Plan Year 2022

CCHP Senior Value Program (HMO)
東華實惠 (HMO) 計劃

2022 Formulary (List of Covered Drugs)
藥物表(保障藥物一覽表)

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

HPMS Approved Formulary File Submission ID 00022503, Version Number 12

This formulary was updated on 06/21/2022. For more recent information or other questions, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681- 8898, seven days a week from 8:00 a.m. to 8:00 p.m., or visit www.cchphealthplan.com/medicare.

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CCHP Health Plan

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 CCHP Senior Value Program (HMO). When it refers to "plan" or "our plan," it means CCHP Senior Value Program (HMO)

This document includes a list of the drugs (formulary) for our plan which is current as of 06/21/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is CCHP Senior Value Program (HMO) Formulary?

A formulary is a list of covered drugs selected by CCHP Senior Value Program (HMO) 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. CCHP Senior Value Program (HMO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CCHP Senior Value Program (HMO) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by CCHP Senior Value Program (HMO), please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section

below titled "How do I request an exception to the CCHP Senior Value Program (HMO)'s Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, 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 CCHP Senior Value Program (HMO)'s Formulary?"

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

The enclosed formulary is current as of 06/21/2022. To get updated information about the drugs covered by CCHP Senior Value Program (HMO) please contact us. Our contact information appears on the front and back cover pages. If we make any mid-year non-maintenance changes to the formulary, we will send an errata sheet to you. You can also find the changes on our website at www.cchphealthplan.com/medicare.

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 Agent-Misc. If you know what your drug is used for, look for the category name in the list that begins on page number 1. 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?

CCHP Senior Value Program (HMO) 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:** CCHP Senior Value Program (HMO) requires you, or your physician, to get prior authorization for certain drugs. This means that you will need to get approval from CCHP Senior Value Program (HMO) before you fill your prescriptions. If you don't get approval, CCHP Senior Value Program (HMO) may not cover the drug.
- **Quantity Limits:** For certain drugs, CCHP Senior Value Program (HMO) limits the amount of the drug that CCHP Senior Value Program will cover. For example, CCHP Senior Value Program (HMO) provides 60 tablets per prescription for SAVELLA. This may be in addition to a standard one-month or three-month supply.
- **Select Insulin (SI):** For certain brand insulin medications, CCHP Senior Value Program (HMO) limits the member copay to $35 per month supply and up to $105 per three-month supply that is covered. For certain generic insulin medications, CCHP Senior Value Program (HMO) limits the member copay to 1-month copay for $12 per month supply and up to 3 months copay for $36 per three-month supply that is covered.
- **Step Therapy:** In some cases, CCHP Senior Value Program (HMO) 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, CCHP Senior Value Program (HMO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CCHP Senior Value Program (HMO) 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 Web site. We have posted online a document that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CCHP Senior Value Program (HMO) 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 CCHP Senior Value Program (HMO)'s formulary?" on the next page 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. CCHP Senior Value Program (HMO) pays for certain OTC drugs.

FREESTYLE LITE METER
FREESTYLE FREEDOM LITE METER
FREESTYLE LITE TEST STRIPS
FREESTYLE INSULINX METER
FREESTYLE INSULINX TEST STRIPS
FREESTYLE CONTROL SOLUTION
PRECISION XTRA METER
PRECISION XTRA TEST STRIPS
MEDISENSE CONTROL SOLUTION
LANCETS
LANCET DEVICES
LANCET KIT
KETOTIFEN FUMARATE OPHTHALMIC
LORATADINE
CETIRIZINE
FEXOFENADINE
LEVOCETIRIZINE
OLOPATADINE

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

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that CCHP Senior Value Program (HMO) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CCHP Senior Value Program (HMO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CCHP Senior Value Program (HMO).

- You can ask CCHP Senior Value Program (HMO) 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 CCHP Senior Value Program (HMO)'s Formulary?

You can ask CCHP Senior Value Program (HMO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at lower cost-sharing level, unless the drug is on the specialty tier. 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, CCHP Senior Value Program (HMO) 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, CCHP Senior Value Program (HMO) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

For more information

For more detailed information about your CCHP Senior Value Program (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CCHP Senior Value Program (HMO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

CCHP Senior Value Program (HMO) Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by CCHP Senior Value Program (HMO). 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., VYVANSE) and generic drugs are listed in lower-case italics (e.g., *alendronate*).

The information in the Requirements/Limits column tells you if CCHP Senior Value Program (HMO) has any special requirements for coverage of your drug.

- Limited Distribution (LD): These drugs are restricted to certain pharmacies by the Food and Drug Administration. These drugs may only be available at certain pharmacies. For more information, consult your Provider and Pharmacy Directory or call Member Services at 1-888-775-7888, seven days a week from 8:00 a.m. to 8:00 p.m. TTY users should call 1-877-681-8898.
- Non-Mail-Order Drug (NM): These drugs are limited to a 30-day supply for both Retail and Mail Order pharmacies.
- Prior Authorization (PA): Prior Authorization may apply for these drugs. This means that you (or your physician) will need to get approval from CCHP Senior Value Program (HMO) before you fill your prescription. If you don't get approval, CCHP Senior Value Program (HMO) may not cover the drug.
- Prior Authorization Restriction for Part B vs Part D Determination (PA_BvD): These drugs may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from CCHP Senior Value Program (HMO) to determine whether the drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CCHP Senior Value Program (HMO) not cover this drug.
- Prior Authorization Restriction for New Starts Only (PA_NSO): If this drug is new to the member, you (or your physician) are required to get prior authorization from CCHP Senior Value Program (HMO) before you fill your prescription for this drug. Without prior approval, CCHP Senior Value Program (HMO) may not cover this drug.

- Quantity Limits (QL): For certain drugs, CCHP Senior Value Program (HMO) limits the amount of the drug that is covered. This could include a: per fill, daily, monthly, or yearly limitation.
- Step Therapy (ST): In some cases, CCHP Senior Value Program (HMO) 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, CCHP Senior Value Program (HMO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CCHP Senior Value Program (HMO) will then cover Drug B.

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Drug Name		Drug Tier	Requirements/Limits
Analgesics			
Analgesics, Miscellaneous			
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		2	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		2	QL (180 per 30 days)
ascomp with codeine oral capsule 30-50-325-40 mg	(codeine-butalbital-asa-caff)	4	QL (180 per 30 days)
buprenorphine hcl injection solution 0.3 mg/ml	(Buprenex)	2	
buprenorphine hcl injection syringe 0.3 mg/ml		2	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	2	QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	(Fioricet with Codeine)	4	QL (180 per 30 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		2	QL (180 per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	2	QL (180 per 30 days)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	(Zebutal)	4	QL (180 per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	2	QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		4	QL (180 per 30 days)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		2	QL (180 per 30 days)
butorphanol nasal spray,non-aerosol 10 mg/ml		2	QL (5 per 28 days)
codeine sulfate oral tablet 30 mg, 60 mg		2	QL (180 per 30 days)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	4	QL (180 per 30 days)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	2	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	2	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	2	QL (240 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	(Actiq)	5	PA; NM; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	(Actiq)	2	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		2	QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		4	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg	(Vicodin HP)	4	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		2	QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg		2	QL (240 per 30 days)
hydrocodone-acetaminophen oral tablet 5-300 mg		4	QL (240 per 30 days)
hydrocodone-acetaminophen oral tablet 7.5-300 mg		4	QL (180 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg		4	QL (150 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		2	QL (150 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml		2	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	2	QL (1200 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	2	QL (180 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY		5	PA; NM; NDS; QL (30 per 30 days)
methadone injection solution 10 mg/ml		2	QL (120 per 30 days)
methadone oral solution 10 mg/5 ml		2	QL (600 per 30 days)
methadone oral solution 5 mg/5 ml		2	QL (1200 per 30 days)
methadone oral tablet 10 mg		2	QL (120 per 30 days)
methadone oral tablet 5 mg		2	QL (180 per 30 days)
methadose oral tablet,soluble 40 mg	(methadone)	2	QL (30 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		2	PA; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml		2	QL (700 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
morphine oral solution 20 mg/5 ml (4 mg/ml)		2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG		4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG		4	QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg	(MS Contin)	2	QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	2	QL (90 per 30 days)
oxycodone oral capsule 5 mg		4	QL (180 per 30 days)
oxycodone oral concentrate 20 mg/ml		4	PA; QL (120 per 30 days)
oxycodone oral solution 5 mg/5 ml		4	QL (1300 per 30 days)
oxycodone oral tablet 10 mg		2	QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	2	QL (120 per 30 days)
oxycodone oral tablet 20 mg		2	QL (120 per 30 days)
oxycodone oral tablet 5 mg	(Roxicodone)	2	QL (180 per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(OxyContin)	3	QL (60 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	2	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	2	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	2	QL (240 per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg		2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	(oxycodone)	3	QL (60 per 30 days)
oxymorphone oral tablet 10 mg		4	QL (120 per 30 days)
oxymorphone oral tablet 5 mg		4	QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg		4	QL (60 per 30 days)
tencon oral tablet 50-325 mg	(butalbital-acetaminophen)	2	QL (180 per 30 days)
tramadol oral tablet 50 mg	(Ultram)	1	QL (240 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
tramadol-acetaminophen oral tablet 37.5-325 mg	(Ultracet)	2	QL (300 per 30 days)
vicodin hp oral tablet 10-300 mg	(hydrocodone-acetaminophen)	4	QL (180 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG		3	QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG		3	QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG		3	QL (240 per 30 days)
zebutal oral capsule 50-325-40 mg	(butalbital-acetaminophen-caff)	4	QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 50 mg	(Celebrex)	2	QL (60 per 30 days)
celecoxib oral capsule 400 mg	(Celebrex)	4	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	4	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	(Cataflam)	2	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		2	QL (60 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		2	QL (150 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		2	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		2	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		2	QL (300 per 30 days)
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	2	QL (1000 per 30 days)
diclofenac sodium topical gel 3 %		4	PA; QL (100 per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	(Pennsaid)	5	PA; NM; NDS; QL (224 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	4	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	4	
diflunisal oral tablet 500 mg		2	
etodolac oral capsule 200 mg, 300 mg		4	
etodolac oral tablet 400 mg	(Lodine)	4	
etodolac oral tablet 500 mg		4	
fenoprofen oral tablet 600 mg	(Nalfon)	4	
flurbiprofen oral tablet 100 mg		2	
ibu oral tablet 400 mg, 600 mg, 800 mg	(ibuprofen)	1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	(Duexis)	4	PA; QL (90 per 30 days)
indomethacin oral capsule 25 mg		1	QL (240 per 30 days)
indomethacin oral capsule 50 mg		1	QL (120 per 30 days)
indomethacin oral capsule, extended release 75 mg		4	QL (60 per 30 days)
ketoprofen oral capsule 50 mg, 75 mg		4	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		4	
ketorolac injection cartridge 15 mg/ml		2	QL (40 per 30 days)
ketorolac injection cartridge 30 mg/ml		2	QL (20 per 30 days)
ketorolac injection solution 15 mg/ml		2	QL (40 per 30 days)
ketorolac injection solution 30 mg/ml (1 ml)		2	QL (20 per 30 days)
ketorolac injection syringe 15 mg/ml		2	QL (40 per 30 days)
ketorolac injection syringe 30 mg/ml		2	QL (20 per 30 days)
ketorolac intramuscular cartridge 60 mg/2 ml		2	QL (20 per 30 days)
ketorolac intramuscular solution 60 mg/2 ml		2	QL (20 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ketorolac intramuscular syringe 60 mg/2 ml		2	QL (20 per 30 days)
ketorolac oral tablet 10 mg		2	QL (20 per 30 days)
mefenamic acid oral capsule 250 mg		4	
meloxicam oral tablet 15 mg, 7.5 mg		1	
nabumetone oral tablet 500 mg, 750 mg	(Relafen)	2	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	2	
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg	(Vimovo)	5	PA; NM; NDS; QL (60 per 30 days)
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	(diclofenac sodium)	5	PA; NM; NDS; QL (224 per 28 days)
piroxicam oral capsule 10 mg, 20 mg	(Feldene)	4	
sulindac oral tablet 150 mg, 200 mg		2	
tolmetin oral capsule 400 mg		4	
tolmetin oral tablet 200 mg, 600 mg		4	
Anesthetics			
Local Anesthetics			
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	2	QL (30 per 30 days)
lidocaine (pf) injection solution 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine-MPF)	1	
lidocaine (pf) injection solution 40 mg/ml (4 %)		1	
lidocaine hcl 1% 20 mg/2 ml vl sdv, p/f 10 mg/ml (1 %)	(Xylocaine-MPF)	1	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine)	1	
lidocaine hcl mucous membrane jelly 2 %		2	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		2	PA
lidocaine topical adhesive patch,medicated 5 %	(Lidoderm)	2	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		4	PA; QL (90 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	2	
lidocaine-prilocaine topical cream 2.5-2.5 %		4	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		2	
buprenorphine hcl sublingual tablet 2 mg, 8 mg		2	QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg	(Suboxone)	4	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	4	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		2	QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	(varenicline)	3	QL (336 per 365 days)
disulfiram oral tablet 250 mg, 500 mg		2	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		3	QL (4 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG		5	NM; NDS; QL (228 per 14 days)
naloxone injection solution 0.4 mg/ml		2	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		2	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	3	QL (4 per 30 days)
naltrexone oral tablet 50 mg		2	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	(naloxone)	3	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG		4	QL (1008 per 90 days)

Drug Name		Drug Tier	Requirements/Limits
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML		5	NM; NDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML		5	NM; NDS; QL (1.5 per 30 days)
varenicline oral tablet 0.5 mg		2	QL (336 per 365 days)
varenicline oral tablet 1 mg	(Chantix Continuing Month Box)	2	QL (336 per 365 days)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	2	
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)	2	QL (120 per 30 days)
alprazolam oral tablet extended release 24 hr 3 mg	(Xanax XR)	2	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		4	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		4	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg		2	QL (180 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	(Tranxene T-Tab)	2	QL (180 per 30 days)
diazepam 5 mg/ml oral conc 5 mg/ml	(Diazepam Intensol)	4	QL (1200 per 30 days)
diazepam injection solution 5 mg/ml		2	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		2	QL (10 per 28 days)
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	4	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		4	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	QL (120 per 30 days)
estazolam oral tablet 1 mg		2	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
estazolam oral tablet 2 mg		2	QL (30 per 30 days)
flurazepam oral capsule 15 mg		2	QL (60 per 30 days)
flurazepam oral capsule 30 mg		2	QL (30 per 30 days)
lorazepam 2 mg/ml oral concent 2 mg/ml	(Lorazepam Intensol)	2	QL (150 per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml, 4 mg/ml		1	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	2	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	QL (150 per 30 days)
midazolam oral syrup 2 mg/ml		2	QL (10 per 30 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg		4	QL (120 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	1	QL (30 per 30 days)
triazolam oral tablet 0.125 mg		2	QL (120 per 30 days)
triazolam oral tablet 0.25 mg	(Halcion)	2	QL (60 per 30 days)
Antibacterials			
Aminoglycosides			
gentamicin injection solution 20 mg/2 ml, 40 mg/ml		2	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		2	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml		2	
neomycin oral tablet 500 mg		2	
streptomycin intramuscular recon soln 1 gram		5	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		5	NM; NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	5	PA BvD; NM; NDS
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	5	PA BvD; NM; NDS
tobramycin sulfate injection solution 40 mg/ml		4	

Drug Name		Drug Tier	Requirements/Limits
Antibacterials, Miscellaneous			
bacitracin intramuscular recon soln 50,000 unit		4	
chloramphenicol sod succinate intravenous recon soln 1 gram		2	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	1	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml		2	
clindamycin pediatric oral recon soln 75 mg/5 ml	(clindamycin palmitate hcl)	4	
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)		2	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	2	
clindamycin phosphate intravenous solution 600 mg/4 ml		2	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	5	NM; NDS
daptomycin intravenous recon soln 500 mg	(Cubicin)	5	NM; NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML		4	
linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml		2	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	2	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	5	NM; NDS
linezolid oral tablet 600 mg	(Zyvox)	2	
methenamine hippurate oral tablet 1 gram	(Hiprex)	2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	2	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	(Macrodantin)	2	QL (120 per 30 days)
nitrofurantoin macrocrystal oral capsule 25 mg	(Macrodantin)	4	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
polymyxin b sulfate injection recon soln 500,000 unit	2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	NM; NDS
trimethoprim oral tablet 100 mg	1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	2	
vancomycin oral capsule 125 mg (Vancocin)	4	QL (56 per 14 days)
vancomycin oral capsule 250 mg (Vancocin)	4	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	5	PA; NM; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NM; NDS; QL (90 per 30 days)
Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	2	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	4	
cefaclor oral tablet extended release 12 hr 500 mg	4	
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	
cefadroxil oral tablet 1 gram	4	
cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml	2	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	2	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	4	
cefepime injection recon soln 1 gram, 2 gram	2	
cefixime oral capsule 400 mg (Suprax)	4	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)	4	
cefotaxime injection recon soln 1 gram	2	

Drug Name	Drug Tier	Requirements/Limits
cefoxitin 1 gm piggyback bag 1 gram/50 ml	4	
cefoxitin intravenous recon soln 1 gram	4	
cefoxitin intravenous recon soln 10 gram, 2 gram	4	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	4	
cefpodoxime oral tablet 100 mg, 200 mg	2	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cefprozil oral tablet 250 mg, 500 mg	2	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	2	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	2	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cefuroxime sodium injection recon soln 750 mg	2	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	2	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	4	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cephalexin oral tablet 250 mg, 500 mg	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
Macrolides		
azithromycin intravenous recon soln 500 mg (Zithromax)	2	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)	4	

Drug Name		Drug Tier	Requirements/Limits
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)		1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	1	
azithromycin oral tablet 600 mg		2	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		4	
clarithromycin oral tablet 250 mg, 500 mg		2	
clarithromycin oral tablet extended release 24 hr 500 mg		4	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		5	NM; NDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG		5	NM; NDS; QL (20 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	4	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	4	
erythromycin oral tablet 250 mg, 500 mg		4	
Miscellaneous B-Lactam Antibiotics			
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		5	PA; NM; LA; NDS
ertapenem injection recon soln 1 gram	(Invanz)	4	
imipenem-cilastatin intravenous recon soln 250 mg		2	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	2	
meropenem intravenous recon soln 1 gram		4	
meropenem intravenous recon soln 500 mg		4	
meropenem-0.9% nacl 500 mg/50 500 mg/50 ml		4	
Penicillins			

Drug Name		Drug Tier	Requirements/Limits
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		2	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		4	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	4	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	4	
amoxicillin-pot clavulanate oral tablet 250-125 mg		4	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	1	
amoxicillin-pot clavulanate oral tablet 875-125 mg		1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	4	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		4	
ampicillin oral capsule 250 mg, 500 mg		2	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg		2	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		4	
dicloxacillin oral capsule 250 mg, 500 mg		2	

Drug Name	Drug Tier	Requirements/Limits
nafcillin 1 gm/ 50 ml inj 1 gram/50 ml	2	
nafcillin 2 gm/ 100 ml inj 2 gram/100 ml	2	
nafcillin injection recon soln 1 gram, 2 gram	2	
nafcillin injection recon soln 10 gram	5	NM; NDS
penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)	4	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	2	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
pfizerpen-g injection recon soln 20 million unit (penicillin g potassium)	4	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	2	
piperacillin-tazobactam intravenous recon soln 40.5 gram	4	
Quinolones		
BAXDELA ORAL TABLET 450 MG	5	PA; NM; NDS; QL (28 per 14 days)
ciprofloxacin hcl oral tablet 100 mg	2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	2	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)	4	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	2	
levofloxacin intravenous solution 25 mg/ml	4	
levofloxacin oral solution 250 mg/10 ml	4	

Drug Name		Drug Tier	Requirements/Limits
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		1	
moxifloxacin oral tablet 400 mg		4	
Sulfonamides			
sulfadiazine oral tablet 500 mg		2	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml		4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	4	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg		4	
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	2	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	2	
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	2	
doxycycline hyclate oral tablet 100 mg	(LymePak)	2	
doxycycline hyclate oral tablet 20 mg		2	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 75 mg		4	
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg, 50 mg	(Doryx)	4	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	2	QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg	(Monodox)	2	QL (60 per 30 days)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin (mono))	2	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	2	QL (60 per 30 days)
doxycycline monohydrate oral tablet 150 mg		4	

Drug Name		Drug Tier	Requirements/Limits
doxycycline monohydrate oral tablet 50 mg		2	QL (60 per 30 days)
doxycycline monohydrate oral tablet 75 mg		4	QL (60 per 30 days)
minocycline oral capsule 100 mg, 50 mg, 75 mg		2	
minocycline oral tablet 100 mg, 50 mg, 75 mg		4	
mondoxyne nl oral capsule 100 mg	(doxycycline monohydrate)	2	QL (60 per 30 days)
mondoxyne nl oral capsule 75 mg	(doxycycline monohydrate)	4	QL (60 per 30 days)
tetracycline oral capsule 250 mg, 500 mg		4	
tigecycline intravenous recon soln 50 mg	(Tygacil)	5	NM; NDS
Anticancer Agents			
Anticancer Agents			
abiraterone oral tablet 250 mg, 500 mg	(Zytiga)	5	PA NSO; NM; NDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	(paclitaxel protein-bound)	5	PA BvD; NM; NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG		5	PA NSO; NM; NDS
adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	(doxorubicin)	2	PA BvD
adrucil intravenous solution 2.5 gram/50 ml	(fluorouracil)	2	PA BvD
ALECENSA ORAL CAPSULE 150 MG		5	PA NSO; NM; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	(pemetrexed disodium)	5	NM; NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG		5	PA NSO; NM; NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)		5	PA NSO; NM; NDS

Drug Name		Drug Tier	Requirements/Limits
anastrozole oral tablet 1 mg	(Arimidex)	1	
arsenic trioxide intravenous solution 1 mg/ml		5	NM; NDS
arsenic trioxide intravenous solution 2 mg/ml	(Trisenox)	5	NM; NDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML		5	PA NSO; NM; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML		5	PA NSO; NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	(Vidaza)	5	NM; NDS
BALVERSA ORAL TABLET 3 MG		5	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		5	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		5	PA NSO; NM; NDS; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML		5	PA NSO; NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG		5	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	5	PA NSO; NM; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)		5	PA NSO; NM; NDS
bexarotene oral capsule 75 mg	(Targretin)	5	PA NSO; NM; NDS
bicalutamide oral tablet 50 mg	(Casodex)	2	
BLENREP INTRAVENOUS RECON SOLN 100 MG		5	PA NSO; NM; NDS
bleomycin injection recon soln 15 unit, 30 unit		2	
BLINCYTO INTRAVENOUS KIT 35 MCG		5	PA NSO; NM; NDS
bortezomib injection recon soln 1 mg		4	PA NSO
bortezomib injection recon soln 2.5 mg		5	PA NSO; NM; NDS
BORTEZOMIB INJECTION RECON SOLN 3.5 MG	(Velcade)	5	PA NSO; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NM; NDS; QL (30 per 30 days)
carboplatin intravenous solution 10 mg/ml (Paraplatin)	2	
cladribine intravenous solution 10 mg/10 ml	2	PA BvD
clofarabine intravenous solution 1 mg/ml (Clolar)	5	NM; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	5	PA BvD; NM; NDS
cyclophosphamide intravenous solution 200 mg/ml	5	PA BvD; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	4	PA BvD; ST

Drug Name	Drug Tier	Requirements/Limits
cyclophosphamide oral tablet 25 mg, 50 mg	3	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NM; NDS; QL (120 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; LA; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg (Dacogen)	5	NM; NDS
docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)	5	NM; NDS
docetaxel intravenous solution 80 mg/8 ml (10 mg/ml)	2	
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	2	PA BvD
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Doxil)	5	PA BvD; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	5	NM; NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NM; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS

Drug Name		Drug Tier	Requirements/Limits
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML		5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG		5	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 25 mg	(Tarceva)	5	PA NSO; NM; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg	(Tarceva)	5	PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		4	
etoposide intravenous solution 20 mg/ml	(Toposar)	2	
everolimus (antineoplastic) oral tablet 10 mg	(Afinitor)	5	PA NSO; NM; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	(Afinitor)	5	PA NSO; NM; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	5	PA NSO; NM; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	4	
EXKIVITY ORAL CAPSULE 40 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		5	PA NSO; NM; NDS
floxuridine injection recon soln 0.5 gram		2	PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		2	PA BvD
flutamide 125 mg capsule 125 mg	(Eulexin)	2	
flutamide oral capsule 125 mg	(Eulexin)	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		5	PA NSO; NM; NDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	(Faslodex)	5	NM; NDS
GAVRETO ORAL CAPSULE 100 MG		5	PA NSO; NM; NDS; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML		5	PA NSO; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
gemcitabine intravenous recon soln 1 gram, 200 mg	2	PA BvD
gemcitabine intravenous recon soln 2 gram	5	PA BvD; NM; NDS
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	5	PA BvD; NM; NDS
gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)	2	PA BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NM; NDS; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA NSO; NM; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
hydroxyurea oral capsule 500 mg (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram (Ifex)	2	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	2	
imatinib oral tablet 100 mg (Gleevec)	2	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	4	PA NSO; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NM; NDS; QL (8 per 28 days)
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	5	PA BvD; NM; NDS
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml (Camptosar)	2	
irinotecan intravenous solution 500 mg/25 ml	2	
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NM; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NM; NDS; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA NSO; NM; NDS
lapatinib oral tablet 250 mg (Tykerb)	5	PA NSO; NM; NDS
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg (Revlimid)	5	PA NSO; NM; 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)	5	PA NSO; NM; NDS
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	5	NM; NDS
leuprolide subcutaneous kit 1 mg/0.2 ml	5	NM; NDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; NDS; QL (80 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	5	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
megestrol oral tablet 20 mg, 40 mg	2	
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
melphalan hcl intravenous recon soln 50 mg (Alkeran (as HCl))	5	NM; NDS
mercaptopurine oral tablet 50 mg	2	
methotrexate sodium (pf) injection recon soln 1 gram	2	PA BvD
methotrexate sodium (pf) injection solution 25 mg/ml	2	PA BvD
methotrexate sodium injection solution 25 mg/ml	2	PA BvD

Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium oral tablet 2.5 mg	2	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	2	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA NSO; NM; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg (Nilandron)	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NM; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	NM; NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NM; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NM; NDS
oxaliplatin intravenous recon soln 100 mg, 50 mg	2	
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	2	

Drug Name	Drug Tier	Requirements/Limits
paclitaxel intravenous concentrate 6 mg/ml	2	PA BvD
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg (Abraxane)	5	PA BvD; NM; NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA NSO; NM; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NDS; QL (14 per 21 days)
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	5	PA NSO; NM; NDS; QL (2 per 28 days)
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA NSO; NM; NDS
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML	5	PA NSO; NM; NDS; QL (15 per 21 days)
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG-20000 UNIT/10ML	5	PA NSO; NM; NDS; QL (10 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	5	PA NSO; NM; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NM; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NM; NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PA NSO; NM; LA; NDS; QL (28 per 28 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NM; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA NSO; NM; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NM; NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	5	PA NSO; NM; NDS; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	

Drug Name	Drug Tier	Requirements/Limits
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	2	
TARGRETIN TOPICAL GEL 1 % (bexarotene)	5	PA NSO; NM; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NM; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first) (Torisel)	5	PA BvD; NM; NDS; QL (4 per 28 days)
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
thiotepa injection recon soln 100 mg, 15 mg (Tepadina)	5	NM; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NM; NDS; QL (5 per 21 days)
toposar intravenous solution 20 mg/ml (etoposide)	2	
topotecan intravenous recon soln 4 mg (Hycamtin)	5	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	5	NM; NDS
toremifene oral tablet 60 mg (Fareston)	5	NM; NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	NM; NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NM; NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	QL (1 per 28 days)
tretinoin (antineoplastic) oral capsule 10 mg	5	NM; NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA NSO; NM; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA NSO; NM; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
UKONIQ ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NM; NDS
valrubicin intravesical solution 40 mg/ml (Valstar)	5	NM; NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	PA NSO; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
VELCADE INJECTION RECON SOLN 3.5 MG (bortezomib)	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
vinblastine intravenous solution 1 mg/ml	2	PA BvD
vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml (vincristine)	2	PA BvD
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml (Vincasar PFS)	2	PA BvD
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml (Navelbine)	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NM; NDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST

Drug Name	Drug Tier	Requirements/Limits
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PA NSO; NM; NDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	5	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PA NSO; NM; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	5	PA NSO; NM; NDS
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NM; NDS
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	5	NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	NM; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)	4	
carbamazepine oral suspension 100 mg/5 ml (Tegretol)	4	
carbamazepine oral tablet 200 mg (Epitol)	2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg (Tegretol XR)	4	
carbamazepine oral tablet,chewable 100 mg	2	
CELONTIN ORAL CAPSULE 300 MG	4	
clobazam oral suspension 2.5 mg/ml (Onfi)	4	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg (Onfi)	4	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
DIACOMIT ORAL CAPSULE 250 MG		5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG		5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	(Diastat AcuDial)	4	
diazepam rectal kit 2.5 mg	(Diastat)	4	
DILANTIN ORAL CAPSULE 30 MG		4	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA NSO; NM; NDS
epitol oral tablet 200 mg	(carbamazepine)	2	
EPRONTIA ORAL SOLUTION 25 MG/ML		4	QL (480 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	2	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	2	
felbamate oral suspension 600 mg/5 ml	(Felbatol)	4	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		5	PA NSO; NM; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		5	NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG		5	NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG		4	QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG		5	NM; NDS; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	1	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	1	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	4	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	2	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	2	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	2	QL (200 per 5 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	2	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)	(Lamictal ODT Starter (Blue))	4	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	4	
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)	(Lamictal ODT Starter (Green))	4	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(Lamictal XR)	4	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	2	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	4	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	2	
levetiracetam oral solution 100 mg/ml	(Keppra)	2	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	2	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		4	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	2	

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

Drug Name		Drug Tier	Requirements/Limits
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	(Gabitril)	4	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	2	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		2	
valproic acid oral capsule 250 mg		2	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		4	
vigabatrin oral powder in packet 500 mg	(Vigadrone)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Sabril)	5	PA NSO; NM; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(vigabatrin)	5	PA NSO; NM; NDS; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	(lacosamide)	3	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	(lacosamide)	3	QL (1200 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		4	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG		4	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		4	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)		4	
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	2	

Drug Name		Drug Tier	Requirements/Limits
zonisamide oral capsule 50 mg		2	
Antidementia Agents			
Antidementia Agents			
donepezil oral tablet 10 mg, 5 mg	(Aricept)	1	QL (30 per 30 days)
donepezil oral tablet 23 mg	(Aricept)	4	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg		2	QL (30 per 30 days)
ergoloid oral tablet 1 mg		4	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	(Razadyne ER)	2	QL (30 per 30 days)
galantamine oral solution 4 mg/ml		4	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		2	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	(Namenda XR)	4	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml		4	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	(Namenda)	2	QL (60 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG		3	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG		3	ST; QL (30 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		2	QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	4	QL (30 per 30 days)
Antidepressants			
Antidepressants			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		4	
bupropion hcl oral tablet 100 mg, 75 mg		2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	2	

Drug Name		Drug Tier	Requirements/Limits
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	2	
citalopram oral solution 10 mg/5 ml		4	QL (600 per 30 days)
citalopram oral tablet 10 mg	(Celexa)	1	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	(Celexa)	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	4	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	4	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		4	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	4	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	
doxepin oral concentrate 10 mg/ml		1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG		4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG		4	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Cymbalta)	2	QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg		4	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		5	ST; NM; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml		4	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		4	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	1	

Drug Name		Drug Tier	Requirements/Limits
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		4	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		4	
maprotiline oral tablet 25 mg, 50 mg, 75 mg		2	
MARPLAN ORAL TABLET 10 MG		4	
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	2	
mirtazapine oral tablet 45 mg, 7.5 mg		2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	2	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		4	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml		4	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	4	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	4	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		2	
phenelzine oral tablet 15 mg	(Nardil)	2	
protriptyline oral tablet 10 mg, 5 mg		4	
sertraline oral concentrate 20 mg/ml	(Zoloft)	2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG		4	PA NSO
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)		5	PA NSO; NM; NDS
tranylcypromine oral tablet 10 mg	(Parnate)	4	

Drug Name	Drug Tier	Requirements/Limits
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone oral tablet 300 mg	4	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg (Effexor XR)	2	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg (Effexor XR)	2	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	
venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg	4	QL (30 per 30 days)
venlafaxine oral tablet extended release 24hr 75 mg	4	QL (90 per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone)	3	QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	5	NM; NDS
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	2	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
KORLYM ORAL TABLET 300 MG	5	PA; NM; NDS; QL (112 per 28 days)
metformin oral solution 500 mg/5 ml (Riomet)	4	QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	QL (75 per 30 days)
metformin oral tablet 500 mg	1	QL (150 per 30 days)
metformin oral tablet 850 mg	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 per 30 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg	4	QL (90 per 30 days)
nateglinide oral tablet 120 mg, 60 mg	2	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	QL (30 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	2	QL (120 per 30 days)
repaglinide oral tablet 2 mg	2	QL (240 per 30 days)
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	4	QL (150 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	SI; QL (24 per 28 days)
LANTUS SOLOSTAR U-100 (insulin glargine) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	3	SI; QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		3	SI; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		3	SI; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	SI; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		3	SI; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		3	SI; QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		3	SI; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	2	SI; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	2	SI; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	2	SI; QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	2	SI; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	2	SI; QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		3	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)		3	SI; QL (18 per 28 days)

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

Drug Name		Drug Tier	Requirements/Limits
ciclopirox topical shampoo 1 %	(Loprox)	4	
ciclopirox topical solution 8 %	(Ciclodan)	2	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	4	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg		2	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	2	
clotrimazole topical solution 1 %		2	
clotrimazole-betamethasone topical cream 1-0.05 %		2	QL (90 per 30 days)
clotrimazole-betamethasone topical lotion 1-0.05 %		4	QL (90 per 30 days)
econazole topical cream 1 %		4	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml		2	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	4	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Diflucan)	2	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	5	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml		4	
griseofulvin microsize oral tablet 500 mg		4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		4	
itraconazole oral capsule 100 mg	(Sporanox)	2	
itraconazole oral solution 10 mg/ml	(Sporanox)	2	PA
ketoconazole oral tablet 200 mg		2	
ketoconazole topical cream 2 %		2	QL (180 per 30 days)
ketoconazole topical shampoo 2 %		2	QL (360 per 30 days)
miconazole-3 vaginal suppository 200 mg		2	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML		5	NM; NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	(posaconazole)	5	PA; NM; NDS
nyamyc topical powder 100,000 unit/gram	(nystatin)	2	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
nystatin oral suspension 100,000 unit/ml		2	QL (900 per 30 days)
nystatin oral tablet 500,000 unit		2	
nystatin topical cream 100,000 unit/gram		2	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		2	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nyamyc)	2	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		4	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		4	
nystop topical powder 100,000 unit/gram	(nystatin)	2	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	5	PA; NM; NDS
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	5	PA BvD; NM; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	5	PA; NM; NDS
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	2	
Antigout Agents			
Antigout Agents, Other			
allopurinol oral tablet 100 mg	(Zyloprim)	1	
allopurinol oral tablet 300 mg		1	
colchicine oral tablet 0.6 mg	(Colcrys)	4	PA; QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	4	ST; QL (30 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	(colchicine)	2	QL (60 per 30 days)
probenecid oral tablet 500 mg		2	
probenecid-colchicine oral tablet 500-0.5 mg		2	
Antihistamines			
Antihistamines			
carbinoxamine maleate oral liquid 4 mg/5 ml		2	

Drug Name		Drug Tier	Requirements/Limits
carbinoxamine maleate oral tablet 4 mg		2	
clemastine oral tablet 2.68 mg		2	
cyproheptadine oral syrup 2 mg/5 ml		2	
cyproheptadine oral tablet 4 mg		2	
diphenhydramine hcl injection solution 50 mg/ml		2	
diphenhydramine hcl injection syringe 50 mg/ml		4	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	(Diphen)	2	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml		2	
hydroxyzine hcl oral solution 10 mg/5 ml		2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	4	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	
promethazine oral syrup 6.25 mg/5 ml		2	
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	2	
metronidazole vaginal gel 0.75 %	(Vandazole)	2	
terconazole vaginal cream 0.4 %, 0.8 %		2	
terconazole vaginal suppository 80 mg		4	
Antimigraine Agents			
Antimigraine Agents			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		3	PA; QL (1.5 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		3	PA; QL (1.5 per 30 days)
dihydroergotamine injection solution 1 mg/ml	(D.H.E.45)	2	QL (24 per 28 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	5	NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		3	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	(Amerge)	4	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		3	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	2	QL (12 per 30 days)
rizatriptan oral tablet 5 mg		2	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	2	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		2	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	(Imitrex)	4	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	(Imitrex)	4	QL (18 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	2	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	2	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	4	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	4	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	4	QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	4	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig)	4	QL (6 per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	4	QL (6 per 30 days)
Antimycobacterials		
Antimycobacterials		
dapsone oral tablet 100 mg, 25 mg	2	
ethambutol oral tablet 100 mg	2	
ethambutol oral tablet 400 mg (Myambutol)	2	
isoniazid oral solution 50 mg/5 ml	2	
isoniazid oral tablet 100 mg, 300 mg	1	
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
pyrazinamide oral tablet 500 mg	2	
rifabutin oral capsule 150 mg (Mycobutin)	4	
rifampin intravenous recon soln 600 mg (Rifadin)	4	
rifampin oral capsule 150 mg, 300 mg	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD
aprepitant oral capsule 125 mg	4	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg	4	PA BvD; QL (1 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
aprepitant oral capsule 80 mg	(Emend)	4	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	4	PA BvD; QL (6 per 28 days)
compro rectal suppository 25 mg	(prochlorperazine)	4	
dimenhydrinate injection solution 50 mg/ml		2	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	4	PA; QL (60 per 30 days)
droperidol injection solution 2.5 mg/ml		2	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		4	PA BvD; QL (6 per 28 days)
fosaprepitant intravenous recon soln 150 mg	(Emend (fosaprepitant))	4	QL (2 per 28 days)
granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml		2	
granisetron hcl intravenous solution 1 mg/ml		2	
granisetron hcl oral tablet 1 mg		4	PA BvD
meclizine oral tablet 12.5 mg		2	
meclizine oral tablet 25 mg	(Dramamine Less Drowsy)	2	
ondansetron hcl (pf) injection solution 4 mg/2 ml		1	
ondansetron hcl (pf) injection syringe 4 mg/2 ml		1	
ondansetron hcl intravenous solution 2 mg/ml		2	
ondansetron hcl oral solution 4 mg/5 ml		4	PA BvD
ondansetron hcl oral tablet 4 mg, 8 mg		2	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		2	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml		2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	2	
prochlorperazine rectal suppository 25 mg	(Compro)	4	

Drug Name		Drug Tier	Requirements/Limits
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	4	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	4	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	(promethazine)	4	
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	2	QL (10 per 30 days)
SYNDROS ORAL SOLUTION 5 MG/ML		5	PA; NM; NDS; QL (120 per 30 days)
Antiparasite Agents			
Antiparasite Agents			
albendazole oral tablet 200 mg		5	NM; NDS
atovaquone oral suspension 750 mg/5 ml	(Mepron)	2	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	2	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	2	
chloroquine phosphate oral tablet 250 mg		4	QL (50 per 30 days)
chloroquine phosphate oral tablet 500 mg		4	QL (25 per 30 days)
COARTEM ORAL TABLET 20-120 MG		4	
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	2	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		5	PA; NM; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	2	
KRINTAFEL ORAL TABLET 150 MG		4	
mefloquine oral tablet 250 mg		2	
nitazoxanide oral tablet 500 mg	(Alinia)	5	NM; NDS
paromomycin oral capsule 250 mg	(Humatin)	4	
pentamidine inhalation recon soln 300 mg	(Nebupent)	2	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	4	

Drug Name		Drug Tier	Requirements/Limits
PRIMAQUINE ORAL TABLET 26.3 MG		4	
pyrimethamine oral tablet 25 mg	(Daraprim)	5	PA; NM; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	4	PA; QL (42 per 7 days)
tinidazole oral tablet 250 mg, 500 mg		2	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		2	
amantadine hcl oral solution 50 mg/5 ml		1	
amantadine hcl oral tablet 100 mg		2	
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	5	PA; NM; NDS; QL (60 per 30 days)
benztropine injection solution 1 mg/ml		4	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		2	
bromocriptine oral capsule 5 mg	(Parlodel)	4	
bromocriptine oral tablet 2.5 mg	(Parlodel)	2	
cabergoline oral tablet 0.5 mg		2	
carbidopa oral tablet 25 mg	(Lodosyn)	2	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	2	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	2	
carbidopa-levodopa oral tablet 25-250 mg		2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg		4	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	(Stalevo 50)	4	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	(Stalevo 75)	4	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	(Stalevo 100)	4	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg	(Stalevo 125)	4	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg (Stalevo 150)	4	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg (Stalevo 200)	4	
entacapone oral tablet 200 mg (Comtan)	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NM; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NM; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	ST; QL (60 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)	1	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	4	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	4	
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	2	
trihexyphenidyl oral elixir 0.4 mg/ml	2	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
XADAGO ORAL TABLET 100 MG	4	PA; QL (30 per 30 days)
XADAGO ORAL TABLET 50 MG	5	PA; NM; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antipsychotic Agents		
Antipsychotic Agents		
aripiprazole oral solution 1 mg/ml	4	QL (900 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (Abilify)	4	QL (30 per 30 days)
aripiprazole oral tablet 2 mg (Abilify)	4	QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	4	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	5	ST; NM; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NM; NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NM; NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 28 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	ST; NM; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	2	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
clozapine oral tablet 100 mg (Clozaril)	2	QL (270 per 30 days)
clozapine oral tablet 200 mg (Clozaril)	2	QL (135 per 30 days)
clozapine oral tablet 25 mg, 50 mg (Clozaril)	2	QL (90 per 30 days)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	4	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	4	ST; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clozapine oral tablet,disintegrating 200 mg	5	ST; NM; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
fluphenazine decanoate injection solution 25 mg/ml	2	
fluphenazine hcl injection solution 2.5 mg/ml	2	
fluphenazine hcl oral concentrate 5 mg/ml	4	
fluphenazine hcl oral elixir 2.5 mg/5 ml	4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
haloperidol decanoate intramuscular solution 100 mg/ml (Haldol Decanoate)	2	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)	2	
haloperidol decanoate intramuscular solution 50 mg/ml (Haldol Decanoate)	2	
haloperidol decanoate intramuscular solution 50 mg/ml(1ml)	2	
haloperidol lactate injection solution 5 mg/ml	2	
haloperidol lactate intramuscular syringe 5 mg/ml	2	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NM; NDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NM; NDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NM; NDS; QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NM; NDS; QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NM; NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NM; NDS; QL (2.63 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
molindone oral tablet 10 mg	2	QL (240 per 30 days)
molindone oral tablet 25 mg	2	QL (270 per 30 days)
molindone oral tablet 5 mg	2	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg (Zyprexa)	2	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)	2	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	4	QL (60 per 30 days)
risperidone oral tablet,disintegrating 3 mg, 4 mg	4	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NM; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	4	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	2	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NM; NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
abacavir oral solution 20 mg/ml (Ziagen)	4	
abacavir oral tablet 300 mg (Ziagen)	2	
abacavir-lamivudine oral tablet 600-300 mg (Epzicom)	2	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg (Trizivir)	5	NM; NDS

Drug Name		Drug Tier	Requirements/Limits
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	5	NM; NDS; QL (24 per 365 days)
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML		5	NM; NDS
APTIVUS ORAL CAPSULE 250 MG		5	NM; NDS
atazanavir oral capsule 150 mg		2	
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		5	NM; NDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML		5	NM; NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		5	NM; NDS; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	5	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG		5	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG		5	NM; NDS
CRIXIVAN ORAL CAPSULE 200 MG		4	
DELSTRIGO ORAL TABLET 100-300-300 MG		5	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		5	NM; NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		2	
DOVATO ORAL TABLET 50-300 MG		5	NM; NDS
EDURANT ORAL TABLET 25 MG		5	NM; NDS
efavirenz oral capsule 200 mg, 50 mg	(Sustiva)	2	
efavirenz oral tablet 600 mg	(Sustiva)	2	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	(Atripla)	5	NM; NDS

Drug Name		Drug Tier	Requirements/Limits
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	(Symfi Lo)	5	NM; NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	5	NM; NDS
emtricitabine oral capsule 200 mg	(Emtriva)	2	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	(Truvada)	5	NM; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		4	
etravirine oral tablet 100 mg, 200 mg	(Intelence)	5	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG		5	NM; NDS
fosamprenavir oral tablet 700 mg	(Lexiva)	2	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		5	NM; NDS
INTELENCE ORAL TABLET 25 MG		4	
INVIRASE ORAL TABLET 500 MG		5	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG		5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG		4	
ISENTRESS ORAL TABLET 400 MG		5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		4	
JULUCA ORAL TABLET 50-25 MG		5	NM; NDS
lamivudine oral solution 10 mg/ml	(Epivir)	4	
lamivudine oral tablet 100 mg	(Epivir HBV)	4	
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	2	
lamivudine-zidovudine oral tablet 150-300 mg	(Combivir)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML		4	

Drug Name	Drug Tier	Requirements/Limits
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	2	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	2	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	5	NM; NDS; QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg (Selzentry)	5	NM; NDS
nevirapine oral suspension 50 mg/5 ml	4	
nevirapine oral tablet 200 mg	2	
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	4	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NM; NDS
PREZISTA ORAL TABLET 75 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	5	NM; NDS
ritonavir oral tablet 100 mg (Norvir)	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NM; NDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NM; NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NM; NDS
VEMLIDY ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
VOCABRIA ORAL TABLET 30 MG	4	
zidovudine oral capsule 100 mg (Retrovir)	2	
zidovudine oral syrup 10 mg/ml (Retrovir)	2	
zidovudine oral tablet 300 mg	2	
Antivirals, Miscellaneous		
foscarnet intravenous solution 24 mg/ml (Foscavir)	4	PA BvD
oseltamivir oral capsule 30 mg (Tamiflu)	2	QL (84 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
oseltamivir oral capsule 45 mg (Tamiflu)	2	QL (48 per 180 days)
oseltamivir oral capsule 75 mg (Tamiflu)	2	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID (EUA) ORAL TABLET 150 MG X 2- 100 MG	4	QL (30 per 5 days)
PAXLOVID (EUA) ORAL TABLET 150-100 MG	4	QL (20 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NM; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NM; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
rimantadine oral tablet 100 mg (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NM; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	5	PA; NM; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; NDS; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NM; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NM; NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	NM; NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	4	
acyclovir oral tablet 400 mg, 800 mg	2	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	2	PA BvD
acyclovir sodium intravenous solution 50 mg/ml	2	PA BvD
adefovir oral tablet 10 mg (Hepsera)	2	
cidofovir intravenous solution 75 mg/ml	5	NM; NDS
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	2	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
ganciclovir sodium intravenous recon soln 500 mg	5	PA BvD; NM; NDS
ganciclovir sodium intravenous solution 50 mg/ml	5	PA BvD; NM; NDS
molnupiravir oral capsule 200 mg	4	QL (40 per 5 days)
ribavirin inhalation recon soln 6 gram (Virazole)	5	PA BvD; NM; NDS
ribavirin oral capsule 200 mg	2	
ribavirin oral tablet 200 mg	2	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	4	

Drug Name		Drug Tier	Requirements/Limits
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	5	NM; NDS
valganciclovir oral tablet 450 mg	(Valcyte)	2	
VEKLURY INTRAVENOUS RECON SOLN 100 MG	(remdesivir)	5	PA BvD; NM; NDS
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		3	
ELIQUIS ORAL TABLET 2.5 MG		3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		3	QL (74 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	2	QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	2	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	2	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	2	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	2	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	2	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	5	NM; NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	2	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	5	NM; NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	5	NM; NDS; QL (18 per 30 days)
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)		2	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		2	
heparin (porcine) injection syringe 5,000 unit/ml		2	

Drug Name	Drug Tier	Requirements/Limits
heparin, porcine (pf) injection solution 1,000 unit/ml	2	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NM; NDS; QL (20 per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NM; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NM; NDS
MULPLETA ORAL TABLET 3 MG	5	PA; NM; NDS; QL (7 per 7 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	5	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NM; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NM; NDS; QL (60 per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
anagrelide oral capsule 0.5 mg (Agrylin)	2	
anagrelide oral capsule 1 mg	2	
CABLIVI INJECTION KIT 11 MG	5	PA; NM; NDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; NM; NDS
protamine intravenous solution 10 mg/ml	2	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	4	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml) (Cyklokapron)	2	
tranexamic acid oral tablet 650 mg (Lysteda)	2	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	4	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
cilostazol oral tablet 100 mg, 50 mg	2	
clopidogrel oral tablet 75 mg (Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	2	

Drug Name	Drug Tier	Requirements/Limits
pentoxifylline oral tablet extended release 400 mg	2	
prasugrel oral tablet 10 mg, 5 mg (Effient)	4	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	2	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution	4	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	2	
dextrose 5%-water iv soln single use	1	
dextrose 5%-water iv soln single use	2	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		

Drug Name		Drug Tier	Requirements/Limits
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	4	QL (4 per 28 days)
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	4	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	4	QL (8 per 28 days)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	2	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	5	PA; NM; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		2	
methyldopa oral tablet 250 mg, 500 mg		4	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		2	
phenylephrine hcl injection solution 10 mg/ml	(Vazculep)	2	
prazosin oral capsule 1 mg, 2 mg, 5 mg	(Minipress)	4	
Angiotensin Ii Receptor Antagonists			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	4	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	4	
EDARBI ORAL TABLET 40 MG, 80 MG		3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		3	
ENTRESTO ORAL TABLET 24-26 MG		3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG		3	QL (60 per 30 days)
eprosartan oral tablet 600 mg		4	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	2	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	2	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	

Drug Name		Drug Tier	Requirements/Limits
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	2	
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	(Tribenzor)	4	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	2	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	(Twynsta)	4	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	4	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	2	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	
benazepril oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	2	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		2	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		2	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		4	
enalapril maleate oral solution 1 mg/ml	(Epaned)	2	ST; QL (1200 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	2	
enalaprilat intravenous solution 1.25 mg/ml		2	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
moexipril oral tablet 15 mg, 7.5 mg		2	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		2	
QBRELIS ORAL SOLUTION 1 MG/ML		5	ST; NM; NDS; QL (1200 per 30 days)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	2	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		2	
Antiarrhythmic Agents			
amiodarone oral tablet 100 mg, 400 mg	(Pacerone)	4	
amiodarone oral tablet 200 mg	(Pacerone)	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	4	
flecainide oral tablet 100 mg, 150 mg, 50 mg		2	
lidocaine (pf) injection solution 10 mg/ml (1 %)	(Xylocaine-MPF)	1	

Drug Name		Drug Tier	Requirements/Limits
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)		1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		2	
MULTAQ ORAL TABLET 400 MG		3	
pacerone oral tablet 100 mg, 400 mg	(amiodarone)	4	
pacerone oral tablet 200 mg	(amiodarone)	1	
procainamide injection solution 100 mg/ml, 500 mg/ml		2	
procainamide intravenous syringe 100 mg/ml		2	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	(Rythmol SR)	4	
propafenone oral tablet 150 mg, 225 mg, 300 mg		2	
quinidine gluconate oral tablet extended release 324 mg		4	
quinidine sulfate oral tablet 200 mg		1	
quinidine sulfate oral tablet 300 mg		2	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	2	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	2	
betaxolol oral tablet 10 mg, 20 mg		2	
bisoprolol fumarate oral tablet 10 mg, 5 mg		2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	(Ziac)	2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
labetalol intravenous solution 5 mg/ml		2	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)		2	
labetalol oral tablet 100 mg, 200 mg, 300 mg		2	

Drug Name		Drug Tier	Requirements/Limits
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		2	
metoprolol tartrate intravenous solution 5 mg/5 ml		2	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg		1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	(Corgard)	2	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	2	
pindolol oral tablet 10 mg, 5 mg		4	
propranolol intravenous solution 1 mg/ml		2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	4	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		2	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		2	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(sotalol)	2	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(Sorine)	2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		4	
Calcium-Channel Blocking Agents			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	2	
diltiazem 24h er(cd) 300 mg cp 300 mg	(Cartia XT)	2	
diltiazem hcl intravenous solution 5 mg/ml		2	

Drug Name		Drug Tier	Requirements/Limits
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		4	
diltiazem hcl oral capsule,extended release 24 hr 360 mg	(Taztia XT)	4	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	(Tiadylt ER)	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	2	
diltiazem hcl oral tablet 90 mg		2	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	2	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	4	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	2	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	2	
verapamil intravenous syringe 2.5 mg/ml		2	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	4	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	(Verelan)	2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	(Verelan)	4	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	(Calan SR)	2	
Cardiovascular Agents, Miscellaneous			
CORLANOR ORAL SOLUTION 5 MG/5 ML		3	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG		3	QL (60 per 30 days)
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(digoxin)	2	

Drug Name		Drug Tier	Requirements/Limits
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(digoxin)	2	
digoxin 250 mcg tablet 250 mcg (0.25 mg)	(Digitek)	2	
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)		2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	2	
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	2	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(Auvi-Q)	2	QL (4 per 30 days)
epinephrine injection solution 1 mg/ml	(Adrenalin)	1	
hydralazine injection solution 20 mg/ml		2	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		2	
icatibant subcutaneous syringe 30 mg/3 ml	(Sajazir)	5	PA; NM; NDS; QL (18 per 30 days)
metyrosine oral capsule 250 mg	(Demser)	5	NM; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg	(Ranexa)	4	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	(Ranexa)	4	QL (120 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	(icatibant)	5	PA; NM; NDS; QL (18 per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML		4	QL (4 per 30 days)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML	(epinephrine)	4	QL (4 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG		5	PA; NM; NDS; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG		5	PA; NM; NDS; QL (120 per 30 days)
Dihydropyridines			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	2	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		2	

Drug Name		Drug Tier	Requirements/Limits
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	2	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	2	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	(Exforge HCT)	4	
amlodipine-valsartan-hcthiazid oral tablet 5-160-12.5 mg	(Exforge HCT)	4	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		2	
isradipine oral capsule 2.5 mg, 5 mg		4	
KATERZIA ORAL SUSPENSION 1 MG/ML		4	ST; QL (300 per 30 days)
nicardipine oral capsule 20 mg, 30 mg		4	
nifedipine oral capsule 10 mg, 20 mg		4	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	(Adalat CC)	2	
Diuretics			
amiloride oral tablet 5 mg		2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		2	
bumetanide injection solution 0.25 mg/ml		4	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		2	
chlorothiazide sodium intravenous recon soln 500 mg	(Diuril IV)	2	
chlorthalidone oral tablet 25 mg, 50 mg		2	
furosemide injection solution 10 mg/ml		2	
furosemide injection syringe 10 mg/ml		1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	

Drug Name		Drug Tier	Requirements/Limits
hydrochlorothiazide oral capsule 12.5 mg		1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		1	
JYNARQUE ORAL TABLET 15 MG, 30 MG		5	PA; NM; NDS; QL (120 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)		5	PA; NM; NDS; QL (56 per 28 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	(Aldactazide)	2	
torsemide oral tablet 10 mg, 100 mg, 5 mg		2	
torsemide oral tablet 20 mg	(Soaanz)	2	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	(Maxzide-25mg)	1	
triamterene-hydrochlorothiazid oral tablet 75-50 mg	(Maxzide)	1	
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	4	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	4	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		4	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	2	
cholestyramine light oral powder in packet 4 gram	(cholestyramine-aspartame)	2	

Drug Name		Drug Tier	Requirements/Limits
colesevelam oral powder in packet 3.75 gram	(WelChol)	2	
colesevelam oral tablet 625 mg	(WelChol)	2	
colestipol oral packet 5 gram	(Colestid)	2	
colestipol oral tablet 1 gram	(Colestid)	2	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		4	ST; QL (30 per 30 days)
ezetimibe oral tablet 10 mg	(Zetia)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	2	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg		4	
fenofibrate micronized oral capsule 43 mg		2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	2	
fenofibrate nanocrystallized oral tablet 160 mg		2	
fenofibrate oral tablet 160 mg, 54 mg		2	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	4	
fluvastatin oral capsule 20 mg, 40 mg		4	QL (60 per 30 days)
gemfibrozil oral tablet 600 mg	(Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG		5	PA; NM; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG		5	PA; NM; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG		5	PA; NM; NDS; QL (45 per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG		3	QL (30 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	
NEXLETOL ORAL TABLET 180 MG		3	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
NEXLIZET ORAL TABLET 180-10 MG		3	QL (30 per 30 days)
niacin oral tablet 500 mg	(Niacor)	4	
niacin oral tablet extended release 24 hr 1,000 mg, 750 mg	(Niaspan Extended-Release)	4	
niacin oral tablet extended release 24 hr 500 mg	(Niaspan Extended-Release)	2	
niacor oral tablet 500 mg	(niacin)	4	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	2	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		3	QL (2 per 28 days)
pravastatin oral tablet 10 mg, 80 mg		1	
pravastatin oral tablet 20 mg, 40 mg		1	QL (30 per 30 days)
prevalite oral powder in packet 4 gram	(cholestyramine-aspartame)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		3	QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Zocor)	1	QL (30 per 30 days)
simvastatin oral tablet 5 mg		1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM		2	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	2	QL (120 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	4	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML		4	ST; QL (600 per 30 days)
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	4	
Vasodilators			
BIDIL ORAL TABLET 20-37.5 MG	(isosorbide-hydralazine)	3	

Drug Name		Drug Tier	Requirements/Limits
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		2	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg		2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	2	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(nitroglycerin)	2	
minoxidil oral tablet 10 mg, 2.5 mg		2	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)		2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	2	
Central Nervous System Agents			
Central Nervous System Agents			
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	(Strattera)	2	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	(Strattera)	2	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG		5	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		5	PA; NM; NDS; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		5	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		5	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		5	PA; NM; NDS; QL (15 per 30 days)
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	(Cafcit)	2	PA BvD

Drug Name		Drug Tier	Requirements/Limits
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		2	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	(Kapvay)	4	QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	(glatiramer)	5	PA; NM; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	(glatiramer)	5	PA; NM; NDS; QL (12 per 28 days)
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	2	PA; QL (60 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	2	QL (60 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg	(Dexedrine Spansule)	4	QL (120 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		4	QL (120 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	(Zenzedi)	4	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 15 mg, 5 mg	(Zenzedi)	4	QL (90 per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	(Zenzedi)	4	QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	4	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	4	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	2	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	5	PA; NM; NDS; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	5	PA; NM; NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	5	PA; NM; NDS; QL (60 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		5	PA; NM; NDS

Drug Name		Drug Tier	Requirements/Limits
flumazenil intravenous solution 0.1 mg/ml		2	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG		5	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Copaxone)	5	PA; NM; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Copaxone)	5	PA; NM; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	5	PA; NM; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	5	PA; NM; NDS; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	2	QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		5	PA; NM; NDS; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	
lithium carbonate oral tablet 300 mg		2	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	2	
lithium carbonate oral tablet extended release 450 mg		2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG		5	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG		5	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG		5	PA; NM; NDS; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)		4	PA; NM
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)		5	PA; NM; NDS
metadate er oral tablet extended release 20 mg	(methylphenidate hcl)	4	QL (90 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg		4	QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg		4	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	4	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	4	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		4	QL (30 per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	2	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	2	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		4	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	4	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)		4	QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	4	QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	4	QL (60 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)		4	QL (60 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML		5	PA; NM; NDS; QL (1 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML		5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML		5	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML		5	PA; NM; NDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML		5	PA; NM; NDS; QL (2800 per 28 days)
riluzole oral tablet 50 mg	(Rilutek)	2	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		3	
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	5	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		5	PA; NM; NDS; QL (120 per 30 days)
Contraceptives			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg		2	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	

Drug Name		Drug Tier	Requirements/Limits
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	2	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
balziva (28) oral tablet 0.4-35 mg-mcg		2	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	2	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
briellyn oral tablet 0.4-35 mg-mcg		2	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg		2	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	

Drug Name		Drug Tier	Requirements/Limits
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	2	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Syeda)	2	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
ELLA ORAL TABLET 30 MG		4	QL (6 per 365 days)
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	4	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
estarylla oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	2	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1-50 (28))	2	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	4	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
femynor oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	

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

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

Drug Name		Drug Tier	Requirements/Limits
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	2	
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
mili oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
mono-linyah oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		2	
nikki (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	1	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	2	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Merzee)	2	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	1	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Femynor)	2	

Drug Name		Drug Tier	Requirements/Limits
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg		2	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		2	
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	
orsythia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
philith oral tablet 0.4-35 mg-mcg		2	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
pirmella oral tablet 0.5/0.75/1 mg-35 mcg		2	
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	2	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	2	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	2	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
SLYND ORAL TABLET 4 MG (28)		4	
sprintec (28) oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	

Drug Name		Drug Tier	Requirements/Limits
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
syeda oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	2	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)		2	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	2	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	2	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	
tulana oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
tyblume oral tablet,chewable 0.1 mg-20 mcg		2	

Drug Name		Drug Tier	Requirements/Limits
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		2	
vestura (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	2	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	2	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	2	
vyfemla (28) oral tablet 0.4-35 mg-mcg		2	
vylibra oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	2	
wera (28) oral tablet 0.5-35 mg-mcg		2	
xulane transdermal patch weekly 150-35 mcg/24 hr		4	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr		4	QL (3 per 28 days)
zarah oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	2	
zumandimine (28) oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	2	
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	4	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	1	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	1	
oralone dental paste 0.1 %	(triamcinolone acetonide)	2	
paroex oral rinse mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	2	

Drug Name		Drug Tier	Requirements/Limits
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Fluoridex Sensitivity Relief)	1	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	2	
Dermatological Agents			
Dermatological Agents, Other			
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	2	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		2	
acyclovir topical cream 5 %	(Zovirax)	4	QL (5 per 4 days)
acyclovir topical ointment 5 %	(Zovirax)	4	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	
ammonium lactate topical cream 12 %		2	
ammonium lactate topical lotion 12 %	(Skin Treatment)	2	
BD SINGLE USE SWAB	(alcohol swabs)	1	
calcipotriene scalp solution 0.005 %		4	QL (120 per 30 days)
calcipotriene topical cream 0.005 %	(Dovonex)	4	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		4	QL (120 per 30 days)
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	1	
DENAVIR TOPICAL CREAM 1 %		5	NM; NDS
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	
fluorouracil topical cream 0.5 %	(Carac)	5	NM; NDS
fluorouracil topical cream 5 %	(Efudex)	2	
fluorouracil topical solution 2 %, 5 %		2	

Drug Name	Drug Tier	Requirements/Limits
HEB INCONTROL ALCOHOL 70% PADS (alcohol swabs)	1	
imiquimod topical cream in packet 5 %	2	QL (24 per 30 days)
IV ANTISEPTIC WIPES (alcohol swabs)	1	
KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)	1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	5	NM; NDS
PANRETIN TOPICAL GEL 0.1 %	5	NM; NDS; QL (180 per 30 days)
podofilox topical solution 0.5 %	2	
PRO COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	
RA ISOPROPYL ALCOHOL 70% WIPES (alcohol swabs)	1	
REGRANEX TOPICAL GEL 0.01 %	5	PA; NM; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	1	
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	1	
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	
TRUE COMFORT PRO ALCOHOL PADS (alcohol swabs)	1	
ULTILET ALCOHOL STERL SWAB (alcohol swabs)	1	
VALCHLOR TOPICAL GEL 0.016 %	5	NM; NDS
VEREGEN TOPICAL OINTMENT 15 %	5	NM; NDS
WEBCOL ALCOHOL PREPS 20'S,LARGE (alcohol swabs)	1	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)	2	
Dermatological Antibacterials		

Drug Name		Drug Tier	Requirements/Limits
clindamycin phosphate topical foam 1 %	(Evoclin)	4	QL (100 per 30 days)
clindamycin phosphate topical solution 1 %	(Cleocin T)	2	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	2	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	4	
clindamycin-benzoyl peroxide topical gel 1-5 %		4	
ery pads topical swab 2 %	(erythromycin with ethanol)	2	
erythromycin with ethanol topical gel 2 %	(Erygel)	4	QL (180 per 30 days)
erythromycin with ethanol topical solution 2 %		2	QL (180 per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	4	
gentamicin topical cream 0.1 %		2	QL (120 per 30 days)
gentamicin topical ointment 0.1 %		2	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	4	
metronidazole topical gel 0.75 %	(Rosadan)	2	
metronidazole topical gel 1 %	(Metrogel)	4	
metronidazole topical lotion 0.75 %	(MetroLotion)	4	
mupirocin topical ointment 2 %	(Centany)	1	QL (220 per 30 days)
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		2	
rosadan topical cream 0.75 %	(metronidazole)	4	
selenium sulfide topical lotion 2.5 %		2	
silver sulfadiazine topical cream 1 %	(SSD)	2	
ssd topical cream 1 %	(silver sulfadiazine)	4	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	4	
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %	(hydrocortisone)	1	
ala-scalp topical lotion 2 %		4	
alclometasone topical cream 0.05 %		2	
alclometasone topical ointment 0.05 %		2	
betamethasone dipropionate topical cream 0.05 %		2	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate topical lotion 0.05 %	2	
betamethasone dipropionate topical ointment 0.05 %	2	
betamethasone valerate topical cream 0.1 %	2	
betamethasone valerate topical foam 0.12 % (Luxiq)	4	
betamethasone valerate topical lotion 0.1 %	2	
betamethasone valerate topical ointment 0.1 %	2	
betamethasone, augmented topical cream 0.05 %	2	
betamethasone, augmented topical gel 0.05 %	2	
betamethasone, augmented topical lotion 0.05 %	2	
betamethasone, augmented topical ointment 0.05 % (Diprolene (augmented))	2	
clobetasol scalp solution 0.05 %	2	
clobetasol topical cream 0.05 %	2	
clobetasol topical foam 0.05 % (Olux)	4	
clobetasol topical gel 0.05 %	4	
clobetasol topical lotion 0.05 % (Clobex)	4	
clobetasol topical ointment 0.05 % (Temovate)	4	
clobetasol topical shampoo 0.05 % (Clobex)	4	
clobetasol-emollient topical cream 0.05 %	2	
clobetasol-emollient topical foam 0.05 % (Olux-E)	4	
desonide topical cream 0.05 % (DesOwen)	4	
desonide topical lotion 0.05 %	4	
desonide topical ointment 0.05 %	4	
desoximetasone topical cream 0.05 % (Topicort)	4	QL (120 per 30 days)
desoximetasone topical cream 0.25 % (Topicort)	2	QL (120 per 30 days)
desoximetasone topical gel 0.05 % (Topicort)	4	QL (120 per 30 days)
desoximetasone topical ointment 0.05 %, 0.25 % (Topicort)	4	QL (120 per 30 days)
diflorasone topical ointment 0.05 %	4	QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EUCRISA TOPICAL OINTMENT 2 %	3	
fluocinolone topical cream 0.01 %	2	
fluocinolone topical cream 0.025 % (Synalar)	2	
fluocinolone topical ointment 0.025 % (Synalar)	2	
fluocinonide topical cream 0.05 %	2	
fluocinonide topical gel 0.05 %	2	
fluocinonide topical ointment 0.05 %	2	
fluocinonide topical solution 0.05 %	2	
fluocinonide-e topical cream 0.05 % (fluocinonide-emollient)	4	
fluticasone propionate topical cream 0.05 %	2	
fluticasone propionate topical ointment 0.005 %	2	
halobetasol propionate topical cream 0.05 %	2	
halobetasol propionate topical ointment 0.05 %	2	
hydrocortisone 2.5% cream 2.5 %	1	
hydrocortisone butyrate topical cream 0.1 %	4	QL (120 per 30 days)
hydrocortisone butyrate topical lotion 0.1 % (Locoid)	4	QL (236 per 30 days)
hydrocortisone butyrate topical ointment 0.1 %	4	QL (120 per 30 days)
hydrocortisone butyrate topical solution 0.1 %	4	QL (120 per 30 days)
hydrocortisone topical cream 1 % (Ala-Cort)	1	
hydrocortisone topical cream with perineal applicator 2.5 % (Procto-Med HC)	1	
hydrocortisone topical lotion 2.5 %	2	
hydrocortisone topical ointment 1 % (Anti-Itch (HC))	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone valerate topical cream 0.2 %	4	
hydrocortisone valerate topical ointment 0.2 %	4	
mometasone topical cream 0.1 %	2	
mometasone topical ointment 0.1 %	2	
mometasone topical solution 0.1 %	2	

Drug Name		Drug Tier	Requirements/Limits
pimecrolimus topical cream 1 %	(Elidel)	4	QL (100 per 30 days)
prednicarbate topical ointment 0.1 %		2	
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
procto-pak topical cream with perineal applicator 1 %	(hydrocortisone)	2	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	2	
tacrolimus topical ointment 0.03 %, 0.1 %	(Protopic)	4	QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %		1	
triamcinolone acetonide topical cream 0.1 %, 0.5 %	(Triderm)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		2	
triamcinolone acetonide topical ointment 0.025 %		1	
triamcinolone acetonide topical ointment 0.05 %	(Trianex)	4	
triamcinolone acetonide topical ointment 0.1 %, 0.5 %		2	
Dermatological Retinoids			
adapalene topical cream 0.1 %	(Differin)	4	
adapalene topical gel 0.1 %	(Differin)	2	
ALTRENO TOPICAL LOTION 0.05 %		4	PA
tazarotene topical cream 0.1 %	(Tazorac)	4	
TAZORAC TOPICAL CREAM 0.05 %		4	
tretinoin topical cream 0.025 %	(Avita)	4	PA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	4	PA
tretinoin topical gel 0.01 %	(Retin-A)	4	PA
tretinoin topical gel 0.025 %	(Avita)	4	PA
tretinoin topical gel 0.05 %	(Atralin)	4	PA
Scabicides And Pediculicides			
malathion topical lotion 0.5 %	(Ovide)	4	
permethrin topical cream 5 %	(Elimite)	2	
Devices			
Devices			

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

Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		2	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		2	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		2	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		2	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		2	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"		2	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"		2	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		2	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		2	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		2	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		2	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"		2	

Drug Name		Drug Tier	Requirements/Limits
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
BD INSULIN SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"		2	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"		2	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"		2	
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	
BD INSULIN SYRINGE 1 ML W/O NEEDLE 1 ML	(insulin syringe needleless)	2	
BD LUER-LOK SYRINGE 1 ML 1 ML	(BD Insulin Syringe Slip Tip)	2	
BD NANO 2 GEN PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
BD SAFETGLD INS 0.3 ML 13MMX29G 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
BD SAFETGLD INS 0.3 ML 8MMX31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
BD SAFETGLD INS 0.5 ML 8MMX30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		2	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		2	
BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 "		2	

Drug Name		Drug Tier	Requirements/Limits
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"		2	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		2	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		2	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		2	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	2	
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	

Drug Name		Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		2	
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16		2	
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	2	

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"		2	
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"		2	
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"		2	
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		2	

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

Drug Name		Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NDL 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"		2	
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		1	
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	(gauze bandage)	1	
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	1	
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "		1	
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "		1	
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"		2	
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"		2	
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"		2	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"		2	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"		2	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		2	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		2	

Drug Name		Drug Tier	Requirements/Limits
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		2	
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		2	
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2	
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	2	
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	

Drug Name		Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"		2	
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		2	
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"		2	
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		2	
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		2	
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		2	
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	

Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"		2	
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"		2	
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		2	
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		2	
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		2	

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		2	
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		2	
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		2	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		2	
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
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)	2	
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)	2	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		2	
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		2	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		2	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		2	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		2	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		2	
EASY TOUCH LUER LOK INSUL 1 ML 1 ML	(insulin syringe needleless)	2	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	2	

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		2	
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		2	
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		2	
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		2	
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"		2	
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
EASY TOUCH UNI-SLIP SYR 1 ML 1 ML	(insulin syringe needleless)	2	
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		2	
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	2	
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Lite Touch Insulin Syringe)	2	
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Lite Touch Insulin Syringe)	2	
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	2	

Drug Name		Drug Tier	Requirements/Limits
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	2	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
FIFTY50 PEN NEEDLE 32G X 1/4" 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)	2	
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Lite Touch Insulin Syringe)	2	
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1	
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		2	
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	2	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		2	
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	2	
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	

Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		2	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		3	
INSULIN SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	2	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(UltiCare Insuln Syr(half unit))	2	

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

Drug Name		Drug Tier	Requirements/Limits
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"		2	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
KRO PEN NEEDLE 4MM X 33G 33 GAUGE X 5/32"	(Advocate Pen Needle)	2	
LISCO SPONGES 100/BAG 2 X 2 "		1	
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	2	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	2	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		2	
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	

Drug Name		Drug Tier	Requirements/Limits
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		2	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		2	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 X 1/2"		2	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		2	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		2	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		2	

Drug Name		Drug Tier	Requirements/Limits
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		2	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	2	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) 1 ML	(insulin syringes (disposable))	2	
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	

Drug Name		Drug Tier	Requirements/Limits
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		2	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
NOVOFINE 30 NEEDLE		2	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		2	
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"		2	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		3	
OMNIPOD CLASSIC PDM KIT(GEN 3)		3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)		3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		3	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	2	
PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(AboutTime Pen Needle)	2	
PEN NEEDLE 32G X 3/16" 32 GAUGE X 3/16"	(CareFine Pen Needle)	2	
PEN NEEDLE 32G X 5/32" 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	2	

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

Drug Name		Drug Tier	Requirements/Limits
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"		2	
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	2	
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	2	
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	2	
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Lite Touch Insulin Syringe)	2	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		2	
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
RELION PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		2	
RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	

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

Drug Name		Drug Tier	Requirements/Limits
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	2	
SURE COMFORT 31G PEN NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
SURE COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
SURE COMFORT PEN NDL 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
SURE COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	

Drug Name		Drug Tier	Requirements/Limits
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		2	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"		2	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		2	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		2	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		2	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"		2	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		2	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		2	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		2	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		2	
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	

Drug Name		Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"		2	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(Advocate Syringes)	2	
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	2	
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		2	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		2	

Drug Name		Drug Tier	Requirements/Limits
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	2	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		2	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
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	(insulin syringe-needle u-100)	2	
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		2	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	2	
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	

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

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

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

Drug Name		Drug Tier	Requirements/Limits
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	2	
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"		2	
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		2	
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		2	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	2	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	2	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
V-GO 40 DEVICE	3	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NM; NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NM; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NM; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NM; NDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NM; NDS; QL (14 per 28 days)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NM; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
miglustat oral capsule 100 mg (Zavesca)	5	PA; NM; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NM; NDS
nitisinone oral capsule 10 mg, 2 mg, 5 mg (Orfadin)	5	PA; NM; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NM; NDS
ORFADIN ORAL CAPSULE 20 MG	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NM; NDS
sapropterin oral tablet,soluble 100 mg (Kuvan)	5	NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; NM; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NM; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
alcaine ophthalmic (eye) drops 0.5 % (proparacaine)	2	
apraclonidine ophthalmic (eye) drops 0.5 %	2	
atropine ophthalmic (eye) drops 1 % (Isopto Atropine)	4	
azelastine nasal aerosol,spray 137 mcg (0.1 %)	2	QL (30 per 25 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	4	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	2	
bepotastine besilate ophthalmic (eye) drops 1.5 % (Bepreve)	2	ST

Drug Name		Drug Tier	Requirements/Limits
cromolyn ophthalmic (eye) drops 4 %		2	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	(Cyclogyl)	2	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %		5	PA; NM; NDS; QL (20 per 28 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		5	PA; NM; NDS; QL (60 per 28 days)
epinastine ophthalmic (eye) drops 0.05 %		2	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		2	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		2	QL (15 per 10 days)
levofloxacin ophthalmic (eye) drops 1.5 %		4	
olopatadine nasal spray,non-aerosol 0.6 %	(Patanase)	4	QL (30.5 per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	2	
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	4	
proparacaine ophthalmic (eye) drops 0.5 %	(Alcaine)	2	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG		5	PA; NM; NDS
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetic acid otic (ear) solution 2 %		2	
bacitracin ophthalmic (eye) ointment 500 unit/gram		4	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	2	
bleph-10 ophthalmic (eye) drops 10 %	(sulfacetamide sodium)	2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	(Ciloxan)	2	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	(Ciprodex)	2	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		2	QL (3.5 per 4 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	(Zymaxid)	4	

Drug Name		Drug Tier	Requirements/Limits
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	(gentamicin)	2	
gentamicin ophthalmic (eye) drops 0.3 %		1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		4	
levofloxacin ophthalmic (eye) drops 0.5 %		4	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		4	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		2	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		4	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		2	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	2	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	2	

Drug Name		Drug Tier	Requirements/Limits
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	2	
ofloxacin otic (ear) drops 0.3 %		2	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	(Polytrim)	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	(Bleph-10)	2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		2	
tobramycin ophthalmic (eye) drops 0.3 %	(Tobrex)	2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	(TobraDex)	2	
trifluridine ophthalmic (eye) drops 1 %		2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %		3	ST
bromfenac ophthalmic (eye) drops 0.09 %		4	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %		3	
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	2	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		2	
diclofenac sodium ophthalmic (eye) drops 0.1 %		2	
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	2	

Drug Name		Drug Tier	Requirements/Limits
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		3	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		2	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	4	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	4	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		2	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		3	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		3	
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	4	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	(Lotemax)	2	
mometasone nasal spray,non-aerosol 50 mcg/actuation		4	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	4	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %		3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		3	QL (60 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	3	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		3	ST; QL (32 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		3	QL (60 per 30 days)
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		4	
cimetidine hcl oral solution 300 mg/5 ml		2	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Nexium)	2	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	2	QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 20 mg		2	
esomeprazole sodium intravenous recon soln 40 mg	(Nexium IV)	2	
famotidine (pf) intravenous solution 20 mg/2 ml		1	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml		2	
famotidine intravenous solution 10 mg/ml		2	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)		4	
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Prevacid 24Hr)	4	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	4	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	
nizatidine oral capsule 150 mg, 300 mg		2	
nizatidine oral solution 150 mg/10 ml		4	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 40 mg		1	

Drug Name		Drug Tier	Requirements/Limits
omeprazole oral capsule,delayed release(dr/ec) 20 mg		1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	(Zegerid)	4	ST; QL (30 per 30 days)
pantoprazole intravenous recon soln 40 mg	(Protonix)	2	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	(Protonix)	1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	(Protonix)	1	QL (60 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	2	QL (30 per 30 days)
sucralfate oral tablet 1 gram	(Carafate)	2	
Gastrointestinal Agents, Other			
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	5	NM; NDS
constulose oral solution 10 gram/15 ml	(lactulose)	2	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	4	
dicyclomine oral capsule 10 mg		2	
dicyclomine oral solution 10 mg/5 ml		4	
dicyclomine oral tablet 20 mg		2	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	4	
enulose oral solution 10 gram/15 ml	(lactulose)	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		5	PA; NM; NDS
generlac oral solution 10 gram/15 ml	(lactulose)	2	
glycopyrrolate oral tablet 1 mg	(Robinul)	2	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	2	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml		2	
lactulose oral solution 10 gram/15 ml	(Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM		3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM		3	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	2	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	3	QL (60 per 30 days)
methscopolamine oral tablet 2.5 mg, 5 mg		4	
metoclopramide hcl injection solution 5 mg/ml		2	
metoclopramide hcl injection syringe 5 mg/ml		2	
metoclopramide hcl oral solution 5 mg/5 ml		2	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG		5	PA; NM; NDS; QL (30 per 30 days)
propantheline oral tablet 15 mg		4	
RAVICTI ORAL LIQUID 1.1 GRAM/ML		5	PA; NM; NDS
RELISTOR ORAL TABLET 150 MG		5	PA; NM; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		5	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML		5	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML		5	PA; NM; NDS; QL (11.2 per 28 days)
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	5	NM; NDS
sodium polystyrene (sorb free) oral suspension 15 gram/60 ml		2	
sodium polystyrene sulfonate oral powder		2	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		2	
ursodiol oral capsule 300 mg		2	
ursodiol oral tablet 250 mg	(URSO 250)	2	
ursodiol oral tablet 500 mg	(URSO Forte)	2	
XERMELO ORAL TABLET 250 MG		5	PA; NM; NDS; QL (90 per 30 days)
Laxatives			

Drug Name		Drug Tier	Requirements/Limits
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML		3	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	2	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	2	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	2	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	2	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM		3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		3	
trilyte with flavor packets oral recon soln 420 gram	(peg-electrolyte soln)	2	
Phosphate Binders			
calcium acetate(phosphat bind) oral capsule 667 mg		2	
calcium acetate(phosphat bind) oral tablet 667 mg		2	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	5	NM; NDS
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML		4	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	5	NM; NDS
sevelamer carbonate oral tablet 800 mg	(Renvela)	4	
sevelamer hcl oral tablet 400 mg		2	
sevelamer hcl oral tablet 800 mg	(Renagel)	4	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		3	
Genitourinary Agents			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		2	
flavoxate oral tablet 100 mg		2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		3	

Drug Name		Drug Tier	Requirements/Limits
oxybutynin chloride oral syrup 5 mg/5 ml		2	
oxybutynin chloride oral tablet 5 mg		2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg	(Ditropan XL)	2	
oxybutynin chloride oral tablet extended release 24hr 15 mg		2	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	2	
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		3	
trospium oral capsule,extended release 24hr 60 mg		4	
trospium oral tablet 20 mg		4	
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	2	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	4	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin oral capsule 0.4 mg	(Flomax)	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG		5	PA; NM; NDS
tiopronin oral tablet 100 mg	(Thiola)	5	NM; NDS
Heavy Metal Antagonists			
Heavy Metal Antagonists			
clovique oral capsule 250 mg	(trientine)	5	PA; NM; NDS; QL (240 per 30 days)
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	5	PA; NM; NDS
deferasirox oral tablet 180 mg, 360 mg	(Jadenu)	5	PA; NM; NDS
deferasirox oral tablet 90 mg	(Jadenu)	2	PA
deferasirox oral tablet, dispersible 125 mg	(Exjade)	2	PA

Drug Name		Drug Tier	Requirements/Limits
deferasirox oral tablet, dispersible 250 mg, 500 mg	(Exjade)	5	PA; NM; NDS
deferiprone oral tablet 1,000 mg, 500 mg	(Ferriprox)	5	PA; NM; NDS
deferoxamine injection recon soln 2 gram		2	PA
deferoxamine injection recon soln 500 mg	(Desferal)	2	PA
FERRIPROX 1,000 MG TAB(2X/DAY) 1,000 MG	(deferiprone)	5	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML		5	PA; NM; NDS
FERRIPROX ORAL TABLET 1,000 MG	(deferiprone)	5	PA; NM; NDS
penicillamine oral capsule 250 mg	(Cuprimine)	5	PA; NM; NDS
penicillamine oral tablet 250 mg	(Depen Titratabs)	5	PA; NM; NDS
trientine oral capsule 250 mg	(Syprine)	5	PA; NM; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
ANADROL-50 ORAL TABLET 50 MG		5	PA; NM; NDS
danazol oral capsule 100 mg, 200 mg, 50 mg		2	
oxandrolone oral tablet 10 mg	(Oxandrin)	2	
oxandrolone oral tablet 2.5 mg	(Oxandrin)	4	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	2	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		2	PA
testosterone enanthate intramuscular oil 200 mg/ml		2	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	2	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	2	PA; QL (150 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	4	PA; QL (300 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		4	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens			
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	(estradiol-norethindrone acet)	2	
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	(estradiol)	2	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG		3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	2	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	2	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	2	
estradiol vaginal tablet 10 mcg	(Yuvafem)	2	QL (18 per 28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	(Delestrogen)	2	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Amabelz)	2	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		4	QL (1 per 84 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(norethindrone ac-eth estradiol)	2	
jinteli oral tablet 1-5 mg-mcg	(norethindrone ac-eth estradiol)	2	

Drug Name		Drug Tier	Requirements/Limits
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	2	QL (8 per 28 days)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	2	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	2	
PREMARIN INJECTION RECON SOLN 25 MG		3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	
raloxifene oral tablet 60 mg	(Evista)	2	
yuvafem vaginal tablet 10 mcg	(estradiol)	2	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
a-hydrocort injection recon soln 100 mg		2	
betamethasone acet,sod phos injection suspension 6 mg/ml	(Celestone Soluspan)	2	
dexamethasone 0.5 mg/5 ml liq 0.5 mg/5 ml		2	
dexamethasone oral elixir 0.5 mg/5 ml		2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	(Decadron)	2	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg		2	
dexamethasone sodium phos (pf) injection solution 10 mg/ml		1	
dexamethasone sodium phos (pf) injection syringe 10 mg/ml		1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate injection syringe 4 mg/ml	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NM; NDS; QL (91 per 28 days)
EMFLAZA ORAL TABLET 18 MG	5	PA; NM; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
fludrocortisone oral tablet 0.1 mg	2	
HEMADY ORAL TABLET 20 MG	4	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)	2	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml (Depo-Medrol)	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Medrol)	2	
methylprednisolone oral tablets,dose pack 4 mg (Medrol (Pak))	2	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	2	
methylprednisolone sodium succ intravenous recon soln 1,000 mg (Solu-Medrol)	2	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	2	PA BvD
prednisolone oral solution 15 mg/5 ml	2	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	2	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred)	2	PA BvD
prednisone oral solution 5 mg/5 ml	2	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	2	
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	4	
triamcinolone acetonide injection suspension 40 mg/ml (Kenalog)	2	

Drug Name	Drug Tier	Requirements/Limits
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	5	NM; NDS
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
desmopressin injection solution 4 mcg/ml (DDAVP)	4	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	4	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	2	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NM; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml (Somatuline Depot)	5	PA; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NM; NDS
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	5	PA; NM; NDS; QL (120 per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	2	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	2	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NM; NDS; QL (56 per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NM; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML (lanreotide)	5	PA NSO; NM; NDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	NM; NDS; QL (1 per 360 days)
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	5	NM; NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NM; NDS; QL (1 per 168 days)
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NM; NDS
Progestins		

Drug Name		Drug Tier	Requirements/Limits
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml	(Makena)	5	NM; NDS
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	2	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	2	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)		2	
norethindrone acetate oral tablet 5 mg	(Aygestin)	2	
progesterone intramuscular oil 50 mg/ml		2	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	2	
Thyroid And Antithyroid Agents			
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	(Euthyrox)	1	
levothyroxine oral tablet 300 mcg	(Levo-T)	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	2	
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		2	
Immunological Agents			
Immunological Agents			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		5	PA; NM; 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)		5	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		5	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		5	NM; NDS
AVSOLA INTRAVENOUS RECON SOLN 100 MG		5	PA; NM; NDS
azathioprine oral tablet 50 mg	(Imuran)	2	PA BvD

Drug Name	Drug Tier	Requirements/Limits
azathioprine sodium injection recon soln 100 mg	2	PA BvD
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NM; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; NDS
cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)	2	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	2	PA BvD
cyclosporine modified oral capsule 50 mg	2	PA BvD
cyclosporine modified oral solution 100 mg/ml (Gengraf)	2	PA BvD
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	2	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg (Zortress)	4	PA BvD
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg (Zortress)	5	PA BvD; NM; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NM; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NM; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NM; 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 %)	5	PA BvD; NM; NDS
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	2	PA BvD
gengraf oral solution 100 mg/ml (cyclosporine modified)	2	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS
leflunomide oral tablet 10 mg, 20 mg (Arava)	2	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg (CellCept Intravenous)	2	PA BvD
mycophenolate mofetil oral capsule 250 mg (CellCept)	2	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)	5	PA BvD; NM; NDS
mycophenolate mofetil oral tablet 500 mg (CellCept)	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG	5	PA; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NM; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD

Drug Name	Drug Tier	Requirements/Limits
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
REMICADE INTRAVENOUS RECON SOLN 100 MG (infliximab)	5	PA; NM; NDS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NM; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NM; NDS
sirolimus oral solution 1 mg/ml (Rapamune)	5	PA BvD; NM; NDS
sirolimus oral tablet 0.5 mg, 1 mg (Rapamune)	4	PA BvD
sirolimus oral tablet 2 mg (Rapamune)	5	PA BvD; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	2	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; NM; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	

Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	

Drug Name	Drug Tier	Requirements/Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	3	
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)	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	

Drug Name		Drug Tier	Requirements/Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML		3	
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
alosetron oral tablet 0.5 mg	(Lotronex)	2	
alosetron oral tablet 1 mg	(Lotronex)	5	NM; NDS
balsalazide oral capsule 750 mg	(Colazal)	2	
budesonide oral capsule,delayed,extend.release 3 mg		4	
DIPENTUM ORAL CAPSULE 250 MG		5	ST; NM; NDS
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	4	
mesalamine oral capsule (with del rel tablets) 400 mg	(Delzicol)	4	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	4	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	(Asacol HD)	4	
mesalamine rectal suppository 1,000 mg	(Canasa)	2	
sulfasalazine oral tablet 500 mg	(Azulfidine)	2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	4	
UCERIS RECTAL FOAM 2 MG/ACTUATION		3	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
alendronate oral solution 70 mg/75 ml		4	QL (300 per 28 days)
alendronate oral tablet 10 mg, 5 mg		1	QL (30 per 30 days)
alendronate oral tablet 35 mg		1	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
calcitonin (salmon) injection solution 200 unit/ml	(Miacalcin)	5	NM; NDS
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		2	QL (3.7 per 28 days)
calcitriol intravenous solution 1 mcg/ml		2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	2	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	4	
cinacalcet oral tablet 30 mg	(Sensipar)	2	QL (60 per 30 days)
cinacalcet oral tablet 60 mg	(Sensipar)	5	NM; NDS; QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	5	NM; NDS; QL (120 per 30 days)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg		4	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)		5	PA; NM; NDS; QL (2.34 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)		3	PA; QL (2.4 per 28 days)
ibandronate intravenous solution 3 mg/3 ml		4	QL (3 per 84 days)
ibandronate intravenous syringe 3 mg/3 ml		4	QL (3 per 84 days)
ibandronate oral tablet 150 mg	(Boniva)	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		5	PA; NM; NDS; QL (2 per 28 days)
pamidronate intravenous recon soln 30 mg, 90 mg		2	
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)		2	
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	4	
paricalcitol oral capsule 4 mcg		4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		3	QL (1 per 180 days)

Drug Name		Drug Tier	Requirements/Limits
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		3	QL (60 per 30 days)
risedronate oral tablet 150 mg	(Actonel)	4	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg		4	QL (30 per 30 days)
risedronate oral tablet 35 mg	(Actonel)	4	QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)		4	QL (4 per 28 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	4	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		3	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		5	PA; NM; NDS
zoledronic acid intravenous recon soln 4 mg		4	
zoledronic acid intravenous solution 4 mg/5 ml		4	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	(Reclast)	4	QL (100 per 300 days)
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		5	PA; NM; NDS
betaine oral powder 1 gram/scoop	(Cystadane)	5	NM; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		2	
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg		5	NM; NDS
diazoxide oral suspension 50 mg/ml	(Proglycem)	2	
ELMIRON ORAL CAPSULE 100 MG		4	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM		5	PA; NM; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML		5	PA; NM; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML		5	PA; NM; LA; NDS
fomepizole 1.5 gm/1.5 ml vial p/f, latex-free, suv 1 gram/ml		5	NM; NDS

Drug Name	Drug Tier	Requirements/Limits
fomepizole intravenous solution 1 gram/ml	5	NM; NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
hydroxyzine pamoate oral capsule 100 mg	2	
hydroxyzine pamoate oral capsule 25 mg, 50 mg (Vistaril)	1	
KEVEYIS ORAL TABLET 50 MG	5	PA; NM; NDS; QL (120 per 30 days)
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	2	
leucovorin calcium injection solution 10 mg/ml	2	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	2	
levocarnitine (with sugar) oral solution 100 mg/ml (Carnitor)	2	
levocarnitine oral tablet 330 mg (Carnitor)	4	
levoleucovorin calcium intravenous recon soln 50 mg (Fusilev)	5	NM; NDS
mesna intravenous solution 100 mg/ml (Mesnex)	2	
MESNEX ORAL TABLET 400 MG	5	NM; NDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NM; NDS
pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)	4	
pyridostigmine bromide oral tablet 30 mg	4	
pyridostigmine bromide oral tablet 60 mg (Mestinon)	2	
pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)	4	

Drug Name	Drug Tier	Requirements/Limits
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NM; NDS
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NM; NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NM; NDS; QL (120 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
Ophthalmic Agents		
Antiglaucoma Agents		
acetazolamide oral capsule, extended release 500 mg	2	
acetazolamide oral tablet 125 mg, 250 mg	2	
acetazolamide sodium injection recon soln 500 mg	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	2	
betaxolol ophthalmic (eye) drops 0.5 %	2	
bimatoprost ophthalmic (eye) drops 0.03 %	4	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.15 % (Alphagan P)	4	
brimonidine ophthalmic (eye) drops 0.2 %	1	

Drug Name		Drug Tier	Requirements/Limits
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	3	
carteolol ophthalmic (eye) drops 1 %		2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	(brimonidine-timolol)	3	
dorzolamide ophthalmic (eye) drops 2 %	(Trusopt)	2	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	2	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		3	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		4	
metipranolol ophthalmic (eye) drops 0.3 %		2	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %	(Isopto Carpine)	2	
pilocarpine hcl ophthalmic (eye) drops 4 %		2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		3	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	(Timoptic)	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	(Timoptic-XE)	4	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		4	QL (5 per 30 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %		4	ST; QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %		4	QL (30 per 30 days)
Replacement Preparations			
Replacement Preparations			

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

Drug Name		Drug Tier	Requirements/Limits
potassium chloride intravenous solution 2 meq/ml		1	PA BvD
potassium chloride intravenous solution 2 meq/ml (20 ml)		2	PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		4	
potassium chloride oral tablet extended release 10 meq, 20 meq	(K-Tab)	2	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	2	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	2	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	2	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	2	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l		2	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	2	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	2	
potassium citrate oral tablet extended release 5 meq (540 mg)	(Urocit-K 5)	2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		2	
sodium chloride 0.9 % intravenous parenteral solution		2	
sodium chloride 0.9 % intravenous piggyback		2	
sodium chloride 0.9% solution viaflex, single use		4	
Respiratory Tract Agents			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	2	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION		3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	(Pulmicort)	2	PA BvD; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	(Pulmicort)	2	PA BvD; QL (60 per 30 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION		3	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION		3	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION		3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION		3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	(fluticasone propionate)	3	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	(fluticasone propionate)	3	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	(fluticasone propionate)	3	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	3	QL (30.6 per 30 days)
Antileukotrienes			
montelukast oral tablet 10 mg	(Singulair)	1	

Drug Name	Drug Tier	Requirements/Limits
montelukast oral tablet,chewable 4 mg, 5 mg (Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	4	
Bronchodilators		
albuterol 5 mg/ml solution 5 mg/ml	2	PA BvD; QL (120 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (ProAir HFA)	2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	2	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	2	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	2	PA BvD; QL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	2	PA BvD; QL (120 per 30 days)
albuterol sulfate oral syrup 2 mg/5 ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	2	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
elixophyllin oral elixir 80 mg/15 ml (theophylline)	4	
ipratropium bromide inhalation solution 0.02 %	2	PA BvD; QL (312.5 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	2	PA BvD; QL (540 per 30 days)
metaproterenol oral syrup 10 mg/5 ml	1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
terbutaline oral tablet 2.5 mg, 5 mg	4	
terbutaline subcutaneous solution 1 mg/ml	5	NM; NDS
theophylline oral solution 80 mg/15 ml	4	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	4	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine intravenous solution 200 mg/ml (20 %) (Acetadote)	2	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	2	PA BvD

Drug Name	Drug Tier	Requirements/Limits
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	2	PA BvD
DALIRESP ORAL TABLET 250 MCG	3	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NM; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG (pirfenidone)	5	PA; NM; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG (pirfenidone)	5	PA; NM; NDS; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; NM; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (120 per 30 days)
pirfenidone oral tablet 267 mg (Esbriet)	5	PA; NM; NDS; QL (270 per 30 days)
pirfenidone oral tablet 801 mg (Esbriet)	5	PA; NM; NDS; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV 1,000 MG (+/-)/20 ML	5	PA BvD; NM; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NM; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NM; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NM; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
chlorzoxazone oral tablet 250 mg	5	NM; NDS; QL (120 per 30 days)
chlorzoxazone oral tablet 500 mg	2	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
dantrolene oral capsule 100 mg, 50 mg	2	
dantrolene oral capsule 25 mg (Dantrium)	2	
methocarbamol oral tablet 500 mg, 750 mg	2	
revonto intravenous recon soln 20 mg (dantrolene)	2	
tizanidine oral tablet 2 mg	2	
tizanidine oral tablet 4 mg (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	4	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		5	PA; NM; NDS; QL (150 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG		5	PA; NM; NDS; QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	2	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	2	PA; QL (60 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG		4	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML		5	PA; NM; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		4	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	2	QL (30 per 30 days)
Vasodilating Agents			
Vasodilating Agents			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; NM; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	2	PA; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	5	PA; NM; NDS; QL (30 per 30 days)
epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg	(Flolan)	5	PA; NM; NDS
OPSUMIT ORAL TABLET 10 MG		5	PA; NM; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	(Revatio)	5	PA; NM; NDS; QL (37.5 per 1 day)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	2	PA; QL (90 per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg	(Alyq)	2	PA; QL (60 per 30 days)
tadalafil oral tablet 2.5 mg, 5 mg	(Cialis)	2	PA; QL (30 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	(bosentan)	5	PA; NM; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG		5	PA; NM; NDS; QL (112 per 28 days)
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	5	PA; NM; NDS

Drug Name	Drug Tier	Requirements/Limits
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NM; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM; NDS

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Discrimination is Against the Law

Chinese Community Health Plan (CCHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chinese Community Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact CCHP Member Services.

If you believe that CCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with us in person, by phone, by mail, or by fax at:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-8898
Fax 1-415-397-2129

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201,
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

華人保健計劃（CCHP 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。華人保健計劃（CCHP） 不因種族、膚色、民族血統、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

華人保健計劃（CCHP）：

- 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
  - 合格的手語翻譯員
  - 以其他格式提供的書面資訊（大號字體、音訊、無障礙電子格式、其他格式）
- 向母語非英語的人員免費提供各種語言服務，如：
  - 合格的翻譯員
  - 以其他語言書寫的資訊

如果您需要此類服務，請聯絡華人保健計劃（CCHP）

如果您認為華人保健計劃（CCHP） 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以親自提交投訴，或者以郵寄、傳真或電郵的方式向我們提交投訴：

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, 聽力殘障人仕電話 1-877-681-8898
傳真 1-415-397-2129

您還可以向 U.S. Department of Health and Human Services（美國衛生及公共服務部）的 Office for Civil Rights（民權辦公室）提交民權投訴，透過 Office for Civil Rights Complaint Portal 以電子方式投訴：https://ocrportal.hhs.gov/ocr/portal/lobby.jsf，或者透過郵寄或電話的方式投訴：

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C.20201
1-800-368-1019，800-537-7697 (TDD)（聾人用電信設備）

登入 http://www.hhs.gov/ocr/office/file/index.html 可獲得投訴表格。

Chinese Community Health Plan (CCHP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Chinese Community Health Plan no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Chinese Community Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Intérpretes de lenguaje de señas capacitados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes capacitados.
  - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con CCHP Member Services.

Si considera que CCHP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-8898
Fax 1-415-397-2129.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web http://www.hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services

English: ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-775-7888 (TTY: 1-877-681-8898).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-775-7888 (TTY: 1-877-681-8898).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-775-7888

(TTY: 1-877-681-8898)。

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-775-7888 (TTY: 1-877-681-8898).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-775-7888

(TTY: 1-877-681-8898).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-888-775-7888 (TTY: 1-877-681-8898) 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-775-7888 (телетайп: 1-877-681-8898)

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

1-888-775-7888 (TTY:1-877-681-8898) .

Hindi: ध्यान द: यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह।

1-888-775-7888 (TTY: 1-877-681-8898) पर कॉल कर।

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

1-888-775 7888 (TTY: 1-877-681-8898) まで、お電話にてご連絡ください。

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-888-775-7888

(TTY (հեռատիպ)՝ 1-877-681-8898):

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

1-888-775 7888 (TTY: 1-877-681-8898) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-775-7888 (TTY: 1-877-681-8898)។

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-775 7888 (TTY: 1-877-681-8898).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-775 7888 (TTY: 1-877-681-8898).

Persian (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-775-7888 (TTY: 1-877-681-8898) تماس بگیرید.

Lao (Laotian):

ຄວາມສົນใจ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດຕິດຕໍ່ເບີຂ້າງລຸ່ມນີ້ ເພື່ອຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານได้.

ໂທຫາເບີ 1-888-775-7888 (TTY: 1-877-681-8898).

445 Grant Avenue, Suite 700, San Francisco, CA 94108 | Tel 1-415-955-8800 | Fax 1-415-955-8818 | www.cchphealthplan.com/medicare

This formulary was updated on 06/21/2022. For more recent information or other questions, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681- 8898, seven days a week from 8:00 a.m. to 8:00 p.m., or visit www.cchphealthplan.com/medicare.

The formulary, pharmacy network, and provider network may change at any time. You will receive notice when necessary.

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