Valor Health Plan (HMO I-SNP)

2025 Formulary

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

Valor Health Plan

Insurance focused on you.

HPMS Approved Formulary File Submission ID: 25265, Version Number 16, Effective Date: October 1, 2025

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact us, Valor Health Plan (HMO I-SNP) Member Services, at 1-800-485-3793, or for TTY users 711, 7 days a week, 8:00 a.m. to 8:00 p.m., or visit www.valorhealthplan.com.

H1119_COMPFORM25_C

- **Important Message About What You Pay for Vaccines -** Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.
- **Important Message About What You Pay for Insulin -** You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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 Valor Health Plan. When it refers to "plan" or "our plan," it means Valor Health Plan (HMO I-SNP).

This document includes list of the drugs (formulary) for our plan which is current as of October 1, 2025. 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, 2026, and from time to time during the year.

What is the Valor Health Plan (HMO I-SNP) Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change (s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Valor Health Plan’s (HMO I-SNP) 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, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-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 Valor Health Plan’s (HMO I-SNP) Formulary?”

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

The enclosed formulary is current as of 10/01/2025. To get updated information about the drugs covered by Valor Health Plan, please contact us. Our contact information appears on the front and back cover pages. We will send you a notice in the event of a mid- year non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. Any formulary updates are listed at www.valorhealthplan.com, along with the most current formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 4. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “cardiovascular agents”. If you know what your drug is used for, look for the category name in the list that begins on page 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 209. 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?

Valor Health Plan 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:** Valor Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Valor Health Plan before you fill your prescriptions. If you don't get approval, Valor Health Plan may not cover the drug.

- **Quantity Limits:** For certain drugs, Valor Health Plan limits the amount of the drug that Valor Health Plan will cover. For example, Valor Health Plan provides 30 tablets per prescription for FYCOMPA. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Valor Health Plan 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, Valor Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Valor Health Plan 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 4. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on-line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Valor Health Plan 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 Valor Health Plan's (HMO I-SNP) formulary?" on page V for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Valor Health Plan does not cover your drug, you have two options:

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

- You can ask Valor Health Plan 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 Valor Health Plan's (HMO I-SNP) Formulary?

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

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

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Valor Health Plan 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, Valor Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception.

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.

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For members who are outside their transition period, and experience a change in the level of care when changing from one treatment setting to another (example: long-term care facility to hospital, hospital to long -term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility,

List of Covered Drugs

List of Drugs by Medical Condition

ANALGESICS 4
ANESTHETICS 7
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS 8
ANTIANXIETY AGENTS 9
ANTIBACTERIALS 10
ANTICANCER AGENTS 18
ANTICHOLINERGIC AGENTS 40
ANTICONVULSANTS 40
ANTIDEMENTIA AGENTS 46
ANTIDEPRESSANTS 46
ANTIDIABETIC AGENTS 50
ANTIFUNGALS 57
ANTIGOUT AGENTS 59
ANTIHISTAMINES 59
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE) 59
ANTIMIGRAINE AGENTS 60
ANTIMYCOBACTERIALS 61
ANTINAUSEA AGENTS 62
ANTIPARASITE AGENTS 63
ANTIPARKINSONIAN AGENTS 64
ANTIPSYCHOTIC AGENTS 65
ANTIVIRALS (SYSTEMIC) 73
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS 80
CALORIC AGENTS 83
CARDIOVASCULAR AGENTS 84
CENTRAL NERVOUS SYSTEM AGENTS 95
CONTRACEPTIVES 99

DENTAL AND ORAL AGENTS 107
DERMATOLOGICAL AGENTS 107
DEVICES 112
ENZYME COFACTORS/CHAPERONES 165
ENZYME REPLACEMENT/MODIFIERS 165
EYE, EAR, NOSE, THROAT AGENTS 166
GASTROINTESTINAL AGENTS 170
GENITOURINARY AGENTS 174
HEAVY METAL ANTAGONISTS 175
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING 175
IMMUNOLOGICAL AGENTS 181
INFLAMMATORY BOWEL DISEASE AGENTS 193
IRRIGATING SOLUTIONS 193
METABOLIC BONE DISEASE AGENTS 194
MISCELLANEOUS THERAPEUTIC AGENTS 195
OPHTHALMIC AGENTS 196
REPLACEMENT PREPARATIONS 198
RESPIRATORY TRACT AGENTS 199
SKELETAL MUSCLE RELAXANTS 204
SLEEP DISORDER AGENTS 205
VASODILATING AGENTS 205
VITAMINS AND MINERALS 206

Legend

1: Covered Medications

PA: Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

PA BvD: Part B vs. Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make this determination.

PA NSO: Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

PA-HRM: High Risk Medication - Prior authorization (PA) may be required for ages 65 and over.

QL: Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug.

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name		Drug Tier	Requirements/Limits
ANALGESICS			
Analgesics, Miscellaneous			
acetaminophen-codeine oral solution 120-12 mg/5ml		1	QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		1	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		1	QL (180 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/ hr, 5 mcg/hr, 7.5 mcg/hr	(Butrans)	1	QL (4 per 28 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg		1	QL (180 per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg	(Fioricet)	1	QL (180 per 30 days)
butalbital-apap-caffeine oral capsule 50-325-40 mg		1	QL (180 per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	(BAC (Butalbital-Acetamin-Caff))	1	QL (180 per 30 days)
endocet oral tablet 10-325 mg	(Endocet)	1	QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	1	QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(Endocet)	1	QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg		1	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		1	QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml		1	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		1	QL (180 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen oral tablet 5-325 mg	1	QL (240 per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	1	QL (180 per 30 days)
methadone hcl oral tablet 10 mg	1	QL (120 per 30 days)
methadone hcl oral tablet 5 mg	1	QL (180 per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL (180 per 30 days)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	ST; QL (60 per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 200 mg	1	QL (60 per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 30 mg (MS Contin)	1	QL (90 per 30 days)
morphine sulfate er oral tablet extended release 60 mg (MS Contin)	1	QL (60 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML	1	QL (700 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML	1	QL (300 per 30 days)
MORPHINE SULFATE ORAL TABLET 15 MG	1	QL (180 per 30 days)
MORPHINE SULFATE ORAL TABLET 30 MG	1	QL (120 per 30 days)
oxycodone hcl oral capsule 5 mg	1	QL (180 per 30 days)
oxycodone hcl oral tablet 10 mg, 5 mg	1	QL (180 per 30 days)
oxycodone hcl oral tablet 15 mg, 30 mg (Roxicodone)	1	QL (120 per 30 days)
oxycodone hcl oral tablet 20 mg	1	QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg (Endocet)	1	QL (180 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	1	QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	1	QL (240 per 30 days)
TRAMADOL HCL ORAL SOLUTION 5 MG/ML		1	PA; QL (2400 per 30 days)
tramadol hcl oral tablet 50 mg		1	QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		1	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(CeleBREX)	1	QL (60 per 30 days)
diclofenac epolamine external patch 1.3 %	(Flector)	1	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		1	QL (120 per 30 days)
diclofenac sodium er oral tablet extended release 24 hour 100 mg		1	
diclofenac sodium external gel 1 %	(Aspercreme Arthritis Pain)	1	QL (1000 per 30 days)
diclofenac sodium external solution 1.5 %		1	QL (300 per 30 days)
diclofenac sodium external solution 2 %	(Pennsaid)	1	PA; QL (224 per 28 days)
diclofenac sodium oral tablet delayed release 25 mg		1	
diclofenac sodium oral tablet delayed release 50 mg		1	QL (120 per 30 days)
diclofenac sodium oral tablet delayed release 75 mg		1	QL (60 per 30 days)
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	(Arthrotec)	1	
etodolac oral capsule 200 mg, 300 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
etodolac oral tablet 400 mg	(Lodine)	1	
etodolac oral tablet 500 mg		1	
flurbiprofen oral tablet 100 mg		1	
FLURBIPROFEN ORAL TABLET 50 MG		1	
ibu oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(IBU)	1	
ibuprofen oral tablet 400 mg	(IBU)	1	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg, 50 mg		1	
ketorolac tromethamine oral tablet 10 mg		1	QL (20 per 30 days)
meloxicam oral tablet 15 mg, 7.5 mg		1	
nabumetone oral tablet 500 mg, 750 mg		1	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet delayed release 375 mg	(EC-Naprosyn)	1	
sulindac oral tablet 150 mg, 200 mg		1	
ANESTHETICS			
Local Anesthetics			
glydo external prefilled syringe 2 %	(Glydo)	1	QL (30 per 30 days)
lidocaine external ointment 5 %		1	PA; QL (240 per 30 days)
lidocaine external patch 5 %	(Lidocan)	1	PA; QL (90 per 30 days)
lidocaine hcl (pf) injection solution 1 %	(Xylocaine MPF +RFID)	1	
lidocaine hcl injection solution 1 %	(Xylocaine)	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	(Glydo)	1	QL (30 per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
lidocaine-prilocaine external cream 2.5-2.5 %		1	PA; QL (30 per 30 days)
lidocan external patch 5 %	(Lidocan)	1	PA; QL (90 per 30 days)
ZTLIDO EXTERNAL PATCH 1.8 %		1	PA; QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate calcium oral tablet delayed release 333 mg		1	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg		1	QL (90 per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	(Suboxone)	1	QL (60 per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	1	QL (90 per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg		1	QL (90 per 30 days)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg		1	
disulfiram oral tablet 250 mg, 500 mg		1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML		1	QL (4 per 30 days)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml		1	
naloxone hcl injection solution cartridge 0.4 mg/ml		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml		1	
naloxone hcl nasal liquid 4 mg/0.1ml	(Narcan)	1	QL (4 per 30 days)
naltrexone hcl oral tablet 50 mg		1	
NICOTROL NS NASAL SOLUTION 10 MG/ML		1	QL (240 per 180 days)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42		1	
varenicline tartrate oral tablet 0.5 mg		1	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	(Chantix)	1	QL (336 per 365 days)
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 dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg		1	QL (120 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 dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		1	QL (90 per 30 days)
clonazepam oral tablet dispersible 2 mg		1	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		1	QL (180 per 30 days)
diazepam injection solution 5 mg/ml		1	QL (10 per 28 days)
diazepam intensol oral concentrate 5 mg/ml		1	QL (1200 per 30 days)
diazepam oral solution 5 mg/5ml		1	QL (1200 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	QL (120 per 30 days)
diazepam solution 5 mg/ml injection		1	
lorazepam concentrate 2 mg/ml oral	(LORazepam Intensol)	1	QL (150 per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(LORazepam Intensol)	1	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)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	(Restoril)	1	QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	1	QL (120 per 30 days)
triazolam oral tablet 0.125 mg		1	QL (120 per 30 days)
triazolam oral tablet 0.25 mg	(Halcion)	1	QL (60 per 30 days)
ANTIBACTERIALS			
Aminoglycosides			
amikacin sulfate injection solution 500 mg/2ml		1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		1	PA; QL (235.2 per 28 days)
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml		1	
neomycin sulfate oral tablet 500 mg		1	
streptomycin sulfate intramuscular solution reconstituted 1 gm		1	
TOBI PODHALER INHALATION CAPSULE 28 MG		1	QL (224 per 28 days)
tobramycin inhalation nebulization solution 300 mg/5ml	(Kitabis Pak (w/ nebulizer))	1	PA BvD
tobramycin pak inhalation nebulization solution 300 mg/5ml	(Kitabis Pak (w/ nebulizer))	1	PA BvD
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
Antibacterials, Miscellaneous			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin)	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml	(Cleocin Phosphate)	1	
colistimethate sodium (cba) injection solution reconstituted 150 mg	(Coly-Mycin M)	1	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG		1	
daptomycin intravenous solution reconstituted 500 mg		1	
fosfomycin tromethamine oral packet 3 gm		1	
linezolid intravenous solution 600 mg/300ml	(Zyvox)	1	
linezolid oral suspension reconstituted 100 mg/5ml	(Zyvox)	1	
linezolid oral tablet 600 mg	(Zyvox)	1	
methenamine hippurate oral tablet 1 gm	(Hiprex)	1	
metronidazole intravenous solution 500 mg/100ml		1	
metronidazole oral capsule 375 mg		1	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	(Macrodantin)	1	QL (120 per 30 days)
nitrofurantoin monohyd macro oral capsule 100 mg	(Macrobid)	1	QL (60 per 30 days)
nitrofurantoin oral suspension 25 mg/5ml		1	QL (2400 per 30 days)
trimethoprim oral tablet 100 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 500 MG/100ML, 750 MG/150ML	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg	1	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM	1	
vancomycin hcl oral capsule 125 mg (Vancocin)	1	QL (56 per 14 days)
vancomycin hcl oral capsule 250 mg (Vancocin)	1	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 per 30 days)
Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefepime hcl injection solution reconstituted 1 gm	1	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefixime oral capsule 400 mg	1	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
cefprozil oral tablet 250 mg, 500 mg	1	
ceftazidime injection solution reconstituted 1 gm (Tazicef)	1	
ceftazidime injection solution reconstituted 6 gm	1	
ceftazidime intravenous solution reconstituted 2 gm (Tazicef)	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium intravenous solution reconstituted 10 gm	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection solution reconstituted 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
tazicef injection solution reconstituted 1 gm (Tazicef)	1	
tazicef intravenous solution reconstituted 2 gm (Tazicef)	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	
Macrolides		

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
azithromycin intravenous solution reconstituted 500 mg	(Zithromax)	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	(Zithromax)	1	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)	(Zithromax)	1	
azithromycin oral tablet 600 mg		1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		1	
clarithromycin oral tablet 250 mg, 500 mg		1	
DIFICID ORAL TABLET 200 MG	(fidaxomicin)	1	QL (20 per 10 days)
erythromycin base oral tablet 250 mg, 500 mg		1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	(E.E.S. Granules)	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	(EryPed 400)	1	
fidaxomicin oral tablet 200 mg	(Dificid)	1	QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics			
aztreonam injection solution reconstituted 1 gm, 2 gm	(Azactam)	1	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		1	PA
ertapenem sodium injection solution reconstituted 1 gm		1	
imipenem-cilastatin intravenous solution reconstituted 250 mg		1	
imipenem-cilastatin intravenous solution reconstituted 500 mg	(Primaxin IV)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
meropenem intravenous solution reconstituted 1 gm, 500 mg		1	
MEROPENEM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM		1	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet chewable 125 mg, 250 mg		1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml		1	
amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml	(Augmentin ES-600)	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg		1	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg		1	
ampicillin oral capsule 500 mg		1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg		1	
ampicillin sodium intravenous solution reconstituted 10 gm		1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	(Unasyn)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm (Unasyn)	1	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	1	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	1	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	1	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1	
nafcillin sodium intravenous solution reconstituted 10 gm	1	
penicillin g potassium injection solution reconstituted 20000000 unit (Pfizerpen)	1	
penicillin g procaine intramuscular suspension 600000 unit/ml	1	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm		1	
Quinolones			
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg		1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml		1	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml		1	
levofloxacin oral solution 25 mg/ml		1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		1	
MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML		1	
moxifloxacin hcl oral tablet 400 mg		1	
MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS		1	
Sulfonamides			
sulfadiazine oral tablet 500 mg		1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	(Sulfatrim Pediatric)	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetracyclines			
demeclocycline hcl oral tablet 150 mg, 300 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
doxy 100 intravenous solution reconstituted 100 mg	(Doxy 100)	1	
doxycycline hyclate intravenous solution reconstituted 100 mg	(Doxy 100)	1	
doxycycline hyclate oral capsule 100 mg, 50 mg		1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg		1	
doxycycline hyclate oral tablet 50 mg	(TargaDOX)	1	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg		1	QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg		1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml		1	
doxycycline monohydrate oral tablet 100 mg, 50 mg		1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg		1	
tetracycline hcl oral capsule 250 mg, 500 mg		1	
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		1	
ANTICANCER AGENTS			
Anticancer Agents			
abiraterone acetate oral tablet 250 mg	(Abirtega)	1	PA NSO; QL (120 per 30 days)
abiraterone acetate oral tablet 500 mg	(Zytiga)	1	PA NSO; QL (120 per 30 days)
abirtega oral tablet 250 mg	(Abirtega)	1	PA NSO; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name		Drug Tier	Requirements/Limits
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		1	PA NSO; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		1	PA NSO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		1	PA NSO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		1	PA NSO; QL (120 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		1	PA NSO
anastrozole oral tablet 1 mg	(Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML		1	PA NSO; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG		1	PA NSO; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		1	PA NSO; QL (240 per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG		1	PA NSO; QL (66 per 28 days)
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	(pemetrexed dipotassium)	1	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		1	PA NSO; QL (30 per 30 days)
azacitidine injection suspension reconstituted 100 mg	(Vidaza)	1	
BALVERSA ORAL TABLET 3 MG		1	PA NSO; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		1	PA NSO; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		1	PA NSO; QL (28 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	(bendamustine hcl)	1	PA NSO
bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg	(Treanda)	1	PA NSO
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	(bendamustine hcl)	1	PA NSO
bexarotene external gel 1 %	(Targretin)	1	PA NSO
bexarotene oral capsule 75 mg	(Targretin)	1	PA NSO
bicalutamide oral tablet 50 mg	(Casodex)	1	
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML		1	PA NSO; QL (75 per 28 days)
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit		1	
bortezomib injection solution reconstituted 1 mg, 2.5 mg		1	PA NSO
bortezomib injection solution reconstituted 3.5 mg	(Velcade)	1	PA NSO
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML		1	PA NSO
BOSULIF ORAL CAPSULE 100 MG		1	PA NSO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG		1	PA NSO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG		1	PA NSO; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG		1	PA NSO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		1	PA NSO; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG		1	PA NSO; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA ORAL TABLET 160 MG	1	PA NSO; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA NSO; QL (60 per 30 days)
CALQUENCE ORAL TABLET 100 MG	1	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA NSO; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA NSO
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA NSO; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA NSO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA NSO; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA NSO; QL (63 per 28 days)
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	1	PA BvD
cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml (Frindovyx)	1	PA BvD
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	1	PA BvD
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	1	PA BvD; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
cyclophosphamide oral capsule 50 mg	1	PA BvD; ST
cyclophosphamide oral tablet 25 mg	1	PA BvD; ST
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	1	PA NSO; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA NSO; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Sprycel)	1	PA NSO; QL (30 per 30 days)
dasatinib oral tablet 20 mg (Sprycel)	1	PA NSO; QL (90 per 30 days)
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	PA NSO
DAURISMO ORAL TABLET 100 MG	1	PA NSO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA NSO; QL (60 per 30 days)
decitabine intravenous solution reconstituted 50 mg	1	
doxorubicin hcl liposomal intravenous suspension 2 mg/ml (Doxil)	1	PA BvD
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	1	PA NSO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML	1	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML	1	PA NSO; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 20 MG		1	PA NSO
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML		1	PA NSO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML		1	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG		1	PA NSO; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG		1	PA NSO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG		1	PA NSO; QL (90 per 30 days)
erlotinib hcl oral tablet 100 mg	(Tarceva)	1	PA NSO; QL (60 per 30 days)
erlotinib hcl oral tablet 150 mg		1	PA NSO; QL (90 per 30 days)
erlotinib hcl oral tablet 25 mg		1	PA NSO; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		1	
etoposide intravenous solution 100 mg/5ml		1	
EULEXIN ORAL CAPSULE 125 MG		1	
everolimus oral tablet 10 mg	(Torpenz)	1	PA NSO; QL (56 per 28 days)
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	1	PA NSO; QL (28 per 28 days)
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	1	PA NSO; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	1	PA BvD
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA BvD
floxuridine injection solution reconstituted 0.5 gm	1	PA BvD
fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml	1	PA BvD
FLUTAMIDE ORAL CAPSULE 125 MG	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA NSO; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA NSO; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA NSO; QL (21 per 28 days)
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml (Faslodex)	1	
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	1	PA NSO
GAVRETO ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
gefitinib oral tablet 250 mg (Iressa)	1	PA NSO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	
GOMEKLI ORAL CAPSULE 1 MG	1	PA NSO; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA NSO; QL (112 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI ORAL TABLET SOLUBLE 1 MG	1	PA NSO; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	1	PA NSO; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	1	PA NSO; QL (90 per 30 days)
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO
hydroxyurea oral capsule 500 mg (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	1	PA NSO; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA NSO; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; QL (30 per 30 days)
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	1	
ifosfamide intravenous solution reconstituted 1 gm (Ifex)	1	
imatinib mesylate oral tablet 100 mg (Gleevec)	1	PA NSO; QL (180 per 30 days)
imatinib mesylate oral tablet 400 mg (Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA NSO; QL (216 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA NSO; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	1	PA NSO
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	1	PA NSO
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA NSO; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	1	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA NSO; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	1	PA NSO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	1	PA NSO; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA NSO; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA NSO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA NSO; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	1	PA NSO
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	1	PA NSO; QL (2 per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (21 per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (42 per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (63 per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (91 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA NSO; QL (180 per 30 days)
lapatinib ditosylate oral tablet 250 mg (Tykerb)	1	PA NSO
LAZCLUZE ORAL TABLET 240 MG	1	PA NSO; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA NSO; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	1	PA NSO; QL (28 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA NSO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA NSO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA NSO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA NSO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA NSO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA NSO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA NSO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA NSO
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA NSO
leuprolide acetate injection kit 1 mg/0.2ml	1	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; QL (80 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	1	PA NSO
LORBRENA ORAL TABLET 100 MG	1	PA NSO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA NSO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA NSO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA NSO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA NSO; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	1	PA NSO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1	PA NSO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	1	PA NSO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA NSO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA NSO
LYNOZYFIC INTRAVENOUS SOLUTION 200 MG/10ML	1	PA NSO; QL (40 per 28 days)
LYNOZYFIC INTRAVENOUS SOLUTION 5 MG/2.5ML	1	PA NSO; QL (15 per 8 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	1	PA NSO
MATULANE ORAL CAPSULE 50 MG	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	1	PA NSO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; QL (180 per 30 days)
mercaptopurine oral suspension 2000 mg/100ml (Purixan)	1	
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	1	PA BvD; ST
mitoxantrone hcl intravenous concentrate 20 mg/10ml	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
MODEYSO ORAL CAPSULE 125 MG	1	PA NSO; QL (20 per 28 days)
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA NSO
NERLYNX ORAL TABLET 40 MG	1	PA NSO; QL (180 per 30 days)
nilutamide oral tablet 150 mg (Nilandron)	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	1	PA NSO; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	1	PA NSO; QL (96 per 28 days)
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	1	PA NSO; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA NSO; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA NSO; QL (14 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	1	PA NSO
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	1	PA NSO
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	1	PA NSO
ORSERDU ORAL TABLET 345 MG	1	PA NSO; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA NSO; QL (90 per 30 days)
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	1	PA BvD
pazopanib hcl oral tablet 200 mg (Votrient)	1	PA NSO; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; QL (30 per 30 days)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML, 850 MG/34ML	1	
pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg (Alimta)	1	
pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg	1	
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA NSO; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA NSO; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	1	PA NSO; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA NSO; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA NSO; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	1	PA NSO; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA NSO; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	1	PA NSO; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA NSO; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA NSO; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA NSO; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA NSO; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	1	PA NSO
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA NSO; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; QL (90 per 30 days)
ROZLYTREK ORAL PACKET 50 MG	1	PA NSO; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	1	PA NSO
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; QL (224 per 28 days)
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	1	PA NSO
SCEMBLIX ORAL TABLET 100 MG	1	PA NSO; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA NSO; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA NSO; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	
sorafenib tosylate oral tablet 200 mg (NexAVAR)	1	PA NSO; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; QL (84 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	1	PA NSO; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA NSO
TABLOID ORAL TABLET 40 MG	1	
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; QL (120 per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	1	PA NSO; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ ML	1	PA NSO
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA NSO; QL (30 per 30 days)
tamoxifen citrate oral tablet 10 mg, 20 mg	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)	1	PA NSO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)	1	PA NSO; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA NSO; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	1	PA NSO
TEPMETKO ORAL TABLET 225 MG	1	PA NSO; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML	1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name		Drug Tier	Requirements/Limits
TIBSOVO ORAL TABLET 250 MG		1	PA NSO; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG		1	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG		1	PA NSO; QL (5 per 21 days)
toposar intravenous solution 100 mg/5ml		1	
toremifene citrate oral tablet 60 mg	(Fareston)	1	
torpenz oral tablet 10 mg	(Torpenz)	1	PA NSO; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	1	PA NSO; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG		1	PA NSO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG		1	PA NSO
tretinoin oral capsule 10 mg		1	
TRUQAP ORAL TABLET 160 MG, 200 MG		1	PA NSO; QL (64 per 28 days)
TRUQAP TABLET THERAPY PACK 160 MG ORAL		1	PA NSO; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML		1	PA NSO
TUKYSA ORAL TABLET 150 MG		1	PA NSO; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG		1	PA NSO; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG		1	PA NSO; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA NSO
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA NSO
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; QL (56 per 28 days)
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	1	
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS (bendamustine hcl) SOLUTION 100 MG/4ML	1	PA NSO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA NSO
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 300 MG	1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
WELIREG ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	1	PA NSO; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	1	PA NSO; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	1	PA NSO; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA NSO; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	1	PA NSO; QL (16 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (4 per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (8 per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA NSO; QL (4 per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA NSO; QL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (8 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA NSO; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA NSO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	1	PA NSO
YONSA ORAL TABLET 125 MG	1	PA NSO; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA NSO; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; QL (240 per 30 days)
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	1	PA NSO
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA NSO
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	1	
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA NSO; QL (84 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG		1	PA NSO
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML		1	PA NSO; QL (20 per 28 days)
ANTICHOLINERGIC AGENTS			
Antimuscarinics/Antispasmodics			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax)	1	
glycopyrrolate oral solution 1 mg/5ml	(Cuvposa)	1	
ANTICONVULSANTS			
Anticonvulsants			
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML		1	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML		1	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		1	QL (60 per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	(Carbatrol)	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	(TEGretol-XR)	1	
carbamazepine oral suspension 100 mg/5ml	(TEGretol)	1	
carbamazepine oral tablet 200 mg	(TEGretol)	1	
carbamazepine oral tablet chewable 100 mg, 200 mg		1	
clobazam oral suspension 2.5 mg/ml	(Onfi)	1	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	1	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
DIACOMIT ORAL CAPSULE 250 MG		1	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		1	PA NSO; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG		1	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG		1	PA NSO; QL (180 per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg		1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	(Depakote ER)	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	(Depakote Sprinkles)	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	(Depakote)	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG		1	ST; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG		1	ST; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		1	PA NSO
epitol oral tablet 200 mg	(TEGretol)	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	(topiramate)	1	ST
eslicarbazepine acetate oral tablet 200 mg, 400 mg	(Aptiom)	1	ST; QL (30 per 30 days)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	(Aptiom)	1	ST; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	1	
ethosuximide oral solution 250 mg/5ml	(Zarontin)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
felbamate oral suspension 600 mg/5ml		1	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		1	PA NSO
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	(Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		1	ST; QL (720 per 30 days)
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/5ml	(Neurontin)	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	1	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	1	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20ml	(Vimpat)	1	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	1	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	1	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	(LaMICtal)	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	(LaMICtal ODT)	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	(Keppra XR)	1	
levetiracetam intravenous solution 500 mg/5ml	(Keppra)	1	
levetiracetam oral solution 100 mg/ml	(Keppra)	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
levetiracetam oral tablet disintegrating soluble 250 mg	(Spritam)	1	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		1	QL (10 per 30 days)
methsuximide oral capsule 300 mg	(Celontin)	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		1	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5ml	(Trileptal)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	
perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg	(Fycompa)	1	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	1	ST; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5ml		1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		1	
phenytek oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin oral suspension 125 mg/5ml	(Dilantin-125)	1	
phenytoin oral tablet chewable 50 mg	(Dilantin Infatabs)	1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin)	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin sodium injection solution 50 mg/ml		1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	1	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	1	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	1	QL (900 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
primidone oral tablet 125 mg		1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
rufinamide oral suspension 40 mg/ml	(Banzel)	1	ST
rufinamide oral tablet 200 mg, 400 mg	(Banzel)	1	ST
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		1	PA BvD
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG		1	ST
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	(levetiracetam)	1	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		1	PA NSO; QL (60 per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg		1	
topiramate oral capsule sprinkle 15 mg, 25 mg	(Topamax Sprinkle)	1	
topiramate oral capsule sprinkle 50 mg		1	
topiramate oral solution 25 mg/ml	(Eprontia)	1	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 100 mg/ml		1	
valproic acid oral capsule 250 mg		1	
valproic acid oral solution 250 mg/5ml		1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		1	QL (10 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name		Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		1	QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		1	QL (10 per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		1	QL (10 per 30 days)
vigabatrin oral packet 500 mg	(Vigadrone)	1	PA NSO; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	1	PA NSO; QL (180 per 30 days)
vigadrone oral packet 500 mg	(Vigadrone)	1	PA NSO; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(Vigadrone)	1	PA NSO; QL (180 per 30 days)
vigpoder oral packet 500 mg	(Vigadrone)	1	PA NSO; QL (180 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		1	QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG		1	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		1	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		1	QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG		1	
ZONISADE ORAL SUSPENSION 100 MG/5ML		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	1	
zonisamide oral capsule 50 mg		1	
ZTALMY ORAL SUSPENSION 50 MG/ML		1	PA NSO; QL (1080 per 30 days)
ANTIDEMENTIA AGENTS			
Antidementia Agents			
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	1	QL (30 per 30 days)
donepezil hcl oral tablet dispersible 10 mg		1	
donepezil hcl oral tablet dispersible 5 mg		1	QL (30 per 30 days)
ergoloid mesylates oral tablet 1 mg		1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg		1	QL (30 per 30 days)
galantamine hydrobromide oral solution 4 mg/ml		1	QL (200 per 30 days)
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg		1	QL (60 per 30 days)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg		1	ST; QL (30 per 30 days)
memantine hcl oral solution 2 mg/ml		1	QL (300 per 30 days)
memantine hcl oral tablet 10 mg, 5 mg		1	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	(Exelon)	1	QL (30 per 30 days)
ANTIDEPRESSANTS			
Antidepressants			

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		1	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG		1	ST
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	(Wellbutrin XL)	1	
bupropion hcl oral tablet 100 mg, 75 mg		1	
citalopram hydrobromide oral solution 10 mg/5ml		1	
citalopram hydrobromide oral tablet 10 mg	(CeleXA)	1	QL (120 per 30 days)
citalopram hydrobromide oral tablet 20 mg, 40 mg	(CeleXA)	1	QL (30 per 30 days)
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	1	
desipramine hcl oral tablet 10 mg, 25 mg	(Norpramin)	1	
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg		1	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	(Pristiq)	1	QL (30 per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
doxepin hcl oral concentrate 10 mg/ml		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	1	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	1	ST; QL (30 per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	ST; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST
fluoxetine hcl oral capsule 10 mg, 40 mg	1	
fluoxetine hcl oral capsule 20 mg (PROzac)	1	
fluoxetine hcl oral solution 20 mg/5ml	1	
fluoxetine hcl oral tablet 60 mg	1	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
MARPLAN ORAL TABLET 10 MG	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	1	
mirtazapine oral tablet 45 mg, 7.5 mg		1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	(Remeron SolTab)	1	
NEFAZODONE HCL ORAL TABLET 100 MG, 150 MG, 200 MG		1	
nefazodone hcl oral tablet 250 mg, 50 mg		1	
nefazodone hcl tablet 100 mg oral		1	
nefazodone hcl tablet 150 mg oral		1	
nefazodone hcl tablet 200 mg oral		1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	
nortriptyline hcl oral solution 10 mg/5ml		1	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	1	
paroxetine hcl oral suspension 10 mg/5ml		1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		1	
phenelzine sulfate oral tablet 15 mg	(Nardil)	1	
protriptyline hcl oral tablet 10 mg, 5 mg		1	
RALDESY ORAL SOLUTION 10 MG/ML		1	PA NSO; QL (1200 per 30 days)
sertraline hcl 100 mg tablet f/c	(Zoloft)	1	
sertraline hcl 25 mg tablet f/c	(Zoloft)	1	
sertraline hcl 50 mg tablet f/c	(Zoloft)	1	
sertraline hcl oral concentrate 20 mg/ml	(Zoloft)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name		Drug Tier	Requirements/Limits
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		1	PA NSO
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		1	PA NSO
tranylcypromine sulfate oral tablet 10 mg	(Parnate)	1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg		1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		1	QL (30 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	(Effexor XR)	1	QL (30 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	(Effexor XR)	1	QL (90 per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		1	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	1	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		1	PA NSO; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		1	PA NSO; QL (14 per 14 days)
ANTIDIABETIC AGENTS			
Antidiabetic Agents, Miscellaneous			
acarbose oral tablet 100 mg, 25 mg, 50 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name		Drug Tier	Requirements/Limits
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	1	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		1	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		1	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG		1	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG		1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		1	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG		1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG		1	QL (30 per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg		1	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg		1	QL (60 per 30 days)
metformin hcl oral solution 500 mg/5ml	(Riomet)	1	QL (765 per 30 days)
metformin hcl oral tablet 1000 mg		1	QL (75 per 30 days)
metformin hcl oral tablet 500 mg		1	QL (150 per 30 days)
metformin hcl oral tablet 750 mg		1	QL (60 per 30 days)
metformin hcl oral tablet 850 mg		1	QL (90 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
metformin hcl tablet 1000 mg oral	1	QL (75 per 30 days)
metformin hcl tablet 500 mg oral	1	QL (150 per 30 days)
mifepristone oral tablet 300 mg (Korlym)	1	PA; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML	1	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	1	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	1	PA; QL (3 per 28 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	QL (30 per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg	1	QL (90 per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-850 mg (Actoplus Met)	1	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	1	QL (120 per 30 days)
repaglinide oral tablet 2 mg	1	QL (240 per 30 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	1	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG		1	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG		1	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG		1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG		1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG		1	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG	(dapagliflozin pro-metformin er)	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG		1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-500 MG		1	QL (60 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	(dapagliflozin pro-metformin er)	1	QL (60 per 30 days)
Insulins			

Drug Name		Drug Tier	Requirements/Limits
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		1	max $35 copay per month supply; QL (24 per 28 days)
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	(NovoLOG 70/30 FlexPen ReliOn)	1	max $35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML		1	max $35 copay per month supply; QL (40 per 28 days)
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		1	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	(NovoLOG Mix 70/30)	1	max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee (yfgn))	1	max $35 copay per month supply
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	(Semglee (yfgn))	1	max $35 copay per month supply

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max $35 copay per month supply
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	max $35 copay per month supply
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ ML SUBCUTANEOUS	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION	1	max $35 copay per month supply; QL (40 per 28 days)
SEMGLEE (YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	max $35 copay per month supply

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	(insulin glargine-yfgn)	1	max $35 copay per month supply; QL (30 per 28 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		1	max $35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	(insulin glargine max solostar)	1	max $35 copay per month supply
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	(insulin glargine solostar)	1	max $35 copay per month supply
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	(insulin degludec flextouch)	1	max $35 copay per month supply
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	1	max $35 copay per month supply
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML		1	max $35 copay per month supply; QL (15 per 28 days)
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg		1	QL (30 per 30 days)
glimepiride oral tablet 4 mg		1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	(Glucotrol XL)	1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg		1	QL (30 per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	(Glucotrol XL)	1	QL (30 per 30 days)
glipizide oral tablet 10 mg		1	QL (120 per 30 days)
glipizide oral tablet 2.5 mg		1	QL (90 per 30 days)
glipizide oral tablet 5 mg		1	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg		1	QL (240 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	PA BvD
amphotericin b intravenous solution reconstituted 50 mg	1	PA BvD
amphotericin b liposome intravenous suspension reconstituted 50 mg (AmBisome)	1	PA BvD
ciclopirox external solution 8 % (Ciclodan)	1	QL (19.8 per 30 days)
ciclopirox olamine external cream 0.77 %	1	QL (180 per 30 days)
ciclopirox olamine external suspension 0.77 %	1	QL (180 per 30 days)
clotrimazole external cream 1 % (Lotrimin AF)	1	
clotrimazole external solution 1 %	1	
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	QL (90 per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	1	PA
econazole nitrate external cream 1 %	1	QL (170 per 30 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
fluconazole oral suspension reconstituted 10 mg/ml	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
fluconazole oral suspension reconstituted 40 mg/ml	(Diflucan)	1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg		1	
fluconazole oral tablet 150 mg	(Diflucan)	1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	1	
griseofulvin microsize oral suspension 125 mg/5ml		1	
griseofulvin microsize oral tablet 500 mg		1	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg		1	
itraconazole oral capsule 100 mg	(Sporanox)	1	
ketoconazole external cream 2 %		1	QL (180 per 30 days)
ketoconazole external shampoo 2 %		1	QL (360 per 30 days)
ketoconazole oral tablet 200 mg		1	
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	(Mycamine)	1	
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG		1	
nyamyc external powder 100000 unit/gm	(Nyamyc)	1	QL (60 per 30 days)
nystatin external cream 100000 unit/gm		1	QL (60 per 30 days)
nystatin external ointment 100000 unit/gm		1	QL (60 per 30 days)
nystatin external powder 100000 unit/gm	(Nyamyc)	1	QL (60 per 30 days)
nystatin mouth/throat suspension 100000 unit/ml		1	
nystatin oral tablet 500000 unit		1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
nystop external powder 100000 unit/gm	(Nyamyc)	1	QL (60 per 30 days)
posaconazole oral tablet delayed release 100 mg	(Noxafil)	1	PA
ra clotrimazole external cream 1 %	(Lotrimin AF)	1	
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous solution reconstituted 200 mg	(Vfend IV)	1	PA BvD
voriconazole oral suspension reconstituted 40 mg/ml	(Vfend)	1	PA
voriconazole oral tablet 200 mg, 50 mg		1	
ANTIGOUT AGENTS			
Antigout Agents, Other			
allopurinol oral tablet 100 mg, 300 mg		1	
colchicine oral capsule 0.6 mg	(Mitigare)	1	QL (60 per 30 days)
colchicine oral tablet 0.6 mg		1	QL (120 per 30 days)
colchicine-probenecid oral tablet 0.5-500 mg		1	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	1	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg		1	
ANTIHISTAMINES			
Antihistamines			
desloratadine oral tablet 5 mg	(Clarinex)	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
levocetirizine dihydrochloride oral tablet 5 mg	(Xyzal Allergy 24HR)	1	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)			
Anti-Infectives (Skin And Mucous Membrane)			

Drug Name		Drug Tier	Requirements/Limits
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	
metronidazole vaginal gel 0.75 %	(Vandazole)	1	
terconazole vaginal cream 0.4 %, 0.8 %		1	
terconazole vaginal suppository 80 mg		1	
ANTIMIGRAINE AGENTS			
Antimigraine Agents			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML		1	PA; QL (1 per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML		1	PA; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML		1	PA; QL (1.5 per 30 days)
dihydroergotamine mesylate nasal solution 4 mg/ml		1	ST; QL (8 per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ ML		1	PA; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		1	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		1	PA; QL (2 per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg		1	QL (9 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG		1	PA; QL (18 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		1	PA; QL (30 per 30 days)
rizatriptan benzoate oral tablet 10 mg	(Maxalt)	1	QL (18 per 30 days)
rizatriptan benzoate oral tablet 5 mg		1	QL (18 per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg	(Maxalt-MLT)	1	QL (18 per 30 days)
rizatriptan benzoate oral tablet dispersible 5 mg		1	QL (18 per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act		1	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	(Imitrex STATdose Refill)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		1	QL (5 per 28 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	(Imitrex STATdose System)	1	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		1	PA; QL (16 per 30 days)
ANTIMYCOBACTERIALS			
Antimycobacterials			
dapsone oral tablet 100 mg, 25 mg		1	
ethambutol hcl oral tablet 100 mg, 400 mg		1	
isoniazid oral tablet 100 mg, 300 mg		1	
PRIFTIN ORAL TABLET 150 MG		1	
pyrazinamide oral tablet 500 mg		1	
rifabutin oral capsule 150 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
rifampin intravenous solution reconstituted 600 mg	(Rifadin)	1	
rifampin oral capsule 150 mg, 300 mg		1	
SIRTURO ORAL TABLET 100 MG, 20 MG		1	PA
TRECATOR ORAL TABLET 250 MG		1	
ANTINAUSEA AGENTS			
Antinausea Agents			
aprepitant oral capsule 125 mg		1	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		1	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 & 125 mg	(Emend TriPack)	1	PA BvD
aprepitant oral capsule 80 mg	(Emend BiPack)	1	PA BvD; QL (4 per 28 days)
compro rectal suppository 25 mg	(Compro)	1	
dronabinol oral capsule 10 mg, 5 mg		1	PA; QL (60 per 30 days)
dronabinol oral capsule 2.5 mg	(Marinol)	1	PA; QL (60 per 30 days)
meclizine hcl oral tablet 12.5 mg		1	
meclizine hcl oral tablet 25 mg	(Dramamine)	1	
ondansetron hcl injection solution 40 mg/20ml		1	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml		1	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg		1	PA BvD
ondansetron oral tablet dispersible 4 mg, 8 mg		1	PA BvD
prochlorperazine edisylate injection solution 10 mg/2ml		1	
prochlorperazine maleate oral tablet 10 mg, 5 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
prochlorperazine rectal suppository 25 mg	(Compro)	1	
promethazine hcl injection solution 25 mg/ml	(Phenergan)	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg		1	
promethazine hcl rectal suppository 25 mg	(Promethegan)	1	
promethegan rectal suppository 12.5 mg		1	
promethegan rectal suppository 25 mg	(Promethegan)	1	
scopolamine transdermal patch 72 hour 1 mg/3days		1	QL (10 per 30 days)
trimethobenzamide hcl oral capsule 300 mg		1	
ANTIPARASITE AGENTS			
Antiparasite Agents			
albendazole oral tablet 200 mg		1	
atovaquone oral suspension 750 mg/5ml	(Mepron)	1	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	(Malarone)	1	
chloroquine phosphate oral tablet 250 mg, 500 mg		1	
COARTEM ORAL TABLET 20-120 MG		1	
hydroxychloroquine sulfate oral tablet 100 mg		1	QL (180 per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	(Plaquenil)	1	QL (90 per 30 days)
hydroxychloroquine sulfate oral tablet 300 mg	(Sovuna)	1	QL (60 per 30 days)
hydroxychloroquine sulfate oral tablet 400 mg		1	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
IMPAVIDO ORAL CAPSULE 50 MG		1	PA; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	1	
ivermectin oral tablet 6 mg		1	
mefloquine hcl oral tablet 250 mg		1	
nitazoxanide oral tablet 500 mg		1	QL (60 per 30 days)
paromomycin sulfate oral capsule 250 mg	(Humatin)	1	
pentamidine isethionate inhalation solution reconstituted 300 mg	(Nebupent)	1	PA BvD
pentamidine isethionate injection solution reconstituted 300 mg	(Pentam)	1	
praziquantel oral tablet 600 mg	(Biltricide)	1	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG		1	
pyrimethamine oral tablet 25 mg	(Daraprim)	1	PA
quinine sulfate oral capsule 324 mg		1	PA
tinidazole oral tablet 250 mg, 500 mg		1	
ANTIPARKINSONIAN AGENTS			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		1	
amantadine hcl oral solution 50 mg/5ml		1	
amantadine hcl oral tablet 100 mg		1	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg		1	
bromocriptine mesylate oral tablet 2.5 mg	(Parlodel)	1	
cabergoline oral tablet 0.5 mg		1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa oral tablet 10-100 mg (Sinemet)	1	
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	1	
carbidopa-levodopa oral tablet 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
entacapone oral tablet 200 mg	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; QL (150 per 30 days)
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25&30 MG	1	PA
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	1	PA; QL (600 per 30 days)
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline mesylate oral tablet 0.5 mg, 1 mg (Azilect)	1	
ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	1	PA; QL (560 per 28 days)
ANTIPSYCHOTIC AGENTS		

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	1	
aripiprazole oral tablet dispersible 10 mg	1	ST; QL (90 per 30 days)
aripiprazole oral tablet dispersible 15 mg	1	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	1	QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	1	QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	1	QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	1	QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	1	QL (3.2 per 14 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg (Saphris)	1	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	ST; QL (30 per 30 days)
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	1	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet 100 mg, 25 mg (Clozaril)	1	
clozapine oral tablet 200 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg	1	ST; QL (90 per 30 days)
clozapine oral tablet dispersible 150 mg	1	ST; QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	1	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	ST; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	1	ST
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	1	QL (2.25 per 21 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	1	ST
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	1	ST
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml (Haldol Decanoate)	1	
haloperidol decanoate intramuscular solution 50 mg/ml, 50 mg/ml(1ml)	1	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ ML	1	QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	QL (1.32 per 70 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg (Latuda)	1	QL (30 per 30 days)
lurasidone hcl oral tablet 80 mg (Latuda)	1	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA NSO; QL (30 per 30 days)
molindone hcl oral tablet 10 mg	1	QL (240 per 30 days)
molindone hcl oral tablet 25 mg	1	QL (270 per 30 days)
molindone hcl oral tablet 5 mg	1	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; QL (30 per 30 days)
olanzapine intramuscular solution reconstituted 10 mg (ZyPREXA)	1	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg	1	
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg (ZyPREXA)	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	1	ST
paliperidone er oral tablet extended release 24 hour 1.5 mg	1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg	(Invega)	1	QL (30 per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	(Invega)	1	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		1	QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg		1	
prochlorperazine edisylate solution 10 mg/2ml injection		1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(SEROquel XR)	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(SEROquel)	1	
quetiapine fumarate oral tablet 150 mg		1	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		1	QL (30 per 30 days)
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	(RisperDAL Consta)	1	QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(RisperDAL)	1	
risperidone oral tablet 0.25 mg		1	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(RisperDAL)	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	1	QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	ST; QL (30 per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	1	QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	1	QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	1	QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	1	QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	1	QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	1	QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	1	QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; QL (540 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name		Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		1	ST; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG		1	ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	1	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	(Geodon)	1	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG		1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG		1	QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)			
Antiretrovirals			
abacavir sulfate oral solution 20 mg/ml	(Ziagen)	1	
abacavir sulfate oral tablet 300 mg		1	
abacavir sulfate-lamivudine oral tablet 600-300 mg		1	
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML		1	QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG		1	
atazanavir sulfate oral capsule 150 mg		1	
atazanavir sulfate oral capsule 200 mg, 300 mg	(Reyataz)	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML		1	
CIMDUO ORAL TABLET 300-300 MG		1	
darunavir oral tablet 600 mg, 800 mg	(Prezista)	1	
DELSTRIGO ORAL TABLET 100-300-300 MG		1	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		1	
DOVATO ORAL TABLET 50-300 MG		1	
EDURANT ORAL TABLET 25 MG		1	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG		1	
efavirenz oral capsule 200 mg, 50 mg		1	
efavirenz oral tablet 600 mg		1	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg		1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg		1	
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	(Symfi)	1	
emtricitabine oral capsule 200 mg	(Emtriva)	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	(Truvada)	1	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	(Complera)	1	
EMTRIVA ORAL SOLUTION 10 MG/ML		1	
EPIVIR HBV ORAL SOLUTION 5 MG/ML		1	
etravirine oral tablet 100 mg, 200 mg	(Intelence)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
EVOTAZ ORAL TABLET 300-150 MG	1	
fosamprenavir calcium oral tablet 700 mg	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	
ISENTRESS ORAL PACKET 100 MG	1	
ISENTRESS ORAL TABLET 400 MG	1	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML	1	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml (Epivir)	1	
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg (Epivir)	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
lopinavir-ritonavir oral solution 400-100 mg/5ml (Kaletra)	1	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	1	QL (300 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	1	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg (Selzentry)	1	
nevirapine er oral tablet extended release 24 hour 100 mg	1	QL (90 per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	1	QL (30 per 30 days)
nevirapine oral suspension 50 mg/5ml	1	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	1	QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG	1	
NORVIR ORAL SOLUTION 80 MG/ML	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	
PIFELTRO ORAL TABLET 100 MG	1	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	1	
PREZISTA ORAL SUSPENSION 100 MG/ML	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL PACKET 50 MG	1	
ritonavir oral tablet 100 mg (Norvir)	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
stavudine oral capsule 30 mg, 40 mg	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	
SUNLENCA ORAL TABLET 300 MG	1	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	1	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	1	PA BvD
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	
TEMIXYS ORAL TABLET 300-300 MG	1	
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	1	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	1	QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	1	
TRIZIVIR ORAL TABLET 300-150-300 MG	1	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	1	
VEMLIDY ORAL TABLET 25 MG	1	QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	
VIREAD ORAL POWDER 40 MG/GM	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
VOCABRIA ORAL TABLET 30 MG		1	
zidovudine oral capsule 100 mg	(Retrovir)	1	
zidovudine oral syrup 50 mg/5ml	(Retrovir)	1	
zidovudine oral tablet 300 mg		1	
Antivirals, Miscellaneous			
LIVTENCITY ORAL TABLET 200 MG		1	PA
oseltamivir phosphate oral capsule 30 mg	(Tamiflu)	1	QL (84 per 180 days)
oseltamivir phosphate oral capsule 45 mg	(Tamiflu)	1	QL (48 per 180 days)
oseltamivir phosphate oral capsule 75 mg	(Tamiflu)	1	QL (42 per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	(Tamiflu)	1	QL (540 per 180 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		1	QL (20 per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG		1	QL (11 per 28 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		1	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		1	PA; QL (28 per 28 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT		1	QL (60 per 180 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG		1	QL (4 per 180 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	1	QL (2 per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	1	QL (4 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PACKET 150-37.5 MG	1	PA; QL (28 per 28 days)
EPCLUSA ORAL PACKET 200-50 MG	1	PA; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	1	PA; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	1	PA; QL (28 per 28 days)
HARVONI ORAL PACKET 33.75-150 MG	1	PA; QL (28 per 28 days)
HARVONI ORAL PACKET 45-200 MG	1	PA; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	1	PA; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	1	PA; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; QL (28 per 28 days)
Interferons		
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
Nucleosides And Nucleotides			
acyclovir oral capsule 200 mg		1	
acyclovir oral suspension 200 mg/5ml		1	
acyclovir oral tablet 400 mg, 800 mg		1	
acyclovir sodium intravenous solution 50 mg/ml		1	PA BvD
adefovir dipivoxil oral tablet 10 mg		1	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		1	
ribavirin oral tablet 200 mg		1	
valacyclovir hcl oral tablet 1 gm, 500 mg	(Valtrex)	1	
valganciclovir hcl oral solution reconstituted 50 mg/ml	(Valcyte)	1	
valganciclovir hcl oral tablet 450 mg	(Valcyte)	1	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS			
Anticoagulants			
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	1	QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		1	
ELIQUIS ORAL TABLET 2.5 MG		1	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		1	QL (74 per 30 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	(Lovenox)	1	QL (60 per 30 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	(Lovenox)	1	QL (48 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	(Lovenox)	1	QL (18 per 30 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	(Lovenox)	1	QL (24 per 30 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	(Lovenox)	1	QL (36 per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	(Arixtra)	1	QL (24 per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	(Arixtra)	1	QL (15 per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	(Arixtra)	1	QL (12 per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	(Arixtra)	1	QL (18 per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	1	
rivaroxaban oral suspension reconstituted 1 mg/ml	(Xarelto)	1	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	1	QL (60 per 30 days)
warfarin sodium 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 ORAL SUSPENSION RECONSTITUTED 1 MG/ML	(rivaroxaban)	1	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		1	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	1	QL (60 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	1	PA; QL (60 per 30 days)
eltrombopag olamine oral packet 12.5 mg (Promacta)	1	PA; QL (90 per 30 days)
eltrombopag olamine oral packet 25 mg (Promacta)	1	PA; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg (Promacta)	1	PA; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg (Promacta)	1	PA; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg (Promacta)	1	PA; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	1	PA; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	1	PA; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	1	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	PA; QL (12 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 40000 UNIT/ML		1	PA; QL (4 per 28 days)
Hematologic Agents, Miscellaneous			
anagrelide hcl oral capsule 0.5 mg	(Agrylin)	1	
anagrelide hcl oral capsule 1 mg		1	
tranexamic acid oral tablet 650 mg		1	
Platelet-Aggregation Inhibitors			
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg		1	
BRILINTA ORAL TABLET 60 MG, 90 MG	(ticagrelor)	1	
cilostazol oral tablet 100 mg, 50 mg		1	
clopidogrel bisulfate oral tablet 75 mg	(Plavix)	1	
dipyridamole oral tablet 50 mg, 75 mg		1	
pentoxifylline er oral tablet extended release 400 mg		1	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	1	QL (30 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	(Brilinta)	1	
CALORIC AGENTS			
Caloric Agents			
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %		1	PA BvD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %		1	PA BvD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %		1	PA BvD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %		1	PA BvD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %		1	PA BvD
clinisol sf intravenous solution 15 %		1	PA BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
dextrose intravenous solution 5 %		1	
plenamine intravenous solution 15 %		1	PA BvD
PROCALAMINE INTRAVENOUS SOLUTION 3 %		1	PA BvD
CARDIOVASCULAR AGENTS			
Alpha-Adrenergic Agents			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	
clonidine transdermal patch weekly 0.1 mg/24hr	(Catapres-TTS-1)	1	
clonidine transdermal patch weekly 0.2 mg/24hr	(Catapres-TTS-2)	1	
clonidine transdermal patch weekly 0.3 mg/24hr	(Catapres-TTS-3)	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	1	PA; QL (180 per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg		1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg		1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg		1	
Angiotensin Ii Receptor Antagonists			
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		1	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	1	

Drug Name		Drug Tier	Requirements/Limits
irbesartan oral tablet 75 mg		1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	
olmesartan-amlodipine-hctz 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)	1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	(Entresto)	1	QL (60 per 30 days)
telmisartan oral tablet 20 mg		1	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	
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 hcl oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	
benazepril hcl oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg		1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg		1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
moexipril hcl oral tablet 15 mg, 7.5 mg		1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	(Accuretic)	1	
quinapril-hydrochlorothiazide oral tablet 20-25 mg		1	
ramipril oral capsule 1.25 mg, 10 mg, 5 mg		1	
ramipril oral capsule 2.5 mg	(Altace)	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name		Drug Tier	Requirements/Limits
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		1	
Antiarrhythmic Agents			
amiodarone hcl oral tablet 100 mg, 200 mg	(Pacerone)	1	
amiodarone hcl oral tablet 400 mg		1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	1	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg		1	
MULTAQ ORAL TABLET 400 MG		1	
pacerone oral tablet 100 mg, 200 mg	(Pacerone)	1	
pacerone oral tablet 400 mg		1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg		1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg		1	
quinidine sulfate oral tablet 200 mg, 300 mg		1	
Beta-Adrenergic Blocking Agents			
acebutolol hcl oral capsule 200 mg, 400 mg		1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg		1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	
sorine oral tablet 120 mg, 160 mg, 80 mg	(Betapace)	1	
sorine oral tablet 240 mg		1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	(Betapace AF)	1	
sotalol hcl oral tablet 120 mg, 160 mg, 80 mg	(Betapace)	1	
sotalol hcl oral tablet 240 mg		1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	
Calcium-Channel Blocking Agents			
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
diltiazem 90 mg tablet		1	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	(Tiadylt ER)	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg		1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	
diltiazem hcl oral tablet 90 mg		1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		1	
taztia xt oral capsule extended release 24 hour 360 mg	(Tiadylt ER)	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		1	
tiadylt er oral capsule extended release 24 hour 360 mg, 420 mg	(Tiadylt ER)	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg		1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg		1	
Cardiovascular Agents, Miscellaneous			

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		1	PA; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML		1	QL (600 per 30 days)
digoxin oral tablet 125 mcg, 250 mcg	(Digox)	1	
digoxin oral tablet 62.5 mcg	(Lanoxin)	1	
epinephrine injection solution 0.3 mg/0.3ml		1	QL (4 per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	(Auvi-Q)	1	QL (4 per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml	(EpiPen Jr 2-Pak)	1	QL (4 per 30 days)
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant acetate subcutaneous solution 30 mg/3ml		1	PA; QL (18 per 30 days)
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	(Firazyr)	1	PA; QL (18 per 30 days)
ivabradine hcl oral tablet 5 mg, 7.5 mg	(Corlanor)	1	QL (60 per 30 days)
metyrosine oral capsule 250 mg	(Demser)	1	
ranolazine er oral tablet extended release 12 hour 1000 mg		1	QL (60 per 30 days)
ranolazine er oral tablet extended release 12 hour 500 mg		1	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		1	PA; QL (30 per 30 days)
Dihydropyridines			
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	1	
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg		1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg		1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	(Procardia XL)	1	
Diuretics			
amiloride hcl oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	
bumetanide oral tablet 0.5 mg	(Bumex)	1	
bumetanide oral tablet 1 mg, 2 mg		1	
chlorthalidone oral tablet 25 mg, 50 mg		1	
furosemide injection solution 10 mg/ml		1	
furosemide oral solution 10 mg/ml, 8 mg/ml		1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolactone-hctz oral tablet 25-25 mg		1	
tolvaptan oral tablet 15 mg, 30 mg	(Jynarque)	1	PA; QL (120 per 30 days)
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	(Jynarque)	1	PA; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 5 mg		1	
torsemide oral tablet 20 mg	(Soaanz)	1	
triamterene-hctz oral capsule 37.5-25 mg		1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg		1	
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	1	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	1	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		1	
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	QL (30 per 30 days)
cholestyramine light oral packet 4 gm	(Prevalite)	1	
cholestyramine oral packet 4 gm	(Questran)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
colesevelam hcl oral packet 3.75 gm	(Welchol)	1	
colesevelam hcl oral tablet 625 mg	(Welchol)	1	
colestipol hcl oral packet 5 gm		1	
colestipol hcl oral tablet 1 gm	(Colestid)	1	
ezetimibe oral tablet 10 mg	(Zetia)	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	(Vytorin)	1	QL (30 per 30 days)
fenofibrate capsule 134 mg oral		1	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg		1	
fenofibrate oral tablet 145 mg, 48 mg	(Tricor)	1	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	(Lescol XL)	1	
fluvastatin sodium oral capsule 20 mg, 40 mg		1	QL (60 per 30 days)
gemfibrozil oral tablet 600 mg	(Lopid)	1	
icosapent ethyl oral capsule 0.5 gm	(Vascepa)	1	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gm	(Vascepa)	1	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	
NEXLETOL ORAL TABLET 180 MG		1	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		1	ST; QL (30 per 30 days)
NIACIN (ANTIHYPERLIPIDEMIC) ORAL TABLET 500 MG	(niacin (antihyperlipidemic))	1	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg		1	
NIACOR ORAL TABLET 500 MG	(niacin (antihyperlipidemic))	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
omega-3-acid ethyl esters oral capsule 1 gm	(Lovaza)	1	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	1	QL (30 per 30 days)
pravastatin sodium oral tablet 10 mg, 80 mg		1	
pravastatin sodium oral tablet 20 mg, 40 mg		1	QL (30 per 30 days)
prevalite oral packet 4 gm	(Prevalite)	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		1	ST; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		1	ST; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		1	ST; QL (6 per 28 days)
rosuvastatin calcium 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	(Zocor)	1	QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg		1	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren fumarate oral tablet 150 mg, 300 mg	(Tekturna)	1	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		1	PA; QL (30 per 30 days)
Vasodilators			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
isosorbide dinitrate oral tablet 40 mg, 5 mg	(Isordil Titradose)	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg		1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	1	
minoxidil oral tablet 10 mg, 2.5 mg		1	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	1	
CENTRAL NERVOUS SYSTEM AGENTS			
Central Nervous System Agents			
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	(Adderall XR)	1	QL (30 per 30 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	(Adderall XR)	1	QL (60 per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	QL (60 per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg		1	QL (60 per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg		1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		1	PA; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 6 MG		1	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG		1	PA; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG		1	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG		1	PA; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG		1	PA; QL (210 per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG		1	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		1	PA; QL (1 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		1	PA; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		1	PA; QL (15 per 30 days)
dalfampridine er oral tablet extended release 12 hour 10 mg	(Ampyra)	1	PA; QL (60 per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg	(Tecfidera)	1	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	(Tecfidera)	1	PA; QL (60 per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	(Tecfidera)	1	PA
fingolimod hcl oral capsule 0.5 mg	(Gilenya)	1	PA; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	(Glatopa)	1	PA; QL (30 per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	(Glatopa)	1	PA; QL (12 per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	(Glatopa)	1	PA; QL (30 per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	(Glatopa)	1	PA; QL (12 per 28 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv)	1	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG		1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML		1	PA; QL (1.2 per 28 days)
lithium carbonate er oral tablet extended release 300 mg	(Lithobid)	1	
lithium carbonate er oral tablet extended release 450 mg		1	
lithium carbonate oral capsule 150 mg, 300 mg		1	
LITHIUM CARBONATE ORAL CAPSULE 600 MG		1	
lithium carbonate oral tablet 300 mg		1	
lithium oral solution 8 meq/5ml		1	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG		1	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG		1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; QL (30 per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	1	PA
methylphenidate hcl oral solution 10 mg/5ml (Methylin)	1	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	1	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	1	PA; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	1	PA; QL (23 per 180 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	1	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML		1	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML		1	PA; QL (1 per 28 days)
riluzole oral tablet 50 mg		1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		1	QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		1	
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	1	PA; QL (112 per 28 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML		1	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG		1	PA; QL (120 per 30 days)
CONTRACEPTIVES			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
altavera oral tablet 0.15-30 mg-mcg	(Altavera)	1	
alyacen 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
amethyst oral tablet 90-20 mcg	(Amethyst)	1	
apri oral tablet 0.15-30 mg-mcg	(Apri)	1	
aubra eq oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg		1	
aurovela 1/20 oral tablet 1-20 mg-mcg		1	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
aviane oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
ayuna oral tablet 0.15-30 mg-mcg	(Altavera)	1	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)		1	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
camila oral tablet 0.35 mg	(Camila)	1	
chateal eq oral tablet 0.15-30 mg-mcg	(Altavera)	1	
cryselle-28 oral tablet 0.3-30 mg-mcg		1	
cyclafem 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
cyred eq oral tablet 0.15-30 mg-mcg	(Apri)	1	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
deblitane oral tablet 0.35 mg	(Camila)	1	
delyla oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	(Apri)	1	
dolishale oral tablet 90-20 mcg	(Amethyst)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
elinest oral tablet 0.3-30 mg-mcg		1	
eluryng vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
emoquette oral tablet 0.15-30 mg-mcg	(Apri)	1	
emzahh oral tablet 0.35 mg	(Camila)	1	
enilloring vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
enpresse-28 oral tablet 50-30/75-40/125-30 mcg	(Enpresse-28)	1	
enskyce oral tablet 0.15-30 mg-mcg	(Apri)	1	
errin oral tablet 0.35 mg	(Camila)	1	
estarylla oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya 1/50)	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
falmina oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
feirza 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
femynor oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
hailey 24 fe oral tablet 1-20 mg-mcg(24)		1	
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
hailey fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
haloette vaginal ring 0.12-0.015 mg/24hr	(EluRyng)	1	QL (1 per 28 days)
heather oral tablet 0.35 mg	(Camila)	1	
iclevia oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
incassia oral tablet 0.35 mg	(Camila)	1	
introvale oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
isibloom oral tablet 0.15-30 mg-mcg	(Apri)	1	
jencycla oral tablet 0.35 mg	(Camila)	1	
jolessa oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
juleber oral tablet 0.15-30 mg-mcg	(Apri)	1	
junel 1.5/30 oral tablet 1.5-30 mg-mcg		1	
junel 1/20 oral tablet 1-20 mg-mcg		1	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
junel fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
junel fe 24 oral tablet 1-20 mg-mcg(24)		1	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
kelnor 1/35 oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
kelnor 1/50 oral tablet 1-50 mg-mcg	(Valtya 1/50)	1	
kurvelo oral tablet 0.15-30 mg-mcg	(Altavera)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG		1	
larin 1.5/30 oral tablet 1.5-30 mg-mcg		1	
larin 1/20 oral tablet 1-20 mg-mcg		1	
larin 24 fe oral tablet 1-20 mg-mcg(24)		1	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
larin fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
larissia oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
lessina oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
levonest oral tablet 50-30/75-40/ 125-30 mcg	(Enpresse-28)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	(Balcoltra)	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	(Altavera)	1	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	(Amethyst)	1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	(Enpresse-28)	1	
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	(Altavera)	1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		1	
lillow oral tablet 0.15-30 mg-mcg	(Altavera)	1	
low-ogestrel oral tablet 0.3-30 mg-mcg		1	
lutera oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
lyleq oral tablet 0.35 mg	(Camila)	1	
lyza oral tablet 0.35 mg	(Camila)	1	
marlissa oral tablet 0.15-30 mg-mcg	(Altavera)	1	
meleya oral tablet 0.35 mg	(Camila)	1	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg		1	
microgestin 1/20 oral tablet 1-20 mg-mcg		1	
microgestin 24 fe oral tablet 1-20 mg-mcg		1	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	

Drug Name		Drug Tier	Requirements/Limits
mili oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY		1	
mono-linyah oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	(Xulane)	1	QL (3 per 28 days)
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	(Aurovela Fe 1.5/30)	1	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
norethindrone oral tablet 0.35 mg	(Camila)	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
norlyda oral tablet 0.35 mg	(Camila)	1	
norlyroc oral tablet 0.35 mg	(Camila)	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
nylia 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
nymyo oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
orquidea oral tablet 0.35 mg	(Camila)	1	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
pirmella 1/35 oral tablet 1-35 mg-mcg	(Dasetta 1/35 (28))	1	
pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	(Dasetta 7/7/7)	1	
portia-28 oral tablet 0.15-30 mg-mcg	(Altavera)	1	
previfem oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
reclipsen oral tablet 0.15-30 mg-mcg	(Apri)	1	
setlakin oral tablet 0.15-0.03 mg	(Iclevia)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(Camila)	1	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG		1	
sprintec 28 oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
sronyx oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
tarina 24 fe oral tablet 1-20 mg-mcg(24)		1	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	(Aurovela FE 1/20)	1	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	(Enpresse-28)	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	(Tri Femynor)	1	
turqoz oral tablet 0.3-30 mg-mcg		1	
valtya 1/50 oral tablet 1-50 mg-mcg	(Valtya 1/50)	1	
vienva oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	(Azurette)	1	
vylibra oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	(Tilia Fe)	1	
xulane transdermal patch weekly 150-35 mcg/24hr	(Xulane)	1	QL (3 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
zafemy transdermal patch weekly 150-35 mcg/24hr	(Xulane)	1	QL (3 per 28 days)
zovia 1/35 (28) oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(Kelnor 1/35)	1	
DENTAL AND ORAL AGENTS			
Dental And Oral Agents			
cevimeline hcl oral capsule 30 mg	(Evoxac)	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	(Periogard)	1	
denta 5000 plus dental cream 1.1 %	(Denta 5000 Plus)	1	
dentagel dental gel 1.1 %	(DentaGel)	1	
periogard mouth/throat solution 0.12 %	(Periogard)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen)	1	
sf 5000 plus dental cream 1.1 %	(Denta 5000 Plus)	1	
SODIUM FLUORIDE 5000 SENSITIVE DENTAL GEL 1.1-5 %		1	
sodium fluoride dental gel 1.1 %	(DentaGel)	1	
sodium fluoride mouth/throat solution 0.2 %	(PreviDent)	1	
triamcinolone acetonide mouth/ throat paste 0.1 %	(Kourzeq)	1	
DERMATOLOGICAL AGENTS			
Dermatological Agents, Other			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		1	
acyclovir external ointment 5 %	(Zovirax)	1	QL (30 per 30 days)
ammonium lactate external cream 12 %		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ammonium lactate external lotion 12 % (AL12)	1	
calcipotriene external cream 0.005 %	1	QL (120 per 30 days)
calcipotriene external ointment 0.005 % (Calcitrene)	1	QL (120 per 30 days)
calcipotriene external solution 0.005 %	1	QL (120 per 30 days)
calcitriol external ointment 3 mcg/gm (Vectical)	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
imiquimod external cream 5 %	1	QL (24 per 30 days)
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	1	QL (5 per 5 days)
methoxsalen rapid oral capsule 10 mg	1	
PANRETIN EXTERNAL GEL 0.1 %	1	QL (60 per 28 days)
podofilox external solution 0.5 %	1	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	QL (180 per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	1	PA NSO
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
Dermatological Antibacterials		
clindamycin phos-benzoyl perox external gel 1-5 %	1	
clindamycin phosphate external solution 1 %	1	QL (180 per 30 days)
clindamycin phosphate external swab 1 % (Clindacin ETZ)	1	
erythromycin external solution 2 %	1	
gentamicin sulfate external cream 0.1 %	1	QL (90 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
gentamicin sulfate external ointment 0.1 %		1	QL (120 per 30 days)
metronidazole external cream 0.75 %	(MetroCream)	1	
metronidazole external gel 0.75 %		1	
metronidazole external gel 1 %	(Metrogel)	1	
mupirocin external ointment 2 %		1	QL (220 per 30 days)
neuac external gel 1.2-5 %		1	
rosadan external cream 0.75 %	(MetroCream)	1	
selenium sulfide external lotion 2.5 %		1	
silver sulfadiazine external cream 1 %	(SSD)	1	
ssd external cream 1 %	(SSD)	1	
Dermatological Anti-Inflammatory Agents			
ala-cort external cream 1 %	(Aveeno Anti-Itch Max St)	1	
betamethasone dipropionate aug external cream 0.05 %		1	
betamethasone dipropionate aug external gel 0.05 %		1	
betamethasone dipropionate aug external lotion 0.05 %		1	
betamethasone dipropionate aug external ointment 0.05 %	(Diprolene)	1	
betamethasone dipropionate external cream 0.05 %		1	
betamethasone dipropionate external lotion 0.05 %		1	
betamethasone dipropionate external ointment 0.05 %		1	
betamethasone dp aug 0.05% gel		1	
betamethasone valerate external cream 0.1 %		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		1	
betamethasone valerate external ointment 0.1 %		1	
clobetasol propionate e external cream 0.05 %		1	
clobetasol propionate emulsion external foam 0.05 %	(Tovet)	1	
clobetasol propionate external cream 0.05 %		1	
clobetasol propionate external gel 0.05 %		1	
clobetasol propionate external lotion 0.05 %	(Clobex)	1	
clobetasol propionate external ointment 0.05 %		1	
clobetasol propionate external shampoo 0.05 %	(Clobex)	1	
clobetasol propionate external solution 0.05 %		1	
EUCRISA EXTERNAL OINTMENT 2 %		1	
fluocinolone acetonide body oil 0.01 % external	(Derma-Smoothe/FS Body)	1	
fluocinolone acetonide external cream 0.01 %		1	
fluocinolone acetonide external cream 0.025 %	(Synalar)	1	
fluocinolone acetonide external ointment 0.025 %	(Synalar)	1	
fluocinolone acetonide scalp external oil 0.01 %	(Derma-Smoothe/FS Scalp)	1	
fluocinonide external cream 0.05 %		1	
fluocinonide external cream 0.1 %	(Vanos)	1	
fluocinonide external gel 0.05 %		1	

Drug Name		Drug Tier	Requirements/Limits
fluocinonide external ointment 0.05 %		1	
fluocinonide external solution 0.05 %		1	
fluticasone propionate external cream 0.05 %		1	
halobetasol propionate external cream 0.05 %		1	
halobetasol propionate external ointment 0.05 %		1	
hydrocortisone (perianal) external cream 2.5 %	(Procto-Med HC)	1	
hydrocortisone cream 2.5 % external		1	
hydrocortisone external cream 1 %	(Aveeno Anti-Itch Max St)	1	
hydrocortisone external lotion 2.5 %		1	
hydrocortisone external ointment 1 %	(Aquaphor Itch Relief Children)	1	
hydrocortisone external ointment 2.5 %		1	
hydrocortisone valerate external cream 0.2 %		1	
mometasone furoate external cream 0.1 %		1	
mometasone furoate external ointment 0.1 %		1	
mometasone furoate external solution 0.1 %		1	
pimecrolimus external cream 1 %	(Elidel)	1	QL (100 per 30 days)
PROCTOFOAM HC EXTERNAL FOAM 1-1 %		1	
procto-med hc external cream 2.5 %	(Procto-Med HC)	1	
proctosol hc external cream 2.5 %	(Procto-Med HC)	1	
proctozone-hc external cream 2.5 %	(Procto-Med HC)	1	
tacrolimus external ointment 0.03 %, 0.1 %		1	QL (100 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
triamcinolone acetonide external cream 0.025 %, 0.1 %		1	
triamcinolone acetonide external cream 0.5 %	(Triderm)	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %		1	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %		1	
Dermatological Retinoids			
adapalene external cream 0.1 %	(Differin)	1	
adapalene external gel 0.3 %	(Differin)	1	
ALTRENO EXTERNAL LOTION 0.05 %		1	PA
tazarotene external cream 0.1 %	(Tazorac)	1	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	1	PA
Scabicides And Pediculicides			
malathion external lotion 0.5 %	(Ovide)	1	
permethrin external cream 5 %	(Elimite)	1	QL (60 per 30 days)
DEVICES			
Devices			
ABOUTTIME PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST
ABOUTTIME PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ABOUTTIME PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ABOUTTIME PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ALCOHOL PREP PAD	(alcohol prep)	1	PA; ST
ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
ALCOHOL PREP PADS PAD 70 %	(alcohol prep)	1	PA; ST
ALCOHOL SWABS PAD	(alcohol prep)	1	PA; ST
ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST
AQ INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
AQINJECT PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
AQINJECT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (OTC)	(gnp insulin syringes 29gx1/2")	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
AUM ALCOHOL PREP PADS PAD 70 %	(alcohol prep)	1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
AUM PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
AUM PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
AUM PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
AUM PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
AUM PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
AUM PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
AUM SAFETY PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
BD AUTOSHIELD 29G X 5MM	(easy comfort pen needles)	1	PA; ST
BD AUTOSHIELD 29G X 8MM		1	PA; ST
BD AUTOSHIELD DUO 30G X 5 MM	(pen needles)	1	PA; ST
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML		1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
BD INSULIN SYRINGE 25G X 1" 1 ML		1	PA; ST
BD INSULIN SYRINGE 25G X 5/8" 1 ML		1	PA; ST
BD INSULIN SYRINGE 26G X 1/2" 1 ML		1	PA; ST
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML		1	PA; ST
BD INSULIN SYRINGE 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC)	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (RX)	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML		1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
BD INSULIN SYRINGE U-100 1 ML		1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
BD PEN NEEDLE MINI U/F 31G X 5 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE NANO U/F 32G X 4 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML		1	PA; ST
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD SWAB SINGLE USE REGULAR PAD	(alcohol prep)	1	PA; ST
BD SWABS SINGLE USE BUTTERFLY PAD	(alcohol prep)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
CAREFINE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
CAREFINE PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
CAREFINE PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
CARETOUCH ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML		1	PA; ST
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
CARETOUCH PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
CARETOUCH PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
CARETOUCH PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
CARETOUCH PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
CLEVER CHOICE COMFORT EZ 29G X 12MM	(global ease inject pen needles)	1	PA; ST
CLEVER CHOICE COMFORT EZ 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
CLICKFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
CLICKFINE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES 33G X 8 MM		1	PA; ST
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM	(aqinject pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM	(aqinject pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
CURITY ALCOHOL PREPS PAD 70 %	(alcohol prep)	1	PA; ST
CURITY ALL PURPOSE SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST
CURITY GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
CURITY GAUZE SPONGE PAD 2"X2"	(cvs gauze)	1	PA; ST
CURITY SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST
CVS GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
CVS GAUZE STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
DERMACEA GAUZE SPONGE PAD 2"X2"	(cvs gauze)	1	PA; ST
DERMACEA IV DRAIN SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST
DERMACEA TYPE VII GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
DIATHRIVE PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML		1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
DROPLET MICRON 34G X 3.5 MM		1	PA; ST
DROPLET PEN NEEDLES 29G X 10MM		1	PA; ST
DROPLET PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
DROPLET PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
DROPLET PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
DROPLET PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
DROPLET PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
DROPLET PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
DROPLET PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
DROPLET PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
DROPLET PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
DROPSAFE ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
DROPSAFE SAFETY SYRINGE/ NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
DROPSAFE SAFETY SYRINGE/ NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
DRUG MART UNIFINE PENTIPS 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EASY COMFORT ALCOHOL PADS PAD	(alcohol prep)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 0.5 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML		1	PA; ST
EASY COMFORT PEN NEEDLES 29G X 4MM		1	PA; ST
EASY COMFORT PEN NEEDLES 29G X 5MM	(easy comfort pen needles)	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
EASY COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
EASY GLIDE PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	(alcohol prep)	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML	(syringe luer slip)	1	PA; ST
EASY TOUCH INSULIN BARRELS U-100 1 ML		1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EASY TOUCH PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 30G X 6 MM		1	PA; ST
EASY TOUCH PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM	(easy comfort pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM		1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EMBECTA AUTOSHIELD DUO 30G X 5 MM	(pen needles)	1	PA; ST
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML		1	PA; ST
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		1	PA; ST
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EMBECTA PEN NEEDLE NANO 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
EMBRACE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EMBRACE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
EQL ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST
EQL GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
GAUZE PADS PAD 2"X2"	(cvs gauze)	1	PA; ST
GAUZE TYPE VII MEDI-PAK PAD 2"X2"	(cvs gauze)	1	PA; ST
GLOBAL ALCOHOL PREP EASE PAD 70 %	(alcohol prep)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
GNP ALCOHOL SWABS PAD	(alcohol prep)	1	PA; ST
GNP CLICKFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
GNP CLICKFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
GNP INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP INSULIN SYRINGES 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
GNP STERILE GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
GOODSENSE ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM	(global ease inject pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM	(aqinject pen needle)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM	(aqinject pen needle)	1	PA; ST
H-E-B INCONTROL ALCOHOL PAD	(alcohol prep)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
HM STERILE ALCOHOL PREP PAD	(alcohol prep)	1	PA; ST
HM STERILE PADS PAD 2"X2"	(cvs gauze)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	(autopen)	1	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	(autopen)	1	
INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (OTC)	(careone insulin syringe)	1	PA; ST
INSUPEN PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
INSUPEN PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
INSUPEN PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
INSUPEN PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
INSUPEN SENSITIVE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
INSUPEN SENSITIVE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
INSUPEN ULTRAFIN 29G X 12MM	(global ease inject pen needles)	1	PA; ST
INSUPEN ULTRAFIN 30G X 8 MM	(pen needles)	1	PA; ST
INSUPEN ULTRAFIN 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
INSUPEN ULTRAFIN 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
INSUPEN32G EXTR3ME 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
J & J GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	(cvs gauze)	1	PA; ST
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	(cvs gauze)	1	PA; ST
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
KMART VALU INSULIN SYRINGE 29G U-100 1 ML		1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML		1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 1 ML		1	PA; ST
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
KROGER PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
KROGER PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
LEADER UNIFINE PENTIPS 31G X 5 MM	(aqinject pen needle)	1	PA; ST
LEADER UNIFINE PENTIPS 32G X 4 MM	(aqinject pen needle)	1	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	(aqinject pen needle)	1	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
LITETOUCH PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
LITETOUCH PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	(easy comfort pen needles)	1	PA; ST
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM		1	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
MEDPURA ALCOHOL PADS 70 % EXTERNAL		1	PA; ST
MEIJER ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
MEIJER PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
MEIJER PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MEIJER PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
MICRODOT PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MICRODOT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
MICRODOT PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
MIRASORB SPONGES 2"X2"	(cvs gauze)	1	PA; ST
MM PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MM PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML		1	PA; ST
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE U-100 1 ML		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)	(gnp insulin syringes 30gx5/16")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	(gnp insulin syringes 30gx5/16")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
MS INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
NOVOFINE AUTOCOVER 30G X 8 MM	(pen needles)	1	PA; ST
NOVOFINE PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
NOVOTWIST PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT		1	QL (1 per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5		1	QL (10 per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT		1	QL (1 per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)		1	QL (10 per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT		1	QL (1 per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS		1	QL (10 per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT		1	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)		1	QL (10 per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT		1	QL (1 per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT		1	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)		1	QL (10 per 30 days)
PC UNIFINE PENTIPS 31G X 5 MM	(aqinject pen needle)	1	PA; ST
PC UNIFINE PENTIPS 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PC UNIFINE PENTIPS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PEN NEEDLES 30G X 5 MM (OTC)	(pen needles)	1	PA; ST
PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
PENTIPS 29G X 12MM (RX)	(global ease inject pen needles)	1	PA; ST
PENTIPS 31G X 5 MM (RX)	(aqinject pen needle)	1	PA; ST
PENTIPS 31G X 8 MM (RX)	(dropsafe safety pen needles)	1	PA; ST
PENTIPS 32G X 4 MM (RX)	(aqinject pen needle)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	(aqinject pen needle)	1	PA; ST
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML		1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	(global ease inject pen needles)	1	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
PRO COMFORT ALCOHOL PAD 70 %	(alcohol prep)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
PRO COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 8 MM 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
PURE COMFORT ALCOHOL PREP PAD	(alcohol prep)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
QC ALCOHOL EXTERNAL 70 %		1	PA; ST
QC ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
QC BORDER ISLAND GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM		1	PA; ST
RA ALCOHOL SWABS PAD 70 %	(alcohol prep)	1	PA; ST
RA INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ra isopropyl alcohol wipes external 70 %		1	PA; ST
RA PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
RA PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
RA STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
RAYA SURE PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
REALITY SWABS PAD	(alcohol prep)	1	PA; ST
RELION ALCOHOL SWABS PAD	(alcohol prep)	1	PA; ST
RELI-ON INSULIN SYRINGE 29G 0.3 ML		1	PA; ST
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
RELION MINI PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
RELION PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
RELION PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
RELION PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
RESTORE CONTACT LAYER PAD 2"X2"	(cvs gauze)	1	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
SAFETY PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
SB ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
SB INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name		Drug Tier	Requirements/Limits
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
SM ALCOHOL PREP PAD	(alcohol prep)	1	PA; ST
SM ALCOHOL PREP PAD 6-70 % EXTERNAL		1	PA; ST
SM ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
SM GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
STERILE GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
SURE COMFORT ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
SURE COMFORT PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)	(aqinject pen needle)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (RX)	(aqinject pen needle)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SURE-PREP ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
SURGICAL GAUZE SPONGE PAD 2"X2"	(cvs gauze)	1	PA; ST
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TECHLITE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TERUMO INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
THERAGAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
TODAYS HEALTH PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %	(alcohol prep)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML		1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUE COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %	(alcohol prep)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML		1	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML		1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUEPLUS PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC)	(easy comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC)	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (RX)	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC)	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (RX)	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTICARE MINI PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
ULTICARE MINI PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
ULTICARE MINI PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
ULTICARE PEN NEEDLES 29G X 12.7MM (OTC)	(sure comfort pen needles)	1	PA; ST
ULTICARE PEN NEEDLES 29G X 12.7MM (RX)	(sure comfort pen needles)	1	PA; ST
ULTICARE PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTICARE SHORT PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC)	(dropsafe safety pen needles)	1	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (RX)	(dropsafe safety pen needles)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/ NEEDLE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTILET ALCOHOL SWABS PAD	(alcohol prep)	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (OTC)	(global easy glide insulin syr)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (RX)	(global easy glide insulin syr)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTILET PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
ULTILET PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTILET PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTILET PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTRA THIN PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
UNIFINE OTC PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
UNIFINE OTC PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE PENTIPS 29G X 12MM	(global ease inject pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
UNIFINE PENTIPS 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE PENTIPS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE PENTIPS 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE PENTIPS PLUS 29G X 12MM	(global ease inject pen needles)	1	PA; ST
UNIFINE PENTIPS PLUS 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE PENTIPS PLUS 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	(pen needles)	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM	(pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM	(pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML		1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML		1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
VERIFINE PLUS PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
V-GO 20 KIT 20 UNIT/24HR		1	QL (30 per 30 days)
V-GO 30 KIT 30 UNIT/24HR		1	QL (30 per 30 days)
V-GO 40 KIT 40 UNIT/24HR		1	QL (30 per 30 days)
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
WEBCOL ALCOHOL PREP LARGE PAD 70 %	(alcohol prep)	1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %	(alcohol prep)	1	PA; ST
ENZYME COFACTORS/CHAPERONES			
Enzyme Cofactors/Chaperones			
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		1	PA; QL (90 per 30 days)
ENZYME REPLACEMENT/MODIFIERS			
Enzyme Replacement/Modifiers			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		1	
javygtor oral tablet 100 mg	(Javygtor)	1	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	1	PA

Drug Name	Drug Tier	Requirements/Limits
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	1	PA BvD
sapropterin dihydrochloride oral tablet 100 mg (Javygtor)	1	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	1	
EYE, EAR, NOSE, THROAT AGENTS		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
atropine sulfate ophthalmic solution 1 %	1	
azelastine hcl nasal solution 0.1 %	1	QL (60 per 30 days)
azelastine hcl nasal solution 0.15 % (Astepro)	1	QL (30 per 25 days)
azelastine hcl ophthalmic solution 0.05 %	1	
azelastine hcl solution 137 mcg/spray nasal	1	QL (60 per 30 days)
cromolyn sodium ophthalmic solution 4 %	1	
epinastine hcl ophthalmic solution 0.05 %	1	
ipratropium bromide nasal solution 0.03 %	1	QL (30 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ipratropium bromide nasal solution 0.06 %		1	QL (15 per 10 days)
levofloxacin ophthalmic solution 0.5 %		1	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML		1	QL (12 per 28 days)
olopatadine hcl ophthalmic solution 0.1 %	(Pataday)	1	
olopatadine hcl ophthalmic solution 0.2 %	(Advanced Eye Relief)	1	
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetic acid otic solution 2 %		1	
bacitracin ophthalmic ointment 500 unit/gm		1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	(Polycin)	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	(Neo-Polycin HC)	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		1	
ciprofloxacin hcl ophthalmic solution 0.3 %		1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %		1	QL (7.5 per 7 days)
erythromycin ophthalmic ointment 5 mg/gm		1	QL (3.5 per 4 days)
GENTAK OPHTHALMIC OINTMENT 0.3 %		1	
gentamicin sulfate ophthalmic solution 0.3 %		1	
hydrocortisone-acetic acid otic solution 1-2 %		1	
moxifloxacin hcl ophthalmic solution 0.5 %	(Vigamox)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
NATACYN OPHTHALMIC SUSPENSION 5 %		1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	(Neo-Polycin)	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	(Maxitrol)	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	(Maxitrol)	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		1	
neomycin-polymyxin-hc otic solution 1 %		1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1		1	
neo-polycin hc ophthalmic ointment 1 %	(Neo-Polycin HC)	1	
neo-polycin ophthalmic ointment 3.5-400-10000	(Neo-Polycin)	1	
ofloxacin ophthalmic solution 0.3 %	(Ocuflox)	1	
ofloxacin otic solution 0.3 %		1	
polycin ophthalmic ointment 500-10000 unit/gm	(Polycin)	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%		1	
sulfacetamide sodium ophthalmic ointment 10 %		1	
sulfacetamide sodium ophthalmic solution 10 %		1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %		1	
tobramycin ophthalmic solution 0.3 %		1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
trifluridine ophthalmic solution 1 %		1	
XDEMVY OPHTHALMIC SOLUTION 0.25 %		1	PA; QL (10 per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %		1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %		1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALREX OPHTHALMIC SUSPENSION 0.2 %	(loteprednol etabonate)	1	ST
bromfenac sodium (once-daily) ophthalmic solution 0.09 %		1	
bromfenac sodium ophthalmic solution 0.07 %	(Prolensa)	1	
bromfenac sodium ophthalmic solution 0.075 %	(BromSite)	1	
cyclosporine ophthalmic emulsion 0.05 %	(Restasis)	1	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic solution 0.1 %		1	
diclofenac sodium ophthalmic solution 0.1 %		1	
difluprednate ophthalmic emulsion 0.05 %	(Durezol)	1	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %		1	QL (8.3 per 14 days)
flunisolide nasal solution 25 mcg/act (0.025%)		1	QL (50 per 25 days)
fluocinolone acetonide otic oil 0.01 %	(DermOtic)	1	
fluorometholone ophthalmic suspension 0.1 %	(FML Liquifilm)	1	
flurbiprofen sodium ophthalmic solution 0.03 %		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
fluticasone propionate nasal suspension 50 mcg/act	(Flonase Allergy Rel Childrens)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		1	
INVELTYS OPHTHALMIC SUSPENSION 1 %		1	QL (5.6 per 14 days)
ketorolac tromethamine ophthalmic solution 0.5 %	(Acular)	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %		1	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC GEL 0.38 %		1	QL (5 per 16 days)
loteprednol etabonate ophthalmic gel 0.5 %	(Lotemax)	1	QL (10 per 14 days)
loteprednol etabonate ophthalmic suspension 0.2 %	(Alrex)	1	ST
loteprednol etabonate ophthalmic suspension 0.5 %	(Lotemax)	1	QL (15 per 19 days)
mometasone furoate nasal suspension 50 mcg/act	(Nasonex 24HR)	1	QL (34 per 30 days)
prednisolone acetate ophthalmic suspension 1 %	(Pred Forte)	1	
XIIDRA OPHTHALMIC SOLUTION 5 %		1	QL (60 per 30 days)
GASTROINTESTINAL AGENTS			
Antiulcer Agents And Acid Suppressants			
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg		1	
cimetidine hcl oral solution 300 mg/5ml		1	
cimetidine oral tablet 200 mg	(Tagamet HB)	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		1	

Drug Name		Drug Tier	Requirements/Limits
esomeprazole magnesium oral capsule delayed release 20 mg	(GoodSense Esomeprazole)	1	QL (30 per 30 days)
esomeprazole magnesium oral capsule delayed release 40 mg	(NexIUM)	1	QL (60 per 30 days)
esomeprazole magnesium oral packet 10 mg, 20 mg	(NexIUM)	1	ST; QL (30 per 30 days)
esomeprazole magnesium oral packet 40 mg	(NexIUM)	1	ST; QL (60 per 30 days)
famotidine oral tablet 20 mg	(MM Acid-Pep Maximum Strength)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule delayed release 15 mg	(Prevacid 24HR)	1	QL (30 per 30 days)
lansoprazole oral capsule delayed release 30 mg	(Prevacid)	1	QL (60 per 30 days)
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	(Prevacid SoluTab)	1	ST
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg		1	
pantoprazole sodium oral packet 40 mg	(Protonix)	1	ST; QL (60 per 30 days)
pantoprazole sodium oral tablet delayed release 20 mg	(Protonix)	1	QL (30 per 30 days)
pantoprazole sodium oral tablet delayed release 40 mg	(Protonix)	1	QL (60 per 30 days)
rabeprazole sodium oral tablet delayed release 20 mg	(Aciphex)	1	QL (30 per 30 days)
sucralfate oral tablet 1 gm	(Carafate)	1	
Gastrointestinal Agents, Other			
carglumic acid oral tablet soluble 200 mg	(Carbaglu)	1	PA
constulose oral solution 10 gm/15ml		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
cromolyn sodium oral concentrate 100 mg/5ml	(Gastrocrom)	1	
dicyclomine hcl oral capsule 10 mg		1	
dicyclomine hcl oral solution 10 mg/5ml		1	
dicyclomine hcl oral tablet 20 mg		1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	
enulose oral solution 10 gm/15ml		1	
generlac oral solution 10 gm/15ml		1	
glycopyrrolate oral tablet 1 mg, 2 mg		1	
kionex combination suspension 15 gm/60ml		1	
lactulose oral solution 10 gm/15ml		1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		1	QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM, 5 GM		1	
loperamide hcl oral capsule 2 mg	(Imodium A-D)	1	
lubiprostone oral capsule 24 mcg	(Amitiza)	1	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	(Amitiza)	1	QL (120 per 30 days)
metoclopramide hcl oral solution 5 mg/5ml		1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		1	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder		1	
sps (sodium polystyrene sulf) combination suspension 15 gm/60ml		1	
URSODIOL ORAL CAPSULE 200 MG, 400 MG		1	
ursodiol oral capsule 300 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
ursodiol oral tablet 250 mg		1	
ursodiol oral tablet 500 mg	(Urso Forte)	1	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM		1	
XERMELO ORAL TABLET 250 MG		1	PA; QL (84 per 28 days)
Laxatives			
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML		1	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		1	
gavilyte-g oral solution reconstituted 236 gm	(GaviLyte-G)	1	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	(GaviLyte-N with Flavor Pack)	1	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)	(Suprep Bowel Prep Kit)	1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	(GaviLyte-N with Flavor Pack)	1	
peg-3350/electrolytes oral solution reconstituted 236 gm	(GaviLyte-G)	1	
SUTAB ORAL TABLET 1479-225-188 MG		1	
Phosphate Binders			
calcium acetate (phos binder) oral capsule 667 mg		1	
calcium acetate oral tablet 667 mg	(Calphron)	1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	(Renvela)	1	
sevelamer carbonate oral tablet 800 mg	(Renvela)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
sevelamer hcl oral tablet 400 mg, 800 mg		1	
GENITOURINARY AGENTS			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		1	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	(Toviaz)	1	
flavoxate hcl oral tablet 100 mg		1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	(mirabegron er)	1	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg		1	
oxybutynin chloride oral solution 5 mg/5ml		1	
oxybutynin chloride oral tablet 5 mg		1	
solifenacin succinate oral tablet 10 mg, 5 mg	(VESIcare)	1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg		1	
tolterodine tartrate oral tablet 1 mg		1	
tolterodine tartrate oral tablet 2 mg	(Detrol)	1	
trospium chloride er oral capsule extended release 24 hour 60 mg		1	
trospium chloride oral tablet 20 mg		1	
Genitourinary Agents, Miscellaneous			
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	(Uroxatral)	1	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	1	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin hcl oral capsule 0.4 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
HEAVY METAL ANTAGONISTS			
Heavy Metal Antagonists			
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	1	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	1	PA
trientine hcl oral capsule 250 mg	(Syprine)	1	PA; QL (240 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING			
Androgens			
danazol oral capsule 100 mg, 200 mg, 50 mg		1	
oxandrolone oral tablet 10 mg, 2.5 mg		1	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	(Depo-Testosterone)	1	PA
testosterone enanthate intramuscular solution 200 mg/ml		1	PA; QL (5 per 28 days)
testosterone gel 1.62 % transdermal	(AndroGel Pump)	1	PA; QL (150 per 30 days)
testosterone transdermal gel 12.5 mg/act (1%)	(Vogelxo Pump)	1	PA; QL (300 per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	(AndroGel Pump)	1	PA; QL (150 per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%)		1	PA; QL (300 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
testosterone transdermal gel 50 mg/5gm (1%)	(Testim)	1	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML		1	PA; QL (2 per 28 days)
Estrogens And Antiestrogens			
abigale lo oral tablet 0.5-0.1 mg	(Abigale Lo)	1	
abigale oral tablet 1-0.5 mg	(Abigale)	1	
DUAVEE ORAL TABLET 0.45-20 MG		1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	(Estrogel)	1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	(Alora)	1	QL (8 per 28 days)
estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr	(Dotti)	1	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	(Climara)	1	QL (4 per 28 days)
estradiol vaginal cream 0.1 mg/gm	(Estrace)	1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	1	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	1	
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	1	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	(estradiol)	1	
mimvey oral tablet 1-0.5 mg	(Abigale)	1	

Drug Name		Drug Tier	Requirements/Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		1	
PREMARIN VAGINAL CREAM 0.625 MG/GM		1	
PREMPHASE ORAL TABLET 0.625-5 MG		1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		1	
raloxifene hcl oral tablet 60 mg	(Evista)	1	
yuvafem vaginal tablet 10 mcg	(Yuvafem)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
dexamethasone oral solution 0.5 mg/5ml		1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		1	
dexamethasone sod phosphate pf injection solution 10 mg/ml		1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 4 mg/ml		1	
fludrocortisone acetate oral tablet 0.1 mg		1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	1	
methylprednisolone acetate injection suspension 80 mg/ml	(DEPO-Medrol)	1	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	1	
methylprednisolone oral tablet 32 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
methylprednisolone oral tablet therapy pack 4 mg	(Medrol)	1	
methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg		1	
prednisolone oral solution 15 mg/5ml		1	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5ml		1	PA BvD
prednisolone sodium phosphate oral solution 5 mg/5ml	(Pediapred)	1	PA BvD
prednisolone sodium phosphate solution 15 mg/5ml oral		1	PA BvD
prednisone oral solution 5 mg/5ml		1	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	PA BvD
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)		1	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog-40)	1	
Pituitary			
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML		1	PA; QL (15 per 30 days)
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 80 UNIT/ML		1	PA; QL (30 per 30 days)
ACTHAR INJECTION GEL 80 UNIT/ML		1	PA; QL (35 per 28 days)
CORTROPHIN INJECTION GEL 80 UNIT/ML		1	PA; QL (35 per 28 days)
desmopressin ace spray refrig nasal solution 0.01 %		1	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	(DDAVP)	1	
desmopressin acetate spray solution 0.01 % nasal		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	1	PA NSO; QL (0.5 per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	1	PA NSO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	1	PA NSO
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	1	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA NSO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	1	PA
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (SandoSTATIN)	1	
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml	1	
ORGOVYX ORAL TABLET 120 MG	1	PA NSO
ORILISSA ORAL TABLET 150 MG	1	PA; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	1	PA; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA; QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML		1	PA NSO; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML		1	PA NSO; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		1	PA
Progestins			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML		1	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(Gallifrey)	1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	(Depo-Provera)	1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	(Depo-Provera)	1	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml		1	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	1	
progesterone oral capsule 100 mg, 200 mg	(Prometrium)	1	
Thyroid And Antithyroid Agents			
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	(Levo-T)	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
IMMUNOLOGICAL AGENTS		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	1	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	1	PA BvD
azathioprine oral tablet 50 mg (Imuran)	1	PA BvD
azathioprine sodium injection solution reconstituted 100 mg	1	PA BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	1	PA NSO; QL (2 per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG		1	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ ML		1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		1	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		1	PA
cyclosporine intravenous solution 50 mg/ml	(SandIMMUNE)	1	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	1	PA BvD
cyclosporine modified oral capsule 50 mg		1	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	1	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(SandIMMUNE)	1	PA BvD
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 pen))	1	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 syringe))	1	PA

Drug Name		Drug Tier	Requirements/Limits
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 pen))	1	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	(adalimumab-adbm (2 pen))	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML		1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML		1	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ ML		1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		1	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG		1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		1	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	1	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML		1	PA BvD
gengraf oral capsule 100 mg, 25 mg	(Gengraf)	1	PA BvD
gengraf oral solution 100 mg/ml	(Gengraf)	1	PA BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; Only NDCs starting with 00074
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; Only NDCs starting with 00074
infliximab intravenous solution reconstituted 100 mg (Remicade)	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		1	PA
leflunomide oral tablet 10 mg, 20 mg	(Arava)	1	
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	(CellCept Intravenous)	1	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	1	PA BvD
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	(CellCept)	1	PA BvD
mycophenolate mofetil oral tablet 500 mg	(CellCept)	1	PA BvD
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	(Myfortic)	1	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML		1	PA NSO
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		1	PA BvD
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML		1	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		1	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML		1	PA
OTEZLA ORAL TABLET 20 MG, 30 MG		1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG		1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	PA BvD
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	1	ST
REZUROCK ORAL TABLET 200 MG	1	PA NSO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	1	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	PA BvD
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	1	PA
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA
sirolimus oral solution 1 mg/ml	1	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	PA BvD
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	1	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML		1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		1	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	(ustekinumab)	1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	(ustekinumab)	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	(ustekinumab)	1	PA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	1	PA BvD
TAVNEOS ORAL CAPSULE 10 MG		1	PA; QL (180 per 30 days)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		1	PA
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML		1	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		1	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		1	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML		1	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML		1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		1	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		1	PA
XELJANZ ORAL SOLUTION 1 MG/ML		1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG		1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG		1	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML		1	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML		1	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		1	PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	(adalimumab-aaty (1 pen))	1	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	(adalimumab-aaty (2 syringe))	1	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	(adalimumab-aaty (1 pen))	1	PA
Vaccines			
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML		1	$0 copay

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	$0 copay
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	$0 copay
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	1	$0 copay
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	$0 copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	QL (3 per 365 days)
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	1	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	PA BvD; $0 copay
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	PA BvD; $0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	1	$0 copay

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	1	$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	PA BvD; $0 copay
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	PA BvD; $0 copay
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOL INJECTION INJECTABLE	1	$0 copay
IXIARO INTRAMUSCULAR SUSPENSION	1	$0 copay
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	$0 copay
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	$0 copay
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	1	$0 copay
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	$0 copay
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	$0 copay

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	$0 copay
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	$0 copay
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	$0 copay
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	PA BvD; $0 copay
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	$0 copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	PA BvD; $0 copay
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	PA BvD; $0 copay
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	$0 copay
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	$0 copay
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	$0 copay
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	$0 copay
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	$0 copay
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	1	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	1	$0 copay

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML		1	$0 copay
VAXCHORA ORAL SUSPENSION RECONSTITUTED		1	$0 copay
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML		1	$0 copay
VIVOTIF ORAL CAPSULE DELAYED RELEASE		1	$0 copay
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)		1	$0 copay
INFLAMMATORY BOWEL DISEASE AGENTS			
Inflammatory Bowel Disease Agents			
alosetron hcl oral tablet 0.5 mg, 1 mg	(Lotronex)	1	
balsalazide disodium oral capsule 750 mg	(Colazal)	1	
budesonide oral capsule delayed release particles 3 mg		1	
budesonide rectal foam 2 mg	(Uceris)	1	
hydrocortisone rectal enema 100 mg/60ml	(Cortenema)	1	
mesalamine er oral capsule extended release 24 hour 0.375 gm	(Apriso)	1	
mesalamine er oral capsule extended release 500 mg	(Pentasa)	1	
mesalamine oral tablet delayed release 1.2 gm	(Lialda)	1	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	
sulfasalazine oral tablet delayed release 500 mg	(Azulfidine EN-tabs)	1	
IRRIGATING SOLUTIONS			

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
Irrigating Solutions			
acetic acid irrigation solution 0.25 %		1	
METABOLIC BONE DISEASE AGENTS			
Metabolic Bone Disease Agents			
alendronate sodium oral solution 70 mg/75ml		1	QL (300 per 28 days)
alendronate sodium oral tablet 10 mg		1	QL (30 per 30 days)
alendronate sodium oral tablet 35 mg		1	QL (4 per 28 days)
alendronate sodium oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal solution 200 unit/act		1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	1	
cinacalcet hcl oral tablet 30 mg, 60 mg	(Sensipar)	1	QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	(Sensipar)	1	QL (120 per 30 days)
ibandronate sodium oral tablet 150 mg		1	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG		1	PA; QL (2 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML		1	PA
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	1	
paricalcitol oral capsule 4 mcg		1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		1	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG		1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	QL (1 per 180 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	1	PA; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	1	PA
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	1	
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	1	
betaine oral powder (Cystadane)	1	PA
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	1	PA
diazoxide oral suspension 50 mg/ml (Proglycem)	1	
glucagon emergency injection kit 1 mg	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	1	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML		1	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		1	
l-glutamine oral packet 5 gm	(Endari)	1	PA; QL (180 per 30 days)
mesna oral tablet 400 mg	(Mesnex)	1	
nitroglycerin rectal ointment 0.4 %	(Rectiv)	1	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		1	PA NSO; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG		1	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		1	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE		1	PA; QL (12 per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML		1	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML		1	
OPHTHALMIC AGENTS			
Antiglaucoma Agents			
acetazolamide er oral capsule extended release 12 hour 500 mg		1	
acetazolamide oral tablet 125 mg, 250 mg		1	
acetazolamide sodium injection solution reconstituted 500 mg		1	
betaxolol hcl ophthalmic solution 0.5 %		1	

Drug Name		Drug Tier	Requirements/Limits
bimatoprost ophthalmic solution 0.03 %		1	QL (2.5 per 25 days)
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	(Alphagan P)	1	
brimonidine tartrate ophthalmic solution 0.2 %		1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	(Combigan)	1	
brinzolamide ophthalmic suspension 1 %	(Azopt)	1	
carteolol hcl ophthalmic solution 1 %		1	
dorzolamide hcl ophthalmic solution 2 %		1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	(Cosopt)	1	
latanoprost ophthalmic solution 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)
levobunolol hcl ophthalmic solution 0.5 %		1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		1	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %		1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		1	
tafluprost (pf) ophthalmic solution 0.0015 %	(Zioptan)	1	QL (30 per 30 days)
timolol hemihydrate ophthalmic solution 0.5 %	(Betimol)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
timolol maleate ophthalmic solution 0.25 %, 0.5 %		1	
travoprost (bak free) ophthalmic solution 0.004 %	(Travatan Z)	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %		1	QL (5 per 30 days)
REPLACEMENT PREPARATIONS			
Replacement Preparations			
dextrose-nacl intravenous solution 5-0.9 %		1	
dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %		1	
klor-con m10 oral tablet extended release 10 meq	(Klor-Con M10)	1	
klor-con m15 oral tablet extended release 15 meq	(Klor-Con M15)	1	
klor-con m20 oral tablet extended release 20 meq	(Klor-Con M20)	1	
LACTATED RINGERS INTRAVENOUS SOLUTION		1	
MAGNESIUM SULFATE INJECTION SOLUTION 50 %		1	
magnesium sulfate injection solution 50 % (10ml syringe)		1	
potassium chloride crys er oral tablet extended release 10 meq	(Klor-Con M10)	1	
potassium chloride crys er oral tablet extended release 15 meq	(Klor-Con M15)	1	
potassium chloride crys er oral tablet extended release 20 meq	(Klor-Con M20)	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq		1	
potassium chloride er oral tablet extended release 10 meq	(Klor-Con 10)	1	

Drug Name		Drug Tier	Requirements/Limits
potassium chloride er oral tablet extended release 15 meq, 20 meq		1	
potassium chloride er oral tablet extended release 8 meq	(Klor-Con)	1	
potassium chloride intravenous solution 2 meq/ml		1	PA BvD
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		1	
potassium citrate er oral tablet extended release 10 meq (1080 mg)	(Urocit-K 10)	1	
potassium citrate er oral tablet extended release 15 meq (1620 mg)	(Urocit-K 15)	1	
potassium citrate er oral tablet extended release 5 meq (540 mg)		1	
sodium chloride intravenous solution 0.45 %, 0.9 %		1	
RESPIRATORY TRACT AGENTS			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	(fluticasone-salmeterol)	1	QL (12 per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT		1	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	(fluticasone furoate ellipta)	1	QL (30 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	(fluticasone furoate-vilanterol)	1	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH		1	QL (60 per 30 days)
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	(Breyna)	1	QL (30.9 per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	(Pulmicort)	1	PA BvD; QL (120 per 30 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	(Breyna)	1	QL (30.6 per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act		1	QL (12 per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act		1	QL (24 per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act		1	QL (21.2 per 30 days)
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	(Advair HFA)	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	(Wixela Inhub)	1	QL (60 per 30 days)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	(Wixela Inhub)	1	QL (60 per 30 days)
Antileukotrienes			
montelukast sodium oral tablet 10 mg	(Singulair)	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	(Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	1	
Bronchodilators			
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION		1	QL (32.1 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name		Drug Tier	Requirements/Limits
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/ act	(Ventolin HFA)	1	QL (17 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/ act (nda020503)	(Ventolin HFA)	1	QL (13.4 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/ act (nda020983)	(Ventolin HFA)	1	QL (36 per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml		1	PA BvD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	(umeclidinium-vilanterol)	1	QL (60 per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ ACT		1	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT		1	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		1	QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %		1	PA BvD
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		1	PA BvD; QL (540 per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml		1	PA BvD
levalbuterol tartrate inhalation aerosol 45 mcg/act	(Xopenex HFA)	1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	1	QL (4 per 28 days)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral solution 80 mg/15ml	1	
tiotropium bromide monohydrate inhalation capsule 18 mcg (Spiriva HandiHaler)	1	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	1	QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10 %, 20 %	1	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	1	PA; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	1	PA; QL (90 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name	Drug Tier	Requirements/Limits
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	1	QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	1	PA
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	PA BvD
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	1	PA; QL (1 per 28 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; QL (56 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; QL (112 per 28 days)
pirfenidone oral capsule 267 mg (Esbriet)	1	PA; QL (270 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
pirfenidone oral tablet 267 mg	(Esbriet)	1	PA; QL (270 per 30 days)
pirfenidone oral tablet 534 mg		1	PA; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	1	PA; QL (90 per 30 days)
roflumilast oral tablet 250 mcg	(Daliresp)	1	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(Daliresp)	1	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		1	PA; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		1	PA
SKELETAL MUSCLE RELAXANTS			
Skeletal Muscle Relaxants			
baclofen oral solution 10 mg/5ml	(Ozobax DS)	1	QL (1200 per 30 days)
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg		1	
carisoprodol oral tablet 350 mg	(Soma)	1	QL (120 per 30 days)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		1	
dantrolene sodium oral capsule 100 mg, 50 mg		1	
dantrolene sodium oral capsule 25 mg	(Dantrium)	1	
methocarbamol oral tablet 500 mg, 750 mg		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg		1	
tizanidine hcl oral tablet 2 mg		1	
tizanidine hcl oral tablet 4 mg	(Zanaflex)	1	
SLEEP DISORDER AGENTS			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		1	QL (30 per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	(Silenor)	1	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	1	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	1	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	1	PA; QL (60 per 30 days)
ramelteon oral tablet 8 mg	(Rozerem)	1	QL (30 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	1	PA; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		1	QL (30 per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	(Ambien CR)	1	QL (30 per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
VASODILATING AGENTS			
Vasodilating Agents			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		1	PA; QL (90 per 30 days)
alyq oral tablet 20 mg		1	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	1	PA; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG		1	PA; QL (30 per 30 days)
sildenafil citrate oral tablet 20 mg	(Revatio)	1	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
tadalafil oral tablet 5 mg	(Cialis)	1	PA
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG		1	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG		1	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		1	PA; QL (240 per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG		1	PA
VITAMINS AND MINERALS			
Vitamins And Minerals			
C-NATE DHA CAPSULE 28-1-200 MG ORAL		1	
COMPLETENATE TABLET CHEWABLE 29-1 MG ORAL		1	
FOLIVANE-OB CAPSULE 85-1 MG ORAL		1	
KOSHER PRENATAL PLUS IRON TABLET 30-1 MG ORAL		1	
M-NATAL PLUS TABLET 27-1 MG ORAL	(m-natal plus)	1	
NIVA-PLUS TABLET 27-1 MG ORAL	(m-natal plus)	1	
OBSTETRIX DHA 29-1 & 350 MG ORAL		1	
PNV 27-CA/FE/FA TABLET 60-1 MG ORAL		1	
PNV TABS 29-1 TABLET 29-1 MG ORAL		1	
PNV-DHA+DOCUSATE CAPSULE 27-1.25-300 MG ORAL		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.

Drug Name		Drug Tier	Requirements/Limits
PNV-OMEGA CAPSULE 28-0.6-0.4-340 MG ORAL	(pnv-omega)	1	
PRENA 1 TRUE 30-1.4 & 300 MG ORAL		1	
PRENAISSANCE CAPSULE 29-1.25-325 MG ORAL		1	
PRENAISSANCE PLUS CAPSULE 28-1-250 MG ORAL		1	
PRENATABS FA TABLET 29-1 MG ORAL		1	
PRENATAL 19 TABLET CHEWABLE 29-1 MG ORAL		1	
PRENATAL ORAL TABLET 27-1 MG	(m-natal plus)	1	
PRENATAL PLUS IRON TABLET 29-1 MG ORAL		1	
PRENATAL-U CAPSULE 106.5-1 MG ORAL		1	
PREPLUS TABLET 27-1 MG ORAL	(m-natal plus)	1	
PRETAB TABLET 29-1 MG ORAL		1	
SELECT-OB TABLET CHEWABLE 29-0.6-0.4 MG ORAL		1	
SELECT-OB TABLET CHEWABLE 29-1 MG ORAL		1	
SE-NATAL 19 TABLET CHEWABLE 29-1 MG ORAL		1	
TARON-C DHA CAPSULE 35-1 MG ORAL		1	
TARON-PREX CAPSULE 30-1.2-265 MG ORAL		1	
TRIVEEN-DUO DHA 29-1-200 & 300 MG ORAL		1	
VIRT-C DHA CAPSULE 53.5-38-1 MG ORAL		1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name		Drug Tier	Requirements/Limits
VIRT-NATE DHA CAPSULE 28-1-200 MG ORAL		1	
VIRT-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL	(pnv-dha)	1	
VIRT-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL	(pnv-omega)	1	
VITAFOL GUMMIES TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL		1	
VITAFOL-OB+DHA 65-1 & 250 MG ORAL		1	
VP-PNV-DHA CAPSULE 28-1-215.8 MG ORAL		1	
ZATEAN-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL	(pnv-dha)	1	
ZATEAN-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL	(pnv-omega)	1	

A
abacavir sulfate 73
abacavir sulfate-lamivudine ... 73
ABELCET 57
abigale 176
abigale lo 176
ABILIFY ASIMTUFII 66
ABILIFY MAINTENA 66
abiraterone acetate 18
abirtega 18
ABOUTTIME PEN NEEDLE 112
ABRYSVO 188
acamprosate calcium 8
acarbose 50
acebutolol hcl 87
acetaminophen-codeine 4
acetazolamide 196
acetazolamide er 196
acetazolamide sodium 196
acetic acid 167, 194
acetylcysteine 202
acitretin 107
ACTEMRA 181
ACTEMRA ACTPEN 181
ACTHAR 178
ACTHAR GEL 178
ACTHIB 189
ACTIMMUNE 195
acyclovir 80, 107
acyclovir sodium 80
ADACEL 189
adapalene 112
adefovir dipivoxil 80
ADEMPAS 205
ADVAIR HFA 199
ADVOCATE INSULIN PEN NEEDLE 112
ADVOCATE INSULIN PEN NEEDLES 112, 113
ADVOCATE INSULIN SYRINGE 113
afirmelle 99
AIMOVIG 60
AIRSUPRA 199, 200
AJOVY 60
AKEEGA 19
ala-cort 109
albendazole 63
albuterol sulfate 201
albuterol sulfate hfa 201
ALCOHOL PREP 113
ALCOHOL PREP PADS 113
ALCOHOL SWABS 113
ALECENSA 19
alendronate sodium 194
alfuzosin hcl er 174
aliskiren fumarate 94
allopurinol 59
alosetron hcl 193
alprazolam 9
ALREX 169
altavera 99
ALTRENO 112
ALUNBRIG 19
ALVAIZ 82
alyacen 1/35 99
alyacen 7/7/7 99
ALYFTREK 202
alyq 205
amantadine hcl 64
amethyst 99
amikacin sulfate 10
amiloride hcl 91
amiloride-hydrochlorothiazide 91
amiodarone hcl 87
amitriptyline hcl 47
amlodipine besy-benazepril hcl 90
amlodipine besylate 91
amlodipine besylate-valsartan 91
amlodipine-atorvastatin 92
amlodipine-olmesartan 91
amlodipine-valsartan-hctz 91
ammonium lactate 107, 108
amoxapine 47
amoxicill-clarithro-lansopraz 170
amoxicillin 15
amoxicillin-pot clavulanate ... 15
amphetamine-dextroamphet er 95
amphetamine-dextroamphetamine 95
amphotericin b 57
amphotericin b liposome 57
ampicillin 15
ampicillin sodium 15
ampicillin-sulbactam sodium 15, 16
anagrelide hcl 83
anastrozole 19
ANKTIVA 19
ANORO ELLIPTA 201
aprepitant 62
APRETUDE 73
apri 99
APTIVUS 73
AQ INSULIN SYRINGE 113

AQINJECT PEN NEEDLE..113
ARCALYST.....181
AREXVY 189
ARIKAYCE 10
aripiprazole 66
ARISTADA.....66
ARISTADA INITIO 66
armodafinil.....205
ARNUITY ELLIPTA.....199
asenapine maleate.....67
aspirin-dipyridamole er.....83
ASSURE ID DUO PRO PEN NEEDLES 114
ASSURE ID INSULIN SAFETY SYR 114
ASSURE ID PRO PEN NEEDLES 114
ASTAGRAF XL 181
atazanavir sulfate.....73
atenolol 87
atenolol-chlorthalidone.....87
atomoxetine hcl 95
atorvastatin calcium.....92
atovaquone.....63
atovaquone-proguanil hcl.....63
atropine sulfate.....166
ATROVENT HFA 201
aubra eq.....99
AUGTYRO 19
AUM ALCOHOL PREP PADS 114
AUM INSULIN SAFETY PEN NEEDLE 114
AUM MINI INSULIN PEN NEEDLE 114
AUM PEN NEEDLE ...114, 115
AUM READYGARD DUO PEN NEEDLE.....115
AUM SAFETY PEN NEEDLE 115
aurovela 1.5/30.....99
aurovela 1/20.....99
aurovela 24 fe 99
aurovela fe 1.5/30 100
aurovela fe 1/20 100
AUSTEDO..... 95, 96
AUSTEDO XR 96
AUSTEDO XR PATIENT TITRATION 96
AUVELITY 47
aviane..... 100
AVMAPKI FAKZYNJA CO-PACK..... 19
AVONEX PEN..... 96
AVONEX PREFILLED 96
AXTLE 19
ayuna 100
AYVAKIT 19
azacitidine..... 19
azathioprine 181
azathioprine sodium 181
azelastine hcl 166
azithromycin 14
aztreonam 14
azurette 100
B
bacitracin..... 167
bacitracin-polymyxin b 167
bacitra-neomycin-polymyxin-hc 167
baclofen 204
balsalazide disodium 193
BALVERSA 19
BAQSIMI ONE PACK 195
BAQSIMI TWO PACK..... 195
BCG VACCINE 189
BD AUTOSHIELD 115
BD AUTOSHIELD DUO.... 115
BD ECLIPSE SYRINGE..... 115
BD INSULIN SYR ULTRAFINE II 115
BD INSULIN SYRINGE ... 115, 116
BD INSULIN SYRINGE HALF-UNIT 116
BD INSULIN SYRINGE MICROFINE.....116
BD INSULIN SYRINGE ULTRAFINE 116
BD PEN NEEDLE MICRO ULTRAFINE 116
BD PEN NEEDLE MINI U/F 116
BD PEN NEEDLE MINI ULTRAFINE 117
BD PEN NEEDLE NANO 2ND GEN 117
BD PEN NEEDLE NANO U/F 117
BD PEN NEEDLE NANO ULTRAFINE 117
BD PEN NEEDLE ORIG ULTRAFINE 117
BD PEN NEEDLE SHORT ULTRAFINE 117
BD SAFETYGLIDE INSULIN SYRINGE 117
BD SAFETYGLIDE SYRINGE/NEEDLE..... 117
BD SAFETY-LOK INSULIN SYRINGE 117
BD SWAB SINGLE USE REGULAR..... 117
BD SWABS SINGLE USE BUTTERFLY 117
BD VEO INSULIN SYR U/F 1/2UNIT.....118
BD VEO INSULIN SYR ULTRAFINE 118
BD VEO INSULIN SYRINGE U/F 118
BELSOMRA.....205
benazepril hcl.....85
benazepril-hydrochlorothiazide 85, 86

bendamustine hcl 20
BENDAMUSTINE HCL 20
BENDEKA 20
BENLYSTA 181
benztropine mesylate 64
BESIVANCE 167
BESREMI..... 181
betaine 195
betamethasone dipropionate 109
betamethasone dipropionate aug 109
betamethasone valerate 109, 110
BETAMETHASONE VALERATE..... 110
BETASERON 96
betaxolol hcl 196
bethanechol chloride 174
bexarotene 20
BEXSERO..... 189
bicalutamide 20
BICILLIN C-R 16
BICILLIN C-R 900/300 16
BICILLIN L-A 16
BIKTARVY 73
bimatoprost..... 197
bisoprolol fumarate 87
bisoprolol-hydrochlorothiazide 88
BIZENGRI (750 MG DOSE). 20
bleomycin sulfate..... 20
blisovi 24 fe 100
blisovi fe 1.5/30 100
blisovi fe 1/20 100
BOOSTRIX 189
bortezomib 20
BORUZU 20
bosentan 205
BOSULIF 20
BRAFTOVI 20
BREO ELLIPTA 199, 200
breyna 200
BREZTRI AEROSPHERE .. 201
BRILINTA..... 83
brimonidine tartrate 197
brimonidine tartrate-timolol 197
brinzolamide 197
BRIVIACT 40
bromfenac sodium..... 169
bromfenac sodium (once-daily) 169
bromocriptine mesylate 64
BRONCHITOL TOLERANCE TEST..... 203
BRUKINSA..... 20, 21
budesonide 193, 200
budesonide-formoterol fumarate 200
bumetanide..... 91
buprenorphine 4
buprenorphine hcl..... 8
buprenorphine hcl-naloxone hcl 8
bupropion hcl..... 47
bupropion hcl er (smoking det) 8
bupropion hcl er (sr)..... 47
bupropion hcl er (xl)..... 47
buspirone hcl 195
butalbital-apap-caff-cod 4
butalbital-apap-caffeine 4

C

CABENUVA..... 74
cabergoline 64
CABOMETYX 21
calcipotriene 108
calcitonin (salmon) 194
calcitriol..... 108, 194
calcium acetate 173
calcium acetate (phos binder) 173
CALQUENCE 21
camila 100
CAMZYOS..... 90
candesartan cilexetil..... 84
candesartan cilexetil-hctz..... 84
CAPLYTA 67
CAPRELSA 21
captopril..... 86
carbamazepine 40
carbamazepine er..... 40
carbidopa-levodopa 65
carbidopa-levodopa er..... 64
CAREFINE PEN NEEDLES 118
CAREONE INSULIN SYRINGE 118, 119
CARETOUCH ALCOHOL PREP..... 119
CARETOUCH INSULIN SYRINGE 119
CARETOUCH PEN NEEDLES 119, 120
carglumic acid 171
carisoprodol..... 204
carteolol hcl 197
cartia xt 88
carvedilol 88
CAYSTON..... 14
cefaclor 12
cefadroxil 12
cefazolin sodium..... 12
cefdinir 12
cefepime hcl 12
cefixime 12
cefoxitin sodium 12
cefpodoxime proxetil..... 12
cefprozil..... 13
ceftazidime 13
ceftriaxone sodium..... 13
cefuroxime axetil..... 13
cefuroxime sodium 13
celecoxib 6
cephalexin 13
cevimeline hcl..... 107
chateal eq 100
chlordiazepoxide hcl 9
chlordiazepoxide-clidinium.... 40

chlorhexidine gluconate 107
chloroquine phosphate 63
chlorpromazine hcl.....67
chlorthalidone 91
cholestyramine 92
cholestyramine light 92
ciclopirox.....57
ciclopirox olamine.....57
cilostazol.....83
CIMDUO..... 74
cimetidine 170
cimetidine hcl 170
CIMZIA.....182
CIMZIA (2 SYRINGE).....181
cinacalcet hcl.....194
CINQAIR 203
ciprofloxacin hcl.....17, 167
ciprofloxacin in d5w.....17
ciprofloxacin-dexamethasone 167
citalopram hydrobromide.....47
clarithromycin 14
CLENPIQ.....173
CLEVER CHOICE COMFORT EZ 120
CLICKFINE PEN NEEDLES 120
clindamycin hcl 11
clindamycin phos-benzoyl perox 108
clindamycin phosphate....11, 60, 108
CLINIMIX E/DEXTROSE (8/10).....83
CLINIMIX E/DEXTROSE (8/14) 83
CLINIMIX/DEXTROSE (6/5) 83
CLINIMIX/DEXTROSE (8/10) 83
CLINIMIX/DEXTROSE (8/14) 83
clinisol sf..... 83
clobazam..... 40
clobetasol propionate 110
clobetasol propionate e 110
clobetasol propionate emulsion 110
clomipramine hcl 47
clonazepam 9
clonidine 84
clonidine hcl 84
clopidogrel bisulfate..... 83
clorazepate dipotassium 9
clotrimazole 57
clotrimazole-betamethasone.. 57
clozapine..... 67
C-NATE DHA..... 206
COARTEM..... 63
COBENFY..... 67
COBENFY STARTER PACK 67
colchicine..... 59
colchicine-probenecid 59
colesevelam hcl..... 93
colestipol hcl..... 93
colistimethate sodium (cba)... 11
COMBIVENT RESPIMAT. 201
COMETRIQ (100 MG DAILY DOSE) 21
COMETRIQ (140 MG DAILY DOSE) 21
COMETRIQ (60 MG DAILY DOSE) 21
COMFORT ASSIST INSULIN SYRINGE..... 120
COMFORT EZ INSULIN SYRINGE..... 120, 121
COMFORT EZ PEN NEEDLES 121, 122
COMFORT EZ PRO PEN NEEDLES 122
COMFORT TOUCH INSULIN PEN NEED..... 122
COMPLETENATE..... 206
compro 62
constulose.....171
COPIKTRA.....21
CORLANOR..... 90
CORTROPHIN 178
COSENTYX 182, 195
COSENTYX (300 MG DOSE) 182
COSENTYX SENSOREADY (300 MG) 182
COSENTYX UNOREADY. 182
COTELLIC 21
CREON 165
CRESEMBA 57
cromolyn sodium.. 166, 172, 203
cryselle-28..... 100
CURITY ALCOHOL PREPS 122
CURITY ALL PURPOSE SPONGES..... 122
CURITY GAUZE 122
CURITY GAUZE SPONGE 122
CURITY SPONGES..... 122
CVS GAUZE 122
CVS GAUZE STERILE 122
cyclafem 1/35 100
cyclafem 7/7/7 100
cyclobenzaprine hcl 204
cyclophosphamide.....21, 22
CYCLOPHOSPHAMIDE 21, 22
cyclosporine 169, 182
cyclosporine modified 182
CYLTEZO (2 PEN).....182
CYLTEZO (2 SYRINGE) ...182
CYLTEZO-CD/UC/HS STARTER.....183
CYLTEZO-PSORIASIS/UV STARTER.....183
cyred eq.....100

D

dabigatran etexilate mesylate 80

dalfampridine er.....96
danazol 175
dantrolene sodium 204
DANYELZA 22
DANZITEN.....22
dapsone..... 61
DAPTACEL 189
daptomycin 11
DAPTOMYCIN 11
darunavir.....74
dasatinib.....22
dasetta 1/35 (28).....100
dasetta 7/7/7 100
DATROWAY..... 22
DAURISMO.....22
deblitane.....100
decitabine 22
deferasirox..... 175
deferasirox granules.....175
DELSTRIGO..... 74
delyla 100
demeclocycline hcl 17
DENGVAXIA.....189
denta 5000 plus 107
dentagel 107
DEPO-SUBQ PROVERA 104 180
DERMACEA GAUZE SPONGE 123
DERMACEA IV DRAIN SPONGES 123
DERMACEA NON-WOVEN SPONGES.....123
DERMACEA TYPE VII GAUZE 123
DESCOVY 74
desipramine hcl 47
desloratadine 59
desmopressin ace spray refrig 178
desmopressin acetate.....178
desmopressin acetate spray..178
desogestrel-ethinyl estradiol 100
desvenlafaxine succinate er ... 47
dexamethasone..... 177
dexamethasone sod phosphate pf 177
dexamethasone sodium phosphate..... 169, 177
dextrose..... 84
dextrose-nacl 198
dextrose-sodium chloride 198
DIACOMIT 41
DIATHRIVE PEN NEEDLE 123
diazepam..... 9, 10, 41
diazepam intensol 9
diazoxide 195
diclofenac epolamine..... 6
diclofenac potassium 6
diclofenac sodium..... 6, 169
diclofenac sodium er..... 6
diclofenac-misoprostol 6
dicloxacillin sodium..... 16
dicyclomine hcl 172
DIFICID..... 14
difluprednate..... 169
digoxin 90
dihydroergotamine mesylate.. 60
diltiazem hcl..... 89
diltiazem hcl er 89
diltiazem hcl er beads..... 89
diltiazem hcl er coated beads 89
dilt-xr 89
dimethyl fumarate 96
dimethyl fumarate starter pack 96
diphenoxylate-atropine 172
DIPHTHERIA-TETANUS TOXOIDS DT 189
dipyridamole..... 83
disulfiram..... 8
divalproex sodium..... 41
divalproex sodium er 41
dofetilide 87
dolishale 100
donepezil hcl 46
dorzolamide hcl..... 197
dorzolamide hcl-timolol mal 197
DOVATO.....74
doxazosin mesylate.....84
doxepin hcl.....47, 205
doxorubicin hcl liposomal.....22
doxy 100.....18
doxycycline hyclate.....18
doxycycline monohydrate..... 18
DRIZALMA SPRINKLE 48
dronabinol..... 62
DROPLET INSULIN SYRINGE 123, 124
DROPLET MICRON..... 124
DROPLET PEN NEEDLES124, 125
DROPSAFE ALCOHOL PREP 125
DROPSAFE SAFETY PEN NEEDLES.....125
DROPSAFE SAFETY SYRINGE/NEEDLE 125, 126
droxidopa 84
DRUG MART ULTRA COMFORT SYR 126
DRUG MART UNIFINE PENTIPS..... 126
DUAVEE 176
duloxetine hcl 48
DUPIXENT.....183
dutasteride.....174

E

EASY COMFORT ALCOHOL PADS 126
EASY COMFORT INSULIN SYRINGE 126, 127
EASY COMFORT PEN NEEDLES.....127

EASY GLIDE PEN NEEDLES 127
EASY TOUCH ALCOHOL PREP MEDIUM.....127
EASY TOUCH FLIPLOCK INSULIN SY.....127, 128
EASY TOUCH FLIPLOCK SAFETY SYR.....128
EASY TOUCH INSULIN BARRELS 128
EASY TOUCH INSULIN SAFETY SYR.....128
EASY TOUCH INSULIN SYRINGE.....128, 129
EASY TOUCH PEN NEEDLES 129
EASY TOUCH SAFETY PEN NEEDLES.....129, 130
EASY TOUCH SHEATHLOCK SYRINGE 130
econazole nitrate 57
EDURANT 74
EDURANT PED 74
efavirenz 74
efavirenz-emtricitab-tenofo df 74
efavirenz-lamivudine-tenofovir 74
ELAHERE.....22
ELEPSIA XR 41
ELIGARD 22
elinest 101
ELIQUIS 80
ELIQUIS DVT/PE STARTER PACK 80
ELREXFIO..... 22
eltrombopag olamine.....82
eluryng..... 101
EMBECTA AUTOSHIELD DUO 130
EMBECTA INS SYR U/F 1/2 UNIT 130
EMBECTA INSULIN SYR ULTRAFINE 130
EMBECTA INSULIN SYRINGE..... 131
EMBECTA INSULIN SYRINGE U-100..... 131
EMBECTA INSULIN SYRINGE U-500..... 131
EMBECTA PEN NEEDLE NANO..... 131
EMBECTA PEN NEEDLE NANO 2 GEN 131
EMBECTA PEN NEEDLE ULTRAFINE..... 131
EMBRACE PEN NEEDLES 131
EMCYT 22
EMGALITY 60
EMGALITY (300 MG DOSE) 60
emoquette..... 101
EMRELIS 23
EMSAM..... 48
emtricitabine..... 74
emtricitabine-tenofovir df..... 74
emtricitab-rilpivir-tenofov df. 74
EMTRIVA 74
emzahh..... 101
enalapril maleate..... 86
enalapril-hydrochlorothiazide 86
ENBREL..... 183
ENBREL MINI..... 183
ENBREL SURECLICK 183
endocet..... 4
ENGERIX-B..... 189
enilloring 101
enoxaparin sodium 80, 81
enpresse-28..... 101
enskyce..... 101
entacapone..... 65
entecavir 80
ENTRESTO..... 84
enulose 172
EPCLUSA..... 79
EPIDIOLEX..... 41
epinastine hcl 166
epinephrine 90
epitol 41
EPIVIR HBV 74
EPKINLY 23
eplerenone.....94
EPRONTIA 41
EQL ALCOHOL SWABS...132
EQL GAUZE 132
EQL INSULIN SYRINGE ..132
ERBITUX 23
ergoloid mesylates 46
ERIVEDGE..... 23
ERLEADA 23
erlotinib hcl.....23
errin.....101
ertapenem sodium 14
erythromycin 108, 167
erythromycin base.....14
erythromycin ethylsuccinate ..14
ERZOFRI.....67, 68
escitalopram oxalate.....48
eslicarbazepine acetate.....41
esomeprazole magnesium 171
estarylla.....101
estradiol 176
*estradiol-norethindrone acet*176
ESTROGEL 176
eszopiclone.....205
ethambutol hcl.....61
ethosuximide 41
*ethynodiol diac-eth estradiol*101
etodolac..... 6, 7
etonogestrel-ethinyl estradiol 101
ETOPOPHOS 23
etoposide 23
etravirine.....74
EUCRISA 110

EULEXIN..... 23
everolimus 23, 183
EVOTAZ 75
EXEL COMFORT POINT PEN NEEDLE 132
exemestane 23
EXTENCILLINE 16
EYSUVIS 169
ezetimibe.....93
ezetimibe-simvastatin 93
F
falmina.....101
famciclovir..... 80
famotidine 171
FANAPT 68
FANAPT TITRATION PACK A 68
FANAPT TITRATION PACK B 68
FANAPT TITRATION PACK C 68
FARXIGA 51
FASENRA..... 203
FASENRA PEN.....203
febuxostat 59
feirza 1.5/30.....101
feirza 1/20.....101
felbamate 42
felodipine er.....91
femynor 101
fenofibrate 93
fenofibrate micronized.....93
fentanyl 4
fentanyl citrate.....4
fesoterodine fumarate er 174
FETZIMA..... 48
FETZIMA TITRATION 48
FIASP.....54
FIASP FLEXTOUCH 54
FIASP PENFILL 54
fidaxomicin 14
finasteride.....174
fingolimod hcl 96
FINTEPLA 42
FIRMAGON 24
FIRMAGON (240 MG DOSE) 24
flavoxate hcl..... 174
flecainide acetate 87
floxuridine..... 24
fluconazole 57, 58
fluconazole in sodium chloride 57
flucytosine 58
fludrocortisone acetate 177
flunisolide 169
fluocinolone acetonide. 110, 169
fluocinolone acetonide body 110
fluocinolone acetonide scalp 110
fluocinonide 110, 111
fluorometholone..... 169
fluorouracil 24, 108
fluoxetine hcl..... 48
fluphenazine decanoate 68
fluphenazine hcl 68
flurbiprofen 7
FLURBIPROFEN..... 7
flurbiprofen sodium 169
FLUTAMIDE 24
fluticasone propionate . 111, 170
fluticasone propionate hfa ... 200
fluticasone-salmeterol 200
fluvastatin sodium..... 93
fluvastatin sodium er 93
fluvoxamine maleate 48
fluvoxamine maleate er..... 48
FOLIVANE-OB 206
fondaparinux sodium 81
fosamprenavir calcium 75
fosfomycin tromethamine..... 11
fosinopril sodium 86
fosinopril sodium-hctz 86
fosphenytoin sodium 42
FOTIVDA..... 24
FREESTYLE PRECISION INS SYR..... 132
FRUZAQLA 24
fulvestrant 24
furosemide..... 91
FUZEON.....75
FYARRO 24
FYCOMPA 42
G
gabapentin.....42
galantamine hydrobromide 46
galantamine hydrobromide er 46
gallifrey 180
GAMUNEX-C 183
GARDASIL 9 .....189, 190
GAUZE PADS.....132
GAUZE TYPE VII MEDI-PAK 132
GAVILYTE-C 173
gavilyte-g..... 173
gavilyte-n with flavor pack...173
GAVRETO 24
gefitinib 24
gemfibrozil 93
generlac..... 172
gengraf 183
GENTAK.....167
gentamicin sulfate . 10, 108, 109, 167
GENVOYA..... 75
GILOTRIF 24
glatiramer acetate.....97
glatopa 97
GLEOSTINE.....24
glimepiride 56
glipizide..... 56
glipizide er 56
glipizide-metformin hcl 56, 57
GLOBAL ALCOHOL PREP EASE..... 132
GLOBAL EASE INJECT PEN NEEDLES.....132

GLOBAL EASY GLIDE INSULIN SYR 132, 133
GLOBAL INJECT EASE INSULIN SYR 133
glucagon emergency.....195
GLUCOPRO INSULIN SYRINGE..... 133
glyburide..... 57
glyburide micronized.....57
glyburide-metformin 57
glycopyrrolate 40, 172
glydo 7
GLYXAMBI 51
GNP ALCOHOL SWABS ...133
GNP CLICKFINE PEN NEEDLES 133
GNP INSULIN SYRINGE...133
GNP INSULIN SYRINGES 134
GNP INSULIN SYRINGES 29GX1/2 134
GNP INSULIN SYRINGES 30GX5/16 134
GNP INSULIN SYRINGES 31GX5/16.....134
GNP STERILE GAUZE 134
GNP ULTRA COM INSULIN SYRINGE..... 134
GOMEKLI 24, 25
GOODSENSE ALCOHOL SWABS 134
GOODSENSE CLICKFINE PEN NEEDLE.....134
GOODSENSE PEN NEEDLE PENFINE 134
griseofulvin microsize 58
griseofulvin ultramicrosize.....58
guanfacine hcl 84
guanfacine hcl er.....97
GVOKE HYPOPEN 2-PACK 195
GVOKE KIT 195
GVOKE PFS 196

H

HAEGARDA..... 82
hailey 24 fe..... 101
hailey fe 1.5/30 101
hailey fe 1/20 101
halobetasol propionate 111
haloette 101
haloperidol..... 68
haloperidol decanoate 68
haloperidol lactate..... 68
HARVONI..... 79
HAVRIX..... 190
HEALTHWISE INSULIN SYR/NEEDLE..... 134, 135
HEALTHWISE MICRON PEN NEEDLES 135
HEALTHWISE SHORT PEN NEEDLES 135
HEALTHY ACCENTS UNIFINE PENTIP..... 135
heather..... 101
H-E-B INCONTROL ALCOHOL 135
H-E-B INCONTROL PEN NEEDLES 135
heparin sodium (porcine) 81
HEPLISAV-B 190
HERCEPTIN HYLECTA..... 25
HERNEXEOS 25
HERZUMA 25
HIBERIX 190
HM STERILE ALCOHOL PREP..... 135
HM STERILE PADS..... 135
HM ULTICARE INSULIN SYRINGE 136
HM ULTICARE SHORT PEN NEEDLES 136
HUMIRA (2 PEN)..... 184
HUMIRA (2 SYRINGE)..... 184
HUMIRA-CD/UC/HS STARTER 184
HUMIRA-PED<40KG CROHNS STARTER.....184
HUMIRA-PED>/=40KG CROHNS START.....184
HUMIRA-PED>/=40KG UC STARTER.....184
HUMIRA-PS/UV/ADOL HS STARTER.....184
HUMIRA-PSORIASIS/UVEIT STARTER 184
HUMULIN R U-500 (CONCENTRATED)..... 54
HUMULIN R U-500 KWIKPEN 54
hydralazine hcl..... 90
hydrochlorothiazide 91, 92
*hydrocodone-acetaminophen*4, 5
hydrocortisone 111, 177, 193
hydrocortisone (perianal) 111
hydrocortisone valerate 111
hydrocortisone-acetic acid... 167
hydromorphone hcl 5
hydroxychloroquine sulfate.... 63
hydroxyurea 25
hydroxyzine hcl 59
hydroxyzine pamoate 196

I

ibandronate sodium 194
IBRANCE 25
IBTROZI.....25
ibu 7
ibuprofen 7
icatibant acetate..... 90
iclevia 101
ICLUSIG.....25
icosapent ethyl 93
IDHIFA.....25
ifosfamide.....25
ILEVRO.....170
imatinib mesylate 25
IMBRUVICA..... 25, 26
IMDELLTRA 26

imipenem-cilastatin 14
imipramine hcl 48
imiquimod 108
IMJUDO 26
IMKELDI 26
IMOVAX RABIES 190
IMPAVIDO 64
incassia 102
INCONTROL ULTICARE PEN NEEDLES 136
INCRELEX 179
indapamide 92
indomethacin 7
INFANRIX 190
infliximab 184
INGREZZA 97
INLYTA 26
INPEN 100-BLUE-LILLY-HUMALOG 136
INPEN 100-BLUE-NOVOLOG-FIASP 136
INQOVI 26
INREBIC 26
insulin asp prot & asp flexpen 54
INSULIN ASPART 54
INSULIN ASPART FLEXPEN 54
INSULIN ASPART PENFILL 54
insulin aspart prot & aspart ... 54
insulin glargine-yfgn 54
INSULIN SYRINGE 136
INSULIN SYRINGE/NEEDLE 136
INSULIN SYRINGE-NEEDLE U-100 ..... 136, 137
INSUPEN PEN NEEDLES .. 137
INSUPEN SENSITIVE 137
INSUPEN ULTRAFIN 137
INSUPEN32G EXTR3ME ... 138
INTELENCE 75
INTRON A 79
introvale 102
INVEGA HAFYERA 69
INVEGA SUSTENNA 69
INVEGA TRINZA 69, 70
INVELTYS 170
IPOL 190
ipratropium bromide ... 166, 167, 201
ipratropium-albuterol 201
irbesartan 84, 85
irbesartan-hydrochlorothiazide 85
ISENTRESS 75
ISENTRESS HD 75
isibloom 102
isoniazid 61
isosorbide dinitrate 94, 95
isosorbide mononitrate 95
isosorbide mononitrate er 95
ITOVEBI 26
itraconazole 58
ivabradine hcl 90
ivermectin 64
IWILFIN 26
IXIARO 190

J

J & J GAUZE 138
JAKAFI 26
jantoven 81
JANUMET 51
JANUMET XR 51
JANUVIA 51
JARDIANCE 51
javygtor 165
JAYPIRCA 26
JEMPERLI 26
jencycla 102
JENTADUETO 51
JENTADUETO XR 51
jolessa 102
juleber 102
JULUCA 75
junel 1.5/30 102
junel 1/20 102
junel fe 1.5/30 102
junel fe 1/20 102
junel fe 24 102
JYLAMVO 26
JYNNEOS 190

K

KALETRA 75
KALYDECO 203
kariva 102
kelnor 1/35 102
kelnor 1/50 102
KENDALL HYDROPHILIC FOAM DRESS 138
KENDALL HYDROPHILIC FOAM PLUS 138
KERENDIA 94
KESIMPTA 97
ketoconazole 58
ketorolac tromethamine ... 7, 170
KEYTRUDA 26
KIMMTRAK 27
KINERET 185
KINRAY INSULIN SYRINGE 138
KINRIX 190
kionex 172
KISQALI (200 MG DOSE) ... 27
KISQALI (400 MG DOSE) ... 27
KISQALI (600 MG DOSE) ... 27
KISQALI FEMARA (200 MG DOSE) 27
KISQALI FEMARA (400 MG DOSE) 27
KISQALI FEMARA (600 MG DOSE) 27
KLISYRI (250 MG) 108
klor-con m10 198
klor-con m15 198
klor-con m20 198
KLOXXADO 8

KMART VALU INSULIN SYRINGE 29G.....138
KMART VALU INSULIN SYRINGE 30G.....138
KOSELUGO 27
KOSHER PRENATAL PLUS IRON 206
KRAZATI 27
KROGER INSULIN SYRINGE 138
KROGER PEN NEEDLES ..138
kurvelo 102
KYLEENA.....102
KYNMOBI.....65
KYNMOBI TITRATION KIT 65
L
labetalol hcl.....88
lacosamide..... 42
LACTATED RINGERS.....198
lactulose 172
lamivudine 75
lamivudine-zidovudine 75
lamotrigine 42
LANREOTIDE ACETATE .179
lansoprazole 171
LANTUS 55
LANTUS SOLOSTAR 55
lapatinib ditosylate.....27
larin 1.5/30 102
larin 1/20 102
larin 24 fe 102
larin fe 1.5/30 102
larin fe 1/20 102
larissia 102
latanoprost 197
LAZCLUZE 27
LEADER INSULIN SYRINGE 138
LEADER UNIFINE PENTIPS 138
LEADER UNIFINE PENTIPS PLUS 138
leflunomide 185
lenalidomide 27
LENTOCILIN 16
LENVIMA (10 MG DAILY DOSE) 28
LENVIMA (12 MG DAILY DOSE) 28
LENVIMA (14 MG DAILY DOSE) 28
LENVIMA (18 MG DAILY DOSE) 28
LENVIMA (20 MG DAILY DOSE) 28
LENVIMA (24 MG DAILY DOSE) 28
LENVIMA (4 MG DAILY DOSE) 28
LENVIMA (8 MG DAILY DOSE) 28
lessina 102
letrozole 28
leucovorin calcium 196
LEUKERAN..... 28
leuprolide acetate 28
LEUPROLIDE ACETATE (3 MONTH) 28
levalbuterol hcl..... 201
levalbuterol tartrate..... 201
levetiracetam 42, 43
levetiracetam er 42
levobunolol hcl 197
*levocetirizine dihydrochloride*59
levofloxacin..... 17, 167
levofloxacin in d5w..... 17
levonest 102
levonorgest-eth estrad 91-day 103
levonorgest-eth estradiol-iron 103
*levonorgestrel-ethinyl estrad*103
*levonorg-eth estrad triphasic*103
levora 0.15/30 (28)..... 103
levothyroxine sodium 180
LEXIVA..... 75
l-glutamine 196
LIBERVANT 43
lidocaine..... 7
lidocaine hcl..... 7
lidocaine hcl (pf)..... 7
lidocaine hcl urethral/mucosal 7
lidocaine viscous hcl..... 7
lidocaine-prilocaine 8
lidocan..... 8
LILETTA (52 MG)..... 103
lillow 103
linezolid..... 11
LINZESS..... 172
liothyronine sodium 180
lisinopril 86
lisinopril-hydrochlorothiazide 86
LITETOUCH INSULIN SYRINGE 138, 139
LITETOUCH PEN NEEDLES 139
lithium 97
lithium carbonate 97
LITHIUM CARBONATE 97
lithium carbonate er..... 97
LIVTENCITY 78
LOKELMA 172
LONSURF 28
loperamide hcl 172
lopinavir-ritonavir 75, 76
LOQTORZI..... 29
lorazepam..... 10
lorazepam intensol 10
LORBRENA 29
losartan potassium 85
losartan potassium-hctz 85
LOTEMAX 170
LOTEMAX SM 170
loteprednol etabonate 170

lovastatin 93
low-ogestrel 103
loxapine succinate 70
lubiprostone 172
LUMAKRAS 29
LUMIGAN 197
LUNSUMIO 29
LUPRON DEPOT (1-MONTH) 29, 179
LUPRON DEPOT (3-MONTH) 29, 179
LUPRON DEPOT (4-MONTH) 29
LUPRON DEPOT (6-MONTH) 29
LUPRON DEPOT-PED (3-MONTH) 179
LUPRON DEPOT-PED (6-MONTH) 179
lurasidone hcl 70
lutera 103
LUTRATE DEPOT 179
LYBALVI 70
lyleq 103
LYNOZYFIC 29
LYNPARZA 29
LYSODREN 29
LYTGOBI (12 MG DAILY DOSE) 29
LYTGOBI (16 MG DAILY DOSE) 30
LYTGOBI (20 MG DAILY DOSE) 30
lyza 103

M

MAGELLAN INSULIN SAFETY SYR 139, 140
magnesium sulfate 198
MAGNESIUM SULFATE 198
malathion 112
maraviroc 76
MARGENZA 30
marlissa 103
MARPLAN 48
MATULANE 30
MAVENCLAD (10 TABS) 97
MAVENCLAD (4 TABS) 97
MAVENCLAD (5 TABS) 98
MAVENCLAD (6 TABS) 98
MAVENCLAD (7 TABS) 98
MAVENCLAD (8 TABS) 98
MAVENCLAD (9 TABS) 98
MAXICOMFORT II PEN NEEDLE 140
MAXI-COMFORT INSULIN SYRINGE 140
MAXI-COMFORT SAFETY PEN NEEDLE 140
MAXICOMFORT SYR 27G X 1/2 140
MAYZENT 98
MAYZENT STARTER PACK 98
meclizine hcl 62
MEDIC INSULIN SYRINGE 140
MEDICINE SHOPPE PEN NEEDLES 140
MEDPURA ALCOHOL PADS 140
medroxyprogesterone acetate 180
mefloquine hcl 64
megestrol acetate 30, 180
MEIJER ALCOHOL SWABS 140
MEIJER PEN NEEDLES 141
MEKINIST 30
MEKTOVI 30
meleya 103
meloxicam 7
memantine hcl 46
memantine hcl er 46
MENACTRA 190
MENQUADFI 190
MENVEO 190
mercaptopurine 30
meropenem 15
MEROPENEM 15
mesalamine 193
mesalamine er 193
mesna 196
metformin hcl 51, 52
metformin hcl er 51
methadone hcl 5
methazolamide 197
methenamine hippurate 11
methimazole 181
methocarbamol 204
methotrexate sodium 30
METHOTREXATE SODIUM 30
methotrexate sodium (pf) 30
methoxsalen rapid 108
methsuximide 43
methylphenidate hcl 98
methylprednisolone 177, 178
methylprednisolone acetate 177
methylprednisolone sodium succ 178
metoclopramide hcl 172
metolazone 92
metoprolol succinate er 88
metoprolol tartrate 88
metronidazole 11, 60, 109
metyrosine 90
micafungin sodium 58
MICONAZOLE 3 58
MICRODOT PEN NEEDLE 141
microgestin 1.5/30 103
microgestin 1/20 103
microgestin 24 fe 103
microgestin fe 1.5/30 103
microgestin fe 1/20 103
midodrine hcl 84
MIEBO 167

mifepristone 52
mili 104
mimvey 176
minitran 95
minocycline hcl 18
minoxidil 95
MIPLYFFA 165
MIRASORB SPONGES 141
MIRENA (52 MG) 104
mirtazapine 49
misoprostol 171
mitoxantrone hcl 30
MM PEN NEEDLES 141
M-M-R II 190
M-NATAL PLUS 206
modafinil 205
MODEYSO 31
moexipril hcl 86
molindone hcl 70
mometasone furoate 111, 170
MONOJECT INSULIN SYRINGE 141, 142
MONOJECT ULTRA COMFORT SYRINGE 142
mono-linyah 104
montelukast sodium 200
MORPHINE SULFATE 5
morphine sulfate (concentrate) 5
morphine sulfate er 5
MOUNJARO 52
MOVANTIK 172
moxifloxacin hcl 17, 167
MOXIFLOXACIN HCL 17
MOXIFLOXACIN HCL IN NACL 17
MRESVIA 191
MS INSULIN SYRINGE 142
MULTAQ 87
mupirocin 109
MVASI 31
mycophenolate mofetil 185
mycophenolate mofetil hcl 185
mycophenolate sodium 185
MYRBETRIQ 174

N

na sulfate-k sulfate-mg sulf 173
nabumetone 7
nafcillin sodium 16
naloxone hcl 8, 9
naltrexone hcl 9
naproxen 7
naratriptan hcl 60
NATACYN 168
nateglinide 52
NATPARA 194
NAYZILAM 43
nebivolol hcl 88
nefazodone hcl 49
NEFAZODONE HCL 49
neomycin sulfate 10
neomycin-bacitracin zn-polymyx 168
neomycin-polymyxin-dexameth 168
neomycin-polymyxin-gramicidin 168
neomycin-polymyxin-hc 168
neo-polycin 168
neo-polycin hc 168
NERLYNX 31
neuac 109
NEULASTA ONPRO 82
nevirapine 76
nevirapine er 76
NEXLETOL 93
NEXLIZET 93
NEXPLANON 104
NIACIN (ANTIHYPERLIPIDEMIC) 93
niacin er (antihyperlipidemic) 93
NIACOR 93
NICOTROL NS 9
nifedipine er 91
nifedipine er osmotic release 91
NIKTIMVO 185
nilutamide 31
NINLARO 31
nitazoxanide 64
nitisinone 165
nitrofurantoin 11
nitrofurantoin macrocrystal 11
nitrofurantoin monohyd macro 11
nitroglycerin 95, 196
NIVA-PLUS 206
NIVESTYM 82
NORDITROPIN FLEXPRO 179
norelgestromin-eth estradiol 104
norethin ace-eth estrad-fe 104
norethindrone 104
norethindrone acetate 180
norethindron-ethinyl estrad-fe 104
norgestimate-eth estradiol 104
norgestim-eth estrad triphasic 104
norlyda 104
norlyroc 104
nortrel 1/35 (21) 104
nortrel 1/35 (28) 104
nortrel 7/7/7 104
nortriptyline hcl 49
NORVIR 76
NOVOFINE AUTOCOVER 143
NOVOFINE PEN NEEDLE 143
NOVOFINE PLUS PEN NEEDLE 143
NOVOLIN 70/30 55
NOVOLIN 70/30 FLEXPEN 55
NOVOLIN 70/30 RELION 55
NOVOLIN N 55
NOVOLIN N FLEXPEN 55
NOVOLIN N RELION 55
NOVOLIN R 55
NOVOLIN R FLEXPEN 55

NOVOLIN R RELION 55
NOVOTWIST PEN NEEDLE 143
NUBEQA 31
NUCALA 203
NULOJIX 185
NUPLAZID 70
NURTEC 60
nyamyc 58
nylia 1/35 104
nylia 7/7/7 104
nymyo 105
nystatin 58
nystatin-triamcinolone 58
nystop 59
NYVEPRIA 82
O
OBSTETRIX DHA 206
OCREVUS 98
OCREVUS ZUNOVO 98
octreotide acetate 179
ODEFSEY 76
ODOMZO 31
OFEV 203
ofloxacin 168
OGIVRI 31
OGSIVEO 31
OJEMDA 31
OJJAARA 31
olanzapine 70
olmesartan medoxomil 85
olmesartan medoxomil-hctz 85
olmesartan-amlodipine-hctz 85
olopatadine hcl 167
omega-3-acid ethyl esters 94
omeprazole 171
OMNIPOD 5 DEXG7G6 INTRO GEN 5 143
OMNIPOD 5 DEXG7G6 PODS GEN 5 143
OMNIPOD 5 G7 INTRO (GEN 5) 143
OMNIPOD 5 G7 PODS (GEN 5) 143
OMNIPOD 5 LIBRE2 G6 INTRO G5 143
OMNIPOD 5 LIBRE2 PLUS G6 PODS 143
OMNIPOD CLASSIC PDM (GEN 3) 143
OMNIPOD CLASSIC PODS (GEN 3) 143
OMNIPOD DASH INTRO (GEN 4) 143
OMNIPOD DASH PDM (GEN 4) 143
OMNIPOD DASH PODS (GEN 4) 143
ONAPGO 65
ondansetron 62
ondansetron hcl 62
ONTRUZANT 31
ONUREG 31
OPDIVO 32
OPDIVO QVANTIG 32
OPDUALAG 32
OPIPZA 70
OPSUMIT 205
ORENCIA 185
ORENCIA CLICKJECT 185
ORFADIN 166
ORGOVYX 179
ORILISSA 179
ORKAMBI 203
orquidea 105
ORSERDU 32
oseltamivir phosphate 78
OSENVELT 194
OTEZLA 185
oxandrolone 175
oxcarbazepine 43
oxybutynin chloride 174
oxybutynin chloride er 174
oxycodone hcl 5
oxycodone-acetaminophen 5, 6
OZEMPIC (0.25 OR 0.5 MG/DOSE) 52
OZEMPIC (1 MG/DOSE) 52
OZEMPIC (2 MG/DOSE) 52
P
pacerone 87
PACLITAXEL PROTEIN-BOUND PART 32
paliperidone er 70, 71
PANRETIN 108
pantoprazole sodium 171
paricalcitol 194
paromomycin sulfate 64
paroxetine hcl 49
paroxetine hcl er 49
PAXLOVID (150/100) 78
PAXLOVID (300/100 & 150/100) 78
PAXLOVID (300/100) 78
pazopanib hcl 32
PC UNIFINE PENTIPS 143
PEDIARIX 191
PEDVAX HIB 191
peg 3350-kcl-na bicarb-nacl 173
peg-3350/electrolytes 173
PEGASYS 79
PEMAZYRE 32
pemetrexed disodium 32
PEMETREXED DISODIUM 32
PEMRYDI RTU 32
PEN NEEDLE/5-BEVEL TIP 144
PEN NEEDLES 144
PENBRAYA 191
penicillamine 175
penicillin g potassium 16
penicillin g procaine 16
penicillin v potassium 16
PENMENVY 191
PENTACEL 191
pentamidine isethionate 64

PENTIPS 144
PENTIPS GENERIC PEN NEEDLES 144
pentoxifylline er 83
perampanel 43
perindopril erbumine 86
periogard 107
permethrin 112
perphenazine 71
perphenazine-amitriptyline 49
PERSERIS 71
phenelzine sulfate 49
phenobarbital 43
phenytek 43
phenytoin 43
phenytoin sodium 43
phenytoin sodium extended 43
PIFELTRO 76
pilocarpine hcl 107, 197
pimecrolimus 111
pimozide 71
pimtrea 105
pioglitazone hcl 52
pioglitazone hcl-metformin hcl 52
PIP PEN NEEDLES 31G X 5MM 144
PIP PEN NEEDLES 32G X 4MM 144
piperacillin sod-tazobactam so 17
PIQRAY (200 MG DAILY DOSE) 33
PIQRAY (250 MG DAILY DOSE) 33
PIQRAY (300 MG DAILY DOSE) 33
pirfenidone 203, 204
pirmella 1/35 105
pirmella 7/7/7 105
pitavastatin calcium 94
PLEGRIDY 99
PLEGRIDY STARTER PACK 98
plenamine 84
PNV 27-CA/FE/FA 206
PNV TABS 29-1 206
PNV-DHA+DOCUSATE 206
PNV-OMEGA 207
podofilox 108
polycin 168
polymyxin b-trimethoprim 168
POMALYST 33
portia-28 105
posaconazole 59
potassium chloride 199
potassium chloride crys er 198
potassium chloride er 198, 199
potassium citrate er 199
pramipexole dihydrochloride 65
prasugrel hcl 83
pravastatin sodium 94
praziquantel 64
prazosin hcl 84
PRECISION SUREDOSE PLUS SYR 144
PRECISION SURE-DOSE SYRINGE 144, 145
prednisolone 178
prednisolone acetate 170
prednisolone sodium phosphate 178
prednisone 178
PREFERRED PLUS INSULIN SYRINGE 145
PREFERRED PLUS UNIFINE PENTIPS 145
pregabalin 43
PREHEVBRIO 191
PREMARIN 177
PREMPHASE 177
PREMPRO 177
PRENA 1 TRUE 207
PRENAISSANCE 207
PRENAISSANCE PLUS 207
PRENATABS FA 207
PRENATAL 207
PRENATAL 19 207
PRENATAL PLUS IRON 207
PRENATAL-U 207
PREPLUS 207
PRETAB 207
prevalite 94
PREVENT DROPSAFE PEN NEEDLES 145
PREVENT SAFETY PEN NEEDLES 145
previfem 105
PREVYMIS 78
PREZCOBIX 76
PREZISTA 76
PRIFTIN 61
PRIMAQUINE PHOSPHATE 64
primidone 44
PRIORIX 191
PRO COMFORT ALCOHOL 145
PRO COMFORT INSULIN SYRINGE 145
PRO COMFORT PEN NEEDLES 146
probenecid 59
PROCALAMINE 84
prochlorperazine 63
prochlorperazine edisylate 62, 71
prochlorperazine maleate 62
PROCTOFOAM HC 111
procto-med hc 111
proctosol hc 111
proctozone-hc 111
PRODIGY INSULIN SYRINGE 146
progesterone 180
PROGRAF 186

PROLIA 194
promethazine hcl 63
promethegan 63
propafenone hcl 87
propafenone hcl er 87
propranolol hcl 88
propranolol hcl er 88
propylthiouracil 181
PROQUAD 191
protriptyline hcl 49
PULMOZYME 166
PURE COMFORT ALCOHOL PREP 146
PURE COMFORT PEN NEEDLE 146
PURE COMFORT SAFETY PEN NEEDLE 146
PX SHORTLENGTH PEN NEEDLES 146
pyrazinamide 61
pyridostigmine bromide 196
pyrimethamine 64
Q
QC ALCOHOL 146
QC ALCOHOL SWABS 146
QC BORDER ISLAND GAUZE 147
QINLOCK 33
QUADRACEL 191
quetiapine fumarate 71
quetiapine fumarate er 71
QUICK TOUCH INSULIN PEN NEEDLE 147
quinapril hcl 86
quinapril-hydrochlorothiazide 86
quinidine sulfate 87
quinine sulfate 64
QULIPTA 61
R
RA ALCOHOL SWABS 147
ra clotrimazole 59
RA INSULIN SYRINGE 147
ra isopropyl alcohol wipes .. 148
RA PEN NEEDLES 148
RA STERILE 148
RABAVERT 191
rabeprazole sodium 171
RALDESY 49
raloxifene hcl 177
ramelteon 205
ramipril 86
ranolazine er 90
rasagiline mesylate 65
RASUVO 186
RAYA SURE PEN NEEDLE 148
RAYALDEE 194
REALITY INSULIN SYRINGE 148
REALITY SWABS 148
reclipsen 105
RECOMBIVAX HB 191
RELENZA DISKHALER 78
RELION ALCOHOL SWABS 148
RELION INSULIN SYRINGE 148
RELI-ON INSULIN SYRINGE 148
RELION MINI PEN NEEDLES 149
RELION PEN NEEDLES ... 149
repaglinide 52
REPATHA 94
REPATHA PUSHTRONEX SYSTEM 94
REPATHA SURECLICK 94
RESTORE CONTACT LAYER 149
RETACRIT 82, 83
RETEVMO 33
RETROVIR 76
REVUFORJ 33
REXULTI 71
REYATAZ 76
REZLIDHIA 33
REZUROCK 186
RHOPRESSA 197
RIABNI 33
ribavirin 80
rifabutin 61
rifampin 62
riluzole 99
RINVOQ 186
RINVOQ LQ 186
risperidone 71
risperidone microspheres er .. 71
ritonavir 76
RITUXAN HYCELA 34
rivaroxaban 81
rivastigmine 46
rivastigmine tartrate 46
rizatriptan benzoate 61
ROCKLATAN 197
roflumilast 204
ROMVIMZA 34
ropinirole hcl 65
ropinirole hcl er 65
rosadan 109
rosuvastatin calcium 94
ROTARIX 191, 192
ROTATEQ 192
ROZLYTREK 34
RUBRACA 34
rufinamide 44
RUKOBIA 76
RUXIENCE 34
RYBELSUS 52
RYBELSUS (FORMULATION R2) 52
RYBREVANT 34
RYDAPT 34
RYKINDO 72
RYTELO 34
S
sacubitril-valsartan 85

SAFETY INSULIN SYRINGES 149
SAFETY PEN NEEDLES ... 149
SANDIMMUNE 186
SANTYL 108
sapropterin dihydrochloride 166
SAVELLA 99
SAVELLA TITRATION PACK 99
SB ALCOHOL PREP 149
SB INSULIN SYRINGE..... 149
SCEMBLIX 34
scopolamine 63
SECUADO 72
SECURESAFE INSULIN SYRINGE..... 149, 150
SECURESAFE SAFETY PEN NEEDLES 150
SELARSDI 186
SELECT-OB 207
selegiline hcl 65
selenium sulfide 109
SELZENTRY 76
SEMGLEE (YFGN) 55, 56
SE-NATAL 19 207
SEREVENT DISKUS 202
SEROSTIM 179
sertraline hcl 49, 50
setlakin 105
sevelamer carbonate 173
sevelamer hcl 174
SEZABY 44
sf 5000 plus 107
sharobel 105
SHINGRIX 192
SIGNIFOR 179
sildenafil citrate 205
silver sulfadiazine 109
SIMBRINZA 197
simliya 105
simvastatin 94
sirolimus 186
SIRTURO 62
SKYLA 105
SKYRIZI 186, 187
SKYRIZI (150 MG DOSE) . 186
SKYRIZI PEN 186
SM ALCOHOL PREP 150
SM GAUZE 150
sodium chloride 199
sodium fluoride 107
SODIUM FLUORIDE 5000 SENSITIVE 107
sodium oxybate 205
sodium polystyrene sulfonate 172
solifenacin succinate 174
SOLIQUA 56
SOLTAMOX 34
SOMATULINE DEPOT 180
SOMAVERT 180
sorafenib tosylate 34
sorine 88
sotalol hcl 88
sotalol hcl (af) 88
SPIRIVA RESPIMAT 202
spironolactone 92
spironolactone-hctz 92
SPRAVATO (56 MG DOSE) 50
SPRAVATO (84 MG DOSE) 50
sprintec 28 105
SPRITAM 44
sps (sodium polystyrene sulf) 172
sronyx 105
ssd 109
stavudine 77
STELARA 187
STERILE 150
STERILE GAUZE 150
STIOLTO RESPIMAT 202
STIVARGA 34
STOBOCLO 195
STRENSIQ 166
streptomycin sulfate 10
STRIBILD 77
STRIVERDI RESPIMAT 202
subvenite 44
sucralfate 171
sulfacetamide sodium 168
sulfacetamide-prednisolone . 168
sulfadiazine 17
sulfamethoxazole-trimethoprim 17
sulfasalazine 193
sulindac 7
sumatriptan 61
sumatriptan succinate 61
sumatriptan succinate refill ... 61
sunitinib malate 35
SUNLENCA 77
SURE COMFORT ALCOHOL PREP 150
SURE COMFORT INSULIN SYRINGE 150, 151
SURE COMFORT PEN NEEDLES 151
SURE-JECT INSULIN SYRINGE 151
SURE-PREP ALCOHOL PREP 152
SURGICAL GAUZE SPONGE 152
SUTAB 173
SYMPAZAN 44
SYMTUZA 77
SYNJARDY 53
SYNJARDY XR 53
SYNRIBO 35

T

TABLOID 35
TABRECTA 35
tacrolimus 111, 187
tadalafil 205, 206
TAFINLAR 35
tafluprost (pf) 197
TAGRISSO 35
TALVEY 35

TALZENNA..... 35
tamoxifen citrate.....35
tamsulosin hcl.....174
tarina 24 fe 105
tarina fe 1/20 eq 105
TARON-C DHA 207
TARON-PREX..... 207
TASIGNA 35
TAVNEOS 187
tazarotene 112
taztia xt 89
TAZVERIK 35
TDVAX 192
TECHLITE INSULIN SYRINGE..... 152
TECHLITE PEN NEEDLES152
TECVAYLI 35
TEFLARO 13
telmisartan..... 85
telmisartan-hctz 85
temazepam 10
TEMIXYS 77
TENIVAC 192
tenofovir disoproxil fumarate.77
TEPMETKO..... 35
terazosin hcl 175
terbinafine hcl 59
terconazole 60
TERIPARATIDE 195
TERUMO INSULIN SYRINGE 152
testosterone.....175, 176
testosterone cypionate 175
testosterone enanthate.....175
tetrabenazine 99
tetracycline hcl 18
TEVIMBRA 35
THALOMID..... 196
theophylline 202
theophylline er.....202
THERAGAUZE 152
thioridazine hcl 72
thiothixene 72
tiadylt er..... 89
tiagabine hcl 44
TIBSOVO 36
ticagrelor 83
TICE BCG 36
TICOVAC 192
TIGECYCLINE..... 18
TIGLUTIK..... 99
tilia fe..... 105
timolol hemihydrate..... 197
timolol maleate 88, 198
tinidazole 64
tiotropium bromide monohydrate 202
TIVDAK 36
TIVICAY..... 77
TIVICAY PD..... 77
tizanidine hcl..... 205
TOBI PODHALER..... 10
tobramycin 10, 168
tobramycin pak 10
tobramycin sulfate 10
tobramycin-dexamethasone . 168
TODAYS HEALTH PEN NEEDLES 152
TODAYS HEALTH SHORT PEN NEEDLE 152
tolterodine tartrate 174
tolterodine tartrate er 174
tolvaptan 92
TOPCARE CLICKFINE PEN NEEDLES 152
TOPCARE ULTRA COMFORT INS SYR..... 152, 153
topiramate..... 44
toposar 36
toremifene citrate..... 36
torpenz 36
torsemide 92
TOUJEO MAX SOLOSTAR 56
TOUJEO SOLOSTAR.....56
TRADJENTA 53
tramadol hcl 6
TRAMADOL HCL 6
tramadol-acetaminophen 6
trandolapril 86
trandolapril-verapamil hcl er 87
tranexamic acid..... 83
tranylcypromine sulfate 50
travoprost (bak free) 198
TRAZIMERA 36
trazodone hcl..... 50
TRECATOR 62
TRELEGY ELLIPTA 202
TRELSTAR MIXJECT 36
TREMFYA 187
TREMFYA CROHNS INDUCTION 187
TREMFYA ONE-PRESS 187
TREMFYA PEN.....187
TRESIBA 56
TRESIBA FLEXTOUCH 56
tretinoin..... 36, 112
tri femynor..... 105
triamcinolone acetonide..... 107, 112, 178
triamterene-hctz 92
triazolam 10
trientine hcl 175
tri-estarylla 105
trifluoperazine hcl..... 72
trifluridine 169
trihexyphenidyl hcl..... 65
TRIJARDY XR..... 53
tri-legest fe 105
tri-linyah 105
tri-lo-estarylla 106
tri-lo-marzia.....106
tri-lo-mili.....106
tri-lo-sprintec 106

trimethobenzamide hcl 63
trimethoprim 11
tri-mili 106
trimipramine maleate 50
TRINTELLIX 50
tri-nymyo 106
tri-previfem 106
tri-sprintec 106
TRIUMEQ 77
TRIUMEQ PD 77
TRIVEEN-DUO DHA 207
trivora (28) 106
tri-vylibra 106
tri-vylibra lo 106
TRIZIVIR 77
TROGARZO 77
trospium chloride 174
trospium chloride er 174
TRUE COMFORT ALCOHOL PREP PADS 153
TRUE COMFORT INSULIN SYRINGE 153
TRUE COMFORT PEN NEEDLES 153
TRUE COMFORT PRO ALCOHOL PREP 153
TRUE COMFORT PRO INSULIN SYR 153, 154
TRUE COMFORT PRO PEN NEEDLES 154
TRUEPLUS 5-BEVEL PEN NEEDLES 154, 155
TRUEPLUS INSULIN SYRINGE 155
TRUEPLUS PEN NEEDLES 155
TRULICITY 53
TRUMENBA 192
TRUQAP 36
TRUXIMA 36
TUKYSA 36
TURALIO 36
turqoz 106
TWINRIX 192
TYBOST 196
TYENNE 187, 188
TYMLOS 195
TYPHIM VI 192

U

UBRELVY 61
ULTICARE INSULIN SAFETY SYR 156
ULTICARE INSULIN SYRINGE 156, 157
ULTICARE MICRO PEN NEEDLES 157
ULTICARE MINI PEN NEEDLES 157
ULTICARE PEN NEEDLES 157
ULTICARE SHORT PEN NEEDLES 157
ULTIGUARD SAFEPACK PEN NEEDLE 157, 158
ULTIGUARD SAFEPACK SYR/NEEDLE 158
ULTILET ALCOHOL SWABS 158
ULTILET INSULIN SYRINGE 158, 159
ULTILET INSULIN SYRINGE SHORT 159
ULTILET PEN NEEDLE 159
ULTRA COMFORT INSULIN SYRINGE 159
ULTRA FLO INSULIN PEN NEEDLES 160
ULTRA FLO INSULIN SYR 1/2 UNIT 160
ULTRA FLO INSULIN SYRINGE 160, 161
ULTRA THIN PEN NEEDLES 161
ULTRACARE INSULIN SYRINGE 161
ULTRACARE PEN NEEDLES 161, 162
ULTRA-COMFORT INSULIN SYRINGE 162
ULTRA-THIN II INS SYR SHORT 162
ULTRA-THIN II INSULIN SYRINGE 162
ULTRA-THIN II MINI PEN NEEDLE 162
ULTRA-THIN II PEN NEEDLE SHORT 162
ULTRA-THIN II PEN NEEDLES 162
UNIFINE OTC PEN NEEDLES 162
UNIFINE PEN NEEDLES 162
UNIFINE PENTIPS 162, 163
UNIFINE PENTIPS PLUS 163
UNIFINE PROTECT PEN NEEDLE 163
UNIFINE SAFECONTROL PEN NEEDLE 163
UNIFINE ULTRA PEN NEEDLE 163, 164
UPTRAVI 206
UPTRAVI TITRATION 206
ursodiol 172, 173
URSODIOL 172
UZEDY 72

V

valacyclovir hcl 80
VALCHLOR 108
valganciclovir hcl 80
valproate sodium 44
valproic acid 44
valsartan 85
valsartan-hydrochlorothiazide 85
VALTOCO 10 MG DOSE 44

VALTOCO 15 MG DOSE.....45
VALTOCO 20 MG DOSE.....45
VALTOCO 5 MG DOSE.....45
valtya 1/50.....106
VALUE HEALTH INSULIN SYRINGE..... 164
vancomycin hcl.....12
VANCOMYCIN HCL 12
VANFLYTA 37
VANISHPOINT INSULIN SYRINGE..... 164
VAQTA.....192
varenicline tartrate.....9
varenicline tartrate (starter) 9
VARIVAX 193
VAXCHORA 193
VEGZELMA.....37
VELTASSA 173
VEMLIDY 77
VENCLEXTA 37
VENCLEXTA STARTING PACK 37
venlafaxine hcl.....50
venlafaxine hcl er 50
VEOZAH 196
verapamil hcl.....89
verapamil hcl er 89
VERIFINE INSULIN PEN NEEDLE 164
VERIFINE INSULIN SYRINGE..... 164
VERIFINE PLUS PEN NEEDLE 164, 165
VERQUVO 90
VERSACLOZ 72
VERZENIO.....37
V-GO 20.....165
V-GO 30.....165
V-GO 40.....165
vienva 106
vigabatrin 45
vigadrone.....45
vigpoder..... 45
vilazodone hcl..... 50
VIMKUNYA..... 193
vinorelbine tartrate..... 37
viorele 106
VIRACEPT..... 77
VIREAD 77
VIRT-C DHA 207
VIRT-NATE DHA 208
VIRT-PN DHA..... 208
VIRT-PN PLUS..... 208
VITAFOL GUMMIES 208
VITAFOL-OB+DHA 208
VITRAKVI 37
VIVIMUSTA..... 37
VIVOTIF 193
VIZIMPRO 37
VOCABRIA 78
volnea..... 106
VONJO 37
VORANIGO..... 37
voriconazole..... 59
VOSEVI..... 79
VOWST..... 196
VP INSULIN SYRINGE..... 165
VP-PNV-DHA..... 208
VRAYLAR 73
VUMERITY 99
VYALEV..... 65
vylibra 106
VYLOY 37
VYZULTA 198

W

warfarin sodium..... 81
WEBCOL ALCOHOL PREP LARGE 165
WEGMANS UNIFINE PENTIPS PLUS..... 165
WELIREG 38
WINREVAIR 204
wixela inhub..... 200

X

XALKORI.....38
xarah fe 106
XARELTO 81
XARELTO STARTER PACK 81
XATMEP 38
XCOPRI.....45
XCOPRI (250 MG DAILY DOSE) 45
XCOPRI (350 MG DAILY DOSE) 45
XDEMVY 169
XELJANZ.....188
XELJANZ XR 188
XERMELO 173
XGEVA.....195
XIFAXAN.....12
XIGDUO XR 53
XIIDRA..... 170
XOFLUZA (40 MG DOSE) ..78
XOFLUZA (80 MG DOSE) ..79
XOLAIR 204
XOSPATA 38
XPOVIO (100 MG ONCE WEEKLY) 38
XPOVIO (40 MG ONCE WEEKLY) 38
XPOVIO (40 MG TWICE WEEKLY) 38
XPOVIO (60 MG ONCE WEEKLY) 38
XPOVIO (60 MG TWICE WEEKLY) 38
XPOVIO (80 MG ONCE WEEKLY) 38
XPOVIO (80 MG TWICE WEEKLY) 39
XTANDI 39
xulane 106
XULTOPHY 56
XYOSTED.....176

Y
YERVOY 39
YESINTEK 188
YF-VAX 193
YONSA 39
YUFLYMA (1 PEN) 188
YUFLYMA (2 SYRINGE) 188
YUFLYMA-CD/UC/HS STARTER 188
yuvafem 177
Z
zafemy 107
zafirlukast 200
zaleplon 205
ZATEAN-PN DHA 208
ZATEAN-PN PLUS 208
ZEGALOGUE 196
ZEJULA 39
ZELBORAF 39
zenatane 108
ZENPEP 166
ZEVRX STERILE ALCOHOL PREP PAD 165
zidovudine 78
ZIIHERA 39
ziprasidone hcl 73
ziprasidone mesylate 73
ZIRABEV 39
ZIRGAN 169
ZOLADEX 39
ZOLINZA 39
zolpidem tartrate 205
zolpidem tartrate er 205
ZONISADE 45
zonisamide 46
zovia 1/35 (28) 107
zovia 1/35e (28) 107
ZTALMY 46
ZTLIDO 8
ZURZUVAE 50
ZYDELIG 39
ZYKADIA 39
ZYLET 169
ZYNLONTA 40
ZYNYZ 40
ZYPREXA RELPREVV 73