



VNS Health EasyCare Plus (HMO D-SNP)
VNS Health Total (HMO D-SNP)

2024

FORMULARY (LIST OF COVERED DRUGS)

**FORMULARIO DE MEDICAMENTOS
(LISTADO DE MEDICAMENTOS CUBIERTOS)**

處方集 (承保藥物清單)

Approved Formulary Submission ID Number: 24160
Version: 17

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

This formulary was updated on 09/24/2024. For more recent information or other questions, please contact your Care Team at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.), and weekdays, 8 am – 8 pm (Apr. – Sept.) or visit vnshealthplans.org.

VNS Health Medicare (HMO)

2024 Formulary (List of Covered Drugs)

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

Includes members enrolled in VNS Health EasyCare Plus (HMO D-SNP)
and VNS Health Total (HMO D-SNP)

Approved Formulary File Submission ID Number: 24160, Version: 17

This formulary was updated on 09/24/24. For more recent information or other questions, please contact us at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.), and Weekdays, 8 am – 8 pm (Apr. – Sept.) or visit vnshealthplans.org.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means VNS Health Health Plans. When it refers to “plan” or “our plan,” it means VNS Health EasyCare Plus and VNS Health Total.

This document includes a list of the drugs (formulary) for our plan, which is current as of 09/24/24. 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, 2024, and from time to time during the year.

What is the VNS Health Medicare Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but VNS Health EasyCare Plus and VNS Health Total may add or remove drugs on the Drug List during the year 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 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 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 VNS Health Medicare 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 we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the VNS Health Medicare Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/24/24. To get updated information about the drugs covered by VNS Health Medicare, 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?

VNS Health Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** VNS Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from VNS Health Medicare before you fill your prescriptions. If you don't get approval, VNS Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, VNS Health Medicare limits the amount of the drug that VNS Health Medicare will cover. For example, VNS Health Medicare provides varying quantity limits, depending on strength, per prescription for Celecoxib. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, VNS Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, VNS Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, VNS Health Medicare will then cover Drug B.

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

You can ask VNS Health Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the VNS Health Medicare 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. VNS Health Medicare 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 rapidis, 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 rapidis, Chewable tablets |
| <i>Loratadine/ Pseudoephedrine Hydrochloride</i> | (Claritin-D) | 12-Hour Tablets 24-Hour Tablets |
| <i>Nicotine Gum</i> | <i>Nicorette, Quit 2, Quit 4</i> | <i>Buccal Gum</i> |
| <i>Nicotine Lozenges</i> | <i>Nicorette</i> | <i>Buccal Lozenge</i> |
| <i>Nicotine Patches</i> | <i>Nicoderm</i> | <i>Topical Patch</i> |
| <i>Olopatadine Hydrochloride</i> | <i>Pataday Once Daily Relief Pataday Twice Daily Relief Eye Allergy Itch Relief; Clear Eyes Once Daily Allergy</i> | Ophthalmic Drops |

VNS Health Medicare will provide these OTC drugs at no cost to you. The cost to VNS Health EasyCare Plus and VNS Health Total 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 your Care Team and ask if your drug is covered.

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

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

How do I request an exception to the VNS Health Medicare Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. 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, VNS Health Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

As a new 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 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 VNS Health Medicare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about VNS Health Medicare, 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 days 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 your Care Team at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.), and Weekdays, 8 am – 8 pm (Apr. – Sept.) for additional information. Your Care Team also has free language interpreter services available for non-English speakers.

VNS Health Medicare's Formulary

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

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

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

**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 VNS Health Medicare before you fill your prescription for this drug. Without prior approval, VNS Health Medicare 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 VNS Health Medicare to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, VNS Health Medicare 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 VNS Health Medicare before you fill your prescription for this drug. Without prior approval, VNS Health Medicare 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 VNS Health Medicare before you fill your prescription for this drug. Without prior approval, VNS Health Medicare may not cover this drug. |

| ABBREVIATION | DESCRIPTION | EXPLANATION |
|--------------|----------------------------|---|
| QL | Quantity Limit Restriction | VNS Health Medicare limits the amount of this drug that is covered per prescription, or within a specific time frame. |
| ST | Step Therapy Restriction | Before VNS Health Medicare 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 and Pharmacy Directory</i> or call your Care Team at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.), and Weekdays, 8 am – 8 pm (Apr. – Sept.). |
| 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 |

| ABBREVIATION | DESCRIPTION |
|-----------------------|---|
| jel/pf app | jelly with pre-filled applicator |
| 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 |

| ABBREVIATION | DESCRIPTION |
|---------------------|--|
| sol md pmp | solution with multi-dose pump |
| sol w/appl | solution with applicator |
| 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 |

| ABBREVIATION | DESCRIPTION |
|--------------|--|
| tablet dr | tablet, delayed release |
| tablet, er | tablet, extended release |
| tablet eff | tablet, effervescent |
| 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 |
| tbmp 12hr | tablet, 12 hour multiphasic |
| tbmp 24hr | tablet, 24 hour multiphasic |
| u | unit |
| vag ring | vaginal ring |

VNS Health Medicare (HMO)

Formulario para 2024 (Listado de medicamentos cubiertos)

LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN

Incluye miembros inscritos en VNS Health EasyCare Plus (HMO D-SNP) y VNS Health Total (HMO D-SNP)

N.º de identificación de la presentación del archivo del formulario aprobado:
24160, versión: 17

Este formulario se actualizó el 09/24/24. Para obtener la información más actualizada o si tiene otras preguntas, comuníquese con nosotros al 1-866-783-1444 (TTY: 711), los 7 días de la semana, de 8 am a 8 pm (de octubre a marzo) y de lunes a viernes de 8 am a 8 pm (de abril a septiembre) o bien visite vnshealthplans.org.

Nota para miembros actuales: este formulario ha sido modificado desde el año pasado. Lea este documento y asegúrese de que en él aún figuran los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros”, “nos”, “nuestro”, hace referencia a los planes de salud de VNS Health. Cuando se refiere al “plan” o “nuestro plan”, hace referencia a VNS Health EasyCare Plus y VNS Health Total.

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan, vigente desde el 09/24/24. Para obtener un formulario más actualizado, comuníquese con nosotros. Nuestra información de contacto y la fecha de la última actualización del formulario aparecen en la portada y en la contraportada.

En general, usted deberá utilizar farmacias de la red de servicios para acceder a su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de servicios de farmacias o los copagos/coseguros pueden cambiar el 1 de enero de 2024 y en otras ocasiones durante el año.

¿Qué es el formulario de VNS Health Medicare?

Un formulario es una lista de los medicamentos cubiertos seleccionados por VNS Health Medicare, junto con un equipo de proveedores de atención médica, que muestra las terapias con medicamentos recetados que se consideran una parte integral de un programa de tratamiento de calidad. Por lo general, VNS Health Medicare cubre los medicamentos

que se detallan en nuestro formulario siempre que sean médicamente necesarios. Las recetas se surten en una farmacia de la red de servicios de VNS Health Medicare y se deben cumplir otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas médicas, lea la *Evidencia de cobertura*.

¿El Formulario (lista de medicamentos) puede cambiar?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero VNS Health Medicare puede agregar o quitar medicamentos de la Lista de medicamentos o agregar restricciones durante el año. Debemos seguir las reglas de Medicare cuando se realizan estos cambios.

Cambios que pueden afectarlo este año: En los siguientes casos, usted se verá afectado por las modificaciones en la cobertura durante el año en curso:

- **Nuevos medicamentos genéricos.** Es posible que eliminemos un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico 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 o agregar nuevas restricciones. Si usted está tomando ese medicamento de marca actualmente, es posible que no le informemos antes de realizar este cambio, pero luego le enviaremos información sobre los cambios específicos que hayamos realizado.
 - Si realizamos este cambio, usted o la persona autorizada a prescribir recetas pueden solicitar que realicemos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción. También puede encontrar información en la sección a continuación llamada “¿Cómo solicito una excepción al Formulario de VNS Health Medicare?”.

Medicamentos que fueron retirados del mercado. Si la Administración de Alimentos y Medicamentos (FDA) considera que un medicamento de nuestro formulario no es seguro o si el fabricante del medicamento lo retira del mercado, quitaremos de inmediato el medicamento de nuestro formulario y notificaremos a los miembros que estén tomándolo.

- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los miembros que estén tomando un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que se encuentra actualmente en el formulario o agregar nuevas restricciones al medicamento de marca. O podemos realizar cambios según nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario o agregamos la autorización previa, límites en la cantidad o restricciones en el tratamiento

escalonado de un medicamento, debemos notificar sobre dicho 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 solicita un resurtido del medicamento, momento en que el miembro recibirá un suministro del medicamento para 30 días.

- Si realizamos estos cambios, usted o la persona autorizada a prescribir recetas pueden solicitar que realicemos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción. También puede encontrar información en la sección a continuación denominada “¿Cómo solicito una excepción al Formulario de VNS Health Medicare?”.

Cambios que no le afectarán si actualmente toma el medicamento. Por lo general, si toma un medicamento que se encuentra en nuestro formulario de 2024 que estaba cubierto al comienzo del año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, con excepción de lo descrito anteriormente. Esto significa que estos medicamentos estarán disponibles al mismo costo compartido y no habrá restricciones nuevas para los miembros que los toman por el resto del año de cobertura. Usted no recibirá un aviso directo este año sobre los cambios que no lo afecten. No obstante, las modificaciones lo afectarán a partir del 1 de enero del año siguiente, por lo que es importante que consulte la Lista de medicamentos del nuevo año de beneficios para conocer todos los cambios a los medicamentos.

El formulario adjunto está en vigencia desde el 09/24/24. Para obtener información actualizada sobre los medicamentos cubiertos por VNS Health Medicare, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada. Si actualizamos nuestro formulario impreso con cambios al formulario que no sean de mantenimiento, le enviaremos una notificación con dicha información.

¿Cómo uso el Formulario?

Usted puede encontrar su medicamento en el formulario de dos formas:

Afección médica

El formulario comienza en la página 3. Los medicamentos en este formulario están agrupados en categorías que dependen del tipo de afección médica para la cual se los suele utilizar. Por ejemplo, los medicamentos que se usan para tratar una enfermedad cardíaca se encuentran en la categoría “Cardiovascular”. Si usted 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 bajo dicha categoría.

Listado alfabético

Si no está seguro en qué categoría debe buscar, busque el medicamento en el Índice que comienza en la página I-1. En el Índice figura una lista alfabética de todos los medicamentos incluidos en este documento. El Índice incluye tanto medicamentos de marca como genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde podrá encontrar información sobre la cobertura. Busque la página indicada en el Índice y podrá encontrar el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

VNS Health Medicare cubre tanto medicamentos de marca como genéricos. Un medicamento genérico está aprobado por la FDA si tiene el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que un medicamento de marca.

¿Mi cobertura tiene alguna restricción?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites en su cobertura. Algunos de los requisitos y límites pueden ser los siguientes:

- **Autorización previa:** VNS Health Medicare requiere que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que deberá contar con la aprobación de VNS Health Medicare antes de surtir sus recetas médicas. Si no tiene la aprobación, es posible que VNS Health Medicare no cubra el medicamento.
- **Límites de cantidad:** para determinados medicamentos, VNS Health Medicare limita la cantidad de medicamentos que cubrirá. Por ejemplo, VNS Health Medicare proporciona límites variados en las cantidades, dependiendo de la concentración, por receta médica de celecoxib. Esto puede ser provisto además del suministro estándar de un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, VNS Health Medicare requiere que primero pruebe determinados medicamentos para tratar su afección médica antes de que cubramos otro medicamento para dicha afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que VNS Health Medicare no cubra el medicamento B si no prueba el medicamento A primero. Si el medicamento A no funciona para usted, entonces VNS Health Medicare cubrirá el medicamento B.

Puede confirmar si su medicamento tiene requisitos o límites adicionales consultando el formulario que comienza en la página 3. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestra página

web. En dicho sitio web publicamos documentos disponibles en línea que explican nuestro procedimiento de autorización previa y las restricciones en el tratamiento escalonado. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto y la fecha de la última actualización del formulario aparecen en la portada y en la contraportada.

Puede pedirle a VNS Health Medicare que haga una excepción a estas restricciones o límites o respecto de una lista de otros medicamentos similares que pueden tratar su afección de salud. Consulte la sección “¿Cómo solicito una excepción al Formulario de VNS Health Medicare?” en la página VII para obtener información sobre cómo solicitar una excepción.

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

Los medicamentos de venta libre (OTC) son medicamentos no recetados que normalmente no están cubiertos en un plan de medicamentos recetados de Medicare. VNS Health Medicare paga ciertos medicamentos de OTC.

MEDICAMENTOS DE VENTA LIBRE (OTC) CUBIERTOS

| MEDICAMENTO | | Forma de dosificación |
|---|--|---|
| Nombre genérico | (Marca de referencia) | |
| <i>Clorhidrato de cetirizina</i> | (Zyrtec) | Tabletas masticables, solución, tabletas |
| <i>Clorhidrato de cetirizina/ Clorhidrato de pseudoefedrina</i> | (Zyrtec-D) | Tabletas cada 12 horas |
| <i>Clorhidrato de fexofenadina</i> | (Allegra) | tabletas cada 12 horas, tabletas de disolución rápida cada 24 horas, suspensión |
| <i>Fexofenadina/Clorhidrato de pseudoefedrina</i> | (Allegra-D) | tabletas cada 12 horas, tabletas cada 24 horas |
| <i>Fumarato de ketotifeno</i> | (Zaditor) | Gotas oftalmológicas |
| <i>Clorhidrato de levocetirizina</i> | (Xyzal) | Solución, tabletas |
| <i>Loratadina</i> | (Claritin) | Solución, tabletas, tabletas de disolución rápida, tabletas masticables |
| <i>Loratadina/ Clorhidrato de pseudoefedrina</i> | (Claritin-D) | Tabletas cada 12 horas Tabletas cada 24 horas |
| <i>Goma de mascar de nicotina</i> | <i>Nicorette, Quit 2, Quit 4</i> | <i>Goma de mascar</i> |
| <i>Comprimidos de nicotina</i> | <i>Nicorette</i> | <i>Comprimidos orales</i> |
| <i>Parches de nicotina</i> | <i>Nicoderm</i> | <i>Parche tópico</i> |
| <i>Clorhidrato de olopatadina</i> | <i>Pataday Once Daily Relief Pataday Twice Daily Relief Eye Allergy Itch Relief; Clear Eyes Once Daily Allergy</i> | Gotas oftalmológicas |

VNS Health Medicare proporcionará estos medicamentos de OTC sin costo para usted. El costo para VNS Health Medicare de estos medicamentos de OTC no se tendrán en cuenta para sus costos totales de medicamentos de la Parte D (es decir, el costo de los medicamentos de OTC no cuenta para el período sin cobertura).

¿Qué sucede si mi medicamento no figura en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con su Equipo de atención y preguntarle si el medicamento está cubierto.

Si VNS VNS Health Medicare no cubre su medicamento, tiene dos opciones:

- Puede pedirle a su Equipo de atención una lista de los medicamentos similares que estén cubiertos por VNS Health Medicare. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por VNS Health Medicare.
- Puede pedirle a VNS Health Medicare que haga una excepción y cubra su medicamento. A continuación, se explica cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de VNS Health Medicare?

Puede pedirle a VNS Health Medicare que haga una excepción de nuestras reglas de cobertura. Existen distintos tipos de excepciones que usted puede solicitarnos.

- Puede pedirnos que el plan cubra un medicamento aunque no esté en nuestro formulario. Si su pedido se aprueba, este medicamento quedará cubierto en un nivel de costo compartido predeterminado y no podrá solicitarnos que brindemos el medicamento en un nivel de costo compartido inferior.
- Puede pedirnos que cubramos un medicamento del formulario con un nivel de costo compartido inferior. Si su pedido se aprueba, esto podría disminuir el monto que usted debe pagar por su medicamento.
- Asimismo, puede solicitarnos que anulemos las restricciones de cobertura o los límites para su medicamento. Por ejemplo, para determinados medicamentos, VNS Health Medicare limita la cantidad de un medicamento que cubrirá. Si su medicamento tiene un límite de cantidad, puede pedirnos que eliminemos ese límite y cubramos una cantidad mayor.

Generalmente, VNS Health Medicare solo aprobará su solicitud de una excepción si el medicamento alternativo incluido en el formulario del plan, el medicamento con un costo compartido inferior o las restricciones de uso adicionales no son tan eficaces para tratar su afección o podrían provocarle efectos médicos adversos.

Debe comunicarse con nosotros para pedirnos que tomemos una decisión de cobertura inicial para una excepción al formulario o una excepción de una restricción de uso.

Cuando solicita una excepción al formulario o de una restricción de uso, debe presentar una declaración de la persona autorizada a dar recetas o del médico que respalde su solicitud. Por lo general, debemos tomar una decisión dentro de las

72 horas luego de haber recibido la declaración de respaldo de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) en caso de que usted o su médico crean que su salud podría verse seriamente perjudicada si espera hasta 72 horas para que se tome una decisión. Si se le otorga el pedido de excepción acelerada, debemos informarle nuestra decisión, como máximo, 24 horas después de haber recibido la declaración de respaldo de su médico o la persona autorizada a recetar.

¿Qué debo hacer antes de consultar con mi médico sobre un cambio de medicamentos o solicitar una excepción?

Como miembro nuevo de nuestro plan, es posible que tome medicamentos que no se encuentran en nuestro formulario. O tal vez tome algún medicamento que se encuentra en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, puede que necesite una autorización previa de nuestra parte antes de obtener sus medicamentos recetados. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno adecuado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras consulta con su médico para decidir las medidas adecuadas para usted, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días en los que es miembro de nuestro plan.

Para cada uno de los medicamentos que no se encuentran en nuestro formulario, o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal para 31 días. Si su receta está indicada para menos días, permitiremos obtener varias veces los medicamentos hasta llegar a un máximo de un suministro para 31 días del medicamento. Luego de su primer suministro para 31 días, no pagaremos esos medicamentos, incluso si usted 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 los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia para 31 días de ese medicamento mientras solicita una excepción al formulario.

Se proporciona un surtido de transición a los miembros actuales que necesitan un surtido de emergencia único a quienes se les recetó un medicamento que no está en el formulario como resultado de un cambio en el nivel de atención.

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos recetados de VNS Health Medicare, revise su *Evidencia de cobertura* y otros materiales del plan.

Si tiene preguntas sobre VNS Health Medicare, comuníquese con nosotros. Nuestra información de contacto y la fecha de la última actualización del formulario aparecen en la portada y en 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 a su Equipo de atención al 1-866-783-1444 (TTY: 711), los 7 días de la semana, de 8 am a 8 pm (de octubre a marzo) y de lunes a viernes, de 8 am a 8 pm (de abril a septiembre) para obtener información adicional. Su Equipo de atención también ofrece servicios gratuitos de intérpretes para las personas que no hablan inglés.

Formulario de VNS Health Medicare

El formulario que comienza en la página 3 brinda información de cobertura sobre los medicamentos cubiertos por VNS Health Medicare. Si tiene dificultades para encontrar su medicamento en la lista, consulte el índice que comienza en la página I-1.

En la primera columna de la tabla, se indica el nombre del medicamento. Los nombres de la marca del medicamento se escriben con mayúscula (p. ej.: CELEBREX) y los medicamentos genéricos se escriben con minúscula y bastardilla (p. ej.: *naproxen*).

La información que figura en la columna de Requerimientos/Limitaciones indica si VNS Health Medicare tiene algún requisito especial para cubrir su medicamento.

Consulte la siguiente información para obtener una explicación de las columnas de los niveles de medicamentos que se indican en su formulario. Consulte el capítulo 6 de la Evidencia de cobertura para conocer los copagos actuales.

**Pueden encontrarse las siguientes abreviaturas de gestión de uso
en el cuerpo de este documento**

ABREVIATURAS DE LOS AVISOS DE COBERTURA

| ABREVIATURA | DESCRIPCIÓN | EXPLICACIÓN |
|---|--|---|
| Restricciones en la gestión de uso | | |
| PA | Restricciones de autorización previa | Usted (o su médico) deben obtener una autorización previa de VNS Health Medicare antes de obtener este medicamento con receta. Sin aprobación previa, es posible que VNS Health Medicare no cubra este medicamento. |
| PA BvD | Restricciones de autorización previa para la determinación de la Parte B frente a la Parte D | Puede que este medicamento sea elegible para el pago de acuerdo con la Parte B o la Parte D de Medicare. Se requiere que usted (o su médico) obtengan autorización previa de VNS Health Medicare para determinar si ese medicamento está cubierto por la Parte D de Medicare antes de obtener este medicamento con receta. Sin aprobación previa, es posible que VNS Health Medicare no cubra este medicamento. |
| PA-HRM | Restricciones de autorización previa para medicamentos de alto riesgo | Este medicamento se considera potencialmente peligroso de acuerdo con los centros de Servicios de Medicare y Medicaid (CMS), y, por lo tanto, es un medicamento de alto riesgo para los beneficiarios de Medicare de 65 años o mayores. Los miembros de 65 años o mayores deben obtener autorización previa de VNS Health Medicare antes de obtener este medicamento con receta. Sin aprobación previa, es posible que VNS Health Medicare no cubra este medicamento. |

| | | |
|--------|--|---|
| PA NSO | Restricciones de autorización previa para nuevos afiliados solamente | Si es un miembro nuevo, usted (o su médico) deben obtener una autorización previa de VNS Health Medicare antes de obtener este medicamento con receta. Sin aprobación previa, es posible que VNS Health Medicare no cubra este medicamento. |
| QL | Restricciones para los límites de cantidad | VNS Health Medicare limita la cantidad de este medicamento que está cubierta por receta o dentro de un plazo específico. |
| ST | Restricciones en el tratamiento escalonado | Antes de que VNS Health Medicare cubra este medicamento, usted primero debe probar otro medicamento para tratar su enfermedad. Es posible que este medicamento solo se cubra si los otros medicamentos no funcionan para usted. |

Es posible que se encuentren las siguientes abreviaturas de aviso de cobertura adicional en el cuerpo de este documento

OTROS REQUISITOS ESPECIALES PARA LA COBERTURA

| ABREVIATURA | DESCRIPCIÓN | EXPLICACIÓN |
|--------------------|---------------------------------|--|
| LA | Medicamentos de acceso limitado | Es posible que estos medicamentos con receta solo estén disponibles en determinadas farmacias. Para obtener más información, consulte su Directorio de proveedores y farmacias, o llame a Servicios para los miembros al 1-866-783-1444 (TTY: 711), los 7 días de la semana, 8:00 a. m. a 8:00 p. m. (oct. – mar.), y días laborables, 8 am – 9 pm (abr. – sep.) |

| | | |
|------------|--|--|
| <p>NM</p> | <p>Medicamento no disponible para envíos por correo postal</p> | <p>Usted puede recibir más de un suministro de 1 mes de la mayoría de los medicamentos que figuran en el formulario por correo postal por un costo compartido reducido. Los medicamentos que <u>no</u> están disponibles para envíos por correo postal se marcan con las iniciales “NM” en la columna Requerimientos/Límites de su formulario.</p> |
| <p>NDS</p> | <p>Medicamentos de suministro diario no extendido</p> | <p>Los medicamentos que están limitados a un suministro diario por 30 días se marcan con las iniciales “NDS” (medicamentos de suministro diario no extendido) en la columna Requerimientos/Límites de su formulario.</p> |

ABREVIATURAS DE CONCENTRACIÓN Y PRESENTACIÓN

| ABREVIATURA | DESCRIPCIÓN |
|-------------|--|
| adh. patch | parche adhesivo |
| aer br act | aerosol, activado por la respiración |
| aer pow | aerosol, polvo |
| aer pow ba | aerosol en polvo, activado por la respiración |
| aer refill | recarga de aerosol |
| aer w/adap | aerosol con adaptador |
| ampul | ampolleta |
| blkbaginj | inyecciones de bolsa a granel |
| cap dr mp | cápsula de liberación prolongada multifásica |
| cap ds pk | cápsula, paquete de dosis |
| cap er 12h | cápsula, 12 horas de liberación extendida |
| cap er 24h | cápsula, 24 horas de liberación extendida |
| cap er deg | cápsula de liberación extendida degradable |
| cap er pel | cápsula de gránulos de liberación extendida |
| cap mphase | cápsula, multifásica |
| cap.sa 24h | cápsula, 24 horas de acción sostenida |
| cap.sr 12h | cápsula, 12 horas de liberación sostenida |
| cap.sr 24h | cápsula, 24 horas de liberación sostenida |
| cap24h pct | cápsula, gránulos de 24 horas de acción local controlada |
| cap24h pel | cápsula, gránulos de 24 horas de liberación sostenida |
| cap sprink | cápsula, dispersable |
| cap sr pel | cápsula de gránulos de liberación sostenida |
| cap w/dev | cápsula con dispositivo |
| capsule dr | cápsula de liberación prolongada |
| capsule er | cápsula de liberación extendida |
| capsule sa | cápsula de acción sostenida |
| cmb cappad | combinación: cápsula, almohadilla |
| cmb ont fm | combinación: ungüento, espuma |
| cmb ont lt | combinación: ungüento, loción |
| cmb tabpad | combinación: tableta, almohadilla |
| combo. pkg | paquete combinado |

| ABREVIATURA | DESCRIPCIÓN |
|---------------------|---------------------------------------|
| cpmp 12hr | cápsula, 12 horas multifásica |
| cpmp 24hr | cápsula, 24 horas multifásica |
| cpmp 30-70 | cápsula, multifásicas, 30 %-70 % |
| cpmp 50-50 | cápsula, multifásicas, 50 %-50 % |
| cream(g), cream(gm) | crema (gramos) |
| cream(ml) | crema (mililitros) |
| cream/appl | crema con aplicador |
| cream, er (g) | crema, liberación extendida (gramos) |
| cream pack | crema, paquete |
| dehp fr bg | di(2-etilhexil)ftalato bolsa libre |
| dis needle | aguja desechable |
| disk w/dev | disco con dispositivo de inhalación |
| disp syrin | jeringa desechable |
| drops susp | gotas, suspensión |
| drps hpvis | gotas, hiperviscosas |
| emul adhes | emulsión adhesiva |
| emul packt | emulsión en paquete |
| emulsn(g) | emulsión (gramos) |
| foam/appl. | espuma con aplicador |
| froz.piggy | solución premezclada congelada |
| g | gramo |
| gel/pf app | gel con aplicador llenado previamente |
| gel (gm) | gel (gramos) |
| gel (ml) | gel (mililitros) |
| gel md pmp | gel en bomba de dosis medida |
| gel w/appl | gel con aplicador |
| gel w/pump | gel con bomba |
| gran pack | paquete de gránulos |
| hfa aer ad | adaptador de aerosoles hfa |
| infus. btl | frasco de infusión |
| insuln pen | pluma de insulina |
| ip soln | solución intraperitoneal |
| irrig soln | solución de irrigación |
| iv soln. | solución intravenosa |

| ABREVIATURA | DESCRIPCIÓN |
|----------------------|--|
| jel | gel |
| jelly/app | gel con aplicador |
| jel/pf app | gel con aplicador llenado previamente |
| kit cl&crm | kit: limpiador y crema |
| kt crm le | kit: crema, loción emoliente |
| kt lotn ce | kit: loción, crema emoliente |
| kt oint le | kit: ungüento, loción emoliente |
| lotion, er | loción, liberación extendida |
| lozenge hd | controlador de comprimidos |
| m.ht patch | parche de calor medicado |
| ma buc tab | tableta bucal mucoadhesiva |
| mcg | microgramo |
| med. pad | almohadilla medicada |
| med. swab | hisopo medicado |
| med. tape | cinta adhesiva medicada |
| mg | miligramo |
| ml | mililitro |
| muc er 12h | sistema mucoadhesivo, 12 horas de liberación extendida |
| ndl fr inj | aguja para inyección |
| nl fm susp | suspensión en película para uñas |
| oint. (g), oint.(gm) | ungüento (gramos) |
| oral conc | concentrado oral |
| oral susp | suspensión oral |
| paste (g) | pasta (gramos) |
| patch td24 | parche, 24 horas transdérmico |
| patch td72 | parche, 72 horas transdérmico |
| patch tds | parche, transdérmico quincenal |
| patch tdwk | parche, transdérmico semanal |
| pca syring | jeringa de analgésico controlado por el paciente |
| pca vial | vial de analgésico controlado por el paciente |
| pellet(ea) | gránulos (cada uno) |
| pen ij kit | kit de pluma de inyección |
| pen injctr | pluma de inyección |

| ABREVIATURA | DESCRIPCIÓN |
|--------------------|---|
| pggybk btl | frasco de solución premezclada |
| plast. bag | bolsa de plástico |
| powd pack | paquete de polvo |
| sol md pmp | solución con bomba multidosificadora |
| sol w/appl | solución con aplicador |
| sol/pf app | solución con aplicador llenado previamente |
| sol-gel | solución formadora de gel |
| soln recon | solución, reconstituida |
| soln(gram) | solución (gramos) |
| spray susp | atomizador, suspensión |
| spray/pump | atomizador con bomba |
| stick(ea) | barra (cada una) |
| supp.rect | supositorio, rectal |
| supp.vag | supositorio, vaginal |
| suppos. | supositorio |
| sus er 24h | suspensión, 24 horas de liberación extendida |
| sus er rec | suspensión, liberación extendida reconstituida |
| sus mc rec | suspensión, microcápsula reconstituida |
| suspdr pkt | suspensión, paquete de liberación prolongada |
| susp recon | suspensión, reconstituida |
| syringekit | kit de jeringas |
| tab chew | tableta, masticable |
| tab er 12h | tableta, 12 horas de liberación extendida |
| tab er 24h | tableta, 24 horas de liberación extendida |
| tab er prt | tableta, partículas de liberación extendida |
| tab er seq | tableta, hora liberación extendida |
| tab disper | tableta, dispersable |
| tab ds pk | tableta, paquete de dosis |
| tab er 24 | tableta, 24 horas de liberación extendida |
| tab mphase | tableta, multifásica |
| tab part | tableta, partículas |
| tab rap dr | tableta, liberación prolongada de desintegración rápida |
| tab rapdis | tableta, desintegración rápida |

| ABREVIATURA | DESCRIPCIÓN |
|--------------------|--|
| tab subl | tableta, sublingual |
| tab.sr 12h | tableta, 12 horas liberación sostenida |
| tab.sr 24h | tableta, 24 horas liberación sostenida |
| tabergr24hr | tableta, 24 horas liberación extendida gradual |
| tablet dr | tableta, liberación prolongada |
| tablet, er | tableta, liberación extendida |
| tablet eff | tableta, efervescente |
| tablet sa | tableta, acción sostenida |
| tablet sol | tableta, soluble |
| tb er dspk | tableta, paquete de dosis de liberación extendida |
| tb mp dspk | tableta, paquete de dosis multifásica |
| tb rd dspk | tableta, paquete de dosis de desintegración rápida |
| tbdspk 3mo | tableta, paquete de dosis para 3 meses |
| tbmp 12hr | tableta, 12 horas multifásica |
| tbmp 24hr | tableta, 24 horas multifásica |
| u | unidad |
| vag ring | anillo vaginal |

VNS Health 富康醫療紅藍卡計劃 (Medicare) (HMO)

2024 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
包括 VNS Health 富康醫療 EasyCare Plus (HMO D-SNP) 和

VNS Health 富康醫療 Total (HMO D-SNP) 的會員

核准處方藥一覽表檔案提交編號：24160，版本：17

本處方藥一覽表於 09/24/24 更新。如需最新資訊或有其他問題，請聯絡我們，電話：1-866-783-1444 (TTY: 711)，10 月至 3 月期間，辦公時間為每週七天，上午 8 點至晚上 8 點；4 月至 9 月期間，辦公時間為週一至週五，上午 8 點至晚上 8 點，或者瀏覽 vnshealthplans.org。

現有會員注意事項：本處方藥一覽表自去年已變更。請閱讀本文件，確保本處方藥一覽表仍然包含您使用的藥物。

本藥物清單（處方藥一覽表）中，凡提述「我們」或「我們的」均指 VNS Health 富康醫療健保計劃。提述「計劃」或「我們的計劃」時，是指 VNS Health 富康醫療 EasyCare Plus 和 VNS Health 富康醫療 Total。

本文件載有我們計劃截至 09/24/24 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 2024 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 VNS Health 富康醫療紅藍卡計劃 (Medicare) 處方藥一覽表？

處方藥一覽表是 VNS Health 富康醫療紅藍卡計劃 (Medicare) 透過諮詢醫療提供者團隊所選出的承保藥物清單，是高品質治療計劃中不可或缺的處方藥治療。只要處方藥具有醫療必需性，且於 VNS Health 富康醫療紅藍卡計劃 (Medicare) 網絡內藥房配取，並遵守其他計劃規則，VNS Health 富康醫療紅藍卡計劃 (Medicare) 通常會承保

列於我們處方藥一覽表中的藥物。如需瞭解有關如何配取處方藥的更多資訊，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？

藥物承保的變更多半會在 1 月 1 日開始，但 VNS Health 富康醫療紅藍卡計劃 (Medicare) 在該年內可能會新增藥物至藥物清單，或從中刪除藥物，或增設新的限制。進行變更時，我們必須遵守紅藍卡 (Medicare) 的規定。

今年可能會對您造成影響的變更：在下列情況中，您將受到當年承保範圍更改的影響：

- **新副廠藥。**如果替換藥物為一種具有相同或更少限制的新副廠藥，我們可能立即移除我們藥物清單上的原廠藥。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，或增加新的限制。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，但我們之後會將已做特定變更的相關資訊提供給您。
 - 如果我們進行這類變更，您或您的處方醫生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，告訴您如何申請例外處理，您還可以在「如何申請 VNS Health 富康醫療紅藍卡計劃 (Medicare) 處方藥一覽表例外處理？」章節下找到資訊。

退出市場的藥物。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。**我們可能會進行其他變更，這些變更會影響目前使用某種藥物的會員。例如，我們可能會新增一種副廠藥以取代處方藥一覽表上現有的原廠藥，或對原廠藥增設新的限制條件。我們還可能會根據新的臨床指南進行變更。若我們從處方藥一覽表中刪除了藥物，對某種藥物新增了事先授權、數量限制和/或階段治療限制，則我們必須在該變更生效前至少 30 天，或在會員要求重新配藥時通知受影響的會員，屆時該名會員將收到 30 天份量的藥物。
 - 如果我們進行其他變更，您或您的處方醫生可以要求我們作出例外處理，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，告訴您如何申請例外處理，您還可以在「如何申請 VNS Health

富康醫療紅藍卡計劃 (Medicare) 處方藥一覽表例外處理？」章節下找到資訊。

不會影響您目前所使用藥物的變更。一般而言，若您在使用從年初開始享受承保的 2024 年處方藥一覽表上的藥物，我們不會在 2024 年承保年度中終止或減少此藥物的承保，上述情況除外。換言之，在承保年度的剩餘時間內，此藥物將以相同的分攤費用向使用此藥物的會員提供，且不設新的限制。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，此類變更將會影響到您，因此務必檢查新福利年度的藥物清單，瞭解藥物是否有任何變更。

本文件內附的處方藥一覽表最後更新於 09/24/24。如需獲取有關 VNS Health 富康醫療紅藍卡計劃 (Medicare) 承保之藥物的最新資訊，請聯絡我們。我們的聯絡資訊載於封面和封底。如果我們更新的處方藥一覽表印刷版本包含非維持性處方藥一覽表變更，我們將就此資訊向您發送通知。

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，請在從第 3 頁開始的清單中查找類別名稱。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

如果您不確定要尋找什麼類別，您可以利用自第 I-1. 頁開始的索引來尋找您的藥物。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。原廠藥和副廠藥均列在該索引中。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。

什麼是副廠藥？

VNS Health 富康醫療紅藍卡計劃 (Medicare) 承保原廠藥和副廠藥。副廠藥是一種由美國食品及藥物管理局 (FDA) 核准，具有與原廠藥相同活性成分的藥物。通常，副廠藥的費用較原廠藥低。

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：**對於某些藥物，VNS Health 富康醫療紅藍卡計劃 (Medicare) 要求您或您的醫生取得事先授權。這表示您將需要在配取處方藥前取得 VNS Health 富康醫療紅藍卡計劃 (Medicare) 的核准。如果您未就有關藥物取得核准，VNS Health 富康醫療紅藍卡計劃 (Medicare) 可能不會承保該藥物。
- **數量限制：**對於某些藥物，VNS Health 富康醫療紅藍卡計劃 (Medicare) 會限制其承保的藥物數量。例如，VNS Health 富康醫療紅藍卡計劃 (Medicare) 針對每份 Celecoxib 處方設定不同的數量限制，具體取決於含量。這可以另外附加在標準的一個月或三個月的藥量上。
- **階段治療：**某些情況下，VNS Health 富康醫療紅藍卡計劃 (Medicare) 會要求您先嘗試使用某些藥物治療您的病症後，才會承保您使用另外一種藥物。例如：若藥物 A 和藥物 B 皆可治療您的病症，則 VNS Health 富康醫療紅藍卡計劃 (Medicare) 可能不會承保藥物 B，除非您先嘗試使用藥物 A。如果藥物 A 對您無效，則 VNS Health 富康醫療紅藍卡計劃 (Medicare) 將會承保藥物 B。

您可以透過從第 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預先授權和階段療法限制。您也可以要求我們寄一份給您。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 VNS Health 富康醫療紅藍卡計劃 (Medicare) 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。請參見第 VI 頁的「如何申請 VNS Health 富康醫療紅藍卡計劃 (Medicare) 處方藥一覽表例外處理？」章節，瞭解如何申請例外處理的相關資訊。

什麼是非處方 (OTC) 藥物？

OTC 藥物是指紅藍卡處方藥計劃通常不承保的非處方藥。VNS Health 富康醫療紅藍卡計劃 (Medicare) 支付某些 OTC 藥物的費用。

承保的非處方 (OTC) 藥物

| 藥物 | | 劑型 |
|---|--|-----------------------------|
| 副廠藥 | (參考原廠藥) | |
| <i>Cetirizine Hydrochloride</i> (鹽酸西替利嗪) | (Zyrtec (仙特明)) | 嚼錠劑、溶液劑、錠劑 |
| <i>Cetirizine Hydrochloride</i> (鹽酸西替利嗪) / <i>Pseudoephedrine Hydrochloride</i> (鹽酸偽麻黃鹼) | (Zyrtec-D) | 12 小時藥錠 |
| <i>Fexofenadine Hydrochloride</i> (鹽酸非索非那定) | (Allegra (阿特拉)) | 12 小時藥錠、快速崩解 24 小時藥錠、混懸劑 |
| <i>Fexofenadine</i> (鹽酸非索非那定) / <i>Pseudoephedrine Hydrochloride</i> (鹽酸偽麻黃鹼) | (Allegra-D) | 12 小時藥錠、24 小時藥錠 |
| <i>Ketotifen Fumarate</i> (富馬酸酮替芬) | (Zaditor) | 滴眼劑 |
| <i>Levocetirizine Dihydrochloride</i> (酸鹽左西替利嗪) | (Xyzal) | 溶液劑、錠劑 |
| <i>Loratadine</i> (氯雷他定) | (Claritin (開瑞坦)) | 溶液劑、錠劑、快速崩解錠劑、嚼錠劑 |
| <i>Loratadine</i> (氯雷他定) / <i>Pseudoephedrine Hydrochloride</i> (鹽酸偽麻黃鹼) | (Claritin-D) | 12 小時藥錠 24 小時藥錠 |
| <i>Nicotine Gum</i> (尼古丁咀嚼膠) | <i>Nicorette</i> (尼古丁)、 <i>Quit 2</i> 、 <i>Quit 4</i> | 咀嚼膠 |
| <i>Nicotine Lozenges</i> (尼古丁含錠) | <i>Nicorette</i> (尼古清) | 口含錠 |
| <i>Nicotine Patches</i> (尼古丁貼劑) | <i>Nicoderm</i> | 外用貼劑 |
| <i>Olopatadine Hydrochloride</i> (鹽酸奧洛他定) | <i>Pataday Once Daily Relief</i> <i>Pataday Twice Daily Relief</i> <i>Eye Allergy Itch Relief; Clear Eyes Once Daily Allergy</i> | 滴眼劑 |

VNS Health 富康醫療紅藍卡計劃 (Medicare) 將向您免費提供上述 OTC 藥物。VNS Health 富康醫療紅藍卡計劃 (Medicare) 為這些 OTC 藥物支付的費用不會計入您的 D 部分藥費總額（也就是說，非處方藥費用不會計入承保缺口階段須達到的金額。）

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您的護理團隊，詢問您的藥物是否在承保範圍內。

若您得知 VNS Health 富康醫療紅藍卡計劃 (Medicare) 並未承保您的藥物，則您有兩種選擇：

- 您可以向您的護理團隊索取一份 VNS Health 富康醫療紅藍卡計劃 (Medicare) 承保的相似藥物的清單。當您收到該清單時，請拿給您的醫生看，並要求其開立由 VNS Health 富康醫療紅藍卡計劃 (Medicare) 承保的相似藥物。
- 您可以要求 VNS Health 富康醫療紅藍卡計劃 (Medicare) 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。

如何申請 VNS Health 富康醫療紅藍卡計劃 (Medicare) 處方藥一覽表例外處理？

您可以要求 VNS Health 富康醫療紅藍卡計劃 (Medicare) 針對我們的承保規則作出例外處理。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。
- 您可以要求我們按更低的分攤費用等級承保某種處方藥一覽表上的藥物。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，對於某些藥物，VNS Health 富康醫療紅藍卡計劃 (Medicare) 會限制我們承保的藥物數量。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，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/或可能造成副作用時，VNS Health 富康醫療紅藍卡計劃 (Medicare) 才會批准您的例外處理申請。

您應當與我們聯絡，要求我們作出針對處方藥一覽表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 小時內為您作出決定。

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預先授權才能配取處方藥。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們承保您使用的藥物。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。

對於所有不在我們處方藥一覽表上的藥物，或如果您獲取藥物的能力受到限制，我們將承保 31 天份量的臨時供藥。如果您處方的天數較少，我們將允許多次配藥，以提供最多達 31 天份量的供藥。在提供頭 31 天供藥之後，我們將不再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。

如果您住在長期護理機構，並且需要不在我們處方藥一覽表上的藥物，或如果您獲取藥物的能力受到限制，但您成為我們計劃會員已超過 90 天，則在您尋求處方藥一覽表例外處理時，我們將對該藥物承保 31 天份量的緊急供藥。

對於因護理水平變更而需要緊急配取所開立的處方藥一覽表以外的藥物的當前會員，我們將為其提供過渡性配藥。

瞭解更多資訊

如需關於您的 VNS Health 富康醫療紅藍卡計劃 (Medicare) 處方配藥承保的更多詳細資訊，請查閱您的「承保範圍說明書」和其他計劃資料。

如果您對 VNS Health 富康醫療紅藍卡計劃 (Medicare) 有任何疑問，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。

若您對紅藍卡處方藥承保範圍有任何疑問，請致電紅藍卡，電話：1-800-MEDICARE (1-800-633-4227)，每週 7 天，每天 24 小時提供服務。TTY 使用者請撥打 1-877-486-2048。或瀏覽網站 www.medicare.gov。

本資訊免費提供其他語言版本。請致電您的護理團隊瞭解更多資訊，電話：
1-866-783-1444 (TTY: 711)，10 月至 3 月期間，辦公時間為每週 7 天，早上 8 點
至晚上 8 點；4 月至 9 月期間，辦公時間為週一至週五，早上 8 點至晚上 8 點。
您的護理團隊還為不說英語的人士提供免費的翻譯服務。

VNS Health 富康醫療紅藍卡計劃 (Medicare) 處方藥一覽表

從第 3 頁開始的處方藥一覽表介紹了 VNS Health 富康醫療紅藍卡計劃 (Medicare) 承保的藥物的承保資訊。如果您難以在清單中找到藥物，請查閱從第 I-1 頁開始的索引。

表格的第一欄列出了藥物名稱。原廠藥用大寫字母表示（如 CELEBREX），副廠藥則用小寫斜體字母表示（如 *naproxen*）。

「要求/限制」欄中的資訊表示 VNS Health 富康醫療紅藍卡計劃 (Medicare) 對於承保您的藥物是否有任何特殊的要求。

本文件的正文中存在 下列使用管理縮寫詞

承保說明縮寫詞

| 縮寫詞 | 描述 | 解釋 |
|---------------|---------------------|--|
| 使用管理限制 | | |
| PA | 事先授權限制 | 在您按照處方配取該藥物之前，您（或您的醫生）需要獲得 VNS Health 富康醫療紅藍卡計劃 (Medicare) 的事先授權。未經事先批准，VNS Health 富康醫療紅藍卡計劃 (Medicare) 可能不會承保該藥物。 |
| PA BvD | B 部分與 D 部分裁決的事先授權限制 | 該藥物可能有資格獲得紅藍卡 B 部分或 D 部分規定的付款。在您按照處方配取該藥物之前，您（或您的醫生）需要獲得 VNS Health 富康醫療紅藍卡計劃 (Medicare) 的事先授權，以確定該藥物受紅藍卡 D 部分承保。未經事先批准，VNS Health 富康醫療紅藍卡計劃 (Medicare) 可能不會承保該藥物。 |
| PA-HRM | 高風險藥物的事先授權限制 | CMS 認為該藥物具有潛在危害，因此屬於年滿 65 歲的紅藍卡受益人的高風險藥物。在您按照處方配取該藥物之前，年滿 65 歲的受益人需要獲得 VNS Health 富康醫療紅藍卡計劃 (Medicare) 的事先授權。未經事先批准，VNS Health 富康醫療紅藍卡計劃 (Medicare) 可能不會承保該藥物。 |
| PA NSO | 僅針對新會員的事先授權限制 | 如果您是新會員，在您按照處方配取該藥物之前，您（或您的醫生）需要獲得 VNS Health 富康醫療紅藍卡計劃 (Medicare) 的事先授權。未經事先批准，VNS Health 富康醫療紅藍卡計劃 (Medicare) 可能不會承保該藥物。 |
| QL | 數量限制的 限制 | VNS Health 富康醫療紅藍卡計劃 (Medicare) 限制每份處方或特定期限內承保的該藥物數量。 |

| 縮寫詞 | 描述 | 解釋 |
|-----|--------|---|
| ST | 階段治療限制 | 在 VNS Health 富康醫療紅藍卡計劃 (Medicare) 為該藥物提供承保之前，您必須先嘗試另一種藥物來治療您的病症。僅當另一種藥物對您無效時，我們才能承保該藥物。 |

本文件的正文中還存在下列 承保說明縮寫詞

其他特殊承保要求

| 縮寫詞 | 描述 | 解釋 |
|-----|----------|---|
| LA | 限制取得藥物 | 本處方藥可能僅在某些藥房提供。如需更多資訊，請查詢您的「醫療服務提供者及查閱藥房目錄」，或致電您的護理團隊，電話：1-866-783-1444 (TTY: 711)。10 月至 3 月期間，辦公時間為每週 7 天，早上 8 點至晚上 8 點；4 月至 9 月期間，辦公時間為週一至週五，早上 8 點至晚上 8 點。 |
| NM | 非郵購藥物 | 您可以透過郵購以較低的分攤費用為處方藥一覽表上的大多數藥物取得超過 1 個月份量的供藥。在處方藥一覽表中，無法透過郵購福利取得的藥物的「要求/限制」欄中會帶有「NM」標註。 |
| NDS | 不延長天數的供藥 | 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。 |

含量與劑型縮寫詞

| 縮寫詞 | 描述 |
|------------|---------------|
| adh. patch | 黏性貼劑 |
| aer br act | 呼吸啟動式氣霧劑 |
| aer pow | 粉末狀氣霧劑 |
| aer pow ba | 呼吸啟動式粉末狀氣霧劑 |
| aer refill | 氣霧劑替換裝 |
| aer w/adap | 帶适配器的氣霧劑 |
| ampul | 安瓿 |
| blkbaginj | 散裝袋注射劑 |
| cap dr mp | 多相延遲釋放膠囊 |
| cap ds pk | 劑量包膠囊 |
| cap er 12h | 12 小時緩釋膠囊 |
| cap er 24h | 24 小時緩釋膠囊 |
| cap er deg | 緩釋可降解膠囊 |
| cap er pel | 緩釋小丸膠囊 |
| cap mphase | 多相膠囊 |
| cap.sa 24h | 24 小時持續作用膠囊 |
| cap.sr 12h | 12 小時持續釋放膠囊 |
| cap.sr 24h | 24 小時持續釋放膠囊 |
| cap24h pct | 24 小時擇時起釋膠囊 |
| cap24h pel | 24 小時持續釋放小丸膠囊 |
| cap sprink | 分散型膠囊 |
| cap sr pel | 持續釋放小丸膠囊 |
| cap w/dev | 帶裝置的膠囊 |
| capsule dr | 延遲釋放膠囊 |
| capsule er | 緩釋膠囊 |
| capsule sa | 持續作用膠囊 |
| cmb cappad | 組合：膠囊、棉片 |
| cmb ont fm | 組合：軟膏、泡沫 |
| cmb ont lt | 組合：軟膏、乳液 |

| 縮寫詞 | 描述 |
|---------------------|-------------------------|
| cmb tabpad | 組合：錠劑、棉片 |
| combo. pkg | 組合包 |
| cpmp 12hr | 12 小時多相膠囊 |
| cpmp 24hr | 24 小時多相膠囊 |
| cpmp 30-70 | 多相膠囊 (30%-70%) |
| cpmp 50-50 | 多相膠囊 (50%-50%) |
| cream(g), cream(gm) | 霜劑 (克) |
| cream(ml) | 霜劑 (毫升) |
| cream/appl | 帶塗藥器的霜劑 |
| cream, er (g) | 緩釋霜劑 (克) |
| cream pack | 袋裝霜劑 |
| dehp fr bg | 不含鄰苯二甲酸二 (2-乙基己基) 酯的包裝袋 |
| dis needle | 拋棄式針頭 |
| disk w/dev | 帶吸入裝置的圓盤 |
| disp syrin | 拋棄式注射器 |
| drops susp | 混懸型滴劑 |
| drps hpvis | 高黏度滴劑 |
| emul adhes | 乳液型黏合劑 |
| emul packt | 乳劑包 |
| emulsn(g) | 乳劑 (克) |
| foam/appl. | 帶塗藥器的泡沫劑 |
| froz.piggy | 冷凍背負式輸液袋 |
| g | 克 |
| gel/pf app | 帶預裝塗藥器的凝膠劑 |
| gel (gm) | 凝膠劑 (克) |
| gel (ml) | 凝膠劑 (毫升) |
| gel md pmp | 劑量定量泵中的凝膠劑 |
| gel w/appl | 帶塗藥器的凝膠劑 |
| gel w/pump | 帶泵的凝膠劑 |
| gran pack | 盒裝顆粒劑 |

| 縮寫詞 | 描述 |
|-----------------------|---------------|
| hfa aer ad | HFA 噴霧劑適配器 |
| infus. btl | 輸液瓶 |
| insuln pen | 胰島素筆 |
| ip soln | 腹腔內用溶液 |
| irrig soln | 沖洗液 |
| iv soln. | 靜脈注射液 |
| jel | 膠凍 |
| jelly/app | 帶塗藥器的膠凍 |
| jel/pf app | 帶預裝塗藥器的膠凍 |
| kit cl&crm | 套裝：清洗液和霜劑 |
| kt crm le | 套裝：霜劑、乳液潤膚劑 |
| kt lotn ce | 套裝：乳液、潤膚霜劑 |
| kt oint le | 套裝：軟膏劑、乳液 |
| lotion, er | 緩釋乳液 |
| lozenge hd | 菱形手柄 |
| m.ht patch | 藥用加熱貼劑 |
| ma buc tab | 口腔黏膜黏附片劑 |
| mcg | 微克 |
| med. pad | 藥用棉片 |
| med. swab | 藥用棉棒 |
| med. tape | 藥用膠帶 |
| mg | 毫克 |
| ml | 毫升 |
| muc er 12h | 12 小時緩釋黏膜黏附系統 |
| ndl fr inj | 注射用針頭 |
| nl fm susp | 指甲膜混懸劑 |
| oint. (g), oint. (gm) | 軟膏劑（克） |
| oral conc | 口服濃縮劑 |
| oral susp | 口服混懸劑 |
| paste (g) | 糊劑（克） |

| 縮寫詞 | 描述 |
|------------|-------------|
| patch td24 | 24 小時經皮吸收貼片 |
| patch td72 | 72 小時經皮吸收貼劑 |
| patch tds | 雙週效經皮吸收貼劑 |
| patch tdwk | 每週經皮吸收貼劑 |
| pca syring | 患者自控鎮痛注射器 |
| pca vial | 患者自控鎮痛瓶 |
| pellet(ea) | 小丸 (每個) |
| pen ij kit | 注射筆套件 |
| pen injctr | 注射筆 |
| pggybk btl | 背負式輸液瓶 |
| plast. bag | 塑膠袋 |
| powd pack | 粉包 |
| sol md pmp | 帶多劑量泵的溶液 |
| sol w/appl | 帶塗藥器的溶液 |
| sol/pf app | 帶預裝塗藥器的溶液 |
| sol-gel | 凝膠溶液 |
| soln recon | 重組溶液 |
| soln(gram) | 溶液 (克) |
| spray susp | 混懸型噴霧劑 |
| spray/pump | 泵式噴霧劑 |
| stick(ea) | 棒劑 (每根) |
| supp.rect | 直腸栓劑 |
| supp.vag | 陰道栓劑 |
| suppos. | 栓劑 |
| sus er 24h | 24 小時緩釋混懸劑 |
| sus er rec | 緩釋重組混懸劑 |
| sus mc rec | 重組微囊混懸劑 |
| suspdn pkt | 盒裝延遲釋放混懸劑 |
| susp recon | 重組混懸劑 |
| syringekit | 注射器套件 |

| 縮寫詞 | 描述 |
|-------------|-------------|
| tab chew | 嚼錠劑 |
| tab er 12h | 12 小時緩釋錠劑 |
| tab er 24h | 24 小時緩釋錠劑 |
| tab er prt | 緩釋顆粒錠劑 |
| tab er seq | 連續緩釋錠劑 |
| tab disper | 分散錠劑 |
| tab ds pk | 劑量包錠劑 |
| tab er 24 | 24 小時緩釋錠劑 |
| tab mphase | 多相錠劑 |
| tab part | 顆粒錠劑 |
| tab rap dr | 快速崩解延遲釋放錠劑 |
| tab rapdis | 快速崩解錠劑 |
| tab subl | 舌下錠劑 |
| tab.sr 12h | 12 小時持續釋放錠劑 |
| tab.sr 24h | 24 小時持續釋放錠劑 |
| tabergr24hr | 24 小時逐步緩釋錠劑 |
| tablet dr | 延遲釋放錠劑 |
| tablet, er | 緩釋錠劑 |
| tablet eff | 發泡錠劑 |
| tablet sa | 持續作用錠劑 |
| tablet sol | 可溶性錠劑 |
| tb er dspk | 緩釋劑量包錠劑 |
| tb mp dspk | 多相劑量包錠劑 |
| tb rd dspk | 快速崩解劑量包錠劑 |
| tbdspk 3mo | 3 個月劑量包錠劑 |
| tbmp 12hr | 12 小時多相錠劑 |
| tbmp 24hr | 24 小時多相錠劑 |
| u | 單位 |
| vag ring | 陰道環 |

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| 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 | 1 | QL (360 per 30 days) | |
| <i>acetaminophen-codeine oral tablet</i> 300-60 mg | 1 | QL (180 per 30 days) | |
| <i>ascomp with codeine oral capsule</i> 30-50-325-40 mg | (codeine-butalbital-asa-caff) | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>buprenorphine hcl injection solution</i> 0.3 mg/ml | 1 | | |
| <i>buprenorphine hcl injection syringe</i> 0.3 mg/ml | 1 | | |
| <i>buprenorphine transdermal patch</i> weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour | (Butrans) | 1 | QL (4 per 28 days) |
| <i>butalbital-acetaminop-caf-cod oral capsule</i> 50-300-40-30 mg | (Fioricet with Codeine) | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminop-caf-cod oral capsule</i> 50-325-40-30 mg | | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen oral tablet</i> 50-325 mg | (Tencon) | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral capsule</i> 50-325-40 mg | (Esgic) | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral tablet</i> 50-325-40 mg | (Esgic) | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-aspirin-caffeine oral capsule</i> 50-325-40 mg | | 1 | PA-HRM; QL (180 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>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i> | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) | |
| <i>butorphanol nasal spray, non-aerosol 10 mg/ml</i> | 1 | QL (5 per 28 days) | |
| <i>codeine sulfate oral tablet 30 mg, 60 mg</i> | 1 | QL (180 per 30 days) | |
| <i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> | (Ascomp with Codeine) | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>endocet oral tablet 10-325 mg</i> | (oxycodone-acetaminophen) | 1 | QL (180 per 30 days) |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> | (oxycodone-acetaminophen) | 1 | QL (360 per 30 days) |
| <i>endocet oral tablet 7.5-325 mg</i> | (oxycodone-acetaminophen) | 1 | 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> | | 1 | PA; NDS; QL (120 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i> | | 1 | PA; QL (120 per 30 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | | 1 | QL (10 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | | 1 | QL (2700 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i> | | 1 | QL (180 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i> | | 1 | QL (240 per 30 days) |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i> | | 1 | QL (150 per 30 days) |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i> | | 1 | |
| <i>hydromorphone oral liquid 1 mg/ml</i> | (Dilaudid) | 1 | 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>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid) | 1 | QL (180 per 30 days) |
| <i>methadone injection solution 10 mg/ml</i> | 1 | QL (120 per 30 days) |
| <i>methadone oral solution 10 mg/5 ml</i> | 1 | QL (600 per 30 days) |
| <i>methadone oral solution 5 mg/5 ml</i> | 1 | QL (1200 per 30 days) |
| <i>methadone oral tablet 10 mg</i> | 1 | QL (120 per 30 days) |
| <i>methadone oral tablet 5 mg</i> | 1 | QL (180 per 30 days) |
| <i>methadose oral tablet, soluble 40 mg</i> (methadone) | 1 | QL (30 per 30 days) |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | 1 | PA; QL (180 per 30 days) |
| <i>morphine oral solution 10 mg/5 ml</i> | 1 | QL (700 per 30 days) |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i> | 1 | QL (300 per 30 days) |
| MORPHINE ORAL TABLET 15 MG | 1 | QL (180 per 30 days) |
| MORPHINE ORAL TABLET 30 MG | 1 | QL (120 per 30 days) |
| <i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin) | 1 | QL (60 per 30 days) |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin) | 1 | QL (90 per 30 days) |
| <i>oxycodone oral capsule 5 mg</i> | 1 | QL (180 per 30 days) |
| <i>oxycodone oral concentrate 20 mg/ml</i> | 1 | PA; QL (120 per 30 days) |
| <i>oxycodone oral solution 5 mg/5 ml</i> | 1 | QL (1300 per 30 days) |
| <i>oxycodone oral tablet 10 mg, 5 mg</i> | 1 | QL (180 per 30 days) |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone) | 1 | QL (120 per 30 days) |
| <i>oxycodone oral tablet 20 mg</i> | 1 | QL (120 per 30 days) |
| <i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (OxyContin) | 1 | QL (60 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet) | 1 | QL (180 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet) | 1 | QL (360 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet) | 1 | QL (240 per 30 days) |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (oxycodone) | 1 | QL (60 per 30 days) |
| <i>oxymorphone oral tablet 10 mg</i> | 1 | QL (120 per 30 days) |
| <i>oxymorphone oral tablet 5 mg</i> | 1 | QL (180 per 30 days) |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | 1 | QL (60 per 30 days) |
| <i>oxymorphone oral tablet extended release 12 hr 40 mg</i> | 1 | NDS; QL (60 per 30 days) |
| <i>tencon oral tablet 50-325 mg</i> (butalbital-acetaminophen) | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>tramadol oral tablet 50 mg</i> | 1 | QL (240 per 30 days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | 1 | QL (300 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG | 1 | QL (60 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG | 1 | QL (120 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG | 1 | NDS; QL (240 per 30 days) |
| <i>zebutal oral capsule 50-325-40 mg</i> (butalbital-acetaminophen-caff) | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| Nonsteroidal Anti-Inflammatory Agents | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex) | 1 | QL (60 per 30 days) |
| <i>diclofenac potassium oral tablet 50 mg</i> | 1 | QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> | 1 | QL (60 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i> | 1 | QL (150 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i> | 1 | QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i> | 1 | QL (60 per 30 days) |
| <i>diclofenac sodium topical drops 1.5 %</i> | 1 | QL (300 per 30 days) |
| <i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac)) | 1 | QL (1000 per 30 days) |
| <i>diclofenac sodium topical gel 3 %</i> | 1 | PA; QL (100 per 28 days) |
| <i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i> (Pennsaid) | 1 | PA; NDS; QL (224 per 28 days) |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50) | 1 | |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75) | 1 | |
| <i>diflunisal oral tablet 500 mg</i> | 1 | |
| <i>ec-naproxen dr 500 mg tablet</i> (naproxen) | 1 | |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | 1 | |
| <i>etodolac oral tablet 400 mg</i> (Lodine) | 1 | |
| <i>etodolac oral tablet 500 mg</i> | 1 | |
| <i>fenoprofen oral tablet 600 mg</i> (Nalfon) | 1 | |
| <i>flurbiprofen oral tablet 100 mg</i> | 1 | |
| <i>ibu oral tablet 400 mg</i> (ibuprofen) | 1 | QL (240 per 30 days) |
| <i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen) | 1 | |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil) | 1 | |
| <i>ibuprofen oral tablet 400 mg</i> (IBU) | 1 | QL (240 per 30 days) |
| <i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>ibuprofen-famotidine oral tablet</i> (Duexis) 800-26.6 mg | 1 | PA; QL (90 per 30 days) |
| <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) |
| <i>indomethacin oral capsule, extended release 75 mg</i> | 1 | PA-HRM; QL (60 per 30 days); AGE (Max 64 Years) |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i> | 1 | |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i> | 1 | |
| <i>ketorolac injection solution 15 mg/ml</i> | 1 | PA-HRM; QL (40 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection solution 30 mg/ml, 30 mg/ml (1 ml)</i> | 1 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection syringe 15 mg/ml</i> | 1 | PA-HRM; QL (40 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac injection syringe 30 mg/ml</i> | 1 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i> | 1 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i> | 1 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>ketorolac oral tablet 10 mg</i> | 1 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| <i>mefenamic acid oral capsule 250 mg</i> | 1 | |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | 1 | |
| <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</i> (EC-Naprosyn) | 1 | |
| <i>naproxen oral tablet, delayed release (drlec) 500 mg</i> (EC-Naproxen) | 1 | |
| <i>piroxicam oral capsule 10 mg</i> | 1 | |
| <i>piroxicam oral capsule 20 mg</i> (Feldene) | 1 | |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | 1 | |
| <i>tolmetin oral capsule 400 mg</i> | 1 | |
| <i>tolmetin oral tablet 600 mg</i> (Tolectin 600) | 1 | |
| Anesthetics | | |
| Local Anesthetics | | |
| <i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl) | 1 | QL (30 per 30 days) |
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF) | 1 | |
| <i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i> | 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 in applicator 2 %</i> (Glydo) | 1 | QL (30 per 30 days) |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | 1 | PA |
| <i>lidocaine topical adhesive patch, medicated 5 %</i> (Tridacaine II) | 1 | PA; QL (90 per 30 days) |
| <i>lidocaine topical ointment 5 %</i> | 1 | PA; QL (90 per 30 days) |
| <i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>lidocaine-prilocaine topical cream</i> 2.5-2.5 % | 1 | PA; QL (30 per 30 days) |
| <i>tridacaine ii topical adhesive</i> (lidocaine) <i>patch,medicated 5 %</i> | 1 | PA; QL (90 per 30 days) |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % | 1 | 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> | 1 | |
| <i>buprenorphine hcl sublingual tablet</i> 2 mg, 8 mg | 1 | QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual film</i> 12-3 mg (Suboxone) | 1 | QL (60 per 30 days) |
| <i>buprenorphine-naloxone sublingual film</i> 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone) | 1 | QL (90 per 30 days) |
| <i>buprenorphine-naloxone sublingual tablet</i> 2-0.5 mg, 8-2 mg | 1 | QL (90 per 30 days) |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i> 150 mg | 1 | |
| <i>disulfiram oral tablet</i> 250 mg, 500 mg | 1 | |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION | 1 | QL (4 per 30 days) |
| <i>naloxone injection solution</i> 0.4 mg/ml | 1 | |
| <i>naloxone injection syringe</i> 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml | 1 | |
| <i>naloxone nasal spray, non-aerosol</i> 4 mg/actuation (Narcan) | 1 | QL (4 per 30 days) |
| <i>naltrexone oral tablet</i> 50 mg | 1 | |
| NICOTROL INHALATION CARTRIDGE 10 MG | 1 | ST; QL (2688 per 365 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | 1 | ST; QL (240 per 180 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML | 1 | NDS; QL (0.5 per 30 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML | 1 | NDS; QL (1.5 per 30 days) |
| varenicline oral tablet 0.5 mg, 1 mg (56 pack) | 1 | QL (336 per 365 days) |
| varenicline oral tablet 1 mg (Chantix) | 1 | QL (336 per 365 days) |
| varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box) | 1 | |
| Antianxiety Agents | | |
| Benzodiazepines | | |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg (Xanax) | 1 | QL (120 per 30 days) |
| alprazolam oral tablet 2 mg (Xanax) | 1 | QL (150 per 30 days) |
| alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg (Xanax XR) | 1 | QL (120 per 30 days) |
| alprazolam oral tablet extended release 24 hr 3 mg (Xanax XR) | 1 | QL (90 per 30 days) |
| chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg | 1 | QL (120 per 30 days) |
| clonazepam oral tablet 0.5 mg, 1 mg (Klonopin) | 1 | QL (90 per 30 days) |
| clonazepam oral tablet 2 mg (Klonopin) | 1 | QL (300 per 30 days) |
| clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg | 1 | QL (90 per 30 days) |
| clonazepam oral tablet, disintegrating 2 mg | 1 | QL (300 per 30 days) |
| clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg | 1 | QL (180 per 30 days) |
| diazepam injection solution 5 mg/ml | 1 | QL (10 per 28 days) |
| diazepam injection syringe 5 mg/ml | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam) | 1 | QL (1200 per 30 days) |
| <i>diazepam oral solution 5 mg/5 ml</i> (1 mg/ml) | 1 | QL (1200 per 30 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium) | 1 | QL (120 per 30 days) |
| <i>estazolam oral tablet 1 mg</i> | 1 | QL (60 per 30 days) |
| <i>estazolam oral tablet 2 mg</i> | 1 | QL (30 per 30 days) |
| <i>flurazepam oral capsule 15 mg</i> | 1 | QL (60 per 30 days) |
| <i>flurazepam oral capsule 30 mg</i> | 1 | QL (30 per 30 days) |
| <i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol) | 1 | QL (150 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</i> | 1 | QL (2 per 30 days) |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam) | 1 | QL (150 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>midazolam oral syrup 2 mg/ml</i> | 1 | QL (10 per 30 days) |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | 1 | QL (120 per 30 days) |
| <i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril) | 1 | QL (30 per 30 days) |
| <i>triazolam oral tablet 0.125 mg</i> | 1 | QL (120 per 30 days) |
| <i>triazolam oral tablet 0.25 mg</i> (Halcion) | 1 | QL (60 per 30 days) |
| Antibacterials | | |
| Aminoglycosides | | |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i> | 1 | |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i> | 1 | |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i> | 1 | |
| <i>neomycin oral tablet 500 mg</i> | 1 | |
| <i>streptomycin intramuscular recon soln 1 gram</i> | 1 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | 1 | NDS; QL (224 per 28 days) |
| <i>tobramycin in 0.225 % nacl</i> (Tobi) <i>inhalation solution for nebulization</i> <i>300 mg/5 ml</i> | 1 | PA BvD; NDS |
| <i>tobramycin inhalation solution for</i> (Bethkis) <i>nebulization 300 mg/4 ml</i> | 1 | PA BvD; NDS |
| <i>tobramycin sulfate injection solution</i> <i>40 mg/ml</i> | 1 | |
| Antibacterials, Miscellaneous | | |
| <i>bacitracin intramuscular recon soln</i> <i>50,000 unit</i> | 1 | |
| <i>chloramphenicol sod succinate</i> <i>intravenous recon soln 1 gram</i> | 1 | |
| <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> | 1 | |
| <i>clindamycin pediatric oral recon</i> (clindamycin palmitate <i>soln 75 mg/5 ml</i> hcl) | 1 | |
| <i>clindamycin phosphate injection</i> (Cleocin) <i>solution 150 mg/ml</i> | 1 | |
| <i>colistin (colistimethate na) injection</i> (Coly-Mycin M <i>recon soln 150 mg</i> Parenteral) | 1 | NDS |
| <i>daptomycin intravenous recon soln</i> <i>500 mg</i> | 1 | NDS |
| <i>linezolid in dextrose 5% intravenous</i> (Zyvox) <i>piggyback 600 mg/300 ml</i> | 1 | |
| <i>linezolid oral suspension for</i> (Zyvox) <i>reconstitution 100 mg/5 ml</i> | 1 | NDS |
| <i>linezolid oral tablet 600 mg</i> (Zyvox) | 1 | |
| <i>methenamine hippurate oral tablet 1</i> (Hiprex) <i>gram</i> | 1 | |
| <i>metronidazole in nacl (iso-os)</i> (Metro I.V.) <i>intravenous piggyback 500 mg/100</i> <i>ml</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin) | 1 | QL (120 per 30 days) |
| <i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i> (Macrobid) | 1 | QL (60 per 30 days) |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i> | 1 | |
| <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> | 1 | |
| <i>vancomycin oral capsule 125 mg</i> (Vancocin) | 1 | QL (56 per 14 days) |
| <i>vancomycin oral capsule 250 mg</i> (Vancocin) | 1 | QL (112 per 14 days) |
| <i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq) | 1 | |
| XIFAXAN ORAL TABLET 200 MG | 1 | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 1 | PA; NDS; QL (90 per 30 days) |
| Cephalosporins | | |
| <i>cefactor oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 1 | |
| <i>cefactor oral tablet extended release 12 hr 500 mg</i> | 1 | |
| <i>cefadroxil oral capsule 500 mg</i> | 1 | |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | 1 | |
| <i>cefadroxil oral tablet 1 gram</i> | 1 | |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i> | 1 | |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>cefazolin intravenous recon soln 3 gram</i> | 1 | |
| <i>cefdinir oral capsule 300 mg</i> | 1 | |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>cefepime injection recon soln 1 gram, 2 gram</i> | 1 | |
| <i>cefixime oral capsule 400 mg</i> | 1 | |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | 1 | |
| <i>cefotaxime injection recon soln 1 gram</i> | 1 | |
| <i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i> | 1 | |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i> | 1 | |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i> | 1 | |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef) | 1 | |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | 1 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>cefuroxime sodium injection recon soln 750 mg</i> | 1 | |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i> | 1 | |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 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>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>cephalexin oral tablet 250 mg, 500 mg</i> | 1 | |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | 1 | NDS |
| Macrolides | | |
| <i>azithromycin intravenous recon soln (Zithromax) 500 mg</i> | 1 | |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)</i> | 1 | |
| <i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i> | 1 | |
| <i>azithromycin oral tablet 250 mg, 500 mg (Zithromax)</i> | 1 | |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i> | 1 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | 1 | NDS; QL (136 per 10 days) |
| DIFICID ORAL TABLET 200 MG | 1 | NDS; QL (20 per 10 days) |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml (E.E.S. Granules)</i> | 1 | |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml (EryPed 400)</i> | 1 | |
| <i>erythromycin oral tablet 250 mg, 500 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Miscellaneous B-Lactam Antibiotics | | |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam) | 1 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | 1 | PA; LA; NDS |
| <i>ertapenem injection recon soln 1 gram</i> | 1 | |
| <i>imipenem-cilastatin intravenous recon soln 250 mg</i> | 1 | |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV) | 1 | |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i> | 1 | |
| 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> | 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin) | 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR) | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | 1 | |
| <i>ampicillin oral capsule 500 mg</i> | 1 | |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i> | 1 | |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn) | 1 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 1 | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | 1 | |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT | 1 | |
| LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT | 1 | |
| <i>nafcilin injection recon soln 1 gram, 10 gram, 2 gram</i> | 1 | |
| <i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G) | 1 | |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i> | 1 | |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>pfizerpen-g injection recon soln 20 million unit</i> (penicillin g potassium) | 1 | |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> | 1 | |
| Quinolones | | |
| <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i> | 1 | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro) | 1 | |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | 1 | |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro) | 1 | |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i> | 1 | |
| <i>levofloxacin intravenous solution 25 mg/ml</i> | 1 | |
| <i>levofloxacin oral solution 250 mg/10 ml</i> | 1 | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | 1 | |
| <i>moxifloxacin 400 mg/250 ml bag</i> | 1 | |
| <i>moxifloxacin oral tablet 400 mg</i> | 1 | |
| <i>moxifloxacin-sod. chloride (iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic)) | 1 | |
| Sulfonamides | | |
| <i>sulfadiazine oral tablet 500 mg</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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>demeclocycline oral tablet 150 mg, 300 mg</i> | 1 | |
| <i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate) | 1 | |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100) | 1 | |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox) | 1 | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | 1 | |
| <i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 50 mg, 75 mg</i> | 1 | |
| <i>doxycycline hyclate oral tablet, delayed release (drlec) 200 mg</i> (Doryx) | 1 | |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL) | 1 | |
| <i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox) | 1 | |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | 1 | |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy) | 1 | |
| <i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i> | 1 | |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | 1 | |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i> | 1 | |
| <i>mondoxyne nl oral capsule 100 mg</i> (doxycycline monohydrate) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>mondoxyne nl oral capsule 75 mg</i> (doxycycline monohydrate) | 1 | QL (60 per 30 days) |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>tigecycline intravenous recon soln 50 mg</i> (Tygacil) | 1 | NDS |
| Anticancer Agents | | |
| Anticancer Agents | | |
| <i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (paclitaxel protein-bound) | 1 | PA BvD; NDS |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil) | 1 | PA BvD |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) | 1 | PA NSO; NDS |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex) | 1 | |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML | 1 | PA NSO; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza) | 1 | NDS |
| BALVERSA ORAL TABLET 3 MG | 1 | PA NSO; NDS; QL (84 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| BALVERSA ORAL TABLET 4 MG | 1 | PA NSO; NDS; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | 1 | PA NSO; NDS; QL (28 per 28 days) |
| <i>bendamustine intravenous recon soln</i> (Treanda) 100 mg, 25 mg | 1 | PA NSO; NDS |
| BENDAMUSTINE (Bendeka) INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NDS |
| BENDEKA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML | 1 | PA NSO; NDS |
| <i>bexarotene oral capsule</i> 75 mg (Targretin) | 1 | PA NSO; NDS |
| <i>bexarotene topical gel</i> 1% (Targretin) | 1 | PA NSO; NDS |
| <i>bicalutamide oral tablet</i> 50 mg (Casodex) | 1 | |
| <i>bleomycin injection recon soln</i> 15 unit, 30 unit | 1 | |
| <i>bortezomib injection recon soln</i> 1 mg | 1 | PA NSO |
| <i>bortezomib injection recon soln</i> 2.5 mg | 1 | PA NSO; NDS |
| <i>bortezomib injection recon soln</i> 3.5 mg (Velcade) | 1 | PA NSO; NDS |
| BOSULIF ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG (vandetanib) | 1 | PA NSO; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG (vandetanib) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| <i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin) | 1 | |
| <i>cladribine intravenous solution 10 mg/10 ml</i> | 1 | PA BvD |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY) | 1 | PA NSO; NDS |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 1 | PA NSO; NDS; QL (112 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 1 | PA NSO; NDS; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | 1 | PA NSO; LA; NDS; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> | 1 | PA BvD; NDS |
| <i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i> | 1 | PA BvD; NDS |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | 1 | PA BvD; ST |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i> | 1 | PA BvD; ST |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA NSO; NDS |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | 1 | PA NSO; NDS; QL (120 per 28 days) |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML | 1 | PA NSO; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML | 1 | PA NSO; LA; NDS |
| DAURISMO ORAL TABLET 100 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| <i>decitabine intravenous recon soln 50 mg</i> (Dacogen) | 1 | NDS |
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml)</i> (Docivyx) | 1 | |
| <i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i> | 1 | |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | 1 | PA BvD |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx) | 1 | PA BvD; NDS |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 1 | PA NSO |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 1 | PA NSO |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 1 | PA NSO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 1 | PA NSO |
| ELREXFIO 44 MG/1.1 ML VIAL OUTER, SUV, P/F 40 MG/ML | 1 | PA NSO; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | 1 | PA NSO; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | 1 | NDS |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | 1 | PA NSO; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | 1 | PA NSO; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | 1 | PA NSO; NDS; QL (28 per 28 days) |
| ERLEADA ORAL TABLET 240 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| <i>erlotinib oral tablet 100 mg</i> (Tarceva) | 1 | PA NSO; NDS; QL (60 per 30 days) |
| <i>erlotinib oral tablet 150 mg</i> (Tarceva) | 1 | PA NSO; NDS; QL (90 per 30 days) |
| <i>erlotinib oral tablet 25 mg</i> | 1 | PA NSO; NDS; QL (60 per 30 days) |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | 1 | |
| <i>etoposide intravenous solution 20 mg/ml</i> | 1 | |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz) | 1 | PA NSO; NDS; QL (56 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz) | 1 | PA NSO; NDS; QL (28 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | 1 | PA NSO; NDS; QL (112 per 28 days) |
| <i>exemestane oral tablet 25 mg</i> (Aromasin) | 1 | |
| EXKIVITY ORAL CAPSULE 40 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | 1 | PA BvD; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | 1 | PA BvD |
| <i>floxuridine injection recon soln 0.5 gram</i> | 1 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i> | 1 | PA BvD |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 1 | PA NSO; NDS; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 1 | PA NSO; NDS; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 1 | PA NSO; NDS; QL (21 per 28 days) |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex) | 1 | NDS |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | 1 | PA NSO; NDS |
| GAVRETO ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| <i>gefitinib oral tablet 250 mg</i> (Iressa) | 1 | PA NSO; NDS; QL (60 per 30 days) |
| <i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i> | 1 | PA BvD |
| <i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i> | 1 | PA BvD |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| GLEOSTINE ORAL CAPSULE (lomustine) 10 MG, 100 MG, 40 MG | 1 | |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | 1 | PA NSO; NDS; QL (5 per 21 days) |
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO; NDS |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea) | 1 | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 1 | PA NSO; NDS; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 1 | PA NSO; NDS; QL (21 per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| IDHIFA ORAL TABLET 100 MG, 50 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| <i>ifosfamide intravenous recon soln 1 gram</i> (Ifex) | 1 | |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> | 1 | |
| <i>imatinib oral tablet 100 mg</i> (Gleevec) | 1 | PA NSO; QL (180 per 30 days) |
| <i>imatinib oral tablet 400 mg</i> (Gleevec) | 1 | PA NSO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 1 | PA NSO; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 1 | PA NSO; NDS; QL (240 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 1 | PA NSO; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL TABLET 560 MG | 1 | NDS; QL (28 per 28 days) |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG | 1 | PA NSO; NDS |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | 1 | PA NSO; NDS |
| IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML | 1 | PA NSO; QL (4 per 365 days) |
| INLYTA ORAL TABLET 1 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 1 | PA NSO; NDS; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| <i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>irinotecan intravenous solution 500 mg/25 ml</i> | 1 | |
| IWILFIN ORAL TABLET 192 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA NSO; NDS |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 1 | PA BvD; ST |
| KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO; NDS |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NDS; QL (8 per 21 days) |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | 1 | PA NSO; NDS; QL (2 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | 1 | PA NSO; NDS; QL (49 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 1 | PA NSO; NDS; QL (70 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 1 | PA NSO; NDS; QL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 1 | PA NSO; NDS; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 1 | PA NSO; NDS; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 1 | PA NSO; NDS; QL (63 per 28 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 1 | PA NSO; NDS; 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 |
|--|------------------|--------------------------------------|
| KOSELUGO ORAL CAPSULE 25 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb) | 1 | PA NSO; NDS |
| LAZCLUZE ORAL TABLET 240 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid) | 1 | PA NSO; NDS; QL (28 per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 1 | PA NSO; NDS |
| <i>letrozole oral tablet 2.5 mg</i> (Femara) | 1 | |
| LEUKERAN ORAL TABLET 2 MG | 1 | NDS |
| <i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i> | 1 | PA NSO |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | 1 | PA NSO |
| LONSURF ORAL TABLET 15- 6.14 MG | 1 | PA NSO; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20- 8.19 MG | 1 | PA NSO; NDS; QL (80 per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | 1 | PA NSO; NDS |
| LORBRENA ORAL TABLET 100 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------------|
| LUMAKRAS ORAL TABLET 120 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | 1 | PA NSO; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | 1 | PA NSO; NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 1 | PA NSO; NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 1 | PA NSO; NDS |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 1 | NDS |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 1 | PA NSO; NDS; QL (140 per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NDS |
| MATULANE ORAL CAPSULE 50 MG | 1 | NDS |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | 1 | PA NSO; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| <i>mercaptopurine oral tablet 50 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>methotrexate sodium (pf) injection recon soln 1 gram</i> | 1 | |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | 1 | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | 1 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | 1 | PA BvD; ST |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i> | 1 | |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NDS |
| NERLYNX ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron) | 1 | NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 1 | PA NSO; NDS; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 1 | PA NSO; LA; NDS |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO; NDS |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| OJEMDA 100 MG TAB (400 MG DOSE) 400 MG/WEEK (100 MG X 4) | 1 | PA NSO; NDS; QL (24 per 28 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | 1 | PA NSO; NDS; QL (96 per 28 days) |
| OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5) | 1 | PA NSO; NDS; QL (24 per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO; NDS |
| ONUREG ORAL TABLET 200 MG, 300 MG | 1 | 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 | 1 | PA NSO; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | 1 | PA NSO; NDS |
| ORSERDU ORAL TABLET 345 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| <i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i> | 1 | |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i> | 1 | |
| <i>paclitaxel intravenous concentrate 6 mg/ml</i> | 1 | PA BvD |
| <i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane) | 1 | PA BvD; NDS |
| <i>pazopanib oral tablet 200 mg</i> (Votrient) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i> | 1 | NDS |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i> | 1 | NDS |
| <i>pemetrexed intravenous recon soln 100 mg, 500 mg</i> | 1 | NDS |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML | 1 | NDS |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | 1 | PA NSO; NDS; QL (28 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 1 | PA NSO; NDS; QL (56 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 1 | PA NSO; NDS; QL (21 per 28 days) |
| PURIXAN ORAL SUSPENSION 20 MG/ML | 1 | NDS |
| QINLOCK ORAL TABLET 50 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| RETEVMO ORAL TABLET 80 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA NSO; NDS |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 1 | PA NSO; NDS |
| ROZLYTREK ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 1 | PA NSO; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA NSO; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA NSO; NDS |
| RYDAPT ORAL CAPSULE 25 MG | 1 | PA NSO; NDS; QL (224 per 28 days) |
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG | 1 | PA NSO; NDS |
| SCSEMBLIX ORAL TABLET 100 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| SCSEMBLIX ORAL TABLET 20 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| SCSEMBLIX ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 1 | NDS |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 20 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (84 per 28 days) |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | 1 | PA NSO; NDS; QL (28 per 28 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | 1 | PA NSO; NDS |
| TABLOID ORAL TABLET 40 MG (thioguanine) | 1 | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 1 | PA NSO; NDS; QL (112 per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | 1 | PA NSO; NDS; QL (900 per 30 days) |
| TAGRISSE ORAL TABLET 40 MG, 80 MG | 1 | PA NSO; LA; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | 1 | PA NSO; NDS |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | 1 | |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 1 | PA NSO; NDS; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200 MG | 1 | 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) | 1 | PA NSO; NDS |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML | 1 | PA NSO; NDS |
| TEPMETKO ORAL TABLET 225 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| TIBSOVO ORAL TABLET 250 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | 1 | |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | 1 | PA NSO; NDS; QL (5 per 21 days) |
| <i>toposar intravenous solution 20 mg/ml</i> (etoposide) | 1 | |
| <i>toremifene oral tablet 60 mg</i> (Fareston) | 1 | NDS |
| <i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic)) | 1 | PA NSO; NDS; QL (60 per 30 days) |
| <i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic)) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | 1 | PA NSO |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | 1 | NDS |
| TRUQAP ORAL TABLET 160 MG, 200 MG | 1 | PA NSO; NDS; QL (64 per 28 days) |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA NSO; NDS |
| TUKYSA ORAL TABLET 150 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 1 | PA NSO; NDS; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG, 200 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 1 | PA NSO; NDS |
| VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NDS |
| VELCADE INJECTION RECON (bortezomib) SOLN 3.5 MG | 1 | PA NSO; NDS |
| VENCLEXTA ORAL TABLET 10 MG | 1 | PA NSO; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 1 | PA NSO; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 1 | PA NSO; LA; NDS; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 1 | PA NSO; LA; NDS |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 1 | PA NSO; NDS; QL (56 per 28 days) |
| <i>vinblastine intravenous solution 1 mg/ml</i> | 1 | PA BvD |
| <i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i> (vincristine) | 1 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| <i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS) | 1 | PA BvD |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> | 1 | |
| VITRAKVI ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 1 | PA NSO; NDS; QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| WELIREG ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| XALKORI ORAL PELLETT 150 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| XALKORI ORAL PELLETT 20 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| XALKORI ORAL PELLETT 50 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 1 | PA BvD; ST |
| XOSPATA ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | 1 | PA NSO; NDS; QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) | 1 | PA NSO; NDS; QL (4 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | 1 | PA NSO; NDS; QL (24 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | 1 | PA NSO; NDS; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 1 | 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) | 1 | PA NSO; NDS |
| YONSA ORAL TABLET 125 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NDS |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | 1 | PA NSO |
| ZOLINZA ORAL CAPSULE 100 MG | 1 | NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | 1 | PA NSO; NDS; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | 1 | PA NSO; NDS |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | 1 | PA NSO; NDS; QL (20 per 28 days) |
| Anticonvulsants | | |
| Anticonvulsants | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | 1 | ST; NDS; QL (30 per 30 days) |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| <i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote) | 1 | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 1 | PA NSO; NDS |
| <i>epitol oral tablet 200 mg</i> (carbamazepine) | 1 | |
| EPRONTIA ORAL SOLUTION 25 MG/ML | 1 | ST; QL (480 per 30 days) |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin) | 1 | |
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin) | 1 | |
| <i>felbamate oral suspension 600 mg/5 ml</i> | 1 | |
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol) | 1 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 1 | PA NSO; NDS |
| <i>fosphenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx) | 1 | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 1 | ST; NDS; QL (720 per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | 1 | ST; NDS; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 2 MG | 1 | ST; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 4 MG, 6 MG | 1 | 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) | 1 | QL (2160 per 30 days) |
| <i>gabapentin oral tablet 600 mg</i> (Neurontin) | 1 | QL (180 per 30 days) |
| <i>gabapentin oral tablet 800 mg</i> (Neurontin) | 1 | QL (120 per 30 days) |
| <i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat) | 1 | QL (200 per 5 days) |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat) | 1 | QL (1200 per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat) | 1 | QL (60 per 30 days) |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite) | 1 | |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i> (Lamictal ODT Starter (Blue)) | 1 | |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)- 50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange)) | 1 | |
| <i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i> (Lamictal ODT Starter (Green)) | 1 | |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR) | 1 | |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal) | 1 | |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT) | 1 | |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra) | 1 | |
| <i>levetiracetam oral solution 100 mg/ml</i> (Keppra) | 1 | |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra) | 1 | |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR) | 1 | |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | 1 | QL (10 per 30 days) |
| <i>methsuximide oral capsule 300 mg</i> (Celontin) | 1 | |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) | 1 | QL (10 per 30 days) |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal) | 1 | |

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------------|
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 1 | ST; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 1 | ST; QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 1 | ST |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | 1 | |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran) | 1 | |
| <i>zonisamide oral capsule 50 mg</i> | 1 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 1 | PA NSO; NDS; QL (1080 per 30 days) |
| Antidementia Agents | | |
| Antidementia Agents | | |
| <i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept) | 1 | QL (30 per 30 days) |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>ergoloid oral tablet 1 mg</i> | 1 | |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | 1 | QL (30 per 30 days) |
| <i>galantamine oral solution 4 mg/ml</i> | 1 | QL (200 per 30 days) |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> | 1 | QL (60 per 30 days) |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR) | 1 | ST; QL (30 per 30 days) |
| <i>memantine oral solution 2 mg/ml</i> | 1 | QL (300 per 30 days) |
| <i>memantine oral tablet 10 mg, 5 mg</i> | 1 | QL (60 per 30 days) |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG | 1 | ST |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | 1 | ST; QL (30 per 30 days) |
| <i>rivastigmine tartrate oral capsule</i> 1.5 mg, 3 mg, 4.5 mg, 6 mg | 1 | QL (60 per 30 days) |
| <i>rivastigmine transdermal patch 24 hour</i> 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch) | 1 | QL (30 per 30 days) |
| Antidepressants | | |
| Antidepressants | | |
| <i>amitriptyline oral tablet</i> 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg | 1 | |
| <i>amitriptyline-chlordiazepoxide oral tablet</i> 12.5-5 mg, 25-10 mg | 1 | |
| <i>amoxapine oral tablet</i> 100 mg, 150 mg, 25 mg, 50 mg | 1 | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | 1 | ST; NDS |
| <i>bupropion hcl oral tablet</i> 100 mg, 75 mg | 1 | |
| <i>bupropion hcl oral tablet extended release 24 hr</i> 150 mg, 300 mg (Wellbutrin XL) | 1 | |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i> 100 mg, 150 mg, 200 mg (Wellbutrin SR) | 1 | |
| <i>citalopram oral solution</i> 10 mg/5 ml | 1 | QL (600 per 30 days) |
| <i>citalopram oral tablet</i> 10 mg (Celexa) | 1 | QL (120 per 30 days) |
| <i>citalopram oral tablet</i> 20 mg, 40 mg (Celexa) | 1 | QL (30 per 30 days) |
| <i>clomipramine oral capsule</i> 25 mg, 50 mg, 75 mg (Anafranil) | 1 | |
| <i>desipramine oral tablet</i> 10 mg, 25 mg (Norpramin) | 1 | |
| <i>desipramine oral tablet</i> 100 mg, 150 mg, 50 mg, 75 mg | 1 | |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr</i> 100 mg, 25 mg, 50 mg (Pristiq) | 1 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 1 | |
| <i>doxepin oral concentrate 10 mg/ml</i> | 1 | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | 1 | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | 1 | ST; QL (30 per 30 days) |
| <i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta) | 1 | QL (60 per 30 days) |
| <i>duloxetine oral capsule, delayed release(drlec) 40 mg</i> | 1 | QL (30 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 1 | ST; NDS; QL (30 per 30 days) |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i> | 1 | |
| <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) | 1 | ST |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 1 | 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> | 1 | |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| MARPLAN ORAL TABLET 10 MG | 1 | |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron) | 1 | |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i> | 1 | |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab) | 1 | |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | 1 | |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor) | 1 | |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | 1 | |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil) | 1 | 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>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR) | 1 | |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 1 | |
| <i>phenelzine oral tablet 15 mg</i> (Nardil) | 1 | |
| <i>protriptyline oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft) | 1 | |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft) | 1 | |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG | 1 | PA NSO |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) | 1 | PA NSO; NDS |
| <i>tranylcypromine oral tablet 10 mg</i> (Parnate) | 1 | |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> | 1 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 1 | QL (30 per 30 days) |
| <i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i> | 1 | QL (60 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR) | 1 | QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR) | 1 | QL (90 per 30 days) |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 1 | |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i> | 1 | QL (30 per 30 days) |
| <i>venlafaxine oral tablet extended release 24hr 75 mg</i> | 1 | QL (90 per 30 days) |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd) | 1 | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 1 | PA NSO; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 1 | PA NSO; NDS; QL (14 per 14 days) |
| Antidiabetic Agents | | |
| Antidiabetic Agents, Miscellaneous | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose) | 1 | QL (90 per 30 days) |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol) | 1 | QL (30 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 1 | QL (30 per 30 days) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | 1 | QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 1 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 1 | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 1 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 1 | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | 1 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 1 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 1 | QL (30 per 30 days) |
| <i>metformin oral solution 500 mg/5 ml (Riomet)</i> | 1 | QL (765 per 30 days) |
| <i>metformin oral tablet 1,000 mg</i> | 1 | QL (75 per 30 days) |
| <i>metformin oral tablet 500 mg</i> | 1 | QL (150 per 30 days) |
| <i>metformin oral tablet 850 mg</i> | 1 | QL (90 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 500 mg</i> | 1 | QL (120 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 750 mg</i> | 1 | QL (60 per 30 days) |
| <i>mifepristone oral tablet 300 mg (Korlym)</i> | 1 | PA; NDS; QL (112 per 28 days) |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | QL (90 per 30 days) |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 1 | PA NSO; QL (2 per 28 days) |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | 1 | QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 1 | PA NSO; QL (3 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) | 1 | PA NSO; QL (1.5 per 28 days) |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos) | 1 | QL (30 per 30 days) |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i> | 1 | QL (90 per 30 days) |
| <i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET) | 1 | QL (90 per 30 days) |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i> | 1 | QL (120 per 30 days) |
| <i>repaglinide oral tablet 2 mg</i> | 1 | QL (240 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 1 | PA NSO; QL (30 per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | 1 | PA; NDS; QL (10.8 per 28 days) |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | 1 | 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 | 1 | QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | 1 | QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 1 | QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | 1 | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | 1 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5- 2.5-1,000 MG, 5-2.5-1,000 MG | 1 | QL (60 per 30 days) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 1 | PA NSO; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, (dapaglifloz propaned- IR - ER, BIPHASIC 24HR 10- metformin) 1,000 MG | 1 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG | 1 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5- 1,000 MG, 5-500 MG | 1 | QL (60 per 30 days) |
| XIGDUO XR ORAL TABLET, (dapaglifloz propaned- IR - ER, BIPHASIC 24HR 5-1,000 metformin) MG | 1 | QL (60 per 30 days) |
| Insulins | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | max \$35 copay per month supply; QL (30 per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 1 | max \$35 copay per month supply; QL (30 per 28 days) |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | max \$35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 1 | max \$35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 1 | max \$35 copay per month supply; QL (24 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> (Novolog Mix 70-30FlexPen U-100) | 1 | max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i> (Novolog Mix 70-30 U-100 Insuln) | 1 | max \$35 copay per month supply; QL (40 per 28 days) |
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin) | 1 | max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Novolog FlexPen U-100 Insulin) | 1 | max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> (Novolog U-100 Insulin aspart) | 1 | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 1 | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 1 | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 1 | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | 1 | max \$35 copay per month supply; QL (40 per 28 days) |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn) | 1 | max \$35 copay per month supply; 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 |
|---|------------------|--|
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS (insulin glargine-yfgn) INSULIN PEN 100 UNIT/ML (3 ML) | 1 | max \$35 copay per month supply; QL (30 per 28 days) |
| SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | 1 | max \$35 copay per month supply; QL (30 per 30 days) |
| TOUJEO MAX U-300 (insulin glargine u-300 conc) SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | 1 | max \$35 copay per month supply; QL (18 per 28 days) |
| TOUJEO SOLOSTAR U-300 (insulin glargine u-300 conc) INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 1 | max \$35 copay per month supply; QL (13.5 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | 1 | max \$35 copay per month supply; QL (15 per 28 days) |
| Sulfonylureas | | |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> | 1 | QL (30 per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> | 1 | QL (60 per 30 days) |
| <i>glipizide oral tablet 10 mg</i> | 1 | QL (120 per 30 days) |
| <i>glipizide oral tablet 2.5 mg</i> | 1 | QL (60 per 30 days) |
| <i>glipizide oral tablet 5 mg</i> | 1 | QL (240 per 30 days) |
| <i>glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg</i> | 1 | QL (60 per 30 days) |
| <i>glipizide oral tablet extended release (Glucotrol XL) 24hr 2.5 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i> | 1 | QL (240 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | 1 | QL (120 per 30 days) |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| <i>glyburide-metformin oral tablet</i> 1.25-250 mg, 2.5-500 mg, 5-500 mg | 1 | PA-HRM; AGE (Max 64 Years) |
| Antifungals | | |
| Antifungals | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 1 | PA BvD |
| <i>amphotericin b injection recon soln</i> 50 mg | 1 | PA BvD |
| <i>amphotericin b liposome intravenous suspension for reconstitution</i> 50 mg (AmBisome) | 1 | PA BvD; NDS |
| <i>casposfungin intravenous recon soln</i> 50 mg (Cancidas) | 1 | |
| <i>casposfungin intravenous recon soln</i> 70 mg (Cancidas) | 1 | NDS |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan) | 1 | QL (180 per 30 days) |
| <i>ciclopirox topical gel 0.77 %</i> | 1 | QL (300 per 30 days) |
| <i>ciclopirox topical shampoo 1 %</i> | 1 | |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan) | 1 | QL (19.8 per 30 days) |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine)) | 1 | QL (180 per 30 days) |
| <i>clotrimazole mucous membrane troche</i> 10 mg | 1 | |
| <i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole)) | 1 | |
| <i>clotrimazole topical solution 1 %</i> | 1 | |
| <i>clotrimazole-betamethasone topical cream</i> 1-0.05 % | 1 | QL (90 per 30 days) |
| <i>clotrimazole-betamethasone topical lotion</i> 1-0.05 % | 1 | QL (90 per 30 days) |
| <i>econazole topical cream 1 %</i> | 1 | 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 | 1 | |
| <i>fluconazole oral suspension for reconstitution</i> 10 mg/ml | 1 | |
| <i>fluconazole oral suspension for reconstitution</i> 40 mg/ml (Diflucan) | 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>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan) | 1 | |
| <i>fluconazole oral tablet 150 mg, 50 mg</i> | 1 | |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon) | 1 | NDS |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i> | 1 | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | 1 | |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | 1 | |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox) | 1 | |
| <i>itraconazole oral solution 10 mg/ml</i> (Sporanox) | 1 | PA; NDS |
| <i>ketoconazole oral tablet 200 mg</i> | 1 | |
| <i>ketoconazole topical cream 2 %</i> | 1 | QL (180 per 30 days) |
| <i>ketoconazole topical foam 2 %</i> (Extina) | 1 | ST; QL (100 per 30 days) |
| <i>ketoconazole topical shampoo 2 %</i> | 1 | QL (360 per 30 days) |
| <i>miconazole-3 vaginal suppository 200 mg</i> | 1 | |
| NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML (posaconazole) | 1 | NDS |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG | 1 | PA; NDS |
| <i>nyamyc topical powder 100,000 unit/gram</i> (nystatin) | 1 | QL (60 per 30 days) |
| <i>nystatin oral suspension 100,000 unit/ml</i> | 1 | QL (900 per 30 days) |
| <i>nystatin oral tablet 500,000 unit</i> | 1 | |
| <i>nystatin topical cream 100,000 unit/gram</i> | 1 | QL (60 per 30 days) |
| <i>nystatin topical ointment 100,000 unit/gram</i> | 1 | QL (60 per 30 days) |
| <i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc) | 1 | QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> | 1 | |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | 1 | |
| <i>nystop topical powder 100,000 unit/gram</i> (nystatin) | 1 | QL (60 per 30 days) |
| <i>posaconazole intravenous solution 300 mg/16.7 ml</i> (Noxafil) | 1 | NDS |
| <i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil) | 1 | PA; NDS |
| <i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil) | 1 | PA; NDS |
| <i>terbinafine hcl oral tablet 250 mg</i> | 1 | |
| <i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV) | 1 | PA BvD; NDS |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend) | 1 | PA; NDS |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend) | 1 | |
| 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 capsule 0.6 mg</i> (Mitigare) | 1 | QL (60 per 30 days) |
| <i>colchicine oral tablet 0.6 mg</i> (Colcrys) | 1 | QL (120 per 30 days) |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric) | 1 | ST; QL (30 per 30 days) |
| <i>probenecid oral tablet 500 mg</i> | 1 | |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | 1 | |
| Antihistamines | | |
| Antihistamines | | |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>clemastine oral tablet 2.68 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>cyproheptadine oral tablet 4 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | 1 | |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i> | 1 | |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i> | 1 | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | 1 | |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal) | 1 | |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief) | 1 | |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | 1 | 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) | 1 | |
| <i>metronidazole vaginal gel 0.75 %</i> (Vandazole) (37.5mg/5 gram) | 1 | |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | 1 | |
| <i>terconazole vaginal suppository 80 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| Antimigraine Agents | | |
| Antimigraine Agents | | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML | 1 | PA; QL (1.5 per 30 days) |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | 1 | PA; QL (1.5 per 30 days) |
| <i>dihydroergotamine injection solution</i> <i>1 mg/ml</i> | 1 | NDS; QL (24 per 28 days) |
| <i>dihydroergotamine nasal spray,non-</i> (Migranal) <i>aerosol 0.5 mg/pump act. (4 mg/ml)</i> | 1 | ST; NDS; QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | 1 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | 1 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 1 | PA; QL (3 per 30 days) |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | 1 | QL (9 per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | 1 | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 1 | PA; QL (30 per 30 days) |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt) | 1 | QL (12 per 30 days) |
| <i>rizatriptan oral tablet 5 mg</i> | 1 | QL (12 per 30 days) |
| <i>rizatriptan oral tablet,disintegrating</i> (Maxalt-MLT) <i>10 mg</i> | 1 | QL (12 per 30 days) |
| <i>rizatriptan oral tablet,disintegrating</i> <i>5 mg</i> | 1 | QL (12 per 30 days) |
| <i>sumatriptan nasal spray,non-aerosol</i> <i>20 mg/actuation</i> | 1 | QL (12 per 30 days) |
| <i>sumatriptan nasal spray,non-aerosol</i> <i>5 mg/actuation</i> | 1 | QL (18 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex) | 1 | QL (9 per 30 days) |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex) | 1 | QL (18 per 30 days) |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | 1 | 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) | 1 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex) | 1 | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> | 1 | QL (4 per 28 days) |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet) | 1 | QL (9 per 27 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 1 | PA; QL (16 per 30 days) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig) | 1 | QL (6 per 30 days) |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> | 1 | QL (6 per 30 days) |
| Antimycobacterials | | |
| Antimycobacterials | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | 1 | |
| <i>ethambutol oral tablet 100 mg, 400 mg</i> | 1 | |
| <i>isoniazid oral solution 50 mg/5 ml</i> | 1 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | 1 | |
| PRETOMANID ORAL TABLET 200 MG | 1 | QL (30 per 30 days) |
| PRIFTIN ORAL TABLET 150 MG | 1 | |
| <i>pyrazinamide oral tablet 500 mg</i> | 1 | |
| <i>rifabutin oral capsule 150 mg</i> (Mycobutin) | 1 | |
| <i>rifampin intravenous recon soln 600 mg</i> (Rifadin) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| <i>rifampin oral capsule 150 mg, 300 mg</i> | 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 1 | PA; NDS |
| TRECTOR ORAL TABLET 250 MG | 1 | |
| Antinausea Agents | | |
| Antinausea Agents | | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG | 1 | |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML | 1 | |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG | 1 | PA BvD |
| APONVIE INTRAVENOUS EMULSION 32 MG/4.4 ML (7.2 MG/ML) | 1 | QL (4.4 per 28 days) |
| <i>aprepitant oral capsule 125 mg</i> | 1 | PA BvD; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i> | 1 | PA BvD; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> (Emend) | 1 | PA BvD; QL (4 per 28 days) |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend) | 1 | PA BvD |
| <i>compro rectal suppository 25 mg</i> (prochlorperazine) | 1 | |
| <i>dimenhydrinate injection solution 50 mg/ml</i> | 1 | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol) | 1 | PA; QL (60 per 30 days) |
| <i>droperidol injection solution 2.5 mg/ml</i> | 1 | |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | 1 | PA BvD; NDS; QL (6 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant)) | 1 | QL (2 per 28 days) |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i> | 1 | |
| <i>granisetron hcl intravenous solution 1 mg/ml</i> | 1 | |
| <i>granisetron hcl oral tablet 1 mg</i> | 1 | PA BvD |
| <i>meclizine oral tablet 12.5 mg</i> | 1 | |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine)) | 1 | |
| <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> | 1 | |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i> | 1 | PA BvD |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 1 | PA BvD |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | 1 | PA BvD |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 1 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine) | 1 | |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro) | 1 | |
| <i>promethazine injection solution 25 mg/ml</i> (Phenergan) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>promethazine injection solution 50 mg/ml</i> (Phenergan) | 1 | 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 12.5 mg, 25 mg, 50 mg</i> (Promethegan) | 1 | PA-HRM; AGE (Max 64 Years) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (promethazine) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop) | 1 | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |
| Antiparasite Agents | | |
| Antiparasite Agents | | |
| <i>albendazole oral tablet 200 mg</i> | 1 | NDS |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron) | 1 | |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone) | 1 | |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric) | 1 | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | 1 | |
| COARTEM ORAL TABLET 20-120 MG | 1 | |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil) | 1 | QL (90 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | 1 | PA; NDS; QL (84 per 28 days) |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol) | 1 | |
| KRINTAFEL ORAL TABLET 150 MG | 1 | |
| <i>mefloquine oral tablet 250 mg</i> | 1 | |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia) | 1 | NDS |
| <i>paromomycin oral capsule 250 mg</i> (Humatin) | 1 | |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent) | 1 | PA BvD |
| <i>pentamidine injection recon soln 300 mg</i> (Pentam) | 1 | |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE) | 1 | |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim) | 1 | PA; NDS |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin) | 1 | PA; QL (42 per 7 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | 1 | |
| Antiparkinsonian Agents | | |
| Antiparkinsonian Agents | | |
| <i>amantadine hcl oral capsule 100 mg</i> | 1 | |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | 1 | |
| <i>amantadine hcl oral tablet 100 mg</i> | 1 | |
| <i>apomorphine subcutaneous cartridge (APOKYN) 10 mg/ml</i> | 1 | PA; NDS; QL (60 per 30 days) |
| <i>benztropine injection solution 1 mg/ml</i> | 1 | |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| <i>bromocriptine oral capsule 5 mg (Parlodel)</i> | 1 | |
| <i>bromocriptine oral tablet 2.5 mg (Parlodel)</i> | 1 | |
| <i>cabergoline oral tablet 0.5 mg</i> | 1 | |
| <i>carbidopa oral tablet 25 mg (Lodosyn)</i> | 1 | |
| <i>carbidopa-levodopa oral tablet 10-100 mg (Sinemet)</i> | 1 | |
| <i>carbidopa-levodopa oral tablet 25-100 mg (Dhivy)</i> | 1 | |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i> | 1 | |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | 1 | |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 1 | |
| <i>entacapone oral tablet 200 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | 1 | PA; NDS; QL (300 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 1 | PA; NDS; QL (150 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG | 1 | 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 | 1 | ST; QL (30 per 30 days) |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG | 1 | PA; QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG | 1 | ST; QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1) | 1 | ST; QL (60 per 30 days) |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | 1 | |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect) | 1 | |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 1 | |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> | 1 | |
| <i>selegiline hcl oral capsule 5 mg</i> | 1 | |
| <i>selegiline hcl oral tablet 5 mg</i> | 1 | |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i> | 1 | |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | 1 | |
| XADAGO ORAL TABLET 100 MG, 50 MG | 1 | PA; 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 |
|---|-----------|----------------------------|
| Antipsychotic Agents | | |
| Antipsychotic Agents | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | 1 | NDS; QL (2.4 per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | 1 | NDS; QL (3.2 per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | 1 | NDS; QL (1 per 26 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | 1 | NDS; QL (1 per 26 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | 1 | |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify) | 1 | |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i> | 1 | ST; QL (90 per 30 days) |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i> | 1 | ST; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML | 1 | NDS; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 1 | NDS; QL (3.9 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | 1 | NDS; QL (1.6 per 14 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | 1 | NDS; QL (2.4 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | 1 | NDS; QL (3.2 per 14 days) |
| <i>asenapine maleate sublingual tablet</i> (Saphris) <i>10 mg, 2.5 mg, 5 mg</i> | 1 | QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 1 | ST; NDS; QL (30 per 30 days) |
| <i>chlorpromazine injection solution 25 mg/ml</i> | 1 | |
| <i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i> | 1 | |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril) | 1 | |
| <i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i> | 1 | ST; QL (90 per 30 days) |
| <i>clozapine oral tablet,disintegrating 150 mg</i> | 1 | ST; QL (180 per 30 days) |
| <i>clozapine oral tablet,disintegrating 200 mg</i> | 1 | ST; NDS; QL (120 per 30 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 1 | ST; NDS; QL (60 per 30 days) |
| FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | 1 | ST |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | 1 | |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | 1 | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</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>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> | 1 | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i> | 1 | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate) | 1 | |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | 1 | |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i> | 1 | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | 1 | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | 1 | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 1 | NDS; QL (3.5 per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 1 | NDS; QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 1 | NDS; QL (0.75 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 1 | NDS; QL (1 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 1 | NDS; QL (1.5 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 1 | QL (0.25 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 1 | NDS; QL (0.5 per 21 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | 1 | NDS; QL (0.88 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 1 | NDS; QL (1.32 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 1 | NDS; QL (1.75 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 1 | NDS; QL (2.63 per 70 days) |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | 1 | |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda) | 1 | QL (30 per 30 days) |
| <i>lurasidone oral tablet 80 mg</i> (Latuda) | 1 | QL (60 per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| <i>molindone oral tablet 10 mg</i> | 1 | QL (240 per 30 days) |
| <i>molindone oral tablet 25 mg</i> | 1 | QL (270 per 30 days) |
| <i>molindone oral tablet 5 mg</i> | 1 | QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa) | 1 | QL (30 per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa) | 1 | |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis) | 1 | |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg</i> | 1 | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega) | 1 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega) | 1 | QL (60 per 30 days) |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | 1 | |
| PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG | 1 | NDS; QL (1 per 30 days) |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | 1 | |
| <i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i> | 1 | |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel) | 1 | |
| <i>quetiapine oral tablet 150 mg</i> | 1 | QL (30 per 30 days) |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR) | 1 | |
| REXULTI ORAL TABLET 0.25 MG | 1 | ST; NDS; QL (120 per 30 days) |
| REXULTI ORAL TABLET 0.5 MG | 1 | ST; NDS; QL (60 per 30 days) |
| REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG | 1 | ST; NDS; QL (30 per 30 days) |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> (Risperdal Consta) | 1 | QL (2 per 28 days) |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta) | 1 | NDS; QL (2 per 28 days) |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal) | 1 | |
| <i>risperidone oral tablet 0.25 mg</i> | 1 | |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal) | 1 | |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 1 | ST; NDS; QL (30 per 30 days) |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML | 1 | NDS; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML | 1 | NDS; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML | 1 | NDS; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML | 1 | NDS; QL (0.56 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML | 1 | NDS; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML | 1 | NDS; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML | 1 | NDS; QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 1 | ST; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 1 | ST; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) | 1 | ST |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon) | 1 | |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon) | 1 | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 1 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | 1 | NDS; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 1 | NDS; QL (1 per 28 days) |
| Antivirals (Systemic) | | |
| Antiretrovirals | | |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen) | 1 | |
| <i>abacavir oral tablet 300 mg</i> | 1 | |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> | 1 | |
| APRETUDE (cabotegravir) INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | 1 | NDS; QL (24 per 365 days) |
| APTIVUS ORAL CAPSULE 250 MG | 1 | NDS |
| <i>atazanavir oral capsule 150 mg</i> | 1 | |
| <i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz) | 1 | |
| BIKTARVY ORAL TABLET 30- 120-15 MG, 50-200-25 MG | 1 | NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | 1 | NDS |
| <i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i> | 1 | NDS; QL (24 per 365 days) |
| <i>cabotegravir intramuscular</i> (Apretude) <i>suspension,extended release 600 mg/3 ml (200 mg/ml)</i> | 1 | NDS; QL (24 per 365 days) |
| CIMDUO ORAL TABLET 300- 300 MG | 1 | NDS |
| COMPLERA ORAL TABLET 200-25-300 MG | 1 | NDS |
| <i>darunavir oral tablet 600 mg, 800</i> (Prezista) <i>mg</i> | 1 | NDS |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 1 | NDS |
| DESCOVY ORAL TABLET 120- 15 MG, 200-25 MG | 1 | NDS |
| <i>didanosine oral capsule,delayed release(drlec) 250 mg, 400 mg</i> | 1 | |
| DOVATO ORAL TABLET 50- 300 MG | 1 | NDS |
| EDURANT ORAL TABLET 25 MG | 1 | NDS |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | 1 | |
| <i>efavirenz oral tablet 600 mg</i> | 1 | |
| <i>efavirenz-emtricitabin-tenofov oral</i> (Atripla) <i>tablet 600-200-300 mg</i> | 1 | NDS |
| <i>efavirenz-lamivu-tenofov disop oral</i> (Symfi Lo) <i>tablet 400-300-300 mg</i> | 1 | NDS |
| <i>efavirenz-lamivu-tenofov disop oral</i> (Symfi) <i>tablet 600-300-300 mg</i> | 1 | NDS |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada) | 1 | NDS |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada) | 1 | |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 1 | |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | 1 | |
| <i>etravirine oral tablet 100 mg, 200 mg</i> (Intelece) | 1 | NDS |
| EVOTAZ ORAL TABLET 300-150 MG | 1 | NDS |
| <i>fosamprenavir oral tablet 700 mg</i> | 1 | NDS |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | 1 | NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 1 | NDS |
| INTELENCE ORAL TABLET 25 MG | 1 | |
| INVIRASE ORAL TABLET 500 MG | 1 | NDS |
| ISENTRESS HD ORAL TABLET 600 MG | 1 | NDS |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 1 | NDS |
| ISENTRESS ORAL TABLET 400 MG | 1 | NDS |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | 1 | NDS |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | 1 | |
| JULUCA ORAL TABLET 50-25 MG | 1 | NDS |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir) | 1 | |
| <i>lamivudine oral tablet 100 mg</i> | 1 | |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir) | 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>lamivudine-zidovudine oral tablet 150-300 mg</i> | 1 | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 1 | |
| <i>lopinavir-ritonavir oral solution 400- 100 mg/5 ml</i> (Kaletra) | 1 | QL (480 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra) | 1 | QL (300 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra) | 1 | QL (120 per 30 days) |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry) | 1 | NDS |
| <i>nevirapine oral suspension 50 mg/5 ml</i> | 1 | |
| <i>nevirapine oral tablet 200 mg</i> | 1 | |
| <i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> | 1 | |
| NORVIR ORAL POWDER IN PACKET 100 MG | 1 | |
| NORVIR ORAL SOLUTION 80 MG/ML | 1 | |
| ODEFSEY ORAL TABLET 200- 25-25 MG | 1 | NDS |
| PIFELTRO ORAL TABLET 100 MG | 1 | NDS |
| PREZCOBIX ORAL TABLET 800-150 MG-MG | 1 | NDS |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 1 | NDS |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 1 | NDS |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | 1 | |
| REYATAZ ORAL POWDER IN PACKET 50 MG | 1 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i> | 1 | NDS |
| <i>ritonavir oral tablet 100 mg</i> (Norvir) | 1 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 1 | NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 1 | NDS |
| SELZENTRY ORAL TABLET 25 MG | 1 | |
| SELZENTRY ORAL TABLET 75 MG | 1 | NDS |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | 1 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 1 | NDS |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK) | 1 | NDS |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | 1 | PA BvD; NDS |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 1 | NDS |
| TEMIXYS ORAL TABLET 300-300 MG | 1 | NDS |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread) | 1 | |
| TIVICAY ORAL TABLET 10 MG | 1 | |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 1 | NDS |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 1 | NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 1 | NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 1 | NDS |
| TRIZIVIR ORAL TABLET 300-150-300 MG | 1 | NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | 1 | NDS |
| VEMLIDY ORAL TABLET 25 MG | 1 | ST; NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 1 | NDS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 1 | NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 1 | NDS |
| VOCABRIA ORAL TABLET 30 MG | 1 | |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir) | 1 | |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir) | 1 | |
| <i>zidovudine oral tablet 300 mg</i> | 1 | |
| Antivirals, Miscellaneous | | |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML | 1 | PA |
| <i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir) | 1 | PA BvD |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu) | 1 | QL (84 per 180 days) |
| <i>oseltamivir oral capsule 45 mg</i> (Tamiflu) | 1 | QL (48 per 180 days) |
| <i>oseltamivir oral capsule 75 mg</i> (Tamiflu) | 1 | QL (42 per 180 days) |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | 1 | QL (540 per 180 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG | 1 | \$0 copay; QL (30 per 5 days) |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML | 1 | PA; NDS; QL (336 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML | 1 | PA; NDS; QL (672 per 28 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 1 | PA; NDS; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 1 | QL (60 per 180 days) |
| <i>rimantadine oral tablet 100 mg</i> (Flumadine) | 1 | |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML | 1 | PA; NDS |
| XOFLUZA ORAL TABLET 20 MG, 40 MG | 1 | QL (4 per 180 days) |
| XOFLUZA ORAL TABLET 80 MG | 1 | QL (2 per 180 days) |
| Hcv Antivirals | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | 1 | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | 1 | PA; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | 1 | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir) | 1 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 1 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 1 | PA; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | 1 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir) | 1 | PA; NDS; QL (28 per 28 days) |
| MAVYRET ORAL TABLET 100-40 MG | 1 | PA; NDS; QL (84 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | 1 | PA; NDS; QL (28 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Interferons | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 1 | PA; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 1 | PA; NDS |
| Nucleosides And Nucleotides | | |
| <i>acyclovir oral capsule 200 mg</i> | 1 | |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax) | 1 | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | 1 | |
| <i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i> | 1 | PA BvD |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | 1 | PA BvD |
| <i>adefovir oral tablet 10 mg</i> (Hepsera) | 1 | |
| <i>cidofovir intravenous solution 75 mg/ml</i> | 1 | NDS |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude) | 1 | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | 1 | |
| <i>ganciclovir sodium intravenous recon soln 500 mg</i> | 1 | PA BvD; NDS |
| <i>ganciclovir sodium intravenous solution 50 mg/ml</i> | 1 | PA BvD; NDS |
| <i>lagevrio (eua) oral capsule 200 mg</i> | 1 | QL (40 per 5 days) |
| <i>ribavirin inhalation recon soln 6 gram</i> (Virazole) | 1 | PA BvD; NDS |
| <i>ribavirin oral capsule 200 mg</i> | 1 | |
| <i>ribavirin oral tablet 200 mg</i> | 1 | |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex) | 1 | |
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte) | 1 | NDS |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte) | 1 | |
| VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir) | 1 | 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 |
|--|-----------|--------------------------|
| Blood Products/Modifiers/Volume Expanders | | |
| Anticoagulants | | |
| <i>dabigatran etexilate oral capsule</i> (Pradaxa) 110 mg, 150 mg, 75 mg | 1 | QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | 1 | |
| ELIQUIS ORAL TABLET 2.5 MG | 1 | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 1 | QL (74 per 30 days) |
| <i>enoxaparin subcutaneous solution</i> (Lovenox) 300 mg/3 ml | 1 | QL (30 per 30 days) |
| <i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml | 1 | QL (60 per 30 days) |
| <i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml | 1 | QL (48 per 30 days) |
| <i>enoxaparin subcutaneous syringe 30</i> (Lovenox) <i>mg/0.3 ml</i> | 1 | QL (18 per 30 days) |
| <i>enoxaparin subcutaneous syringe 40</i> (Lovenox) <i>mg/0.4 ml</i> | 1 | QL (24 per 30 days) |
| <i>enoxaparin subcutaneous syringe 60</i> (Lovenox) <i>mg/0.6 ml</i> | 1 | QL (36 per 30 days) |
| <i>fondaparinux subcutaneous syringe</i> (Arixtra) 10 mg/0.8 ml | 1 | NDS; QL (24 per 30 days) |
| <i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml | 1 | QL (15 per 30 days) |
| <i>fondaparinux subcutaneous syringe</i> (Arixtra) 5 mg/0.4 ml | 1 | NDS; QL (12 per 30 days) |
| <i>fondaparinux subcutaneous syringe</i> (Arixtra) 7.5 mg/0.6 ml | 1 | NDS; QL (18 per 30 days) |
| <i>heparin (porcine) injection cartridge</i> 5,000 unit/ml (1 ml) | 1 | |
| <i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | 1 | |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i> | 1 | |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin) | 1 | |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | 1 | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | 1 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | 1 | QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 1 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 1 | QL (60 per 30 days) |
| Blood Formation Modifiers | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | 1 | PA; NDS; QL (60 per 30 days) |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | 1 | PA; NDS |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | 1 | PA; NDS; QL (60 per 30 days) |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | 1 | PA; NDS; QL (60 per 30 days) |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | 1 | PA; NDS; QL (60 per 30 days) |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA; NDS |
| FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA; NDS |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 1 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 1 | PA; NDS |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | 1 | PA; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | 1 | PA; NDS; QL (20 per 30 days) |
| LEUKINE INJECTION RECON SOLN 250 MCG | 1 | NDS |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (plerixafor) | 1 | NDS |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 1 | PA; NDS |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 1 | PA; NDS |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 1 | PA; NDS |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG | 1 | PA; NDS |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA; NDS |
| <i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i> (Mozobil) | 1 | NDS |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG | 1 | PA; NDS; QL (90 per 30 days) |
| PROMACTA ORAL POWDER IN PACKET 25 MG | 1 | PA; NDS; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG | 1 | PA; NDS; QL (90 per 30 days) |
| PROMACTA ORAL TABLET 25 MG | 1 | PA; NDS; QL (30 per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 1 | PA; NDS; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 1 | PA; NDS |
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 1 | 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 | 1 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | 1 | PA; QL (4 per 28 days) |
| ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML | 1 | PA; NDS |
| STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA; NDS |
| UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML | 1 | PA; NDS |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 1 | PA; NDS |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA; NDS |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 1 | PA; NDS |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA; NDS |
| Hematologic Agents, Miscellaneous | | |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA; NDS |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin) | 1 | |
| <i>anagrelide oral capsule 1 mg</i> | 1 | |
| CABLIVI INJECTION KIT 11 MG | 1 | PA; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 1 | |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML | 1 | PA; NDS |
| <i>protamine intravenous solution 10 mg/ml</i> | 1 | |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | 1 | PA; NDS; QL (60 per 30 days) |
| <i>tranexamic acid intravenous solution (Cyklokapron) 1,000 mg/10 ml (100 mg/ml)</i> | 1 | |
| <i>tranexamic acid oral tablet 650 mg</i> | 1 | |
| Platelet-Aggregation Inhibitors | | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | 1 | QL (60 per 30 days) |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 1 | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | 1 | |
| <i>clopidogrel oral tablet 75 mg (Plavix)</i> | 1 | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | 1 | |
| <i>prasugrel oral tablet 10 mg, 5 mg (Effient)</i> | 1 | QL (30 per 30 days) |
| Caloric Agents | | |
| Caloric Agents | | |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | PA BvD |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 1 | PA BvD |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 1 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | PA BvD |
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % | 1 | PA BvD |
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 1 | PA BvD |
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | 1 | PA BvD |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % | 1 | PA BvD |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 1 | PA BvD |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 1 | PA BvD |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | PA BvD |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | PA BvD |
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % | 1 | PA BvD |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera) | 1 | PA; NDS; QL (180 per 30 days) |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | 1 | |
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep) | 1 | |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | 1 | |
| Angiotensin II Receptor Antagonists | | |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand) | 1 | |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT) | 1 | |
| EDARBI ORAL TABLET 40 MG, 80 MG | 1 | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | 1 | |
| ENTRESTO ORAL TABLET 24-26 MG | 1 | QL (180 per 30 days) |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG | 1 | QL (60 per 30 days) |
| ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG | 1 | QL (240 per 30 days) |
| <i>eprosartan oral tablet 600 mg</i> | 1 | |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro) | 1 | |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide) | 1 | |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar) | 1 | |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar) | 1 | |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor) | 1 | |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT) | 1 | |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis) | 1 | |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> | 1 | |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT) | 1 | |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan) | 1 | |
| <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) | 1 | |
| Angiotensin-Converting Enzyme Inhibitors | | |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin) | 1 | |
| <i>benazepril oral tablet 5 mg</i> | 1 | |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT) | 1 | |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i> | 1 | |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | 1 | |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> | 1 | |
| <i>enalapril maleate oral solution 1 mg/ml</i> (Epaned) | 1 | ST; QL (1200 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec) | 1 | |
| <i>enalaprilat intravenous solution 1.25 mg/ml</i> | 1 | |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic) | 1 | |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i> | 1 | |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> | 1 | |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril) | 1 | |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic) | 1 | |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i> | 1 | |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | 1 | |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril) | 1 | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic) | 1 | |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace) | 1 | |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | 1 | |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 1 | |
| Antiarrhythmic Agents | | |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone) | 1 | |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace) | 1 | PA-HRM; AGE (Max 64 Years) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn) | 1 | |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | 1 | |
| <i>lidocaine (pf) injection syringe 100 mg/5 ml (2 %)</i> | 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> | 1 | |
| MULTAQ ORAL TABLET 400 MG | 1 | |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone) | 1 | |
| <i>procainamide injection solution 100 mg/ml, 500 mg/ml</i> | 1 | |
| <i>procainamide intravenous syringe 100 mg/ml</i> | 1 | |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> | 1 | |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | 1 | |
| <i>quinidine gluconate oral tablet extended release 324 mg</i> | 1 | |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | 1 | |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | 1 | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin) | 1 | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100) | 1 | |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50) | 1 | |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | 1 | |
| <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> | 1 | |
| <i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i> | 1 | |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | 1 | |
| <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> | 1 | |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> | 1 | |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor) | 1 | |
| <i>metoprolol tartrate oral tablet 25 mg</i> | 1 | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard) | 1 | |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic) | 1 | |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>propranolol intravenous solution 1 mg/ml</i> | 1 | |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA) | 1 | |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 1 | |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i> | 1 | |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol) | 1 | |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol) | 1 | |
| <i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF) | 1 | |
| <i>sotalol oral tablet 240 mg</i> (Betapace) | 1 | |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | |
| Calcium-Channel Blocking Agents | | |
| <i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl) | 1 | |
| <i>diltiazem hcl intravenous solution 5 mg/ml</i> | 1 | |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i> | 1 | |
| <i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER) | 1 | |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT) | 1 | |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem) | 1 | |
| <i>diltiazem hcl oral tablet 90 mg</i> | 1 | |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA) | 1 | |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA) | 1 | |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl) | 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>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl) | 1 | |
| <i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl) | 1 | |
| <i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl) | 1 | |
| <i>verapamil intravenous syringe 2.5 mg/ml</i> | 1 | |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM) | 1 | |
| <i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> | 1 | |
| <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> | 1 | |
| Cardiovascular Agents, Miscellaneous | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | 1 | QL (600 per 30 days) |
| <i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin) | 1 | |
| <i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin) | 1 | |
| <i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i> (Lanoxin) | 1 | |
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i> | 1 | |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek) | 1 | |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q) | 1 | QL (4 per 30 days) |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr) | 1 | QL (4 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>epinephrine injection solution 1 mg/ml</i> (Adrenalin) | 1 | |
| <i>hydralazine injection solution 20 mg/ml</i> | 1 | |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir) | 1 | PA; NDS; QL (18 per 30 days) |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor) | 1 | QL (60 per 30 days) |
| <i>metyrosine oral capsule 250 mg</i> (Demser) | 1 | NDS |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> | 1 | QL (60 per 30 days) |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i> | 1 | QL (120 per 30 days) |
| <i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant) | 1 | PA; NDS; QL (18 per 30 days) |
| SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML | 1 | QL (4 per 30 days) |
| SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine) | 1 | QL (4 per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 1 | PA; QL (30 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) | 1 | |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i> | 1 | |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor) | 1 | |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge) | 1 | |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| <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 | 1 | 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) | 1 | PA; NDS; QL (56 per 28 days) |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone) | 1 | |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | 1 | |
| <i>toremide oral tablet 10 mg, 100 mg, 5 mg</i> | 1 | |
| <i>toremide oral tablet 20 mg</i> (Soanz) | 1 | |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | 1 | |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | 1 | |
| Dyslipidemics | | |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet) | 1 | |
| <i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet) | 1 | QL (30 per 30 days) |
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i> | 1 | |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor) | 1 | QL (30 per 30 days) |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame) | 1 | |
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol) | 1 | |
| <i>colesevelam oral tablet 625 mg</i> (WelChol) | 1 | |
| <i>colestipol oral packet 5 gram</i> | 1 | |
| <i>colestipol oral tablet 1 gram</i> (Colestid) | 1 | |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | 1 | ST; QL (30 per 30 days) |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia) | 1 | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10) | 1 | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20) | 1 | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40) | 1 | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80) | 1 | QL (30 per 30 days) |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 1 | |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor) | 1 | |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | 1 | |
| <i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i> (Trilipix) | 1 | |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i> | 1 | QL (60 per 30 days) |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL) | 1 | |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid) | 1 | |
| JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG | 1 | PA; NDS; QL (28 per 28 days) |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | 1 | PA; NDS; QL (56 per 28 days) |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl) | 1 | QL (240 per 30 days) |
| VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl) | 1 | QL (120 per 30 days) |
| Renin-Angiotensin-Aldosterone System Inhibitors | | |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna) | 1 | |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra) | 1 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG | 1 | PA; QL (30 per 30 days) |
| <i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir) | 1 | ST; QL (600 per 30 days) |
| Vasodilators | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i> | 1 | |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso) | 1 | |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | 1 | |
| <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) | 1 | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | 1 | |
| <i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i> | 1 | |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat) | 1 | |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | 1 | |
| Central Nervous System Agents | | |
| Central Nervous System Agents | | |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera) | 1 | QL (60 per 30 days) |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera) | 1 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 1 | PA; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 1 | PA; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | 1 | PA; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG | 1 | PA; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG | 1 | PA; NDS; QL (30 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | 1 | PA; NDS; QL (210 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14) | 1 | PA; NDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | 1 | PA; NDS; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | 1 | PA; NDS; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 1 | PA; NDS; QL (15 per 30 days) |
| <i>caffeine citrate intravenous solution</i> (Cafcit) 60 mg/3 ml (20 mg/ml) | 1 | PA BvD |
| <i>caffeine citrate oral solution</i> 60 mg/3 ml (20 mg/ml) | 1 | |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> | 1 | |
| COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 20 MG/ML | 1 | PA; NDS; QL (30 per 30 days) |
| COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 40 MG/ML | 1 | PA; NDS; QL (12 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra) | 1 | PA; QL (60 per 30 days) |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin) | 1 | QL (60 per 30 days) |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule) | 1 | QL (120 per 30 days) |
| <i>dextroamphetamine sulfate oral capsule, extended release 15 mg, 5 mg</i> | 1 | QL (120 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi) | 1 | QL (180 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i> (Zenedi) | 1 | QL (90 per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenedi) | 1 | QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR) | 1 | QL (30 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR) | 1 | 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) | 1 | QL (60 per 30 days) |
| <i>dimethyl fumarate oral capsule, delayed release (drlec) 120 mg</i> (Tecfidera) | 1 | PA; NDS; QL (14 per 7 days) |
| <i>dimethyl fumarate oral capsule, delayed release (drlec) 120 mg (14)- 240 mg (46)</i> (Tecfidera) | 1 | PA; NDS |
| <i>dimethyl fumarate oral capsule, delayed release (drlec) 240 mg</i> (Tecfidera) | 1 | PA; NDS; QL (60 per 30 days) |
| <i>edaravone intravenous solution 30 mg/100 ml</i> (Radicava) | 1 | PA; NDS; QL (2800 per 28 days) |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML | 1 | PA; NDS |
| <i> fingolimod oral capsule 0.5 mg</i> (Gilenya) | 1 | PA; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| <i>flumazenil intravenous solution 0.1 mg/ml</i> | 1 | |
| GILENYA ORAL CAPSULE 0.25 MG | 1 | PA; NDS; QL (60 per 30 days) |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone) | 1 | PA; NDS; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone) | 1 | PA; NDS; QL (12 per 28 days) |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer) | 1 | PA; NDS; QL (30 per 30 days) |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer) | 1 | 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) | 1 | |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) | 1 | PA; NDS |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 1 | PA; NDS; QL (30 per 30 days) |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG | 1 | PA; NDS; QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 1 | 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> | 1 | |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid) | 1 | |
| <i>lithium carbonate oral tablet extended release 450 mg</i> | 1 | |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | 1 | |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NDS |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NDS |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NDS |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NDS |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NDS |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | 1 | PA; NDS |
| MAYZENT ORAL TABLET 0.25 MG | 1 | PA; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 1 | PA; NDS; QL (30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | 1 | PA |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | 1 | PA; NDS |
| <i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl) | 1 | QL (90 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD) | 1 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD) | 1 | QL (60 per 30 days) |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA) | 1 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA) | 1 | QL (60 per 30 days) |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i> | 1 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin) | 1 | QL (900 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin) | 1 | QL (90 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 10 mg</i> | 1 | QL (90 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER) | 1 | QL (90 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i> | 1 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta) | 1 | QL (30 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta) | 1 | QL (60 per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i> | 1 | QL (60 per 30 days) |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML | 1 | PA; NDS; QL (20 per 180 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 1 | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML | 1 | PA; NDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | 1 | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | 1 | PA; NDS |
| RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (edaravone) | 1 | PA; NDS; QL (2800 per 28 days) |
| <i>riluzole oral tablet 50 mg</i> (Rilutek) | 1 | QL (60 per 30 days) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 1 | QL (60 per 30 days) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | 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 |
|--|-----------|----------------------------------|
| TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG | 1 | PA; NDS; QL (30 per 30 days) |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio) | 1 | PA; NDS; QL (30 per 30 days) |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine) | 1 | PA; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | 1 | PA; NDS; QL (120 per 30 days) |
| Contraceptives | | |
| Contraceptives | | |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estradiol) | 1 | |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estradiol) | 1 | |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol) | 1 | |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 1 | |
| <i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol- e.estradiol) | 1 | QL (91 per 84 days) |
| <i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol) | 1 | |
| <i>aranelle (28) oral tablet 0.5/1/0.5- 35 mg-mcg</i> | 1 | |
| <i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol- e.estradiol) | 1 | QL (91 per 84 days) |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estradiol) | 1 | |
| <i>aurovela 1.5/30 (21) oral tablet 1.5- 30 mg-mcg</i> (norethindrone ac-eth estradiol) | 1 | |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol) | 1 | |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone- e.estradiol-iron) | 1 | |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 10.01 mg x 5</i> (Azurette (28)) | 1 | |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri) | 1 | |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28)) | 1 | |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Syeda) | 1 | |
| <i>elinest oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol) | 1 | |
| ELLA ORAL TABLET 30 MG | 1 | QL (6 per 365 days) |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol) | 1 | QL (1 per 28 days) |
| <i>emzahh oral tablet 0.35 mg</i> (norethindrone (contraceptive)) | 1 | |
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol) | 1 | QL (1 per 28 days) |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic) | 1 | |
| <i>enskyce oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol) | 1 | |
| <i>errin oral tablet 0.35 mg</i> (norethindrone (contraceptive)) | 1 | |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol) | 1 | |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28)) | 1 | |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1/50 (28)) | 1 | |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng) | 1 | QL (1 per 28 days) |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 1 | |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron) | 1 | |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron) | 1 | |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|--|----------------------------------|------------------|----------------------------|
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i> | (ethynodiol diac-eth estradiol) | 1 | |
| <i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i> | (ethynodiol diac-eth estradiol) | 1 | |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i> | (levonorgestrel-ethinyl estrad) | 1 | |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | (LoJaimiess) | 1 | QL (91 per 84 days) |
| <i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (Amethia) | 1 | QL (91 per 84 days) |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | (norethindrone ac-eth estradiol) | 1 | |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> | (norethindrone ac-eth estradiol) | 1 | |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | (norethindrone-e.estradiol-iron) | 1 | |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1 | |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | (norethindrone-e.estradiol-iron) | 1 | |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estrad) | 1 | |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | (levonorg-eth estrad triphasic) | 1 | |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i> | (Balcoltra) | 1 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> | (Afirmelle) | 1 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> | (Altavera (28)) | 1 | |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (Iclevia) | 1 | QL (91 per 84 days) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | (Enpresse) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|--|----------------------------------|------------------|----------------------------|
| <i>levora-28 oral tablet 0.15-0.03 mg</i> | (levonorgestrel-ethinyl estrad) | 1 | |
| <i>lojaimiess oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| <i>loryna (28) oral tablet 3-0.02 mg</i> | (drospirenone-ethinyl estradiol) | 1 | |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> | (norgestrel-ethinyl estradiol) | 1 | |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i> | (drospirenone-ethinyl estradiol) | 1 | |
| <i>luteru (28) oral tablet 0.1-20 mg-mcg</i> | (levonorgestrel-ethinyl estrad) | 1 | |
| <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) | 1 | |
| <i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> | (norethindrone-e.estradiol-iron) | 1 | |
| <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) | 1 | |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | | 1 | |
| <i>nikki (28) oral tablet 3-0.02 mg</i> | (drospirenone-ethinyl estradiol) | 1 | |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | (Xulane) | 1 | QL (3 per 28 days) |
| <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)) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|--|----------------------------------|------------------|----------------------------|
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> | (Aurovela 1/20 (21)) | 1 | |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> | (Merzee) | 1 | |
| <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)) | 1 | |
| <i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | (Tri-Legest Fe) | 1 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | (Tri-Lo-Estarylla) | 1 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | (Tri-Estarylla) | 1 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> | (Estarylla) | 1 | |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | | 1 | |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i> | | 1 | |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> | (norethindrone-ethin estradiol) | 1 | |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | | 1 | |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> | (norethindrone-ethin estradiol) | 1 | |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | | 1 | |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> | (norgestimate-ethinyl estradiol) | 1 | |
| <i>philith oral tablet 0.4-35 mg-mcg</i> | | 1 | |
| <i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (desog-e.estradiol/e.estradiol) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i> | 1 | |
| <i>pirmella oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol) | 1 | |
| <i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad) | 1 | |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol) | 1 | |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad) | 1 | 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) | 1 | |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estrad) | 1 | QL (91 per 84 days) |
| SLYND ORAL TABLET 4 MG (28) | 1 | |
| <i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol) | 1 | |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad) | 1 | |
| <i>syeda oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol) | 1 | |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron) | 1 | |
| <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-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) | 1 | |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (norgestimate-ethinyl estradiol) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|-------------------------------------|------------------|----------------------------|
| <i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-25 mcg | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-lo-mili oral tablet</i> 0.18/0.215/0.25 mg-25 mcg | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-mili oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28) | (norgestimate-ethinyl estradiol) | 1 | |
| <i>tri-nymyo 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) | 1 | |
| <i>trivora (28) oral tablet</i> 50-30 (6)/75-40 (5)/125-30(10) | (levonorg-eth estrad triphasic) | 1 | |
| <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) | 1 | |
| <i>tulana oral tablet</i> 0.35 mg | (norethindrone (contraceptive)) | 1 | |
| <i>turqoz (28) oral tablet</i> 0.3-30 mg- mcg | (norgestrel-ethinyl estradiol) | 1 | |
| <i>tyblume oral tablet, chewable</i> 0.1 mg- 20 mcg | | 1 | |
| <i>velivet triphasic regimen (28) oral tablet</i> 0.11.125/1.15-25 mg-mcg | | 1 | |
| <i>vestura (28) oral tablet</i> 3-0.02 mg | (drospirenone-ethinyl estradiol) | 1 | |
| <i>vienva oral tablet</i> 0.1-20 mg-mcg | (levonorgestrel-ethinyl estrad) | 1 | |
| <i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5 | (desog- e.estradiol/e.estradiol) | 1 | |
| <i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5 | (desog- e.estradiol/e.estradiol) | 1 | |
| <i>vyfemla (28) oral tablet</i> 0.4-35 mg- mcg | | 1 | |
| <i>vylibra oral tablet</i> 0.25-35 mg-mcg | (norgestimate-ethinyl estradiol) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|----------------------------------|------------------|----------------------------|
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i> | | 1 | |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> | (norelgestromin-ethin.estradiol) | 1 | QL (3 per 28 days) |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i> | (norelgestromin-ethin.estradiol) | 1 | QL (3 per 28 days) |
| <i>zarah oral tablet 3-0.03 mg</i> | (drospirenone-ethinyl estradiol) | 1 | |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i> | (ethynodiol diac-eth estradiol) | 1 | |
| <i>zumandimine (28) oral tablet 3-0.03 mg</i> | (drospirenone-ethinyl estradiol) | 1 | |
| Dental And Oral Agents | | | |
| Dental And Oral Agents | | | |
| <i>cevimeline oral capsule 30 mg</i> | (Evoxac) | 1 | |
| <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 | |
| KOURZEQ DENTAL PASTE 0.1 % | (triamcinolone acetonide) | 1 | |
| <i>oralone dental paste 0.1 %</i> | (triamcinolone acetonide) | 1 | |
| <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)) | 1 | |
| <i>sf 5000 plus dental cream 1.1 %</i> | (fluoride (sodium)) | 1 | |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> | (Denta 5000 Plus Sensitive) | 1 | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> | (Kourzeq) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------|
| Dermatological Agents | | |
| Dermatological Agents, Other | | |
| <i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin) | 1 | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | 1 | |
| <i>acyclovir topical cream 5 %</i> (Zovirax) | 1 | QL (5 per 4 days) |
| <i>acyclovir topical ointment 5 %</i> (Zovirax) | 1 | QL (30 per 30 days) |
| ALCOHOL 70% SWABS (Alcohol Pads) | 1 | |
| ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs) | 1 | |
| ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED (alcohol swabs) | 1 | |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs) | 1 | |
| <i>ammonium lactate topical cream 12 %</i> | 1 | |
| <i>ammonium lactate topical lotion 12 %</i> (Skin Treatment) | 1 | |
| BD SINGLE USE SWAB (alcohol swabs) | 1 | |
| <i>calcipotriene scalp solution 0.005 %</i> | 1 | QL (120 per 30 days) |
| <i>calcipotriene topical cream 0.005 %</i> | 1 | QL (120 per 30 days) |
| <i>calcipotriene topical ointment 0.005 %</i> | 1 | 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) | 1 | NDS |
| <i>fluorouracil topical cream 5 %</i> (Efudex) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>fluorouracil topical solution 2 %, 5 %</i> | 1 | |
| HEB INCONTROL ALCOHOL (alcohol swabs) 70% PADS | 1 | |
| <i>imiquimod topical cream in packet 5 %</i> | 1 | QL (24 per 30 days) |
| IV ANTISEPTIC WIPES (alcohol swabs) | 1 | |
| KENDALL ALCOHOL 70% (alcohol swabs) PREP PAD | 1 | |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 % | 1 | QL (5 per 5 days) |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> | 1 | NDS |
| PANRETIN TOPICAL GEL 0.1 % | 1 | NDS; QL (180 per 30 days) |
| <i>penciclovir topical cream 1 %</i> (Denavir) | 1 | |
| <i>podofilox topical solution 0.5 %</i> | 1 | |
| PRO COMFORT ALCOHOL (alcohol swabs) 70% PADS | 1 | |
| PURE COMFORT ALCOHOL (alcohol swabs) 70% PADS | 1 | |
| REGRANEX TOPICAL GEL 0.01 % | 1 | PA; NDS; QL (30 per 30 days) |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 1 | QL (180 per 30 days) |
| SURE COMFORT ALCOHOL (alcohol swabs) PREP PADS | 1 | |
| SURE-PREP ALCOHOL PREP (alcohol swabs) PADS | 1 | |
| TRUE COMFORT ALCOHOL (alcohol swabs) 70% PADS | 1 | |
| TRUE COMFORT PRO (alcohol swabs) ALCOHOL PADS | 1 | |
| ULTILET ALCOHOL STERL (alcohol swabs) SWAB | 1 | |
| VALCHLOR TOPICAL GEL 0.016 % | 1 | PA NSO; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| WEBCOL ALCOHOL PREPS (alcohol swabs) 20'S,LARGE | 1 | |
| zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin) | 1 | |
| Dermatological Antibacterials | | |
| clindamycin phosphate topical foam 1 % (Clindacin) | 1 | QL (100 per 30 days) |
| clindamycin phosphate topical solution 1 % | 1 | QL (180 per 30 days) |
| clindamycin phosphate topical swab 1 % (Clindacin ETZ) | 1 | |
| clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 % (Neuac) | 1 | |
| clindamycin-benzoyl peroxide topical gel 1-5 % | 1 | |
| ery pads topical swab 2 % (erythromycin with ethanol) | 1 | |
| erythromycin with ethanol topical gel 2 % (Erygel) | 1 | QL (180 per 30 days) |
| erythromycin with ethanol topical solution 2 % | 1 | QL (180 per 30 days) |
| erythromycin-benzoyl peroxide topical gel 3-5 % (Benzamycin) | 1 | |
| gentamicin topical cream 0.1 % | 1 | QL (120 per 30 days) |
| gentamicin topical ointment 0.1 % | 1 | QL (120 per 30 days) |
| metronidazole topical cream 0.75 % (Rosadan) | 1 | |
| metronidazole topical gel 0.75 % (Rosadan) | 1 | |
| metronidazole topical gel 1 % (Metrogel) | 1 | |
| metronidazole topical lotion 0.75 % (MetroLotion) | 1 | |
| mupirocin topical ointment 2 % (Centany) | 1 | QL (220 per 30 days) |
| neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml | 1 | |
| rosadan topical cream 0.75 % (metronidazole) | 1 | |
| selenium sulfide topical lotion 2.5 % | 1 | |
| silver sulfadiazine topical cream 1 % (SSD) | 1 | |
| ssd topical cream 1 % (silver sulfadiazine) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>sulfacetamide sodium (acne) topical (Klaron) suspension 10 %</i> | 1 | |
| Dermatological Anti-Inflammatory Agents | | |
| <i>ala-cort topical cream 1 % (hydrocortisone)</i> | 1 | |
| <i>ala-scalp topical lotion 2 % (hydrocortisone)</i> | 1 | |
| <i>alclometasone topical cream 0.05 %</i> | 1 | |
| <i>alclometasone topical ointment 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | 1 | |
| <i>betamethasone valerate topical cream 0.1 %</i> | 1 | |
| <i>betamethasone valerate topical foam (Luxiq) 0.12 %</i> | 1 | |
| <i>betamethasone valerate topical lotion 0.1 %</i> | 1 | |
| <i>betamethasone valerate topical ointment 0.1 %</i> | 1 | |
| <i>betamethasone, augmented topical cream 0.05 %</i> | 1 | |
| <i>betamethasone, augmented topical gel 0.05 %</i> | 1 | |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | 1 | |
| <i>betamethasone, augmented topical ointment 0.05 % (Diprolene (augmented))</i> | 1 | |
| <i>clobetasol scalp solution 0.05 %</i> | 1 | |
| <i>clobetasol topical cream 0.05 %</i> | 1 | |
| <i>clobetasol topical foam 0.05 % (Olux)</i> | 1 | |
| <i>clobetasol topical gel 0.05 %</i> | 1 | |
| <i>clobetasol topical lotion 0.05 % (Clobex)</i> | 1 | |
| <i>clobetasol topical ointment 0.05 %</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex) | 1 | |
| <i>clobetasol-emollient topical cream 0.05 %</i> | 1 | |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E) | 1 | |
| <i>desonide topical cream 0.05 %</i> (DesOwen) | 1 | |
| <i>desonide topical lotion 0.05 %</i> | 1 | |
| <i>desonide topical ointment 0.05 %</i> | 1 | |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort) | 1 | QL (120 per 30 days) |
| <i>desoximetasone topical gel 0.05 %</i> (Topicort) | 1 | QL (120 per 30 days) |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort) | 1 | QL (120 per 30 days) |
| <i>diflorasone topical ointment 0.05 %</i> | 1 | QL (180 per 30 days) |
| EUCRISA TOPICAL OINTMENT 2 % | 1 | |
| <i>fluocinolone topical cream 0.01 %</i> | 1 | |
| <i>fluocinolone topical cream 0.025 %</i> (Synalar) | 1 | |
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar) | 1 | |
| <i>fluocinonide topical cream 0.05 %</i> | 1 | |
| <i>fluocinonide topical gel 0.05 %</i> | 1 | |
| <i>fluocinonide topical ointment 0.05 %</i> | 1 | |
| <i>fluocinonide topical solution 0.05 %</i> | 1 | |
| <i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E) | 1 | |
| <i>fluticasone propionate topical cream 0.05 %</i> | 1 | |
| <i>fluticasone propionate topical ointment 0.005 %</i> | 1 | |
| <i>halobetasol propionate topical cream 0.05 %</i> | 1 | |
| <i>halobetasol propionate topical ointment 0.05 %</i> | 1 | |
| <i>hydrocortisone 2.5% cream</i> | 1 | |
| <i>hydrocortisone butyrate topical cream 0.1 %</i> | 1 | QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid) | 1 | QL (236 per 30 days) |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i> | 1 | QL (120 per 30 days) |
| <i>hydrocortisone butyrate topical solution 0.1 %</i> | 1 | QL (120 per 30 days) |
| HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 % | 1 | |
| <i>hydrocortisone topical cream 1 %</i> (Ala-Cort) | 1 | |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Proctosol HC) | 1 | |
| <i>hydrocortisone topical lotion 2.5 %</i> | 1 | |
| <i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC)) | 1 | |
| <i>hydrocortisone topical ointment 2.5 %</i> | 1 | |
| <i>hydrocortisone valerate topical cream 0.2 %</i> | 1 | |
| <i>hydrocortisone valerate topical ointment 0.2 %</i> | 1 | |
| <i>mometasone topical cream 0.1 %</i> | 1 | |
| <i>mometasone topical ointment 0.1 %</i> | 1 | |
| <i>mometasone topical solution 0.1 %</i> | 1 | |
| <i>pimecrolimus topical cream 1 %</i> (Elidel) | 1 | QL (100 per 30 days) |
| <i>prednicarbate topical ointment 0.1 %</i> | 1 | |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 1 | |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone) | 1 | |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> | 1 | 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> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 1 | |
| <i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex) | 1 | |
| Dermatological Retinoids | | |
| <i>adapalene topical cream 0.1 %</i> (Differin) | 1 | |
| <i>adapalene topical gel 0.1 %</i> (Differin) | 1 | |
| ALTRENO TOPICAL LOTION 0.05 % | 1 | PA |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac) | 1 | |
| TAZORAC TOPICAL CREAM 0.05 % | 1 | |
| <i>tretinoin topical cream 0.025 %</i> (Avita) | 1 | PA |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A) | 1 | PA |
| <i>tretinoin topical gel 0.01 %</i> (Retin-A) | 1 | PA |
| <i>tretinoin topical gel 0.025 %</i> (Avita) | 1 | PA |
| <i>tretinoin topical gel 0.05 %</i> (Atralin) | 1 | PA |
| Scabicides And Pediculicides | | |
| <i>malathion topical lotion 0.5 %</i> (Ovide) | 1 | |
| <i>permethrin topical cream 5 %</i> (Elimite) | 1 | QL (60 per 30 days) |
| Devices | | |
| Devices | | |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| 1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| 1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|--|-----------------------------------|------------------|----------------------------|
| 1ST TIER UNIFINE PNTD 32GX5/32 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | |
| ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | |
| ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | |
| ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | |
| ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | |
| ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ADVOCATE PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 1 | |
| ADVOCATE PEN NEEDLE (pen needle, diabetic) 4MM 33G 33 GAUGE X 5/32" | 1 | |
| ADVOCATE PEN NEEDLES (pen needle, diabetic) 5MM 31G 31 GAUGE X 3/16" | 1 | |
| ADVOCATE PEN NEEDLES (pen needle, diabetic) 8MM 31G 31 GAUGE X 5/16" | 1 | |
| AQINJECT PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16" | 1 | |
| AQINJECT PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 1 | |
| ASSURE ID DUO PRO NDL (pen needle, diabetic, 31G 5MM 31 GAUGE X 3/16" safety) | 1 | |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16" | 1 | |
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16" | 1 | |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | 1 | |
| ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16" | 1 | |
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | 1 | |
| ASSURE ID PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety) | 1 | |
| ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16" | 1 | |
| ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2" | 1 | |
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64" | 1 | |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------------------------------|----------------------------|
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16" | 1 | |
| BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 " | 1 | |
| BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16" | 1 | |
| BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64" | 1 | |
| BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1" | 1 | |
| BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 |
| BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2" | 1 | |
| BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" | 1 | |
| BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 |
| BD INSULIN SYRINGE 1 ML W/O NEEDLE | (insulin syringe needleless) | 1 |
| BD LUER-LOK SYRINGE 1 ML | (Easy Touch Luer Lock Insulin) | 1 |
| BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 |
| BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2" | 1 | |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| BD VEO INS SYRN 0.3 ML (insulin syringe-needle 6MMX31G 0.3 ML 31 GAUGE X u-100) 15/64" | 1 | |
| BD VEO INS SYRN 0.5 ML (insulin syringe-needle 6MMX31G 1/2 ML 31 GAUGE X u-100) 15/64" | 1 | |
| BORDERED GAUZE 2"X2" 2 X (gauze bandage) 2 " | 1 | |
| CAREFINE PEN NEEDLE (pen needle, diabetic) 12.7MM 29G 29 GAUGE X 1/2" | 1 | |
| CAREFINE PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32" | 1 | |
| CAREFINE PEN NEEDLE 5MM (pen needle, diabetic) 32G 32 GAUGE X 3/16" | 1 | |
| CAREFINE PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4" | 1 | |
| CAREFINE PEN NEEDLE 8MM (pen needle, diabetic) 30G 30 GAUGE X 5/16" | 1 | |
| CAREFINE PEN NEEDLES (pen needle, diabetic) 6MM 32G 32 GAUGE X 1/4" | 1 | |
| CAREFINE PEN NEEDLES (pen needle, diabetic) 8MM 31G 31 GAUGE X 5/16" | 1 | |
| CARETOUCH PEN NEEDLE (pen needle, diabetic) 29G 12MM 29 GAUGE X 1/2" | 1 | |
| CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4" | 1 | |
| CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16" | 1 | |
| CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16" | 1 | |
| CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16" | 1 | |
| CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32" | 1 | |
| CARETOUCH SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16" | 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 |
|---|------------------|----------------------------|
| CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16" | 1 | |
| CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16 | 1 | |
| CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 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 |
|--|-----------------------------------|------------------|----------------------------|
| 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) | 1 | |
| COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | |
| COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | |
| COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | |
| COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16" | | 1 | |
| COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16" | | 1 | |
| COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic, safety) | 1 | |
| COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 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 |
|---|-----------------------------------|----------------------------|
| COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 |
| COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3" | | 1 |
| COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6" | | 1 |
| COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic) | 1 |
| COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 |
| COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 |
| COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 |
| COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 5MM 32 GAUGE X 3/16" | 1 | |
| COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 6MM 32 GAUGE X 1/4" | 1 | |
| COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 8MM 32 GAUGE X 5/16" | 1 | |
| COMFORT TOUCH PEN NDL (pen needle, diabetic) 33G 4MM 33 GAUGE X 5/32" | 1 | |
| COMFORT TOUCH PEN NDL (pen needle, diabetic) 33G 6MM 33 GAUGE X 1/4" | 1 | |
| COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16" | 1 | |
| 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" | 1 | |
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2" | 1 | |
| DROPLET INS 0.3 ML (insulin syringe-needle 29GX12.5MM 0.3 ML 29 u-100) GAUGE X 1/2" | 1 | |
| DROPLET INS 0.3 ML (insulin syringe-needle 30GX12.5MM 0.3 ML 30 u-100) GAUGE X 1/2" | 1 | |
| DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64" | 1 | |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2" | 1 | |
| DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 30GX5/16" 30 GAUGE X 5/16" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16" | 1 | |
| DROPLET PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32" | 1 | |
| DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64" | 1 | |
| DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | 1 | |
| DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | 1 | |
| DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | 1 | |
| DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16" | 1 | |
| DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2" | 1 | |
| DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | 1 | |
| DROPSAFE PEN NEEDLE (pen needle, diabetic, 31GX3/16" 31 GAUGE X 3/16" safety) | 1 | |
| DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | 1 | |
| 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 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 | |
| EASY CMFT SFTY PEN NDL (pen needle, diabetic, 31G 5MM 31 GAUGE X 3/16" safety) | 1 | |
| EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 1 | |
| EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 1 | |
| EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2" | 1 | |
| EASY COMFORT 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" u-100) | 1 | |
| EASY COMFORT 0.3 ML (insulin syringe-needle SYRINGE 0.3 ML 30 GAUGE X u-100) 5/16" | 1 | |
| EASY COMFORT 0.5 ML (insulin syringe-needle 30GX1/2" 0.5 ML 30 GAUGE X u-100) 1/2" | 1 | |
| EASY COMFORT 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16" | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16" | 1 | |
| EASY COMFORT 0.5 ML (insulin syringe-needle SYRINGE 0.5 ML 30 GAUGE X u-100) 5/16" | 1 | |
| EASY COMFORT 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X u-100) 5/16" | 1 | |
| EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16" | 1 | |
| EASY COMFORT INSULIN 1 (insulin syringe-needle ML SYR 1 ML 30 GAUGE X 5/16 u-100) | 1 | |
| EASY COMFORT PEN NDL (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4" | 1 | |
| EASY COMFORT PEN NDL (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16" | 1 | |
| EASY COMFORT PEN NDL (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16" | 1 | |
| EASY COMFORT PEN NDL (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32" | 1 | |
| EASY COMFORT PEN NDL (pen needle, diabetic) 33G 4MM 33 GAUGE X 5/32" | 1 | |
| EASY COMFORT PEN NDL (pen needle, diabetic) 33G 5MM 33 GAUGE X 3/16" | 1 | |
| EASY COMFORT PEN NDL (pen needle, diabetic) 33G 6MM 33 GAUGE X 1/4" | 1 | |
| EASY COMFORT SYR 1 ML (insulin syringe-needle 30GX1/2" 1 ML 30 GAUGE X u-100) 1/2" | 1 | |
| EASY GLIDE INS 0.3 ML (insulin syringe-needle 31GX6MM 0.3 ML 31 GAUGE X u-100) 15/64" | 1 | |
| EASY GLIDE INS 0.5 ML (insulin syringe-needle 31GX6MM 1/2 ML 31 GAUGE X u-100) 15/64" | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | 1 | |
| EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | 1 | |
| EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16" | 1 | |
| EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2" | 1 | |
| EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2" | 1 | |
| EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2" | 1 | |
| EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2" | 1 | |
| EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2" | 1 | |
| EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| EASY TOUCH 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) | 1 | |
| EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | 1 | |
| EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | 1 | |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | 1 | |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | 1 | |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | 1 | |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | 1 | |
| EASY TOUCH LUER LOK INSUL 1 ML (insulin syringe needleless) | 1 | |
| EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4" | 1 | |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX3/16 32 GAUGE X 3/16" | 1 | |
| EASY TOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32 32 GAUGE X 5/32" | 1 | |
| EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16" | 1 | |
| EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16" | 1 | |
| EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16" | 1 | |
| EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16" | 1 | |
| EASY TOUCH SYR 0.5 ML 28G (insulin syringe-needle 12.7MM 1/2 ML 28 GAUGE X u-100) 1/2" | 1 | |
| EASY TOUCH SYR 0.5 ML 29G (insulin syringe-needle 12.7MM 0.5 ML 29 GAUGE X u-100) 1/2" | 1 | |
| EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" | 1 | |
| EASY TOUCH SYR 1 ML 28G (insulin syringe-needle 12.7MM 1 ML 28 GAUGE X 1/2" u-100) | 1 | |
| EASY TOUCH SYR 1 ML 29G (insulin syringe-needle 12.7MM 1 ML 29 GAUGE X 1/2" u-100) | 1 | |
| EASY TOUCH UNI-SLIP SYR 1 ML (insulin syringe needleless) | 1 | |
| EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4" | 1 | |
| EMBRACE PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2" | 1 | |
| EMBRACE PEN NEEDLE 30G (pen needle, diabetic) 5MM 30 GAUGE X 3/16" | 1 | |
| EMBRACE PEN NEEDLE 30G (pen needle, diabetic) 8MM 30 GAUGE X 5/16" | 1 | |
| EMBRACE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16" | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| EMBRACE PEN NEEDLE 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4" | 1 | |
| EMBRACE PEN NEEDLE 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16" | 1 | |
| EMBRACE PEN NEEDLE 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 1 | |
| EQL INSULIN 0.3 ML (Ultra Comfort Insulin SYRINGE SHORT NEEDLE 0.3 Syringe) ML 30 | 1 | |
| EQL INSULIN 0.5 ML (Ultra Comfort Insulin SYRINGE SHORT NEEDLE 1/2 Syringe) ML 30 GAUGE | 1 | |
| EQL INSULIN 1 ML SYRINGE (Ultra Comfort Insulin SHORT NEEDLE 1 ML 30 Syringe) GAUGE X 7/16" | 1 | |
| EXEL INSULIN SYRINGE 27G- (insulin syringe-needle 1 ML 1 ML 27 GAUGE X 1/2" u-100) | 1 | |
| FIFTY50 INS 0.5 ML 31GX5/16" (Advocate Syringes) SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16" | 1 | |
| FIFTY50 INS SYR 1 ML (Advocate Syringes) 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16 | 1 | |
| FIFTY50 PEN 31G X 3/16" (pen needle, diabetic) NEEDLE (OTC) 31 GAUGE X 3/16" | 1 | |
| FP INSULIN 1 ML SYRINGE 1 (Ultra Comfort Insulin ML 28 GAUGE Syringe) | 1 | |
| FREESTYLE PREC 0.5 ML (insulin syringe-needle 30GX5/16 0.5 ML 30 GAUGE X u-100) 5/16" | 1 | |
| FREESTYLE PREC 0.5 ML (insulin syringe-needle 31GX5/16 0.5 ML 31 GAUGE X u-100) 5/16" | 1 | |
| FREESTYLE PREC 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X u-100) 5/16 | 1 | |

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

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

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

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

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

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| MINI PEN NEEDLE 33G 4MM (Advocate Pen Needle) 33 GAUGE X 5/32" | 1 | |
| MINI PEN NEEDLE 33G 5MM (Comfort EZ Pen Needles) 33 GAUGE X 3/16" | 1 | |
| MINI PEN NEEDLE 33G 6MM (Comfort EZ Pen Needles) 33 GAUGE X 1/4" | 1 | |
| MINI ULTRA-THIN II PEN (pen needle, diabetic) NDL 31G STERILE 31 GAUGE X 3/16" | 1 | |
| MONOJECT 0.5 ML SYRN (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE u-100) | 1 | |
| MONOJECT 1 ML SYRN (insulin syringe-needle 27X1/2" 1 ML 27 GAUGE X 1/2" u-100) | 1 | |
| MONOJECT 1 ML SYRN (insulin syringe-needle 28GX1/2" (OTC) 1 ML 28 u-100) GAUGE X 1/2" | 1 | |
| MONOJECT INSUL SYR U100 (insulin syringe-needle (OTC) 0.3 ML 29 GAUGE X 1/2" u-100) | 1 | |
| MONOJECT INSUL SYR U100 (insulin syringe-needle .5ML,29GX1/2" (OTC) 0.5 ML 29 u-100) GAUGE X 1/2" | 1 | |
| MONOJECT INSUL SYR U100 (insulin syringe-needle 0.5 ML CONVERTS TO 29G u-100) (OTC) 1/2 ML 28 GAUGE X 1/2" | 1 | |
| MONOJECT INSUL SYR U100 1 (insulin syringe-needle ML 1 ML 25 GAUGE X 5/8" u-100) | 1 | |
| MONOJECT INSUL SYR U100 1 (insulin syringe-needle ML 3'S, 29GX1/2" (OTC) 1 ML 29 u-100) GAUGE X 1/2" | 1 | |
| MONOJECT INSUL SYR U100 1 (insulin syringes ML W/O NEEDLE (OTC) (disposable)) | 1 | |
| MONOJECT INSULIN SYR 0.3 (insulin syringe-needle ML (OTC) 0.3 ML 30 GAUGE X u-100) 5/16" | 1 | |
| MONOJECT INSULIN SYR 0.3 (insulin syringe-needle ML 0.3 ML 30 GAUGE X 5/16" u-100) | 1 | |
| MONOJECT INSULIN SYR 0.5 (insulin syringe-needle ML (OTC) 0.5 ML 30 GAUGE X u-100) 5/16" | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|--|--------------------------------|------------------|----------------------------|
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | |
| MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | |
| MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2" | | 1 | |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | |
| NOVOFINE 30 NEEDLE | | 1 | |
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6" | | 1 | |
| NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5" | | 1 | |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE | | 1 | QL (1 per 365 days) |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | | 1 | QL (10 per 30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | | 1 | QL (1 per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | | 1 | QL (10 per 30 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | | 1 | QL (10 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 1 | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | 1 | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE | 1 | QL (10 per 30 days) |
| PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16" | 1 | |
| PEN NEEDLE 30G 5MM (Embrace Pen Needle) OUTER 30 GAUGE X 3/16" | 1 | |
| PEN NEEDLE 30G 8MM (CareFine Pen Needle) INNER 30 GAUGE X 5/16" | 1 | |
| PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16" | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|------------------------------------|------------------|----------------------------|
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | (1st Tier Unifine Pentips Plus) | 1 | |
| PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | |
| PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4" | (1st Tier Unifine Pentips) | 1 | |
| PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | |
| PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | |
| PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | |
| PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | 1 | |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | | 1 | |
| PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------------------------------|----------------------------|
| PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 |
| PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 |
| PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 |
| PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 |
| PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 |
| PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 |
| PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 |
| PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 |
| PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 |
| PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 |
| PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 |
| PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 |
| PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 |
| PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 |
| PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| PURE COMFORT PEN NDL (pen needle, diabetic) 32G 5MM 32 GAUGE X 3/16" | 1 | |
| PURE COMFORT PEN NDL (pen needle, diabetic) 32G 6MM 32 GAUGE X 1/4" | 1 | |
| PURE COMFORT PEN NDL (pen needle, diabetic) 32G 8MM 32 GAUGE X 5/16" | 1 | |
| RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32" | 1 | |
| RAYA SURE PEN NEEDLE 31G (Comfort Touch Pen 4MM 31 GAUGE X 5/32" Needle) | 1 | |
| RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64" | 1 | |
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64" | 1 | |
| RELION INS SYR 0.3 ML (BD Veo Insulin 31GX6MM 0.3 ML 31 GAUGE X Syringe UF) 15/64" | 1 | |
| RELION INS SYR 0.5 ML (BD Veo Insulin 31GX6MM 1/2 ML 31 GAUGE X Syringe UF) 15/64" | 1 | |
| RELION INS SYR 1 ML (BD Veo Insulin 31GX15/64" 1 ML 31 GAUGE X Syringe UF) 15/64" | 1 | |
| RELI-ON INSULIN 0.5 ML SYR (Utileit Insulin Syringe) 1/2 ML 29 | 1 | |
| RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16" | 1 | |
| RELION MINI PEN 31G X 1/4" (pen needle, diabetic) NDL 31 GAUGE X 1/4" | 1 | |
| RELION NEEDLES NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4" | 1 | |
| RELION PEN NEEDLES (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32" | 1 | |
| SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16" | 1 | |
| SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2" | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16" | 1 | |
| SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2" | 1 | |
| SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2" | 1 | |
| SAFETY PEN NEEDLE 31G (Comfort EZ PRO 4MM 31 GAUGE X 5/32" Safety Pen Ndl) | 1 | |
| SAFETY PEN NEEDLE 5MM X (pen needle, diabetic, 31G 31 GAUGE X 3/16" safety) | 1 | |
| SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | 1 | |
| SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16" | 1 | |
| SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2" | 1 | |
| SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2" | 1 | |
| SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | 1 | |
| SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | 1 | |
| SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16" | 1 | |
| STERILE PADS 2" X 2" 2 X 2 " (gauze bandage) | 1 | |
| SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | 1 | |
| SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | 1 | |
| NEEDLES, INSULIN DISP., (insulin syringe-needle SAFETY u-100) | 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 |
|--|------------------|----------------------------|
| SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT INS 1 ML 31GX1/4 1 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100) | 1 | |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 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 |
|---|-----------------------------------|------------------|----------------------------|
| SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | |
| SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | |
| SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | |
| SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | |
| SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | |
| SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | |
| TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2" | | 1 | |
| TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2" | | 1 | |
| TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16" | | 1 | |
| TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | | 1 | |
| TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | |
| TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2" | | 1 | |
| TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2" | | 1 | |
| TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16" | | 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 |
|---|------------------|----------------------------|
| TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64" | 1 | |
| TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16" | 1 | |
| TECHLITE INS SYR 1 ML (insulin syringe-needle 29GX12MM 1 ML 29 GAUGE X u-100) 1/2" | 1 | |
| TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX12MM 1 ML 30 GAUGE X u-100) 1/2" | 1 | |
| TECHLITE INS SYR 1 ML (insulin syringe-needle 30GX8MM 1 ML 30 GAUGE X u-100) 5/16 | 1 | |
| TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX6MM 1 ML 31 GAUGE X u-100) 15/64" | 1 | |
| TECHLITE INS SYR 1 ML (insulin syringe-needle 31GX8MM 1 ML 31 GAUGE X u-100) 5/16 | 1 | |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2" | 1 | |
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | 1 | |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4" | 1 | |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16" | 1 | |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16" | 1 | |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4" | 1 | |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16" | 1 | |
| TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32" | 1 | |
| TECHLITE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32" | 1 | |

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

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | 1 | |
| TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" | 1 | |
| TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | 1 | |
| TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16" | 1 | |
| TRUE CMFT SFTY PEN ND 31G 5MM 31 GAUGE X 3/16" | 1 | |
| TRUE CMFT SFTY PEN ND 31G 6MM 31 GAUGE X 1/4" | 1 | |
| TRUE CMFT SFTY PEN ND 32G 4MM 32 GAUGE X 5/32" | 1 | |
| TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" | 1 | |
| TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | 1 | |
| TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | 1 | |
| TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | 1 | |
| TRUE COMFORT PEN ND 31G 8MM 31 GAUGE X 5/16" | 1 | |
| TRUE COMFORT PEN ND 31GX5MM 31 GAUGE X 3/16" | 1 | |
| TRUE COMFORT PEN ND 31GX6MM 31 GAUGE X 1/4" | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|--|-----------------------------------|------------------|----------------------------|
| TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | |
| TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | | 1 | |
| TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" | | 1 | |
| TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | |
| TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" | | 1 | |
| TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" | | 1 | |
| TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | |
| TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |
| TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |

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

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

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

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

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| 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) | 1 | |
| ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | |
| ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | |
| ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | |
| ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | |
| ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 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 |
|--|-----------------------------------|------------------|----------------------------|
| ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | |
| ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | |
| ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | |
| ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | |
| UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | |
| UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | |
| UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |
| UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| UNIFINE PENTIPS NEEDLES 29G 29 GAUGE | | 1 | |
| UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | |
| UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | |
| UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX3/16" MINI 31 GAUGE X 3/16" | 1 | |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX5/16" SHORT 31 GAUGE X 5/16" | 1 | |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32" | 1 | |
| UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32" | 1 | |
| UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16" | 1 | |
| UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16" | 1 | |
| UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32" | 1 | |
| UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16" | 1 | |
| UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16" | 1 | |
| UNIFINE SAFECONTROL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16" | 1 | |
| UNIFINE SAFECONTROL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4" | 1 | |
| UNIFINE SAFECONTROL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16" | 1 | |
| UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32" | 1 | |
| UNIFINE ULTRA PEN NDL (pen needle, diabetic) 31G 5MM 31 GAUGE X 3/16" | 1 | |
| UNIFINE ULTRA PEN NDL (pen needle, diabetic) 31G 6MM 31 GAUGE X 1/4" | 1 | |
| UNIFINE ULTRA PEN NDL (pen needle, diabetic) 31G 8MM 31 GAUGE X 5/16" | 1 | |
| UNIFINE ULTRA PEN NDL (pen needle, diabetic) 32G 4MM 32 GAUGE X 5/32" | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16" | 1 | |
| VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic) | 1 | |
| VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic) | 1 | |
| VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic) | 1 | |
| VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic) | 1 | |
| VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic) | 1 | |
| VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32" | 1 | |
| VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | 1 | |
| VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| VERIFINE SYRNG 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" u-100) | 1 | |
| VERIFINE SYRNG 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16" u-100) | 1 | |
| VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 " | 1 | |
| V-GO 20 DEVICE | 1 | QL (30 per 30 days) |
| V-GO 30 DEVICE | 1 | QL (30 per 30 days) |
| V-GO 40 DEVICE | 1 | QL (30 per 30 days) |
| Enzyme Replacement/Modifiers | | |
| Enzyme Replacement/Modifiers | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML | 1 | NDS |
| CERDELGA ORAL CAPSULE 84 MG | 1 | PA; NDS |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | 1 | 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 | 1 | |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML | 1 | NDS |
| ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML | 1 | PA; NDS |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG | 1 | NDS |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG | 1 | PA; NDS |
| GALAFOLD ORAL CAPSULE 123 MG | 1 | PA; NDS; QL (14 per 28 days) |
| <i>javygtor oral tablet,soluble 100 mg</i> (sapropterin) | 1 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML | 1 | PA; NDS |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML | 1 | PA BvD; NDS |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML | 1 | PA; NDS |
| <i>miglustat oral capsule 100 mg</i> (Yargesa) | 1 | PA; NDS; QL (90 per 30 days) |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML | 1 | NDS |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin) | 1 | PA; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 1 | PA; NDS |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML | 1 | PA; NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 1 | PA BvD; NDS |
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | 1 | PA; NDS |
| <i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor) | 1 | PA; NDS |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | 1 | PA; LA; NDS |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) | 1 | PA; NDS |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT | 1 | NDS |
| <i>yargesa oral capsule 100 mg</i> (miglustat) | 1 | PA; NDS; QL (90 per 30 days) |

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| 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, 60,000-189,600- 252,600 UNIT | 1 | |
| Eye, Ear, Nose, Throat Agents | | |
| Eye, Ear, Nose, Throat Agents, Miscellaneous | | |
| <i>alcaine ophthalmic (eye) drops 0.5 %</i> (proparacaine) | 1 | |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i> | 1 | |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine) | 1 | |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i> | 1 | QL (30 per 25 days) |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy) | 1 | QL (30 per 25 days) |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i> | 1 | |
| <i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve) | 1 | ST |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | 1 | |
| <i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl) | 1 | |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % | 1 | PA; NDS; QL (20 per 28 days) |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | 1 | PA; NDS; QL (60 per 28 days) |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i> | 1 | QL (30 per 28 days) |
| <i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i> | 1 | QL (15 per 10 days) |
| <i>levofloxacin ophthalmic (eye) drops 1.5 %</i> | 1 | |
| <i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase) | 1 | QL (30.5 per 30 days) |
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf) | 1 | |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief) | 1 | |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine) | 1 | |
| TEPEZZA INTRAVENOUS RECON SOLN 500 MG | 1 | PA; NDS |
| Eye, Ear, Nose, Throat Anti-Infectives Agents | | |
| <i>acetic acid otic (ear) solution 2 %</i> | 1 | |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | 1 | |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin) | 1 | |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | 1 | |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> | 1 | QL (7.5 per 7 days) |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | 1 | QL (3.5 per 4 days) |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> | 1 | |
| <i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> | 1 | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | 1 | |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i> | 1 | |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox) | 1 | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | 1 | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC) | 1 | |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin) | 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol) | 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol) | 1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> | 1 | |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i> | 1 | |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | 1 | |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | 1 | |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc) | 1 | |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin) | 1 | |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ofloxacin otic (ear) drops 0.3 %</i> | 1 | |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b) | 1 | |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml</i> | 1 | |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> | 1 | |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | 1 | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | 1 | |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | 1 | |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> | 1 | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | 1 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | 1 | |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % | 1 | |
| Eye, Ear, Nose, Throat Anti-Inflammatory Agents | | |
| <i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa) | 1 | |
| <i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite) | 1 | |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i> | 1 | |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | 1 | |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> | 1 | |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | 1 | QL (8.3 per 14 days) |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> | 1 | QL (50 per 25 days) |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil) | 1 | |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm) | 1 | |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | 1 | |
| <i>fluticasone propionate nasal spray,suspension 50 mcglactuation</i> (24 Hour Allergy Relief) | 1 | QL (16 per 30 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | 1 | |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | 1 | QL (5.6 per 14 days) |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular) | 1 | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | 1 | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | 1 | QL (5 per 16 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax) | 1 | QL (10 per 14 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex) | 1 | ST; QL (10 per 25 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax) | 1 | QL (15 per 19 days) |
| <i>mometasone nasal spray,non-aerosol 50 mcglactuation</i> (Allergy Nasal (mometasone)) | 1 | QL (34 per 30 days) |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte) | 1 | |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | 1 | |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | 1 | QL (5.5 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| RESTASIS OPHTHALMIC (cyclosporine) (EYE) DROPPERETTE 0.05 % | 1 | QL (60 per 30 days) |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION | 1 | ST; QL (32 per 30 days) |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | 1 | QL (60 per 30 days) |
| Gastrointestinal Agents | | |
| Antiulcer Agents And Acid Suppressants | | |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> | 1 | |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | 1 | |
| <i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine)) | 1 | |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i> | 1 | |
| <i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 20 mg</i> (Acid Reducer (esomeprazole)) | 1 | QL (30 per 30 days) |
| <i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</i> (Nexium) | 1 | QL (60 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet) | 1 | ST; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet) | 1 | ST; QL (60 per 30 days) |
| <i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i> | 1 | |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i> | 1 | |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i> | 1 | |
| <i>famotidine intravenous solution 10 mg/ml</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i> | 1 | |
| <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> (Acid Reducer (lansoprazole)) | 1 | QL (30 per 30 days) |
| <i>lansoprazole oral capsule, delayed release (drlec) 30 mg</i> (Prevacid) | 1 | QL (60 per 30 days) |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec) | 1 | |
| <i>nizatidine oral capsule 150 mg, 300 mg</i> | 1 | |
| <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) | 1 | ST; QL (30 per 30 days) |
| <i>pantoprazole intravenous recon soln 40 mg</i> (Protonix) | 1 | |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i> (Protonix) | 1 | QL (30 per 30 days) |
| <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) | 1 | QL (30 per 30 days) |
| <i>sucralfate oral tablet 1 gram</i> (Carafate) | 1 | |
| Gastrointestinal Agents, Other | | |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu) | 1 | PA; NDS |
| <i>constulose oral solution 10 gram/15 ml</i> (lactulose) | 1 | |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom) | 1 | |
| <i>dicyclomine oral capsule 10 mg</i> | 1 | |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | 1 | |
| <i>dicyclomine oral tablet 20 mg</i> | 1 | |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i> | 1 | PA-HRM; AGE (Max 64 Years) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>enulose oral solution 10 gram/15 ml</i> (lactulose) | 1 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | 1 | PA; NDS |
| <i>generlac oral solution 10 gram/15 ml</i> (lactulose) | 1 | |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul) | 1 | |
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte) | 1 | |
| IQIRVO ORAL TABLET 80 MG | 1 | PA; NDS; QL (30 per 30 days) |
| <i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i> | 1 | |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose) | 1 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 1 | QL (30 per 30 days) |
| LIVDELZI ORAL CAPSULE 10 MG | 1 | PA; NDS; QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM | 1 | QL (34 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 5 GRAM | 1 | QL (30 per 30 days) |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide)) | 1 | |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza) | 1 | QL (60 per 30 days) |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i> | 1 | |
| <i>metoclopramide hcl injection solution 5 mg/ml</i> | 1 | |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i> | 1 | |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | 1 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan) | 1 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 1 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|
| OCALIVA ORAL TABLET 10 MG, 5 MG | 1 | PA; NDS; QL (30 per 30 days) |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | 1 | PA; NDS |
| RELISTOR ORAL TABLET 150 MG | 1 | PA; NDS; QL (90 per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML | 1 | PA; NDS; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | 1 | PA; NDS; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | 1 | PA; NDS; QL (11.2 per 28 days) |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl) | 1 | PA; NDS |
| <i>sodium polystyrene sulfonate oral powder</i> | 1 | |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i> | 1 | |
| <i>ursodiol oral capsule 300 mg</i> | 1 | |
| <i>ursodiol oral tablet 250 mg</i> | 1 | |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte) | 1 | |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | 1 | QL (30 per 30 days) |
| XERMELO ORAL TABLET 250 MG | 1 | PA; NDS; QL (84 per 28 days) |
| Laxatives | | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML | 1 | |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes) | 1 | |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes) | 1 | |
| <i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln) | 1 | |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit) | 1 | |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i> | 1 | |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM | 1 | |
| Phosphate Binders | | |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | 1 | |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | 1 | |
| <i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol) | 1 | NDS |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela) | 1 | |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela) | 1 | |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i> | 1 | |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | 1 | |
| Genitourinary Agents | | |
| Antispasmodics, Urinary | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | 1 | |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz) | 1 | |
| <i>flavoxate oral tablet 100 mg</i> | 1 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron) | 1 | |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | 1 | |
| <i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | 1 | |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare) | 1 | |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA) | 1 | |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol) | 1 | |
| <i>tropium oral capsule, extended release 24hr 60 mg</i> | 1 | |
| <i>tropium oral tablet 20 mg</i> | 1 | |
| 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) | 1 | |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn) | 1 | |
| ENTADFI ORAL CAPSULE 5-5 MG | 1 | PA; QL (30 per 30 days) |
| <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 | |
| <i>tiopronin oral tablet 100 mg</i> (Thiola) | 1 | NDS |
| Heavy Metal Antagonists | | |
| Heavy Metal Antagonists | | |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle) | 1 | PA; NDS |
| <i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu) | 1 | PA; NDS |
| <i>deferasirox oral tablet 90 mg</i> (Jadenu) | 1 | PA |
| <i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade) | 1 | PA |
| <i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade) | 1 | PA; NDS |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox) | 1 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| <i>deferoxamine injection recon soln 2 gram</i> | 1 | PA; NDS |
| <i>deferoxamine injection recon soln 500 mg</i> (Desferal) | 1 | PA; NDS |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG | 1 | PA; NDS |
| FERRIPROX ORAL SOLUTION 100 MG/ML | 1 | PA; NDS |
| FERRIPROX ORAL TABLET (deferiprone) 1,000 MG | 1 | PA; NDS |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs) | 1 | PA; NDS |
| <i>trientine oral capsule 250 mg</i> (Syprine) | 1 | PA; NDS; QL (240 per 30 days) |
| Hormonal Agents, Stimulant/Replacement/Modifying | | |
| Androgens | | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | 1 | |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin) | 1 | PA |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone) | 1 | PA |
| <i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i> | 1 | PA |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i> | 1 | PA; QL (5 per 28 days) |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i> (Vogelxo) | 1 | PA; QL (300 per 30 days) |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i> (AndroGel) | 1 | PA; QL (150 per 30 days) |
| <i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> (AndroGel) | 1 | PA; QL (300 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits | |
|---|----------------------------------|----------------------------|--|
| <i>testosterone transdermal solution in metered pump w/lapp 30 mglactuation (1.5 ml)</i> | 1 | 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 | 1 | 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) | 1 | 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) | 1 | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| DUAVEE ORAL TABLET 0.45-20 MG | | 1 | 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) | 1 | 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) | 1 | PA-HRM; QL (4 per 28 days); AGE (Max 64 Years) |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> | (Estrace) | 1 | |
| <i>estradiol vaginal tablet 10 mcg</i> | (Yuvafem) | 1 | QL (18 per 28 days) |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> | (Delestrogen) | 1 | |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> | | 1 | PA-HRM; AGE (Max 64 Years) |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | | 1 | QL (1 per 84 days) |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | (norethindrone ac-eth estradiol) | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>jinteli oral tablet 1-5 mg-mcg</i> | (norethindrone ac-eth estradiol) | 1 | PA-HRM; AGE (Max 64 Years) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>lyllana transdermal patch</i> (estradiol) <i>semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | 1 | PA-HRM; QL (8 per 28 days); AGE (Max 64 Years) |
| <i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet) | 1 | 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) | 1 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN INJECTION RECON SOLN 25 MG | 1 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG | 1 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN ORAL TABLET (conjugated estrogens) 0.625 MG, 1.25 MG | 1 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | 1 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | 1 | 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 | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>raloxifene oral tablet 60 mg</i> (Evista) | 1 | |
| <i>yuvafem vaginal tablet 10 mcg</i> (estradiol) | 1 | QL (18 per 28 days) |
| Glucocorticoids/Mineralocorticoids | | |
| <i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan) | 1 | |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | 1 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | 1 | |
| <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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i> | 1 | |
| <i>fludrocortisone oral tablet 0.1 mg</i> | 1 | |
| HEMADY ORAL TABLET 20 MG | 1 | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef) | 1 | |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol) | 1 | |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol) | 1 | |
| <i>methylprednisolone oral tablet 32 mg</i> | 1 | |
| <i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak)) | 1 | |
| <i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> | 1 | |
| <i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol) | 1 | |
| <i>prednisolone 15 mg/5 ml soln dlf 15 mg/5 ml (3 mg/ml)</i> | 1 | PA BvD |
| <i>prednisolone oral solution 15 mg/5 ml</i> | 1 | PA BvD |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i> | 1 | PA BvD |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred) | 1 | PA BvD |
| <i>prednisone oral solution 5 mg/5 ml</i> | 1 | 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> | 1 | |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------------|
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog) | 1 | |
| Pituitary | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | 1 | PA; NDS; QL (35 per 28 days) |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML | 1 | PA; NDS; QL (15 per 30 days) |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML | 1 | PA; NDS; QL (30 per 30 days) |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | 1 | PA; NDS; QL (35 per 28 days) |
| <i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> | 1 | |
| <i>desmopressin ac 4 mcg/ml ampul plf, outer, sdv</i> (DDAVP) | 1 | NDS |
| <i>desmopressin injection solution 4 mcg/ml</i> (DDAVP) | 1 | |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 1 | |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP) | 1 | |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | 1 | PA; NDS; QL (30 per 30 days) |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 1 | NDS |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot) | 1 | PA NSO; NDS; QL (0.5 per 28 days) |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 1 | PA NSO; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG | 1 | PA NSO; NDS |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG | 1 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------------|
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) | 1 | PA; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | 1 | PA; NDS |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 1 | PA; NDS |
| <i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i> | 1 | |
| <i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml</i> | 1 | |
| <i>octreotide acetate injection solution</i> (Sandostatin) <i>500 mcg/ml</i> | 1 | NDS |
| <i>octreotide acetate injection syringe</i> <i>100 mcg/ml (1 ml), 50 mcg/ml (1</i> <i>ml), 500 mcg/ml (1 ml)</i> | 1 | |
| ORGOVYX ORAL TABLET 120 MG | 1 | PA NSO; NDS |
| ORILISSA ORAL TABLET 150 MG | 1 | PA; NDS; QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG | 1 | PA; NDS; QL (56 per 28 days) |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 1 | PA; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 1 | PA; NDS; QL (60 per 30 days) |
| SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 120 MG/0.5 ML | 1 | PA NSO; NDS; QL (0.5 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------------|
| SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | 1 | PA NSO; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML | 1 | PA NSO; NDS; QL (0.3 per 28 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 1 | PA; NDS |
| SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) | 1 | PA; NDS |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML | 1 | PA; NDS |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | 1 | PA; NDS |
| Progestins | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | 1 | QL (1 per 84 days) |
| <i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i> | 1 | NDS |
| <i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i> | 1 | NDS |
| <i>medroxyprogesterone intramuscular (Depo-Provera) suspension 150 mg/ml</i> | 1 | QL (1 per 84 days) |
| <i>medroxyprogesterone intramuscular (Depo-Provera) syringe 150 mg/ml</i> | 1 | QL (1 per 84 days) |
| <i>medroxyprogesterone oral tablet 10 (Provera) mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>norethindrone acetate oral tablet 5 mg</i> | 1 | |
| <i>progesterone intramuscular oil 50 mg/ml</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium) | 1 | |
| 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) | 1 | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>propylthiouracil oral tablet 50 mg</i> | 1 | |
| Immunological Agents | | |
| Immunological Agents | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 1 | PA; NDS |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | 1 | PA; NDS |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 1 | PA; NDS |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 1 | NDS |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus) | 1 | PA BvD |
| AVSOLA INTRAVENOUS RECON SOLN 100 MG | 1 | PA; NDS |
| <i>azathioprine oral tablet 50 mg</i> (Imuran) | 1 | PA BvD |
| <i>azathioprine sodium injection recon soln 100 mg</i> | 1 | PA BvD |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG | 1 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------|
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 1 | PA; NDS; QL (8 per 28 days) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 1 | PA; NDS; QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | 1 | PA NSO; NDS; QL (2 per 28 days) |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 1 | PA; NDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 1 | PA; NDS |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 1 | PA; NDS |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML) | 1 | PA; NDS |
| <i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml | 1 | PA BvD |
| <i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg | 1 | PA BvD |
| <i>cyclosporine modified oral capsule</i> 50 mg | 1 | PA BvD |
| <i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml | 1 | PA BvD |
| <i>cyclosporine oral capsule 100 mg, 25</i> (Sandimmune) <i>mg</i> | 1 | PA BvD |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | 1 | PA; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | 1 | PA; NDS |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 1 | 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 |
|---|------------------|----------------------------|
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | 1 | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 1 | PA; NDS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 1 | PA; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 1 | PA; NDS |
| <i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> | 1 | PA BvD; NDS |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % | 1 | PA BvD; NDS |
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML | 1 | PA; NDS |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | 1 | PA BvD; NDS |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | 1 | PA BvD; NDS |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % | 1 | PA BvD; NDS |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML) | 1 | PA BvD; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) | 1 | PA BvD; NDS |
| <i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified) | 1 | PA BvD |
| <i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified) | 1 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 1 | PA; NDS; Only NDCs starting with 00074 |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 %) | 1 | PA BvD; NDS |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML | 1 | PA; NDS |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML | 1 | PA; NDS |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG | 1 | PA; NDS |
| <i>infliximab intravenous recon soln 100 mg</i> (Remicade) | 1 | PA; NDS |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | 1 | PA; NDS |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML | 1 | PA; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 1 | PA; NDS |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava) | 1 | |
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous) | 1 | PA BvD |
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept) | 1 | PA BvD |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept) | 1 | PA BvD; NDS |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept) | 1 | PA BvD |
| <i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic) | 1 | PA BvD |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | 1 | PA BvD; NDS |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % | 1 | PA BvD; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG | 1 | PA; NDS |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | 1 | PA; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | 1 | PA; NDS |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | 1 | PA; NDS |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 1 | PA; NDS |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | 1 | PA; NDS |
| PRIVIGEN INTRAVENOUS SOLUTION 10 % | 1 | PA BvD; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | 1 | PA BvD |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 1 | 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 | 1 | |
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG | 1 | PA; NDS |
| REZUROCK ORAL TABLET 200 MG | 1 | PA NSO; NDS |
| RIDAURA ORAL CAPSULE 3 MG | 1 | NDS |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 1 | PA; NDS; QL (360 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 1 | PA; NDS |
| <i>sirolimus oral solution 1 mg/ml</i> | 1 | PA BvD; NDS |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | PA BvD |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | 1 | PA; NDS |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 1 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML | 1 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | 1 | PA; NDS |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | 1 | PA; NDS |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML | 1 | PA; NDS |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 1 | PA; NDS |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 1 | PA; NDS |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf) | 1 | PA BvD |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 80 MG/ML | 1 | PA; NDS |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML | 1 | PA; NDS |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 1 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | 1 | PA; NDS |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML | 1 | PA; LA; NDS |
| XELJANZ ORAL SOLUTION 1 MG/ML | 1 | PA; NDS |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 1 | PA; NDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | 1 | PA; NDS |
| Vaccines | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | 1 | \$0 copay |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 1 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 1 | \$0 copay |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 1 | \$0 copay |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | 1 | \$0 copay |
| AREXVY ANTIGEN COMPONENT 120 MCG | 1 | \$0 copay |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 1 | \$0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 1 | \$0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 1 | \$0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 1 | \$0 copay |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 1 | |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | 1 | QL (3 per 365 days) |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 1 | PA BvD; \$0 copay |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 1 | PA BvD; \$0 copay |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 1 | PA BvD; \$0 copay |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 1 | \$0 copay; QL (1.5 per 365 days) |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 1 | \$0 copay; QL (1.5 per 365 days) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 1 | \$0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 1 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 1 | PA BvD; \$0 copay |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 1 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 1 | PA BvD; \$0 copay |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 1 | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 1 | \$0 copay |
| IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML | 1 | \$0 copay |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 1 | \$0 copay |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | 1 | \$0 copay |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 1 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 1 | \$0 copay |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 1 | \$0 copay |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 1 | \$0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 1 | \$0 copay |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 1 | \$0 copay |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 1 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 1 | |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 1 | \$0 copay |
| PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML | 1 | \$0 copay |
| PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 1 | \$0 copay |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 48MCG-62DU -10 MCG/0.5ML | 1 | |
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML | 1 | PA BvD; \$0 copay |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4- 4.2- 3.3CCID50/0.5ML | 1 | \$0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3- 4.3-3- 3.99 TCID50/0.5 | 1 | |
| 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) | 1 | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 1 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 1 | PA BvD; \$0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 1 | PA BvD; \$0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 1 | PA BvD; \$0 copay |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | 1 | |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | 1 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 1 | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 1 | \$0 copay; QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 toxoids-td) ML | 1 | \$0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------------|
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 1 | \$0 copay |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 1 | \$0 copay |
| TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML | 1 | |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | 1 | QL (0.75 per 365 days) |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | 1 | \$0 copay; QL (1.5 per 365 days) |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 1 | \$0 copay |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 1 | \$0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | 1 | \$0 copay |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | 1 | \$0 copay |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | 1 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 1 | \$0 copay |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | 1 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | 1 | \$0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 1 | \$0 copay; 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) | 1 | \$0 copay |
| Inflammatory Bowel Disease Agents | | |
| Inflammatory Bowel Disease Agents | | |
| <i>alosectron oral tablet 0.5 mg</i> (Lotronex) | 1 | |
| <i>alosectron oral tablet 1 mg</i> (Lotronex) | 1 | NDS |
| <i>balsalazide oral capsule 750 mg</i> (Colazal) | 1 | |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i> | 1 | |
| <i>budesonide rectal foam 2 mg/lactuation</i> (Uceris) | 1 | |
| DIPENTUM ORAL CAPSULE 250 MG | 1 | ST; NDS |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema) | 1 | |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol) | 1 | |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso) | 1 | |
| <i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i> (Lialda) | 1 | QL (120 per 30 days) |
| <i>mesalamine oral tablet, delayed release (drlec) 800 mg</i> | 1 | |
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa) | 1 | |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine) | 1 | |
| <i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| Metabolic Bone Disease Agents | | |
| Metabolic Bone Disease Agents | | |
| <i>alendronate oral solution 70 mg/75 ml</i> | 1 | QL (300 per 28 days) |
| <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) injection solution 200 unit/ml</i> (Miacalcin) | 1 | NDS |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i> | 1 | QL (3.7 per 28 days) |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | 1 | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol) | 1 | |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol) | 1 | |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar) | 1 | QL (60 per 30 days) |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar) | 1 | QL (120 per 30 days) |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> | 1 | |
| <i>ibandronate intravenous solution 3 mg/3 ml</i> | 1 | QL (3 per 84 days) |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i> | 1 | QL (3 per 84 days) |
| <i>ibandronate oral tablet 150 mg</i> | 1 | QL (1 per 28 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | 1 | PA; NDS; QL (2 per 28 days) |
| <i>pamidronate intravenous recon soln 30 mg, 90 mg</i> | 1 | |
| <i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i> | 1 | |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar) | 1 | |
| <i>paricalcitol oral capsule 4 mcg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | 1 | QL (1 per 180 days) |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | 1 | QL (60 per 30 days) |
| <i>risedronate oral tablet 150 mg</i> (Actonel) | 1 | QL (1 per 28 days) |
| <i>risedronate oral tablet 30 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>risedronate oral tablet 35 mg</i> (Actonel) | 1 | QL (4 per 28 days) |
| <i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i> | 1 | QL (4 per 28 days) |
| <i>risedronate oral tablet,delayed release (drlec) 35 mg</i> (Atelvia) | 1 | QL (4 per 28 days) |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i> | 1 | QL (2.48 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 1 | QL (1.56 per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | 1 | PA; NDS |
| <i>zoledronic acid intravenous recon soln 4 mg</i> | 1 | |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i> | 1 | |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast) | 1 | QL (100 per 300 days) |
| Miscellaneous Therapeutic Agents | | |
| Miscellaneous Therapeutic Agents | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 1 | PA; NDS |
| <i>betaine oral powder 1 gram/scoop</i> (Cystadane) | 1 | PA; NDS |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | 1 | |
| COSENTYX INTRAVENOUS SOLUTION 25 MG/ML | 1 | 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>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> | 1 | NDS |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem) | 1 | |
| ELMIRON ORAL CAPSULE 100 MG | 1 | QL (90 per 30 days) |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML | 1 | PA; NDS |
| EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA; LA; NDS |
| <i>fomepizole intravenous solution 1 gram/ml</i> | 1 | NDS |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari) | 1 | PA; NDS; QL (180 per 30 days) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 1 | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 1 | |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML | 1 | |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | 1 | |
| <i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i> | 1 | |
| <i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril) | 1 | |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | 1 | |
| <i>leucovorin calcium injection solution 10 mg/ml</i> | 1 | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | 1 | |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| <i>levocarnitine oral tablet 330 mg</i> (Carnitor) | 1 | |
| <i>levocarnitine sf 1 g/10 ml sol 100 mg/ml</i> (Carnitor (sugar-free)) | 1 | |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev) | 1 | NDS |
| <i>mesna intravenous solution 100 mg/ml</i> (Mesnex) | 1 | |
| MESNEX ORAL TABLET 400 MG | 1 | NDS |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv) | 1 | QL (30 per 30 days) |
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML | 1 | PA; NDS |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon) | 1 | |
| <i>pyridostigmine bromide oral tablet 30 mg</i> | 1 | |
| <i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon) | 1 | |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan) | 1 | |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) | 1 | PA; NDS |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML | 1 | PA; NDS |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | 1 | PA; NDS; QL (4 per 28 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML | 1 | PA; NDS; QL (2 per 28 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML) | 1 | PA; NDS; QL (4 per 28 days) |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 1 | PA NSO; NDS; QL (56 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| TOTECT INTRAVENOUS RECON SOLN 500 MG | 1 | NDS |
| TYBOST ORAL TABLET 150 MG | 1 | QL (30 per 30 days) |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM | 1 | NDS; QL (24 per 14 days) |
| VOWST ORAL CAPSULE | 1 | PA; NDS; QL (12 per 30 days) |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 0.6 MG/0.6 ML | 1 | |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML | 1 | |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML | 1 | PA; NDS |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML | 1 | PA; NDS |
| Ophthalmic Agents | | |
| Antiglaucoma Agents | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | 1 | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | 1 | |
| <i>acetazolamide sodium injection recon soln 500 mg</i> | 1 | |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | 1 | |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i> | 1 | QL (2.5 per 25 days) |
| <i>brimonidine ophthalmic (eye) drops (Alphagan P) 0.1 %, 0.15 %</i> | 1 | |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan) | 1 | |
| <i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i> (Azopt) | 1 | |
| <i>carteolol ophthalmic (eye) drops 1 %</i> | 1 | |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> | 1 | |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt) | 1 | |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan) | 1 | QL (2.5 per 25 days) |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 1 | QL (2.5 per 25 days) |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | 1 | |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 1 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | 1 | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | 1 | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | 1 | |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF)) | 1 | QL (30 per 30 days) |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> | 1 | |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> | 1 | |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z) | 1 | QL (2.5 per 25 days) |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | 1 | QL (5 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Replacement Preparations | | |
| Replacement Preparations | | |
| <i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i> | 1 | |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | 1 | |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i> | 1 | |
| <i>electrolyte-148 intravenous parenteral solution</i> | 1 | |
| ISOLYTE S IV SOLUTION- EXCEL SINGLE USE | 1 | |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | 1 | |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % | 1 | |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride) | 1 | |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride) | 1 | |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride) | 1 | |
| <i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i> | 1 | |
| <i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i> | 1 | |
| <i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> | 1 | |
| <i>magnesium sulfate injection solution 500 mg/ml (50 %)</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i> | 1 | |
| NORMOSOL-M IN 5 % DXTROSE INTRAVENOUS PARENTERAL SOLUTION | 1 | |
| PLASMA-LYTE A (electrolyte-a) INTRAVENOUS PARENTERAL SOLUTION | 1 | |
| <i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i> | 1 | PA BvD |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | 1 | |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> | 1 | |
| <i>potassium chloride oral tablet (Klor-Con 10) extended release 10 meq</i> | 1 | |
| <i>potassium chloride oral tablet (K-Tab) extended release 20 meq</i> | 1 | |
| <i>potassium chloride oral tablet (Klor-Con 8) extended release 8 meq</i> | 1 | |
| <i>potassium chloride oral tablet,er (Klor-Con M10) particles/crystals 10 meq</i> | 1 | |
| <i>potassium chloride oral tablet,er (Klor-Con M15) particles/crystals 15 meq</i> | 1 | |
| <i>potassium chloride oral tablet,er (Klor-Con M20) particles/crystals 20 meq</i> | 1 | |
| <i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i> | 1 | |
| <i>potassium citrate oral tablet (Urocit-K 10) extended release 10 meq (1,080 mg)</i> | 1 | |
| <i>potassium citrate oral tablet (Urocit-K 15) extended release 15 meq</i> | 1 | |
| <i>potassium citrate oral tablet (Urocit-K 5) extended release 5 meq (540 mg)</i> | 1 | |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | 1 | |
| <i>sodium chloride 0.9% solution mini-bag, single use</i> | 1 | |
| Respiratory Tract Agents | | |
| Anti-Inflammatories, Inhaled Corticosteroids | | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol) | 1 | QL (12 per 30 days) |
| AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION | 1 | QL (32.1 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 1 | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol) | 1 | QL (60 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE | 1 | QL (60 per 30 days) |
| <i>breyna inhalation hfa aerosol inhaler 160-4.5 mcglactuation, 80-4.5 mcglactuation</i> (budesonide-formoterol) | 1 | QL (30.9 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort) | 1 | PA BvD; QL (120 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort) | 1 | PA BvD; QL (60 per 30 days) |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcglactuation, 80-4.5 mcglactuation</i> (Breyna) | 1 | QL (30.6 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcglactuation</i> | 1 | QL (12 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcglactuation</i> | 1 | QL (24 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcglactuation</i> | 1 | QL (21.2 per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub) | 1 | QL (60 per 30 days) |
| <i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion-salmeterol) | 1 | QL (60 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) | 1 | |
| Bronchodilators | | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | 1 | QL (32.1 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation</i> (Ventolin HFA) | 1 | QL (17 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation (nda020503)</i> | 1 | QL (13.4 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation (nda020983)</i> | 1 | QL (36 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i> | 1 | PA BvD; QL (360 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i> | 1 | PA BvD; QL (120 per 30 days) |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | 1 | |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> | 1 | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 1 | QL (60 per 30 days) |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | 1 | QL (25.8 per 28 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | 1 | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 1 | QL (8 per 30 days) |
| <i>elixophyllin oral elixir 80 mg/15 ml (theophylline)</i> | 1 | |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | 1 | PA BvD; QL (312.5 per 30 days) |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | 1 | PA BvD; QL (540 per 30 days) |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | 1 | QL (2 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 1 | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 1 | QL (4 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | 1 | QL (30 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 1 | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 1 | QL (4 per 28 days) |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | 1 | |
| <i>terbutaline subcutaneous solution 1 mg/ml</i> | 1 | NDS |
| <i>theophylline oral solution 80 mg/15 ml</i> | 1 | |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | 1 | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | 1 | |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG | 1 | QL (60 per 30 days) |
| Respiratory Tract Agents, Other | | |
| <i>acetylcysteine intravenous solution (Acetadote) 200 mg/ml (20%)</i> | 1 | |
| <i>acetylcysteine solution 100 mg/ml (10%), 200 mg/ml (20%)</i> | 1 | PA BvD |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | 1 | NDS; QL (560 per 28 days) |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA; NDS |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | 1 | PA BvD |
| FASENRA PEN SUBCUTANEOUS AUTO- INJECTOR 30 MG/ML | 1 | PA; NDS; QL (1 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML | 1 | PA; NDS; QL (1 per 28 days) |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 1 | PA; NDS; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 1 | PA; NDS; QL (56 per 28 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 1 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 1 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 1 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 1 | PA; LA; NDS; QL (0.4 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 1 | PA; NDS; QL (60 per 30 days) |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | 1 | PA; NDS; QL (56 per 28 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 1 | PA; NDS; QL (112 per 28 days) |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet) | 1 | PA; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> (Esbriet) | 1 | PA; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 534 mg</i> | 1 | PA; NDS; QL (90 per 30 days) |
| <i>pirfenidone oral tablet 801 mg</i> (Esbriet) | 1 | PA; NDS; QL (90 per 30 days) |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML | 1 | PA BvD; NDS |
| <i>roflumilast oral tablet 250 mcg</i> (Daliresp) | 1 | QL (28 per 28 days) |
| <i>roflumilast oral tablet 500 mcg</i> (Daliresp) | 1 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | 1 | PA; NDS; QL (56 per 28 days) |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | 1 | 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) | 1 | PA; NDS; QL (84 per 28 days) |
| WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK) | 1 | PA; NDS; QL (1 per 21 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 1 | PA; NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 1 | PA; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 1 | PA; NDS |
| Skeletal Muscle Relaxants | | |
| Skeletal Muscle Relaxants | | |
| <i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i> | 1 | |
| <i>chlorzoxazone oral tablet 250 mg</i> | 1 | PA-HRM; NDS; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>chlorzoxazone oral tablet 500 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>chlorzoxazone oral tablet 750 mg</i> (Lorzone) | 1 | PA-HRM; QL (120 per 30 days); AGE (Max 64 Years) |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>dantrolene oral capsule 100 mg, 50 mg</i> | 1 | |
| <i>dantrolene oral capsule 25 mg</i> (Dantrium) | 1 | |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 1 | PA-HRM; AGE (Max 64 Years) |
| <i>revonto intravenous recon soln 20 mg</i> (dantrolene) | 1 | |
| <i>tizanidine oral tablet 2 mg</i> | 1 | |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex) | 1 | |
| Sleep Disorder Agents | | |
| Sleep Disorder Agents | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil) | 1 | PA; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 1 | QL (30 per 30 days) |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta) | 1 | QL (30 per 30 days) |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | 1 | PA; NDS; QL (150 per 30 days) |
| <i>modafinil oral tablet 100 mg</i> (Provigil) | 1 | PA; QL (30 per 30 days) |
| <i>modafinil oral tablet 200 mg</i> (Provigil) | 1 | PA; QL (60 per 30 days) |
| <i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem) | 1 | PA; LA; NDS; QL (540 per 30 days) |
| SUNOSI ORAL TABLET 150 MG, 75 MG | 1 | PA; QL (30 per 30 days) |
| <i>tasimelteon oral capsule 20 mg</i> (Hetlioz) | 1 | PA; NDS; QL (30 per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien) | 1 | QL (30 per 30 days) |
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR) | 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 |
|---|-----------|----------------------------------|
| Vasodilating Agents | | |
| Vasodilating Agents | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 1 | PA; NDS; QL (90 per 30 days) |
| <i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension)) | 1 | PA; QL (60 per 30 days) |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis) | 1 | PA; NDS; QL (30 per 30 days) |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer) | 1 | PA; LA; NDS; QL (60 per 30 days) |
| <i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> (Veletri) | 1 | PA; NDS |
| OPSUMIT ORAL TABLET 10 MG | 1 | PA; NDS; QL (30 per 30 days) |
| <i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio) | 1 | PA; NDS; QL (37.5 per 1 day) |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio) | 1 | PA; QL (360 per 30 days) |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq) | 1 | PA; QL (60 per 30 days) |
| <i>tadalafil oral tablet 2.5 mg</i> | 1 | PA; QL (30 per 30 days) |
| <i>tadalafil oral tablet 5 mg</i> (Cialis) | 1 | PA; QL (30 per 30 days) |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | 1 | 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) | 1 | PA; NDS |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | 1 | PA; NDS |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG | 1 | 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 |
|---|-----------|-------------------------------|
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | 1 | PA; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | 1 | PA; NDS; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | 1 | PA; NDS |

Vitamins And Minerals

Vitamins And Minerals

| | | |
|--|---|--|
| <i>bal-care dha combo pack 27-1-430 mg</i> | 1 | |
| <i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i> | 1 | |
| <i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i> | 1 | |
| <i>completenate tablet chew 29 mg iron- 1 mg</i> | 1 | |
| <i>folivane-ob capsule 85-1 mg</i> | 1 | |
| <i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i> | 1 | |
| <i>marnatal-f capsule 60 mg iron-1 mg</i> | 1 | |
| <i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid) | 1 | |
| <i>mynatal advance oral tablet 90-1-50 mg</i> | 1 | |
| <i>mynatal capsule 65 mg iron- 1 mg</i> | 1 | |
| <i>mynatal oral tablet 90-1-50 mg</i> | 1 | |
| <i>mynatal plus captab 65 mg iron- 1 mg</i> | 1 | |
| <i>mynatal-z captab 65 mg iron- 1 mg</i> | 1 | |
| <i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i> | 1 | |
| <i>newgen tablet 32-1,000 mg-mcg</i> | 1 | |
| <i>niva-plus tablet 27 mg iron- 1 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>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i> | 1 | |
| <i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i> | 1 | |
| <i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i> | 1 | |
| <i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i> | 1 | |
| <i>pnv prenatal plus multivit tab (pnv,calcium 72-iron-gluten-free (rx) 27 mg iron- 1 mg folic acid)</i> | 1 | |
| <i>pnv-dha + docusate oral capsule 27- 1.25-55-300 mg</i> | 1 | |
| <i>pnv-omega softgel 28-1-300 mg</i> | 1 | |
| <i>pr natal 400 combo pack 29-1-400 mg</i> | 1 | |
| <i>pr natal 400 ec combo pack 29-1- 400 mg</i> | 1 | |
| <i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i> | 1 | |
| <i>pr natal 430 ec combo pack 29-1- 430 mg</i> | 1 | |
| <i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i> | 1 | |
| <i>prenaissance oral capsule 29-1.25- 55-325 mg</i> | 1 | |
| <i>prenaissance plus oral capsule 28-1- 50-250 mg</i> | 1 | |
| <i>prenatabs fa tablet 29-1 mg</i> | 1 | |
| <i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i> | 1 | |
| <i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i> | 1 | |
| <i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i> | 1 | |
| <i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg (pnv,calcium 72-iron,carb-folic)</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>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid) | 1 | |
| <i>prenatal-u capsule 106.5-1 mg</i> | 1 | |
| <i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid) | 1 | |
| <i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i> | 1 | |
| <i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i> | 1 | |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i> | 1 | |
| <i>select-ob chewable caplet 29 mg iron- 1 mg</i> | 1 | |
| <i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i> | 1 | |
| <i>taron-c dha capsule 35-1-200 mg</i> | 1 | |
| <i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i> | 1 | |
| <i>triveen-duo dha combo pack 29-1-400 mg</i> | 1 | |
| <i>vinate care oral tablet, chewable 40 mg iron- 1 mg</i> | 1 | |
| <i>virt-c dha softgel (rx) 35-1-200 mg</i> | 1 | |
| <i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i> | 1 | |
| <i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i> | 1 | |
| <i>virt-pn plus softgel (rx) 28-1-300 mg</i> | 1 | |
| <i>vitafol gummies 3.33 mg iron- 0.33 mg</i> | 1 | |
| <i>vitafol nano tablet 18 mg iron- 1 mg</i> | 1 | |
| <i>vitafol-ob+dha combo pack 65-1-250 mg</i> | 1 | |
| <i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i> | 1 | |
| <i>vp-pnv-dha softgel (rx) 28 mg iron-1 mg-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>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i> | 1 | |
| <i>zatean-pn plus softgel 28-1-300 mg</i> | 1 | |
| <i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i> | 1 | |

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

This formulary was updated on 09/24/2024. For more recent information or other questions, please contact your Care Team at 1-866-783-1444 (TTY: 711), 7 days a week, 8 am – 8 pm (Oct. – Mar.), and weekdays, 8 am – 8 pm (Apr. – Sept.) or visit vnshealthplans.org.