



2025 Formulary (List of covered drugs or "Drug List")

PLEASE READ: This document contains information about the drugs we cover in this plan.

Aspire Health Protect (HMO)
Aspire Health Value (HMO)
Aspire Health Advantage (HMO)
Aspire Health Group Plus (HMO-POS)
Aspire Health Plus (HMO-POS)



PRESENTED BY



This formulary was updated on 10/1/2024.
For more recent information or other
questions, please contact Aspire Health Plan.

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24 hours a day, 7 days a week or visit
www.aspirehealthplan.org

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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 Aspire Health Plan. When it refers to “plan” or “our plan,” it means Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus or Aspire Health Plus.

This document includes a Drug List (Formulary) for our plan which is current as of 10/03/2024. For an updated Drug List (Formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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 co-payments/co-insurance may change on January 1, 2025, and from time to time during the year.

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What is the Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus or Aspire Health Plus Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Aspire Health Plan in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Aspire Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Aspire 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 formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <https://www.aspirehealthplan.org/drug-coverage/>.

Changes that can affect you this year.

In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below entitled *“How do I request an exception to the Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus or Aspire Health Plus Formulary?”*

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus or Aspire Health Plus Formulary?"*

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/03/2025. To get updated information about the drugs covered by Aspire Health Plan, please contact us. Our contact information appears on the front and back cover pages. Our website (www.aspirehealthplan.org) has an electronic version of our formulary that can be downloaded. It is updated monthly and is our most current drug formulary. If we remove a drug during the year, add new restrictions to a brand name drug, or move a brand name drug to a different cost-sharing tier we will have a sheet posted on our website that identifies these changes specifically. This information can be found under the Drug Coverage section of our website.

How do I use the Formulary?

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

MEDICAL CONDITION

The formulary begins on page 1. 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 i-1. The index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

Aspire 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. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered.

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:** Aspire Health Plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Aspire Health Plan before you fill your prescriptions. If you don't get approval, Aspire Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Aspire Health Plan limits the amount of the drug that Aspire Health Plan will cover. For example, Aspire Health Plan provides 60 capsules per 30 days for celecoxib. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Aspire 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, Aspire Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Aspire 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Aspire 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 Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus or Aspire Health Plus formulary?"* on page vii 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 Aspire 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 Aspire Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Aspire Health Plan.
- You can ask Aspire 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 Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus, or Aspire Health Plus Formulary?

You can ask Aspire 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 predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive a coverage restriction including prior authorizations, step therapy, or a quantity limit on your drug. For example, for certain drugs, Aspire 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, Aspire Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for an initial coverage decision for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reason why you need the exception.** Generally, we must make our decision within 72 hours of receiving your prescriber's supporting statement. You can ask for an expedited (fast) exception if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Exceptions are available for beneficiaries who have experienced a change in the level of care they are receiving which requires them to transition from one facility or treatment center to another. Examples of situations in which beneficiaries would be eligible for the one-time temporary fill exception when they are outside of the three-month effective date into the Part D program are as follows:

- i. Beneficiary was discharged from the hospital and was provided a discharge list of medications based upon the formulary of the hospital.
- ii. Beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert back to their Part D plan formulary.
- iii. Beneficiaries who give up Hospice Status to revert back to standard Medicare Part A and B benefits.
- iv. Beneficiaries who are discharged from Chronic Psychiatric Hospitals with medication regimens that are highly individualized.

For more information

For more detailed information about your Aspire Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Aspire Health Protect, Aspire Health Value, Aspire Health Advantage, Aspire Health Group Plus, or Aspire Health Plus Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Aspire Health Plan. If you have trouble finding your drug in the list, turn to the index that begins on page i-1.

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

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

Prescription drugs are grouped into one of six tiers. Aspire 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.

Tier 1 — Preferred Generic: Generic or brand drugs that are available at the lowest cost share for the plan

Tier 2 — Generic: Generic or brand drugs that the plan offers at a higher cost to you than

Tier 1 Preferred Generic drugs

Tier 3 — Preferred Brand: Generic or brand drugs that the plan offers at a lower cost to you than

Tier 4 Non-Preferred drugs

Tier 4 — Non-Preferred Drug: Generic or brand drugs that the plan offers at a higher cost to you than

Tier 3 Preferred Brand drugs

Tier 5 — Specialty Tier: Some injectables and other high-cost drugs

Tier 6 — Select Insulins: Certain insulin products that help control blood sugar for people with diabetes.

The cost of your prescription depends on:

- Which tier your drug is on
- Whether you fill your prescription at a network pharmacy
- Your current drug payment stage - please read your Evidence of Coverage (EOC) for more information
- For members of the Aspire Health Advantage, Aspire Health Group Plus or Aspire Health Plus, all drugs listed in tier 1 and 2 have additional cost-sharing reductions in the coverage gap

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.

If you qualified for extra help with your drug costs, your costs may be different from those described above. Please refer to your Evidence of Coverage (EOC) or call us to find out what your costs are.

The following table describes the abbreviations used in the Drug List Table.

ABBREVIATION	DESCRIPTION
PA	Prior Authorization Applies
PA NSO	PA for New Starts Only
PA BvD	Part D vs. Part B Only
PA-HRM	PA for High Risk Meds
QL	Quantity Limit Applies
ST	Step Therapy Applies
ST NSO	ST for New Starts Only
CB	Capped Benefit
GM	Male Only
GF	Female Only
AGE (Max x Years)	Prior Authorization Age Edit
AGE (Min x Years)	Prior Authorization Age Edit
AGE (Min x Years and Max y Years)	Prior Authorization Age Edit
AGE (Min x Years and Max y Years)	Prior Authorization Age Edit
EX	Excluded Drug
FF	First Fill
LA	(Generic Use Incentive)
GC	Gap Coverage
NDS	Non-Extended Days' Supply
NM	Non-Mail Order Drug
HI	Home Infusion Drug
*	ADD Drug

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 per 30 days)
<i>buprenorphine transdermal patch (Butrans) weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	QL (4 per 28 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg (Tencon)</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg (Esgic)</i>	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	2	QL (5 per 28 days)
<i>endocet oral tablet 10-325 mg (oxycodone-acetaminophen)</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg (oxycodone-acetaminophen)</i>	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg (oxycodone-acetaminophen)</i>	2	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	2	QL (10 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	2	QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	QL (180 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	QL (90 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	QL (120 per 30 days)

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

01/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	QL (240 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	QL (180 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	2	QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	2	QL (60 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	5	PA; NDS; QL (224 per 28 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	1	

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

01/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg</i>	2	PA; QL (240 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule 50 mg</i>	2	PA; QL (120 per 30 days); AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	2	PA; QL (20 per 30 days); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	

Anesthetics

Local Anesthetics

<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	2	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	3	PA; QL (90 per 30 days)

Anti-Addiction/Substance Abuse Treatment Agents

Anti-Addiction/Substance Abuse Treatment Agents

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

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Drug Name	Drug Tier	Requirements/Limits
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	4	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	4	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	2	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline oral tablet 0.5 mg, 1 mg (56 pack)</i>	2	QL (336 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix)	2	QL (336 per 365 days)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	2	

Antianxiety Agents

Benzodiazepines

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

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	2	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	2	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	4	QL (180 per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	2	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	2	QL (150 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	2	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	2	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	2	QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	2	QL (30 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	QL (60 per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	QL (252 per 30 days)
<i>gentamicin injection solution 40 mg/ml</i>	2	PA BvD; HI
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	2	PA BvD; HI
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	PA BvD; HI
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	5	PA BvD; HI; NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	NDS
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	2	PA BvD; HI
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	PA BvD; HI

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	2	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	2	QL (60 per 30 days)
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	2	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	2	QL (112 per 14 days)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	4	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NDS; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	PA BvD; HI
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	PA BvD; HI
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefoxitin intravenous recon soln 1 gram</i>	2	PA BvD; HI

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Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	4	PA BvD; HI
<i>cefepodoxime oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	2	PA BvD; HI
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	PA BvD; HI
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	PA BvD; HI
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	PA BvD; HI
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	PA BvD; HI; NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	PA BvD; HI
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg (6 pack)</i>	1	
<i>azithromycin oral tablet 500 mg</i> (Zithromax)	2	
<i>azithromycin oral tablet 500 mg (3 pack), 600 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5	NDS; QL (20 per 10 days)
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	PA BvD; HI
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NDS
<i>ertapenem injection recon soln 1 gram</i>	2	HI
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	PA BvD; HI
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	PA BvD; HI
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	PA BvD; HI
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	4	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	2	PA BvD; HI
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	PA BvD; HI
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	PA BvD; HI
<i>nafcillin injection recon soln 10 gram</i>	5	PA BvD; HI; NDS
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	2	PA BvD; HI
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	2	PA BvD; HI
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	4	PA BvD; HI
Quinolones		

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	PA BvD; HI
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	PA BvD; HI
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin 400 mg/250 ml bag</i>	2	PA BvD; HI
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	2	PA BvD; HI
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	5	NDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	2	PA BvD; HI
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	PA BvD; HI; NDS

Anticancer Agents

Anticancer Agents

<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	5	PA NSO; NDS; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NDS; QL (30 per 30 days)
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	2	
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NDS; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (28 per 28 days)
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS; QL (300 per 30 days)
<i>bexarotene topical gel 1 %</i> (Targretin)	5	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	5	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA NSO; NDS; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA NSO; NDS; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	5	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA NSO; NDS; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	5	PA NSO; NDS; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	5	PA NSO; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NDS; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG (lomustine)	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine)	5	NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>imatinib oral tablet 100 mg</i> (Gleevec)	5	PA NSO; NDS; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	5	PA NSO; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NDS; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA NSO; NDS; QL (28 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NDS; QL (91 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NDS; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	2	
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	4	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NDS; QL (90 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA NSO; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA NSO; NDS; QL (140 per 28 days)
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NDS; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS; QL (30 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (14 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	PA NSO; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NDS; QL (30 per 30 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG	5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA NSO; NDS; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (224 per 28 days)
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; NDS

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Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	5	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG (dasatinib)	5	PA NSO; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NDS; QL (28 per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NDS; QL (900 per 30 days)
TAGRISO ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NDS; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NDS
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	5	PA NSO; NDS; QL (56 per 28 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	5	PA NSO; NDS; QL (28 per 28 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL TABLET 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NDS; QL (60 per 30 days)
YONSA ORAL TABLET 125 MG	5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NDS; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (84 per 28 days)

Anticonvulsants

Anticonvulsants

APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NDS; QL (60 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	NDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	4	
<i>divalproex oral capsule, delayed release 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST; QL (480 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg,</i> (Neurontin) <i>300 mg</i>	2	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	2	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5</i> (Neurontin) <i>ml</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	QL (120 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg,</i> (Vimpat) <i>150 mg, 200 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg,</i> (Subvenite) <i>150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet</i> (Lamictal ODT Starter <i>disintegrating, dose pk 25 mg (21)</i> (Blue)) <i>-50 mg (7)</i>	4	
<i>lamotrigine oral tablet</i> (Lamictal ODT Starter <i>disintegrating, dose pk 25</i> (Orange)) <i>mg(14)-50 mg (14)-100 mg (7)</i>	4	
<i>lamotrigine oral tablet</i> (Lamictal ODT Starter <i>disintegrating, dose pk 50 mg (42)</i> (Green)) <i>-100 mg (14)</i>	4	
<i>lamotrigine oral tablet extended</i> (Lamictal XR) <i>release 24hr 100 mg, 200 mg, 25</i> <i>mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet, chewable</i> (Lamictal) <i>dispersible 25 mg, 5 mg</i>	2	
<i>lamotrigine oral</i> (Lamictal ODT) <i>tablet, disintegrating 100 mg, 200</i> <i>mg, 25 mg, 50 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	5	NDS; QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	PA NSO; QL (1500 per 30 days); AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA NSO; QL (90 per 30 days); AGE (Max 64 Years)
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	2	PA NSO; QL (120 per 30 days); AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	4	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NDS; QL (2760 per 30 days)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	4	ST; QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	ST; NDS; QL (240 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	NDS; QL (10 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	5	PA NSO; NDS
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	5	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	ST; NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	ST; NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	ST; NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	ST; QL (28 per 28 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	ST; NDS; QL (28 per 28 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	5	NDS; QL (900 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	
<i>zonisamide oral capsule 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil oral tablet 23 mg</i> (Aricept)	4	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	2	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	QL (60 per 30 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	2	QL (30 per 30 days)

Antidepressants

Antidepressants

<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg</i>	4	
<i>amoxapine oral tablet 50 mg</i>	2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NDS; QL (60 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> (Wellbutrin XL)	2	QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> (Wellbutrin XL)	2	QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i> (Wellbutrin SR)	2	QL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i> (Wellbutrin SR)	2	QL (60 per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	4	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	4	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	4	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	ST; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	4	QL (600 per 30 days)
<i>escitalopram oxalate oral tablet</i> (Lexapro) 10 mg	1	QL (45 per 30 days)
<i>escitalopram oxalate oral tablet</i> (Lexapro) 20 mg, 5 mg	1	QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i> (Prozac)	1	
<i>fluoxetine oral capsule 20 mg, 40 mg</i> (Prozac)	1	QL (60 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (600 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	
MARPLAN ORAL TABLET 10 MG	4	QL (180 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	2	
<i>mirtazapine oral tablet 45 mg</i>	2	QL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	2	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	4	PA NSO; QL (900 per 30 days); AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i> (Paxil)	1	PA NSO; QL (30 per 30 days); AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i> (Paxil)	1	PA NSO; QL (60 per 30 days); AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	4	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	QL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i> (Zoloft)	1	QL (60 per 30 days)
<i>sertraline oral tablet 25 mg, 50 mg</i> (Zoloft)	1	QL (90 per 30 days)
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	4	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone oral tablet 300 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i>	4	QL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	4	QL (90 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NDS; QL (14 per 14 days)

Antidiabetic Agents

Antidiabetic Agents, Miscellaneous

<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	QL (90 per 30 days)
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga)	2	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	4	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	FFF; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	FFF; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	FFF; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	FFF; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	FFF; QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	PA; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone-metformin oral tablet</i> 15-500 mg	2	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet</i> (Actoplus MET) 15-850 mg	2	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 per 30 days)
<i>saxagliptin oral tablet 2.5 mg</i>	2	
<i>saxagliptin oral tablet 5 mg</i> (Onglyza)	2	
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	2	
SITAGLIPTIN-METFORMIN ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
HUMALOG JUNIOR KWIKPEN (insulin lispro) U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	6	max \$35 copay per month supply
HUMALOG KWIKPEN INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	6	max \$35 copay per month supply
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	6	max \$35 copay per month supply
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	6	max \$35 copay per month supply
HUMALOG MIX 75-25 KWIKPEN (insulin lispro protamin-lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	6	max \$35 copay per month supply
HUMALOG MIX 75-25(U- 100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75- 25)	6	max \$35 copay per month supply
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	6	max \$35 copay per month supply
HUMALOG U-100 INSULIN (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	max \$35 copay per month supply
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70- 30)	6	max \$35 copay per month supply

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Drug Name	Drug Tier	Requirements/Limits	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	6	max \$35 copay per month supply	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	6	max \$35 copay per month supply	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	6	max \$35 copay per month supply	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	6	max \$35 copay per month supply	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	6	max \$35 copay per month supply; QL (40 per 28 days)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	6	max \$35 copay per month supply; QL (24 per 28 days)	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 FlexPen U-100)	6	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insulin)	6	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	6	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	6	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	6	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Semglee(insulin glarg-yfgn)Pen)	3	max \$35 copay per month supply

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Drug Name	Drug Tier	Requirements/Limits
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> (Semglee(insulin glargine-yfgn))	3	max \$35 copay per month supply
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn)	3	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)	3	max \$35 copay per month supply; QL (30 per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine u-300 conc)	3	max \$35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine u-300 conc)	3	max \$35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	2	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	1	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	PA; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	PA; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA; AGE (Max 64 Years)
Antifungals		
Antifungals		
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD; HI
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	5	PA BvD; NDS
<i>casprofungin intravenous recon soln 50 mg</i> (Cancidas)	2	
<i>casprofungin intravenous recon soln 70 mg</i> (Cancidas)	4	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	QL (180 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	4	QL (300 per 30 days)
<i>ciclopirox topical shampoo 1 %</i>	4	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	4	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (90 per 30 days)
<i>econazole topical cream 1 %</i>	4	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	PA BvD; HI
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	2	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	2	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	5	PA; NDS
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (360 per 30 days)
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	5	PA; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	2	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; HI; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	4	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	2	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg</i> (Uloric)	4	ST
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
Antihistamines		
Antihistamines		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	4	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75 % (Vandazole) (37.5mg/5 gram)</i>	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	4	
Antimigraine Agents		
Antimigraine Agents		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine nasal (Migranal) spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	5	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	5	PA; NDS; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	5	PA; NDS; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg (Maxalt)</i>	2	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (12 per 30 days)
<i>rizatriptan oral (Maxalt-MLT) tablet,disintegrating 10 mg</i>	2	QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
UBRELVY ORAL TABLET 50 MG	5	PA; NDS; QL (16 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral tablet 100 mg</i>	1	
<i>isoniazid oral tablet 300 mg</i>	2	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	4	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	4	PA BvD; HI

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Drug Name	Drug Tier	Requirements/Limits
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NDS
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	5	PA BvD; NDS; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	4	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD; QL (12 per 30 days)
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	4	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	4	PA; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	2	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD
<i>ondansetron oral tablet, disintegrating 16 mg, 4 mg, 8 mg</i>	2	PA BvD
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	PA; AGE (Max 64 Years)
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Promethegan)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>promethegan rectal suppository</i> 25 mg	(promethazine)	2	
<i>scopolamine base transdermal patch</i> 3 day 1 mg over 3 days	(Transderm-Scop)	4	PA; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents			
Antiparasite Agents			
<i>albendazole oral tablet</i> 200 mg		5	NDS
<i>atovaquone oral suspension</i> 750 mg/5 ml	(Mepron)	4	
<i>atovaquone-proguanil oral tablet</i> 250-100 mg	(Malarone)	2	
<i>atovaquone-proguanil oral tablet</i> 62.5-25 mg	(Malarone Pediatric)	2	
<i>chloroquine phosphate oral tablet</i> 250 mg, 500 mg		2	
COARTEM ORAL TABLET 20-120 MG		4	
<i>hydroxychloroquine oral tablet</i> 100 mg		2	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet</i> 200 mg	(Plaquenil)	2	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet</i> 300 mg	(Sovuna)	2	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet</i> 400 mg		2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		5	PA; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet</i> 3 mg	(Stromectol)	2	
<i>mefloquine oral tablet</i> 250 mg		2	
<i>nitazoxanide oral tablet</i> 500 mg	(Alinia)	5	NDS; QL (60 per 30 days)
<i>pentamidine inhalation recon soln</i> 300 mg	(Nebupent)	2	PA BvD
<i>pentamidine injection recon soln</i> 300 mg	(Pentam)	4	PA BvD; HI
<i>praziquantel oral tablet</i> 600 mg	(Biltricide)	4	

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Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	

Antiparkinsonian Agents

Antiparkinsonian Agents

<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	2	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
Antipsychotic Agents		
Antipsychotic Agents		
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i> (Abilify)	2	
<i>aripiprazole oral tablet 20 mg, 30 mg</i> (Abilify)	2	QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	ST; NDS; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NDS; QL (30 per 30 days)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	4	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	4	ST; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 70 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule</i> 10 mg, 25 mg, 5 mg, 50 mg	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	4	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	4	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	4	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	4	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	5	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	4	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	
<i>olanzapine oral tablet 20 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg</i> (Zyprexa Zydis)	4	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i> (Zyprexa Zydis)	4	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 5 mg</i> (Zyprexa Zydis)	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	4	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	QL (60 per 30 days)
<i>quetiapine oral tablet 150 mg</i>	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i> (Seroquel XR)	2	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> (Risperdal Consta)	2	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Risperdal Consta)	5	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg</i> (Risperdal)	2	QL (120 per 30 days)
<i>risperidone oral tablet 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg</i>	4	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet, disintegrating 0.5 mg, 4 mg</i>	4	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	5	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	5	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	5	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	5	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	5	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	5	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	5	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	4	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	4	QL (960 per 30 days)
<i>abacavir oral tablet 300 mg</i>	4	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	QL (30 per 30 days)
APTIVUS ORAL CAPSULE 250 MG	5	NDS; QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg</i>	4	QL (60 per 30 days)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	4	QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	4	QL (30 per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS; QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NDS; QL (30 per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	5	NDS; QL (30 per 30 days)
<i>darunavir oral tablet 600 mg</i> (Prezista)	5	NDS; QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i> (Prezista)	5	NDS; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS; QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EDURANT ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	5	NDS; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	5	NDS; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	5	NDS; QL (30 per 30 days)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	4	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	5	NDS; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	4	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 per 28 days)
<i>etravirine oral tablet 100 mg</i> (Intelence)	5	NDS; QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i> (Intelence)	5	NDS; QL (60 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NDS; QL (30 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	5	NDS; QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS; QL (60 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	NDS; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NDS; QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NDS; QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	QL (180 per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	NDS; QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg</i> (Epivir)	2	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	2	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	QL (60 per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	4	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	4	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	4	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NDS; QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	4	QL (360 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS; QL (30 per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	NDS; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	5	NDS; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 75 MG	5	NDS; QL (300 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS; QL (180 per 30 days)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	QL (360 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS; QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	NDS; QL (60 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS; QL (30 per 30 days)
SUNLENCA ORAL TABLET 300 MG	5	NDS; QL (5 per 180 days)
SUNLENCA ORAL TABLET 300 MG (4-TABLET PACK)	5	NDS; QL (4 per 180 days)
SYM TUZA ORAL TABLET 800-150-200-10 MG	5	NDS; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	4	QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NDS; QL (360 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	QL (180 per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	ST; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	NDS; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIRACEPT ORAL TABLET 625 MG	5	NDS; QL (120 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NDS; QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	QL (60 per 30 days)
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NDS
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NDS; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	5	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NDS; QL (28 per 28 days)
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	4	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>100 mg/ml, 150 mg/ml</i>	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>30 mg/0.3 ml</i>	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>40 mg/0.4 ml</i>	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) <i>60 mg/0.6 ml</i>	2	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	5	NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	4	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	5	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	5	NDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	PA BvD; HI
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin)	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	

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Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA BvD; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
PROMACTA ORAL TABLET 12.5 MG	5	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	PA BvD; HI
<i>dextrose 5%-water iv soln single use</i>	2	PA BvD; HI
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	PA; NDS; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipin-hcthiamid</i> (Tribenzor) <i>oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>olmesartan-hydrochlorothiazide</i> (Benicar HCT) <i>oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	4	
<i>telmisartan-hydrochlorothiazid</i> (Micardis HCT) <i>oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	2	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide</i> (Lotensin HCT) <i>oral tablet 10-12.5 mg</i>	2	
<i>benazepril-hydrochlorothiazide</i> (Lotensin HCT) <i>oral tablet 20-12.5 mg, 20-25 mg</i>	2	
<i>benazepril-hydrochlorothiazide</i> <i>oral tablet 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	2	QL (1200 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg</i> (sotalol)	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	2	
<i>sotalol oral tablet 240 mg</i> (Betapace)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	2	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	QL (30 per 30 days)
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	QL (4 per 30 days)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	5	PA; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	2	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i> (Demser)	5	NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	3	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	3	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	NDS; QL (30 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg</i> (Aldactone)	2	
<i>spironolactone oral tablet 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	2	
<i>toremide oral tablet 20 mg</i> (Soaanz)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	2	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	2	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	4	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	2	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	2	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	2	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	2	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	QL (45 per 30 days)
<i>lovastatin oral tablet 20 mg</i>	1	QL (30 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>niacor oral tablet 500 mg</i> (niacin)	4	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	2	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	ST; QL (7 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>rosuvastatin oral tablet 40 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
<i>spironolactone oral suspension</i> (CaroSpir) <i>25 mg/5 ml</i>	2	QL (600 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg, 60 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide-hydralazine oral tablet</i> (BiDil) 20-37.5 mg	2	
<i>minoxidil oral tablet</i> 10 mg, 2.5 mg	2	
<i>nitroglycerin sublingual tablet</i> 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	2	
<i>nitroglycerin transdermal patch</i> 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur)	2	

Central Nervous System Agents

Central Nervous System Agents

<i>atomoxetine oral capsule</i> 10 mg, 18 mg, 25 mg, 40 mg (Strattera)	2	QL (60 per 30 days)
<i>atomoxetine oral capsule</i> 100 mg, 60 mg, 80 mg (Strattera)	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG	5	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; NDS; QL (84 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
AVONEX PEN 30 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS; QL (15 per 30 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	4	
<i>dalfampridine oral tablet extended (Ampyra) release 12 hr 10 mg</i>	2	PA; QL (60 per 30 days)
<i>dextroamphetamine- (Adderall XR) amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>dextroamphetamine- (Adderall XR) amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	2	QL (60 per 30 days)
<i>dextroamphetamine- (Adderall) amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>dimethyl fumarate oral (Tecfidera) capsule, delayed release(dr/ec) 120 mg</i>	5	PA; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral (Tecfidera) capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; NDS
<i>dimethyl fumarate oral (Tecfidera) capsule, delayed release(dr/ec) 240 mg</i>	5	PA; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NDS; QL (30 per 30 days)
<i> glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	5	PA; NDS; QL (30 per 30 days)
<i> glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	5	PA; NDS; QL (12 per 28 days)
<i> glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NDS; QL (30 per 30 days)
<i> glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NDS; QL (12 per 28 days)
<i> guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NDS; QL (1.2 per 28 days)
<i> lithium carbonate oral capsule 150 mg, 300 mg</i>	1	
<i> lithium carbonate oral tablet 300 mg</i>	2	
<i> lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i> lithium carbonate oral tablet extended release 450 mg</i>	2	
<i> lithium citrate oral solution 8 meq/5 ml</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NDS
<i>methylphenidate hcl oral solution</i> (Methylin) <i>10 mg/5 ml, 5 mg/5 ml</i>	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10</i> (Ritalin) <i>mg, 20 mg, 5 mg</i>	2	QL (90 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NDS; QL (1 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
<i>tetrabenazine oral tablet 12.5 mg,</i> (Xenazine) <i>25 mg</i>	5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NDS; QL (120 per 30 days)

Contraceptives

Contraceptives

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Drug Name		Drug Tier	Requirements/Limits
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	
<i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>		2	
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	2	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		2	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Kariva (28))	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Enskyce)	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz)	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)	4	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)	2	
<i>enskyce oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	
<i>errin oral tablet 0.35 mg</i> (norethindrone (contraceptive))	2	
<i>estarylla oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1/50 (28))	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	2	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (norethindrone-e.estradiol-iron)	2	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	2	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	2	
<i>heather oral tablet 0.35 mg</i> (norethindrone (contraceptive))	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(levonorgest-eth.estradiol-iron)	2	
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(noreth-ethinyl estradiol-iron)	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	2	QL (91 per 84 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	2	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(noreth-ethinyl estradiol-iron)	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Aubra EQ)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	2	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	2	
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	2	

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Drug Name		Drug Tier	Requirements/Limits
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone- e.estradiol-iron)	2	
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>low-ogestrel (28) oral tablet 0.3- 30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>lutera (28) oral tablet 0.1-20 mg- mcg</i>	(levonorgestrel-ethinyl estradiol)	2	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estradiol)	2	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	2	
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone- e.estradiol-iron)	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	
<i>microgestin 24 fe oral tablet 1 mg- 20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		3	

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Drug Name	Drug Tier	Requirements/Limits
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	
<i>nikki (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	2	
<i>nora-be oral tablet 0.35 mg</i> (norethindrone (contraceptive))	2	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> (Xulane)	2	QL (3 per 28 days)
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	2	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Junel 1/20 (21))	2	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gem mily)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Junel FE 1/20 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tri-Legest Fe)	2	
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Finzala)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Estarylla)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>ocella oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	2	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive))	2	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	2	
<i>syeda oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	(drospirenone-e.estradiol-lm.fa)	2	
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>		2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(noreth-ethinyl estradiol-iron)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	

Dental And Oral Agents

Dental And Oral Agents

<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	2	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	2	

Dermatological Agents

Dermatological Agents, Other

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		2	
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	4	QL (30 per 30 days)
<i>ammonium lactate topical cream 12 %</i>		2	
<i>ammonium lactate topical lotion 12 %</i>	(AmLactin)	2	
<i>calcipotriene scalp solution 0.005 %</i>		2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>		4	QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i>	(Efudex)	2	
<i>fluorouracil topical solution 2 %</i>		2	
<i>fluorouracil topical solution 5 %</i>		4	
<i>imiquimod topical cream in packet 5 %</i>		2	QL (24 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	5	NDS; QL (5 per 5 days)
PANRETIN TOPICAL GEL 0.1 %	5	NDS; QL (180 per 30 days)
<i>podofilox topical solution 0.5 %</i>	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NDS; QL (60 per 14 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	
Dermatological Antibacterials		
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	2	QL (180 per 30 days)
<i>gentamicin topical cream 0.1 %</i>	2	QL (120 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	4	
<i>mupirocin topical ointment 2 %</i> (Centany)	2	QL (220 per 30 days)
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	4	
Dermatological Anti-Inflammatory Agents		
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical ointment 0.05 %</i>	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluticasone propionate topical cream 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone 2.5% cream</i>	2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Proctosol HC)	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	2	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	4	QL (100 per 30 days)
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
Dermatological Retinoids		
<i>tazarotene topical cream 0.05 %, 0.1 %</i> (Tazorac)	2	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	4	
<i>permethrin topical cream 5 %</i> (Elimite)	2	QL (60 per 30 days)
Devices		
Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	6	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	6	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	6	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	6	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	6	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic)	6	PA; ST
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	6	PA; ST
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	6	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
ALCOHOL 70% SWABS	(Alcohol Pads)	6	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs) 6	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic) 6	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 6	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety) 6	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	6	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	6	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	6	PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	6	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	6	PA; ST
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety) 6	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	6	PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	6	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	6	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	6	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	6	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) 6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	6	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	6	PA; ST
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	6	PA; ST
BD INS SYRN UF 1 ML (insulin syringe-needle 12.7MMX30G NOT FOR RETAIL u-100) SALE 1 ML 30 GAUGE X 1/2"	6	PA; ST
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	6	PA; ST
BD INSULIN SYR 1 ML 25GX5/8" (insulin syringe-needle 1 ML 25 GAUGE X 5/8" u-100)	6	PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	6	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	6	PA; ST
BD INSULIN SYR 1 ML 28GX1/2" (Comfort EZ Insulin (OTC) 1 ML 28 GAUGE X 1/2" Syringe)	6	PA; ST
BD INSULIN SYRINGE 1 ML (insulin syringe W/O NEEDLE needleless)	6	PA; ST
BD LUER-LOK SYRINGE 1 ML (Easy Touch Luer Lock Insulin)	6	PA; ST
BD NANO 2 GEN PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	6	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	6	PA; ST
BD SAFETGLD INS 0.5 ML (insulin syringe-needle 13MMX29G 0.5 ML 29 GAUGE X u-100) 1/2"	6	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	6	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	6	PA; ST

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

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Drug Name	Drug Tier	Requirements/Limits
BORDERED GAUZE 2"X2" 2 X 2 (gauze bandage) "	6	PA; ST
CAREFINE PEN NEEDLE (pen needle, diabetic) 12.7MM 29G 29 GAUGE X 1/2"	6	PA; ST
CAREFINE PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	6	PA; ST
CAREFINE PEN NEEDLE 5MM (pen needle, diabetic) 32G 32 GAUGE X 3/16"	6	PA; ST
CAREFINE PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	6	PA; ST
CAREFINE PEN NEEDLE 8MM (pen needle, diabetic) 30G 30 GAUGE X 5/16"	6	PA; ST
CAREFINE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	6	PA; ST
CAREFINE PEN NEEDLES 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	6	PA; ST
CARETOUCH ALCOHOL 70% (alcohol swabs) PREP PAD	6	PA; ST
CARETOUCH PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	6	PA; ST
CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	6	PA; ST
CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	6	PA; ST
CARETOUCH PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	6	PA; ST
CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX3/16" 32 GAUGE X 3/16"	6	PA; ST
CARETOUCH PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	6	PA; ST
CARETOUCH SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	6	PA; ST
CARETOUCH SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	6	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16	6	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	6	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	6	PA; ST
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" (pen needle, diabetic)	6	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" (pen needle, diabetic)	6	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	6	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	6	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	6	PA; ST

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	6	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	6	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	6	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	6	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	6	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	6	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	6	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	6	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		6	PA; ST
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	6	PA; ST
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		6	PA; ST
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	6	PA; ST
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	6	PA; ST
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	6	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits	
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	6	PA; ST	
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	6	PA; ST	
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	6	PA; ST	
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	6	PA; ST	
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	6	PA; ST	
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	6	PA; ST	
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	6	PA; ST	
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	6	PA; ST
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	6	PA; ST	
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	6	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	6	PA; ST	
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	6	PA; ST	
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	6	PA; ST	

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Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	6	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	6	PA; ST
EASY COMFORT ALCOHOL 70% PAD (alcohol swabs)	6	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	6	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	6	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	6	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	6	PA; ST

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

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH ALCOHOL 70% (alcohol swabs) PADS GAMMA-STERILIZED	6	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	6	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	6	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	6	PA; ST
EASY TOUCH INSULIN SYR 0.3 (insulin syringe-needle ML 0.3 ML 30 GAUGE X 5/16", u-100) 0.3 ML 31 GAUGE X 5/16"	6	PA; ST
EASY TOUCH INSULIN SYR 0.5 (insulin syringe-needle ML 0.5 ML 30 GAUGE X 5/16", u-100) 0.5 ML 31 GAUGE X 5/16"	6	PA; ST
EASY TOUCH INSULIN SYR 1 (insulin syringe-needle ML 1 ML 30 GAUGE X 5/16, 1 ML u-100) 31 GAUGE X 5/16	6	PA; ST
EASY TOUCH INSULIN SYR 1 (insulin syringe-needle ML RETRACTABLE 1 ML 30 u-100) GAUGE X 1/2"	6	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	6	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	6	PA; ST
EASY TOUCH INSULIN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	6	PA; ST
EASY TOUCH INSULIN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	6	PA; ST
EASY TOUCH INSULIN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	6	PA; ST
EASY TOUCH INSULIN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	6	PA; ST
EASY TOUCH LUER LOK INSUL (insulin syringe 1 ML needleless)	6	PA; ST

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

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Drug Name		Drug Tier	Requirements/Limits
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	6	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		6	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	6	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	6	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	6	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	6	PA; ST
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	6	PA; ST
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	6	PA; ST
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16"	(Advocate Syringes)	6	PA; ST
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Ultra Comfort Insulin Syringe)	6	PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	6	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		6	PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	6	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	6	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		6	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	6	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	6	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		6	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	6	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	6	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	6	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" (UltiCare Insuln Syr(half unit))	6	PA; ST
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	6	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	6	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	6	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	6	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" (Advocate Syringes)	6	PA; ST
INSULIN SYRINGE 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe)	6	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE (insulin syringe-needle u-100)	6	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	6	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29 (insulin syringe-needle u-100)	6	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	6	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	6	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2" (BD Eclipse Luer-Lok)	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16 (Advocate Syringes)	6	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	6	PA; ST
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)	6	PA; ST
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	6	PA; ST
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1/2 ML 28 GAUGE (Monoject Syringe)	6	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	6	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2" (pen needle, diabetic)	6	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	6	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" (pen needle, diabetic)	6	PA; ST
IV ANTISEPTIC WIPES (alcohol swabs)	6	PA; ST
KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)	6	PA; ST
LISCO SPONGES 100/BAG 2 X 2 " (alcohol swabs)	6	PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100)	6	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100)	6	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	6	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	6	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" (pen needle, diabetic)	6	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	6	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	6	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	6	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	6	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	6	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	6	PA; ST
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	6	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	6	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	6	PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" (pen needle, diabetic)	6	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" (pen needle, diabetic)	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits	
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	6	PA; ST	
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	6	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	6	PA; ST
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)	6	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	6	PA; ST
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	6	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	6	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	6	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	6	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 6	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable)) 6	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) 6	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) 6	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) 6	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) 6	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) 6	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 6	PA; ST
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"	6	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) 6	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) 6	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) 6	PA; ST
NOVOFINE 30 NEEDLE	6	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic) 6	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	6	PA; ST
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	6	PA; ST
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic) 6	PA; ST

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

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Drug Name	Drug Tier	Requirements/Limits	
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	6	PA; ST	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	6	PA; ST	
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	6	PA; ST
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	6	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	6	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	6	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	6	PA; ST
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	6	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	6	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	6	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	6	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort Touch Pen Needle)	6	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	6	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	6	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	6	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	6	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" (BD Veo Insulin Syringe UF)	6	PA; ST
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29 (Ultilet Insulin Syringe)	6	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
RELION MINI PEN 31G X 1/4" (pen needle, diabetic) NDL 31 GAUGE X 1/4"	6	PA; ST
RELION NEEDLES NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4"	6	PA; ST
RELION PEN NEEDLES (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	6	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	6	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	6	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	6	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	6	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	6	PA; ST
SAFETY PEN NEEDLE 31G (Comfort EZ PRO 4MM 31 GAUGE X 5/32" Safety Pen Ndl)	6	PA; ST
SAFETY PEN NEEDLE 5MM X (pen needle, diabetic, 31G 31 GAUGE X 3/16" safety)	6	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	6	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	6	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	6	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	6	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	6	PA; ST
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	6	PA; ST
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	6	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	6	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	6	PA; ST
NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)	6	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	6	PA; ST
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	6	PA; ST
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	6	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (insulin syringe-needle u-100)	6	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	6	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	6	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	6	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	6	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	6	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	6	PA; ST	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	6	PA; ST	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	6	PA; ST	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	6	PA; ST	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	6	PA; ST	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	6	PA; ST	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	6	PA; ST	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	6	PA; ST	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	6	PA; ST	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	6	PA; ST	
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	6	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	6	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX1/4" 31 GAUGE X 1/4"	6	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	6	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	6	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX1/4" 32 GAUGE X 1/4"	6	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/16" 32 GAUGE X 5/16"	6	PA; ST
TECHLITE PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	6	PA; ST
TECHLITE PLUS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	6	PA; ST
TERUMO INS SYRINGE U100-1 (insulin syringe-needle ML 1 ML 27 GAUGE X 1/2", 1 ML u-100) 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	6	PA; ST
TERUMO INS SYRINGE U100-1 (Thinpro Insulin ML 1 ML 30 GAUGE X 3/8" Syringe)	6	PA; ST
TERUMO INS SYRINGE U100- (insulin syringe-needle 1/2 ML 1/2 ML 30 X 3/8" u-100)	6	PA; ST
TERUMO INS SYRINGE U100- (insulin syringe-needle 1/3 ML 0.3 ML 30 X 3/8" u-100)	6	PA; ST
TERUMO INS SYRNG U100-1/2 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 1/2 u-100) ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	6	PA; ST
THINPRO INS SYRIN U100-0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 30 X 3/8"	6	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	6	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"	6	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8" (insulin syringe-needle u-100)	6	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	6	PA; ST
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	6	PA; ST
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	6	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	6	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	6	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	6	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits	
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	6	PA; ST	
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	6	PA; ST	
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	6	PA; ST	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	6	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	6	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	6	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	6	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		6	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	6	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"		6	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"		6	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"		6	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		6	PA; ST
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	6	PA; ST
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	6	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	6	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	6	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	6	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	6	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	6	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	6	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	6	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	6	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	6	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" (pen needle, diabetic)	6	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	6	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	6	PA; ST
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	6	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	6	PA; ST
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	6	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	6	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	6	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	6	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	6	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	6	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	6	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	6	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	6	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	6	PA; ST
ULTILET ALCOHOL STERL (alcohol swabs) SWAB	6	PA; ST
ULTILET INSULIN SYRINGE 0.3 (insulin syringe-needle ML 0.3 ML 29 GAUGE X 1/2", 0.3 u-100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	6	PA; ST
ULTILET INSULIN SYRINGE 0.5 (insulin syringe-needle ML 0.5 ML 29 GAUGE X 1/2", 0.5 u-100) ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	6	PA; ST
ULTILET INSULIN SYRINGE 1 (insulin syringe-needle ML 1 ML 29 GAUGE X 1/2", 1 ML u-100) 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	6	PA; ST
ULTILET PEN NEEDLE 29 GAUGE	6	PA; ST
ULTILET PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	6	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	6	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"		6	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		6	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		6	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	6	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	6	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	6	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	6	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	6	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	6	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	6	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	6	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	6	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	6	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	6	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS 32GX5/32" (pen needle, diabetic) 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	6	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 (pen needle, diabetic) GAUGE X 5/32"	6	PA; ST
UNIFINE PENTIPS 6MM 31G 31 (pen needle, diabetic) GAUGE X 1/4"	6	PA; ST
UNIFINE PENTIPS MAX (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16"	6	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	6	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 29GX1/2" 12MM 29 GAUGE X 1/2"	6	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16"	6	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	6	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX3/16" MINI 31 GAUGE X 3/16"	6	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX5/16" SHORT 31 GAUGE X 5/16"	6	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	6	PA; ST
UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32"	6	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	6	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	6	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	6	PA; ST
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	6	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	6	PA; ST
UNIFINE SAFECONTROL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	6	PA; ST
UNIFINE SAFECONTROL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	6	PA; ST
UNIFINE SAFECONTROL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	6	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	6	PA; ST
UNIFINE ULTRA PEN NDG 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	6	PA; ST
UNIFINE ULTRA PEN NDG 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	6	PA; ST
UNIFINE ULTRA PEN NDG 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	6	PA; ST
UNIFINE ULTRA PEN NDG 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	6	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" (insulin syringe-needle SY OUTER 0.5 ML 30 GAUGE X u-100) 1/2"	6	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	6	PA; ST
VANISHPOINT U-100 29X1/2 (insulin syringe-needle SYR 1 ML 29 GAUGE X 1/2" u-100)	6	PA; ST
VERIFINE INS SYR 1 ML 29G (insulin syringe-needle 1/2" 1 ML 29 GAUGE X 1/2" u-100)	6	PA; ST
VERIFINE PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	6	PA; ST
VERIFINE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	6	PA; ST
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	6	PA; ST
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	6	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	6	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	6	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	6	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	6	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"		6	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	6	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	6	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		6	PA; ST
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	6	PA; ST

Enzyme

Replacement/Modifiers

Enzyme Replacement/Modifiers

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Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	3	
<i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)	5	PA; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	5	PA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	QL (3.5 per 4 days)
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	

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

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Drug Name	Drug Tier	Requirements/Limits
XDEMZY OPHTHALMIC (EYE) DROPS 0.25 %	5	PA; NDS
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	2	
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	2	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	4	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	4	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	2	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	4	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	4	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		3	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	(Acular)	2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	(Alrex)	2	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	(Lotemax)	4	QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	(Allergy Nasal (mometasone))	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	(Pred Forte)	4	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		3	QL (60 per 30 days)

Gastrointestinal Agents

Antiulcer Agents And Acid Suppressants

<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	(Acid Reducer (esomeprazole))	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	(Nexium)	2	QL (60 per 30 days)
<i>famotidine oral tablet 20 mg</i>	(Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i>	(Pepcid)	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	(Acid Reducer (lansoprazole))	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	2	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	2	QL (30 per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	2	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	PA; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	2	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	

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Drug Name	Drug Tier	Requirements/Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	3	QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
TRULANCE ORAL TABLET 3 MG	3	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg</i>	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NDS; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	(peg 3350-electrolytes)	2	
<i>gavilyte-n oral recon soln 420 gram</i>	(peg-electrolyte soln)	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	(GaviLyte-N)	2	
<i>sod sul-potass sul-mag sul sol inner 17.5-3.13-1.6 gram</i>	(Suprep Bowel Prep Kit)	3	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>		3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		3	

Genitourinary Agents

Antispasmodics, Urinary

<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	(Toviaz)	2	QL (30 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	3	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>		2	QL (600 per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>		2	QL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>		2	QL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>		2	QL (30 per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	(Vesicare)	2	QL (30 per 30 days)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	(Detrol LA)	2	QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	(Detrol)	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tropium oral capsule, extended release 24hr 60 mg</i>	4	QL (30 per 30 days)
<i>tropium oral tablet 20 mg</i>	2	QL (60 per 30 days)
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	2	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral tablet 180 mg</i> (Jadenu)	4	PA
<i>deferasirox oral tablet 90 mg</i> (Jadenu)	3	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	5	PA; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)	4	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) (AndroGel)	4	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
DUAVEE ORAL TABLET 0.45-20 MG	3	PA; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)	1	PA; AGE (Max 64 Years)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Dotti)	2	PA; QL (8 per 28 days); AGE (Max 64 Years)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara)	2	PA; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram) (Estrace)	2	
estradiol vaginal tablet 10 mcg (Yuvafem)	4	QL (18 per 28 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	PA; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	3	PA; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	PA; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	4	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablet 32 mg</i>	2	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	2	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	5	PA; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA NSO; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	5	NDS
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i> (Sandostatin)	4	
<i>octreotide acetate injection solution 200 mcg/ml</i>	4	
<i>octreotide acetate injection solution 500 mcg/ml</i> (Sandostatin)	5	NDS
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ORILISSA ORAL TABLET 150 MG	5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS; QL (60 per 30 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS; QL (60 per 30 days)
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL (0.65 per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA NSO; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG (tacrolimus)	4	PA BvD
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG (tacrolimus)	5	PA BvD; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NDS; QL (2 per 28 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; NDS
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NDS
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NDS; QL (60 per 30 days)
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.5 mg</i>	5	PA BvD; NDS; QL (120 per 30 days)
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NDS

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Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	PA BvD
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	NDS
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	5	NDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NDS; Only NDCs starting with 00074
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	4	PA BvD
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NDS
OTEZLA ORAL TABLET 20 MG	5	PA; NDS; QL (90 per 30 days)
OTEZLA ORAL TABLET 30 MG	5	PA; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51)	5	PA; NDS; QL (110 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NDS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NDS
SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i>	5	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA BvD
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NDS; QL (180 per 30 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NDS
Vaccines		
ABRYSSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	3	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	\$0 copay

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	3	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD; \$0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	\$0 copay; QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	\$0 copay; QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD; \$0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4- 4.2- 3.3CCID50/0.5ML	3	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3- 3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay

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Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	\$0 copay
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	QL (0.75 per 365 days)
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	\$0 copay; QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	\$0 copay

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Drug Name	Drug Tier	Requirements/Limits	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	\$0 copay	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine)	3	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3		
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	\$0 copay	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3		
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	\$0 copay	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	\$0 copay; QL (2 per 365 days)	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	\$0 copay	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	\$0 copay	

Inflammatory Bowel Disease Agents

Inflammatory Bowel Disease Agents

<i>alose tron oral tablet 0.5 mg</i>	(Lotronex)	4	QL (60 per 30 days)
<i>alose tron oral tablet 1 mg</i>	(Lotronex)	5	NDS; QL (60 per 30 days)
<i>balsalazide oral capsule 750 mg</i>	(Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>		4	

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	4	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	4	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	4	QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	4	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	4	

Metabolic Bone Disease Agents

Metabolic Bone Disease Agents

<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	QL (3.7 per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	NDS; QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	4	
<i>paricalcitol oral capsule 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	5	NDS; QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 28 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	5	PA; NDS; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS; QL (5.1 per 28 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	PA; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	5	NDS
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))	5	PA; NDS; QL (180 per 30 days)
FILSPARI ORAL TABLET 400 MG	5	NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glutamine (sickle cell) oral powder</i> (Endari) <i>in packet 5 gram</i>	2	PA; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO- INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral</i> (Vistaril) <i>capsule 25 mg</i>	2	
<i>hydroxyzine pamoate oral</i> <i>capsule 50 mg</i>	2	
<i>leucovorin calcium oral tablet 10</i> <i>mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>levocarnitine (with sugar) oral</i> (Carnitor) <i>solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	2	
<i>levocarnitine sf 1 g/10 ml sol 100</i> (Carnitor (sugar-free)) <i>mg/ml</i>	2	
MESNEX ORAL TABLET 400 MG	5	NDS
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) <i>(w/w)</i>	4	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet</i> (Mestinon) <i>60 mg</i>	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	5	NDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 0.6 MG/0.6 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	4	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) (Alphagan P) drops 0.1 %, 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>brimonidine-timolol ophthalmic (Combigan) (eye) drops 0.2-0.5 %</i>	4	
<i>brinzolamide ophthalmic (eye) (Azopt) drops,suspension 1 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (Cosopt) (eye) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) (Xalatan) drops 0.005 %</i>	2	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	4	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	4	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1- 0.2 %	4	
<i>tafluprost (pf) ophthalmic (eye)</i> (Zioptan (PF)) <i>dropperette 0.0015 %</i>	4	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye)</i> <i>drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye)</i> <i>gel forming solution 0.25 %, 0.5</i> <i>%</i>	2	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) <i>0.004 %</i>	4	QL (2.5 per 25 days)

Replacement Preparations

Replacement Preparations

<i>d5 % and 0.9 % sodium chloride</i> <i>intravenous parenteral solution</i>	2	PA BvD; HI
<i>d5 %-0.45 % sodium chloride</i> <i>intravenous parenteral solution</i>	2	PA BvD; HI
<i>klor-con m10 oral tablet,er</i> (potassium chloride) <i>particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er</i> (potassium chloride) <i>particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er</i> (potassium chloride) <i>particles/crystals 20 meq</i>	2	
<i>magnesium sulfate injection</i> <i>solution 500 mg/ml (50 %)</i>	4	PA BvD; HI
<i>magnesium sulfate injection</i> <i>syringe 500 mg/ml (50 %)</i>	2	PA BvD; HI
<i>potassium chloride intravenous</i> <i>solution 2 meq/ml</i>	2	PA BvD; HI
<i>potassium chloride oral capsule,</i> <i>extended release 10 meq, 8 meq</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	4	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	2	
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	2	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	2	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	PA BvD; HI
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	PA BvD; HI
<i>sodium chloride 0.9% solution mini-bag, single use</i>	2	PA BvD; HI
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	3	QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate- vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)	
<i>breyana inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(budesonide- formoterol)	2	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	(Pulmicort)	2	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	(Pulmicort)	2	PA BvD; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(Breyana)	2	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	2	QL (12 per 30 days)	
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	2	QL (24 per 30 days)	
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	2	QL (21.2 per 30 days)	
<i>fluticasone propion-salmeterol inhalation blister with device 100- 50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	(Wixela Inhub)	2	QL (60 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	(fluticasone propion- salmeterol)	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	4	QL (60 per 30 days)
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	2	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	2	PA BvD; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	2	PA BvD; QL (120 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	4	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	2	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO- INJECTOR 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100- 125 MG, 200-125 MG	5	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NDS; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	4	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	4	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	PA; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 50 mg</i>	4	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	PA; AGE (Max 64 Years)
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg,</i> (Nuvigil) <i>200 mg, 250 mg, 50 mg</i>	2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2</i> (Lunesta) <i>mg, 3 mg</i>	2	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500</i> (Xyrem) <i>mg/ml</i>	5	PA; LA; NDS; QL (540 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	2	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	QL (30 per 30 days)

Vasodilating Agents

Vasodilating Agents

ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	5	PA; NDS; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	PA; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 5 mg</i> (Cialis)	2	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS

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

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