN NEEDLE	123, 132, 134	<i>pirmella</i>	99	PREMPHASE	163
PEN NEEDLE, DIABETIC	.....	PLASMA-LYTE 148	185	PREMPRO	163
.....	115, 129, 130, 132, 134	PLASMA-LYTE A	185	<i>prenal true</i>	195
PEN NEEDLE, DIABETIC,		PLEGRIDY	92	<i>prenaissance</i>	195
SAFETY	135	<i>pnv 29-1</i>	195	<i>prenaissance plus</i>	195
<i>penicillamine</i>	161	<i>pnv-dha + docusate</i>	195	<i>prenatabs fa</i>	195
<i>penicillin g potassium</i>	16	<i>pnv-ferrous fumarate-docu-fa</i>	195	<i>prenatal 19</i>	196
<i>penicillin g procaine</i>	16	<i>pnv-omega</i>	195	<i>prenatal 19 (with docusate)</i>	195
<i>penicillin v potassium</i>	16	<i>pnv-vp-u</i>	195	<i>prenatal low iron</i>	196

<i>prenatal plus</i>	196	PROLASTIN-C.....	191	<i>ranolazine</i>	84
<i>prenatal plus (calcium carb)</i> ..	196	PROLENSA.....	155	<i>rasagiline</i>	58
<i>prenatal vitamin plus low iron</i> ..	196	PROLEUKIN.....	29	RASUVO (PF).....	172
<i>prenatal-u</i>	196	PROLIA.....	180	RAVICTI.....	158
<i>preplus</i>	196	PROMACTA.....	73, 74	RAYALDEE.....	180
<i>pretab</i>	196	<i>promethazine</i>	51, 55	<i>reclipsen (28)</i>	100
PRETOMANID.....	53	<i>promethegan</i>	55	RECOMBIVAX HB (PF)	
<i>prevalite</i>	87	<i>propafenone</i>	80	.....	176, 177
PREVENT DROPSAFE		<i>proparacaine</i>	152	RECTIV.....	182
PEN NEEDLE.....	133	<i>propranolol</i>	82	RELENZA DISKHALER....	69
<i>previfem</i>	100	<i>propranolol-hydrochlorothiazid</i>	82	RELEUKO.....	74
PREVYMIS.....	69	<i>propylthiouracil</i>	168	RELION NEEDLES.....	134
PREZCOBIX.....	67	PROQUAD (PF).....	176	RELION PEN NEEDLES...134	
PREZISTA.....	67	PROSOL 20 %.....	77	<i>repaglinide</i>	45
PRIFTIN.....	53	<i>protamine</i>	74	REPATHA PUSHTRONEX..87	
PRIMAQUINE.....	56	<i>protriptyline</i>	43	REPATHA SURECLICK.....87	
<i>primidone</i>	38	PULMOZYME.....	150	REPATHA SYRINGE.....87	
PRIORIX (PF).....	176	PURE COMFORT		RESTASIS.....	155
PRIVIGEN.....	171	ALCOHOL PADS.....	104	RESTASIS MULTIDOSE...155	
PRO COMFORT		PURE COMFORT PEN		RETACRIT.....	74
ALCOHOL PADS.....	104	NEEDLE.....	134	RETEVMO.....	29
PRO COMFORT INSULIN		<i>purefe ob plus</i>	196	RETROVIR.....	67
SYRINGE.....	133	<i>purefe plus</i>	196	REVCOVI.....	150
PRO COMFORT PEN		PURIXAN.....	29	REVLIMID.....	29
NEEDLE.....	133	<i>pyrazinamide</i>	53	<i>revonto</i>	192
<i>probenecid</i>	50	<i>pyridostigmine bromide</i>	182	REXULTI.....	62
<i>probenecid-colchicine</i>	50	<i>pyrimethamine</i>	56	REYATAZ.....	67
<i>procainamide</i>	80	QINLOCK.....	29	REZUROCK.....	172
PROCALAMINE 3%.....	77	QUADRACEL (PF).....	176	RHOPRESSA.....	184
<i>prochlorperazine</i>	55	<i>quetiapine</i>	62	RIABNI.....	29
<i>prochlorperazine edisylate</i>	55	<i>quinapril</i>	80	<i>ribavirin</i>	71
<i>prochlorperazine maleate</i>	55	<i>quinapril-hydrochlorothiazide</i> ...80		RIDAURA.....	172
<i>procto-med hc</i>	107	<i>quinidine sulfate</i>	80, 81	<i>rifabutin</i>	53
<i>proctosol hc</i>	107	<i>quinine sulfate</i>	56	<i>rifampin</i>	53
<i>proctozone-hc</i>	107	QULIPTA.....	52	<i>rilpivirine</i>	67
PRODIGY INSULIN		RABAVERT (PF).....	176	<i>riluzole</i>	92
SYRINGE.....	133	<i>rabeprazole</i>	157	<i>rimantadine</i>	69
<i>progesterone</i>	168	RADICAVA.....	92	RINVOQ.....	172
<i>progesterone micronized</i>	168	<i>raloxifene</i>	163	<i>risedronate</i>	180
PROGRAF.....	172	<i>ramipril</i>	80	RISPERDAL CONSTA.....	62

<i>risperidone</i>	62, 63	<i>selegiline hcl</i>	58	SOMAVERT.....	167
<i>ritonavir</i>	67	<i>selenium sulfide</i>	105	<i>sorafenib</i>	30
RITUXAN.....	29	SELZENTRY.....	67	<i>sorine</i>	82
RITUXAN HYCELA.....	29	<i>se-natal 19 chewable</i>	196	<i>sotalol</i>	82
<i>rivastigmine</i>	41	SEREVENT DISKUS.....	189	<i>sotalol af</i>	82
<i>rivastigmine tartrate</i>	40	SEROSTIM.....	166	SPIRIVA RESPIMAT.....	189
<i>rizatriptan</i>	52	<i>sertraline</i>	43	SPIRIVA WITH	
<i>r-natal ob</i>	196	<i>setlakin</i>	100	HANDIHALER.....	189
ROCKLATAN.....	184	<i>sevelamer carbonate</i>	159	<i>spironolactone</i>	86
<i>roflumilast</i>	191	<i>sevelamer hcl</i>	159	SPRAVATO.....	43
<i>ropinirole</i>	58	<i>sf 5000 plus</i>	102	<i>sprintec (28)</i>	100
<i>rosadan</i>	105	<i>sharobel</i>	100	SPRITAM.....	38
<i>rosuvastatin</i>	87	SHINGRIX (PF).....	177	SPRYCEL.....	30
ROTARIX.....	177	SIGNIFOR.....	167	<i>sps (with sorbitol)</i>	158
ROTATEQ VACCINE.....	177	SIKLOS.....	74	<i>sronyx</i>	100
ROZLYTREK.....	29, 30	<i>sildenafil (pulm.hypertension)</i>	193	<i>ssd</i>	105
RUBRACA.....	30	<i>silver sulfadiazine</i>	105	<i>stavudine</i>	67
<i>rufinamide</i>	38	SIMBRINZA.....	184	STELARA.....	172, 173
RUKOBIA.....	67	<i>simliya (28)</i>	100	STERILE PADS.....	135
RUXIENCE.....	30	<i>simpesse</i>	100	STIOLTO RESPIMAT.....	189
RYBELSUS.....	45	<i>simvastatin</i>	87, 88	STIVARGA.....	30
RYBREVANT.....	30	<i>sirolimus</i>	172	STRENSIQ.....	150
RYDAPT.....	30	SIRTURO.....	53	<i>streptomycin</i>	10
SAFESNAP INSULIN		SKY SAFETY PEN		STRIBILD.....	67
SYRINGE.....	134, 135	NEEDLE.....	135	STRIVERDI RESPIMAT....	189
SAFETY PEN NEEDLE.....	135	SKYRIZI.....	172	SUBLOCADE.....	9
<i>sajazir</i>	84	<i>sodium chloride 0.45 %</i>	186	<i>subvenite</i>	38
SANDOSTATIN LAR		<i>sodium chloride 0.9 %</i>	186	<i>sucralfate</i>	157
DEPOT.....	166	<i>sodium fluoride-pot nitrate</i>	102	<i>sulfacetamide sodium</i>	153
SANTYL.....	104	<i>sodium phenylbutyrate</i>	158	<i>sulfacetamide sodium (acne)</i> ..	105
<i>sapropterin</i>	150	<i>sodium polystyrene (sorb free)</i>		<i>sulfacetamide-prednisolone</i>	153
SARCLISA.....	30	.....	158	<i>sulfadiazine</i>	17
SAVELLA.....	92	<i>sodium polystyrene sulfonate</i> ..	158	<i>sulfamethoxazole-</i>	
SCSEMBLIX.....	30	<i>sodium,potassium,mag sulfates</i>		<i>trimethoprim</i>	17
<i>scopolamine base</i>	55	.....	159	<i>sulfasalazine</i>	179
SECUADO.....	63	SOLQUA 100/33.....	47	<i>sulindac</i>	7
SECURESAFE PEN		SOLTAMOX.....	30	<i>sumatriptan</i>	52
NEEDLE.....	135	SOLU-CORTEF ACT-O-		<i>sumatriptan succinate</i>	52, 53
<i>select-ob</i>	196	VIAL (PF).....	165	<i>sunitinib</i>	30
<i>select-ob (folic acid)</i>	196	SOMATULINE DEPOT.....	167	SUNOSI.....	193

SUPPRELIN LA.....	167	TAKHZYRO.....	182	TETANUS,DIPHThERIA
SUPREP BOWEL PREP		TALZENNA.....	31	TOX PED(PF).....
KIT.....	159	<i>tamoxifen</i>	31	<i>tetrabenazine</i>
SURE COMFORT		<i>tamsulosin</i>	160	<i>tetracycline</i>
ALCOHOL PREP PADS.....	104	<i>tarina 24 fe</i>	100	THALOMID.....
SURE COMFORT INS.		<i>tarina fe 1-20 eq (28)</i>	100	<i>theophylline</i>
SYR. U-100.....	135	<i>taron-c dha</i>	196	THINPRO INSULIN
SURE COMFORT		<i>taron-prex prenatal-dha</i>	196	SYRINGE.....
INSULIN SYRINGE....	135, 136	TASCENSO ODT.....	92	THIOLA EC.....
SURE COMFORT PEN		TASIGNA.....	31	<i>thioridazine</i>
NEEDLE.....	136	TAVALISSE.....	75	<i>thiotepa</i>
SURE COMFORT SAFETY		<i>tazarotene</i>	107	<i>thiothixene</i>
PEN NEEDLE.....	135	TAZORAC.....	107	<i>tiadylt er</i>
SURE-FINE PEN		<i>taztia xt</i>	83	<i>tiagabine</i>
NEEDLES.....	136	TAZVERIK.....	31	TIBSOVO.....
SURE-JECT INSULIN		TDVAX.....	177	TICE BCG.....
SYRINGE.....	136, 137	TECENTRIQ.....	31	TICOVAC.....
SURE-PREP ALCOHOL		TECHLITE INSULIN		<i>tigecycline</i>
PREP PADS.....	104	SYRINGE.....	137, 138	<i>timolol maleate</i>
SUTAB.....	159	TECHLITE INSULN		<i>tiopronin</i>
<i>syeda</i>	100	SYR(HALF UNIT).....	137	TIVDAK.....
SYLVANT.....	30	TECHLITE PEN NEEDLE.	138	TIVICAY.....
SYMBICORT.....	188	TEFLARO.....	13	TIVICAY PD.....
SYMDEKO.....	191	<i>telmisartan</i>	79	<i>tizanidine</i>
SYMLINPEN 120.....	45	<i>temazepam</i>	10	TOBI PODHALER.....
SYMLINPEN 60.....	45	TEMIXYS.....	68	<i>tobramycin</i>
SYMPAZAN.....	38, 39	TEMODAR.....	31	<i>tobramycin in 0.225 % nacl</i>
SYMTUZA.....	67	TENIVAC (PF).....	177	<i>tobramycin sulfate</i>
SYNAGIS.....	69	<i>tenofovir disoproxil fumarate</i> ...	68	<i>tobramycin-dexamethasone</i>
SYNAREL.....	167	TEPEZZA.....	152	<i>tolterodine</i>
SYNERCID.....	12	TEPMETKO.....	31	TOPCARE CLICKFINE.....
SYNJARDY.....	45	<i>terazosin</i>	160	TOPCARE ULTRA
SYNJARDY XR.....	45	<i>terbinafine hcl</i>	50	COMFORT.....
SYNRIBO.....	30	<i>terbutaline</i>	189	<i>topiramate</i>
TABLOID.....	30	<i>terconazole</i>	51	<i>toposar</i>
TABRECTA.....	30	TERUMO INSULIN		<i>toremifene</i>
<i>tacrolimus</i>	107, 173	SYRINGE.....	138, 139	<i>torse mide</i>
<i>tadalafil (pulm. hypertension)</i>	193	<i>testosterone</i>	161, 162	TOTECT.....
TAFINLAR.....	30	<i>testosterone cypionate</i>	161	TOUJEO MAX U-300
TAGRISSO.....	31	<i>testosterone enanthate</i>	161	SOLOSTAR.....

TOUJEO SOLOSTAR U-300	<i>tri-mili</i>	101	TYBOST.....	182
INSULIN.....	<i>trimipramine</i>	43	TYMLOS.....	180
TRACLEER.....	TRINTELLIX.....	43	TYPHIM VI.....	178
TRADJENTA.....	<i>tri-nymyo</i>	101	TYSABRI.....	173
<i>tramadol</i>	<i>tri-previfem (28)</i>	101	TYVASO.....	193
<i>tramadol-acetaminophen</i>	TRIPTODUR.....	167	UBRELVY.....	53
<i>trandolapril</i>	<i>tri-sprintec (28)</i>	101	UCERIS.....	179
<i>tranexamic acid</i>	TRIUMEQ.....	68	UDENYCA.....	74
<i>tranlycypromine</i>	TRIUMEQ PD.....	68	ULTICARE.....	142, 143
TRAVASOL 10 %.....	<i>triveen-duo dha</i>	196	ULTICARE INSULIN	
<i>travoprost</i>	<i>triveen-prx rnf</i>	196	SYRINGE.....	142
TRAZIMERA.....	<i>trivora (28)</i>	101	ULTICARE INSULN	
<i>trazodone</i>	<i>tri-vylibra</i>	101	SYR(HALF UNIT).....	142
TREANDA.....	<i>tri-vylibra lo</i>	101	ULTICARE PEN NEEDLE	142
TRECTOR.....	TRIZIVIR.....	68	ULTICARE SAFETY PEN	
TRELEGY ELLIPTA.....	TRODELVY.....	32	NEEDLE.....	142, 143
TRELSTAR.....	TROGARZO.....	68	ULTIGUARD SAFEPACK-	
TREMFYA.....	TROPHAMINE 10 %.....	77	INSULIN SYR.....	143, 144
<i>treprostinil sodium</i>	<i>trospium</i>	160	ULTIGUARD SAFEPACK-	
<i>tretinoin</i>	TRUE COMFORT		PEN NEEDLE.....	143
<i>tretinoin (antineoplastic)</i>	ALCOHOL PADS.....	104	ULTILET ALCOHOL	
<i>tri femynor</i>	TRUE COMFORT		SWAB.....	104
<i>triamcinolone acetonide</i>	INSULIN SYRINGE.....	140	ULTILET INSULIN	
.....	TRUE COMFORT PEN		SYRINGE.....	126, 144
<i>triamterene-hydrochlorothiazid</i>	NEEDLE.....	140	ULTILET PEN NEEDLE....	144
<i>trientine</i>	TRUE COMFORT PRO		ULTRA CMFT INS SYR	
<i>tri-estarylla</i>	ALCOHOL PADS.....	104	(HALF UNIT).....	124, 135, 142
<i>trifluoperazine</i>	TRUE COMFORT PRO INS		ULTRA COMFORT	
<i>trifluridine</i>	SYRINGE.....	139, 140, 141	INSULIN SYRINGE	
<i>trihexyphenidyl</i>	TRUEPLUS INSULIN.	141, 142	.....	118, 124, 144
TRIJARDY XR.....	TRUEPLUS PEN NEEDLE	141	ULTRA FLO INSUL	
TRIKAFTA.....	TRULICITY.....	46	SYR(HALF UNIT).....	144, 145
<i>tri-legest fe</i>	TRUMENBA.....	177	ULTRA FLO INSULIN	
<i>tri-linyah</i>	TRUSELTIQ.....	32	SYRINGE.....	145
<i>tri-lo-estarylla</i>	TRUXIMA.....	32	ULTRA FLO PEN NEEDLE	
<i>tri-lo-marzia</i>	TUKYSA.....	32	.....	145
<i>tri-lo-mili</i>	<i>tulana</i>	101	ULTRA THIN PEN	
<i>tri-lo-sprintec</i>	TURALIO.....	32	NEEDLE.....	145
<i>trilyte with flavor packets</i>	TWINRIX (PF).....	177	ULTRACARE INSULIN	
<i>trimethoprim</i>	<i>tyblume</i>	101	SYRINGE.....	145, 146

ULTRACARE PEN	VARIVAX (PF).....	178	<i>virt-nate dha</i>	197
NEEDLE.....	VASCEPA.....	88	<i>virt-pn</i>	197
ULTRA-THIN II (SHORT)	VEKLURY.....	71	<i>virt-pn dha</i>	197
INS SYR.....	VELCADE.....	32	<i>virt-pn plus</i>	197
ULTRA-THIN II (SHORT)	<i>velivet triphasic regimen (28)</i> ..	101	VISTOGARD.....	183
PEN NDL.....	VELPHORO.....	159	<i>vitafol gummies</i>	197
ULTRA-THIN II INS PEN	VEMLIDY.....	68	<i>vitafol nano</i>	197
NEEDLES.....	<i>vena-bal dha</i>	196	<i>vitafol-ob+dha</i>	197
ULTRA-THIN II INSULIN	VENCLEXTA.....	32, 33	VITRAKVI.....	33
SYRINGE.....	VENCLEXTA STARTING		<i>viva dha</i>	197
UNIFINE PEN NEEDLE....	PACK.....	33	VIZIMPRO.....	33
UNIFINE PENTIPS.....	<i>venlafaxine</i>	43, 44	VOCABRIA.....	68
UNIFINE PENTIPS	<i>venlafaxine besylate</i>	43	<i>vol-nate</i>	197
MAXFLOW.....	<i>verapamil</i>	83	<i>volnea (28)</i>	101
UNIFINE PENTIPS PLUS	VERIFINE PEN NEEDLE		VONJO.....	33
.....	.....	148, 149	<i>voriconazole</i>	50
UNIFINE PENTIPS PLUS	VERSACLOZ.....	63	VOSEVI.....	70
MAXFLOW.....	VERSALON.....	149	VOTRIENT.....	33
UNIFINE SAFECONTROL	VERZENIO.....	33	<i>vp-ch plus</i>	197
UNIFINE ULTRA PEN	<i>vestura (28)</i>	101	<i>vp-ch-pnv</i>	197
NEEDLE.....	V-GO 20.....	149	<i>vp-pnv-dha</i>	197
UNITUXIN.....	V-GO 30.....	149	VPRIV.....	150
UPTRAVI.....	V-GO 40.....	149	VRAYLAR.....	63
<i>ursodiol</i>	VICTOZA.....	46	VUMERITY.....	92
<i>valacyclovir</i>	<i>vienna</i>	101	<i>vyfemla (28)</i>	101
VALCHLOR.....	<i>vigabatrin</i>	39	<i>vylibra</i>	101
<i>valganciclovir</i>	<i>vigadrone</i>	39	VYNDAMAX.....	84
<i>valproate sodium</i>	VIIBRYD.....	44	VYNDAQEL.....	84
<i>valproic acid</i>	<i>vilazodone</i>	44	VYXEOS.....	33
<i>valproic acid (as sodium salt)</i> ...	VIMIZIM.....	150	<i>warfarin</i>	72
<i>valrubicin</i>	VIMPAT.....	39	WEBCOL.....	104
<i>valsartan</i>	<i>vinate care</i>	196	WELIREG.....	33
<i>valsartan-hydrochlorothiazide</i> ..	<i>vinate gt</i>	197	<i>wera (28)</i>	101
VALTOCO.....	<i>vinate ii</i>	197	XADAGO.....	58
<i>vancomycin</i>	<i>vinate ultra</i>	197	XALKORI.....	33
VANISHPOINT INSULIN	<i>vinorelbine</i>	33	XARELTO.....	72
SYRINGE.....	<i>viorele (28)</i>	101	XARELTO DVT-PE TREAT	
VANISHPOINT SYRINGE.	VIRACEPT.....	68	30D START.....	72
VAQTA (PF).....	VIREAD.....	68	XATMEP.....	33
<i>varenicline</i>	<i>virt-c dha</i>	197	XCOPRI.....	39

XCOPRI MAINTENANCE PACK.....	39	<i>zenatane</i>	104
XCOPRI TITRATION PACK.....	40	ZENPEP	151
XELJANZ.....	173	ZEPZELCA.....	34
XELJANZ XR.....	173	<i>zidovudine</i>	68
XERMELO.....	158	<i>zingiber</i>	197
XGEVA.....	180	<i>ziprasidone hcl</i>	63
XHANCE.....	155	<i>ziprasidone mesylate</i>	63
XIFAXAN.....	12	ZIRABEV	34
XIGDUO XR.....	46	ZIRGAN.....	154
XIIDRA.....	155	ZOLADEx.....	34
XOFLUZA.....	69	<i>zoledronic acid</i>	180
XOLAIR.....	191, 192	<i>zoledronic acid-mannitol-water</i>	180
XOSPATA.....	33	ZOLINZA.....	35
XPOVIO.....	33, 34	<i>zolpidem</i>	193
XTAMPZA ER.....	5	ZONISADE.....	40
XTANDI.....	34	<i>zonisamide</i>	40
<i>xulane</i>	101	ZORBTIVE.....	167
XULTOPHY 100/3.6.....	48	<i>zovia 1-35 (28)</i>	102
XURIDEN.....	183	ZTALMY	40
XYOSTED.....	162	ZTLIDO	8
XYREM.....	193	ZULRESSO.....	44
YERVOY.....	34	<i>zumandimine (28)</i>	102
YF-VAX (PF).....	178	ZYDELIG.....	35
YONDELIS.....	34	ZYKADIA.....	35
YONSA.....	34	ZYLET	154
<i>yuvaferm</i>	163	ZYNLONTA.....	35
<i>zafemy</i>	102	ZYPREXA RELPREVV	63
<i>zafirlukast</i>	188		
<i>zaleplon</i>	193		
<i>zarah</i>	102		
ZARXIO.....	74		
<i>zatean-pn dha</i>	197		
<i>zatean-pn plus</i>	197		
ZEGALOGUE AUTOINJECTOR.....	183		
ZEGALOGUE SYRINGE...	183		
ZEJULA.....	34		
ZELBORAF.....	34		

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

This formulary was updated on 11/22/2022 For more recent information or other questions, please contact the CHOICE Care Team at 1-866-783-1444 or, for TTY users, 711, 7 days a week from 8 am to 8 pm or visit www.vnsnychoice.org.



CHOICESM
Health Plans

Any questions? Call toll free

1-866-783-1444 (TTY: 711)
7 days a week, 8 am – 8 pm

220 East 42nd Street, 3rd Floor, New York, NY 10017
www.vnsnychoice.org