

CCA Health California

CCA Medicare Excel (HMO)

Quận San Joaquin (Chương trình 001)

Danh sách thuốc được đài thọ năm 2023 (Danh mục thuốc)



VUI LÒNG ĐỌC: TÀI LIỆU NÀY CHỨA THÔNG TIN VỀ CÁC LOẠI THUỐC ĐƯỢC CHÚNG TÔI ĐÀI THỌ TRONG CHƯƠNG TRÌNH NÀY

Danh mục thuốc này được cập nhật vào ngày 12/01/2023. Để biết thêm thông tin mới nhất hoặc nếu quý vị có thắc mắc khác, hãy liên hệ với Ban Dịch vụ Hội viên CCA Medicare Excel theo số 866-333-3530 (TTY 711), 8 giờ sáng đến 8 giờ tối, 7 ngày trong tuần, từ ngày 1 tháng 10 đến ngày 31 tháng 3. (từ ngày 1 tháng 4 đến ngày 30 tháng 9: 8 giờ sáng đến 8 giờ tối, thứ Hai đến thứ Sáu.) Cuộc gọi được miễn cước. Hoặc truy cập ccahealthca.org.

Thông báo quan trọng về số tiền quý vị cần thanh toán cho vắc-xin: Chương trình của chúng tôi đài thọ miễn phí cho hầu hết các loại vắc-xin thuộc Phần D. Hãy gọi tới Ban Dịch vụ Hội viên để biết thêm thông tin.

Thông báo quan trọng về số tiền quý vị cần thanh toán cho insulin: Quý vị chỉ cần thanh toán tối đa \$30 cho lượng thuốc đủ dùng trong một tháng đối với mỗi sản phẩm insulin được chương trình của chúng tôi đài thọ, bất kể sản phẩm đó thuộc bậc chia sẻ chi phí nào.

H1426_23_CF1_C | Mã danh mục thuốc 00023366, Phiên bản 12

CCA Medicare Excel (HMO) Quận San Joaquin (Chương trình 001)

Danh sách thuốc được đài thọ năm 2023 (Danh mục thuốc)

Lưu ý dành cho hội viên hiện tại: Danh mục thuốc này đã thay đổi kể từ năm ngoái. Vui lòng xem lại tài liệu này để đảm bảo rằng danh mục thuốc vẫn chứa các loại thuốc mà quý vị đang dùng.

CCA Medicare Excel (HMO) là một chương trình bảo hiểm sức khỏe có hợp đồng với Medicare. Việc ghi danh phụ thuộc vào tình trạng gia hạn hợp đồng.

Khi danh sách thuốc (danh mục thuốc) này đề cập đến “chúng tôi” hoặc “của chúng tôi”, tức là CCA Health California. Khi đề cập đến “chương trình” hoặc “chương trình của chúng tôi”, tức là CCA Medicare Excel (HMO), Chương trình 001 (San Joaquin).

Tại tiểu bang California, CCA Health Plans of California, Inc. hoạt động kinh doanh dưới tên CCA Health California.

Tài liệu này bao gồm danh sách thuốc (danh mục thuốc) dành cho chương trình của chúng tôi hiện đang có hiệu lực kể từ ngày 01/01/2023. Để biết danh mục thuốc cập nhật, vui lòng liên hệ với chúng tôi. Thông tin liên hệ của chúng tôi, cùng với ngày cập nhật danh mục thuốc gần nhất, có trên các trang bìa mặt trước và mặt sau.

Quý vị luôn có thể tìm **Danh sách thuốc được đài thọ** cập nhật của CCA Medicare Excel trực tuyến tại www.ccahealthca.org hoặc bằng cách gọi số 866-333-3530 (TTY 711).

Thông thường, quý vị phải sử dụng các nhà thuốc trong mạng lưới để sử dụng quyền lợi thuốc theo toa của mình. Các quyền lợi, danh mục thuốc, mạng lưới nhà thuốc và/hoặc các khoản đồng thanh toán/đồng bảo hiểm có thể thay đổi vào ngày 1 tháng 1 năm 2023 và tùy từng thời điểm trong năm.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-333-3530 (TTY 711), de 8am a 8pm, los 7 días de la semana, del 1 de octubre al 31 de marzo. (Del 1 de abril al 30 de septiembre: de 8 am a 8pm, de lunes a viernes). La llamada es gratis.

Quý vị có thể nhận tài liệu này miễn phí ở các định dạng khác, chẳng hạn như bản in khổ lớn, chữ nổi Braille hoặc âm thanh. Vui

lòng gọi số 866-333-3530 (TTY 711), 8 giờ sáng đến 8 giờ tối, 7 ngày trong tuần, từ ngày 1 tháng 10 đến ngày 31 tháng 3. (từ ngày 1 tháng 4 đến ngày 30 tháng 9: 8 giờ sáng đến 8 giờ tối, thứ Hai đến thứ Sáu.) Cuộc gọi được miễn cước.

Chúng tôi sẽ lưu vào hồ sơ yêu cầu của quý vị về các định dạng thay thế và ngôn ngữ đặc biệt để gửi trao đổi thông tin liên lạc trong tương lai. Vui lòng liên hệ với Ban Dịch vụ Hội viên để thay đổi yêu cầu của quý vị về ngôn ngữ và/hoặc định dạng ưu tiên.

Multi-language Interpreter Services

English: ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-866-333-3530 (TTY 711).

Spanish (Español): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-333-3530 (TTY 711).

Chinese (繁體中文): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-333-3530 (TTY 711)。

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-333-3530 (TTY 711).

French (Français): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-333-3530 (ATS 711).

Vietnamese (Tiếng Việt): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-333-3530 (TTY 711).

German (Deutsch): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-333-3530 (TTY 711).

Korean (한국어): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-333-3530 (TTY 711)번으로 전화해 주십시오.

Russian (Русский): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-333-3530 (телетайп 711).

Arabic (العربية): ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم 1-866-333-3530 (رقم هاتف الصم والبكم 711).

Hindi (हिंदी): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-333-3530 (TTY 711) पर कॉल करें।

Italian (Italiano): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-333-3530 (TTY 711).

Portuguese (Português): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-333-3530 (TTY 711).

French Creole (Kreyòl Ayisyen): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-333-3530 (TTY 711).

Polish (Polski): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-333-3530 (TTY 711).

Greek (ελληνικά): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-333-3530 (TTY 711).

Japanese (日本語): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-333-3530 (TTY 711) まで、お電話にてご連絡ください。

Cambodian (ខ្មែរ): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ ក៏អាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-866-333-3530 (TTY 711)។

Lao/Laotian (ພາສາລາວ): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-866-333-3530 (TTY 711).

Gujarati (ગુજરાતી): સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-333-3530 (TTY 711).

Thông báo không phân biệt đối xử

CCA Health California tuân thủ các luật dân quyền hiện hành của Liên bang và không phân biệt đối xử trên cơ sở, hoặc loại trừ mọi người hay đối xử khác biệt với họ do tình trạng y tế, tình trạng sức khỏe, khả năng tiếp nhận dịch vụ y tế, lịch sử khiếu nại, tiền sử bệnh lý, tình trạng khuyết tật (bao gồm cả suy giảm trí tuệ), tình trạng hôn nhân, tuổi tác, giới tính (bao gồm định kiến giới tính và bản dạng giới), khuynh hướng tình dục, nguồn gốc quốc gia, chủng tộc, màu da, tôn giáo, tín ngưỡng, hỗ trợ cộng đồng hoặc nơi cư trú. CCA Health California:

- Cung cấp hỗ trợ và dịch vụ miễn phí cho người khuyết tật để giao tiếp hiệu quả với chúng tôi, chẳng hạn như:
 - Thông dịch viên ngôn ngữ ký hiệu có trình độ
 - Thông tin bằng văn bản ở các định dạng khác (bản in khổ lớn, âm thanh, định dạng điện tử có thể truy cập, các định dạng khác)
- Cung cấp các dịch vụ ngôn ngữ miễn phí cho những người có ngôn ngữ chính không phải là tiếng Anh, chẳng hạn như:
 - Thông dịch viên có trình độ
 - Thông tin được viết bằng các ngôn ngữ khác

Nếu quý vị cần những dịch vụ này, hãy liên hệ với Ban Dịch vụ Hội viên.

Nếu quý vị cho rằng CCA Health California đã không cung cấp các dịch vụ này hoặc phân biệt đối xử theo hình thức khác dựa trên tình trạng y tế, tình trạng sức khỏe, khả năng tiếp nhận dịch vụ y tế, lịch sử khiếu nại, tiền sử bệnh lý, tình trạng khuyết tật (bao gồm cả suy giảm trí tuệ), tình trạng hôn nhân, tuổi tác, giới tính (bao gồm định kiến giới tính và bản dạng giới), khuynh hướng tình dục, nguồn gốc quốc gia, chủng tộc, màu da, tôn giáo, tín ngưỡng, hỗ trợ cộng đồng hoặc nơi cư trú, quý vị có thể nộp đơn khiếu nại với Điều phối viên dân quyền qua đường bưu điện theo địa chỉ:

CCA Health Plans of California, Inc.
Member Services Department (Complaints)
18000 Studebaker Road, Suite 150
Cerritos, CA 90703
Điện thoại: 866-333-3530 (TTY 711) Fax: 866-207-6672

Quý vị có thể nộp đơn khiếu nại trực tiếp, qua đường bưu điện hoặc fax. Nếu quý vị cần trợ giúp nộp đơn khiếu nại, Điều phối viên dân quyền luôn sẵn sàng trợ giúp quý vị. Để được trợ giúp liên hệ với Điều phối viên dân quyền, hãy gọi tới Ban Dịch vụ Hội viên.

Quý vị cũng có thể nộp đơn khiếu nại về dân quyền với Bộ Y tế và Dịch vụ Nhân sinh Hoa Kỳ, Văn phòng Đặc trách Dân quyền, bằng phương thức điện tử thông qua Cổng thông tin khiếu nại của Văn phòng Đặc trách Dân quyền, tại ocrportal.hhs.gov/ocr/portal/lobby.jsf, qua điện thoại hoặc qua đường bưu điện theo địa chỉ:

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

Các mẫu đơn khiếu nại hiện có tại www.hhs.gov/ocr/office/file/index.html.

Danh mục thuốc CCA Medicare Excel là gì?

Danh mục thuốc là danh sách các loại thuốc được đài thọ do CCA Medicare Excel lựa chọn dưới sự cố vấn của một nhóm các nhà cung cấp dịch vụ chăm sóc sức khỏe, thể hiện các liệu pháp điều trị kê toa được cho là một phần cần thiết trong chương trình điều trị có chất lượng. Thông thường, CCA Medicare Excel sẽ đài thọ cho các loại thuốc được liệt kê trong danh mục thuốc của chúng tôi, miễn là loại thuốc đó cần thiết về mặt y tế, toa thuốc được mua tại nhà thuốc trong mạng lưới CCA Medicare Excel và tuân thủ các quy định khác của chương trình. Để biết thêm thông tin về cách mua thuốc theo toa, vui lòng xem lại Chứng từ bảo hiểm của quý vị.

Để biết danh sách đầy đủ về tất cả các loại thuốc theo toa được CCA Medicare Excel đài thọ, vui lòng truy cập trang web của chúng tôi hoặc gọi điện cho chúng tôi. Thông tin liên hệ của chúng tôi, cùng với ngày cập nhật danh mục thuốc gần nhất, có trên các trang bìa mặt trước và mặt sau.

Danh mục thuốc (danh sách thuốc) có thể thay đổi không?

Hầu hết các thay đổi về bảo hiểm thuốc sẽ xảy ra vào ngày 1 tháng 1, nhưng CCA Medicare Excel có thể bổ sung thêm hoặc loại bỏ các loại thuốc trên Danh sách thuốc trong năm, chuyển chúng sang các bậc chia sẻ chi phí khác hoặc thêm những hạn chế mới. Chúng tôi phải tuân thủ các quy định của Medicare khi thực hiện những thay đổi này.

Những thay đổi có thể ảnh hưởng đến quý vị trong năm nay: Trong những trường hợp dưới đây, quý vị sẽ bị ảnh hưởng bởi những thay đổi về phạm vi bảo hiểm trong năm:

- **Thuốc gốc mới.** Chúng tôi có thể ngay lập tức loại bỏ một loại thuốc biệt dược khỏi Danh sách thuốc của mình nếu chúng tôi thay thế thuốc đó bằng một loại thuốc gốc mới sẽ xuất hiện trên cùng bậc chia sẻ chi phí hoặc ở bậc thấp hơn và có cùng hạn chế hoặc ít hạn chế hơn. Ngoài ra, khi thêm thuốc gốc mới, chúng tôi có thể quyết định giữ lại thuốc biệt dược trong Danh sách thuốc của mình, nhưng sẽ ngay lập tức chuyển thuốc đó sang bậc chia sẻ chi phí khác hoặc thêm các hạn chế mới. Nếu quý vị hiện đang dùng loại thuốc biệt dược đó, chúng tôi có thể không thông báo trước cho quý vị trước khi chúng tôi thực hiện thay đổi đó, nhưng sau đó chúng tôi sẽ cung cấp cho quý vị thông tin về (những) thay đổi cụ thể mà chúng tôi đã thực hiện.
 - Nếu chúng tôi thực hiện thay đổi như vậy, thì quý vị hoặc bác sĩ kê toa của quý vị có thể yêu cầu chúng tôi đưa ra một ngoại lệ và tiếp tục đài thọ loại thuốc biệt dược đó cho quý vị. Thông báo mà chúng tôi cung cấp cho quý vị cũng sẽ bao gồm thông tin về cách yêu cầu ngoại lệ và quý vị có thể tìm thấy thông tin trong phần bên dưới có tiêu đề “Tôi có thể yêu cầu ngoại lệ đối với Danh mục thuốc của CCA Medicare Excel bằng cách nào?”

- **Thuốc bị thu hồi khỏi thị trường.** Nếu Cục Quản lý Thực phẩm và Dược phẩm cho rằng một loại thuốc trong danh mục thuốc của chúng tôi là không an toàn hoặc nhà sản xuất loại thuốc đó đã thu hồi thuốc khỏi thị trường, chúng tôi sẽ ngay lập tức loại bỏ loại thuốc đó khỏi danh mục thuốc của mình và thông báo cho các hội viên đang dùng loại thuốc đó.
- **Những thay đổi khác.** Chúng tôi có thể thực hiện những thay đổi khác có khả năng ảnh hưởng đến các hội viên hiện đang dùng thuốc. Ví dụ: chúng tôi có thể thêm một loại thuốc gốc không phải là thuốc mới trên thị trường để thay thế một loại thuốc biệt dược hiện có trong danh mục thuốc hoặc thêm các hạn chế mới cho thuốc biệt dược hay chuyển thuốc đó sang một bậc chia sẻ chi phí khác hoặc cả hai. Hoặc chúng tôi có thể thực hiện các thay đổi dựa trên những hướng dẫn lâm sàng mới. Nếu chúng tôi loại bỏ thuốc khỏi danh mục thuốc của mình hoặc bổ sung thêm sự cho phép trước, giới hạn số lượng và/hoặc các hạn chế về phương pháp trị liệu từng bước đối với thuốc hoặc chuyển thuốc lên bậc chia sẻ chi phí cao hơn, chúng tôi phải thông báo cho các hội viên bị ảnh hưởng về sự thay đổi này ít nhất 30 ngày trước ngày thay đổi có hiệu lực hoặc vào thời điểm hội viên yêu cầu mua thêm thuốc, lúc đó hội viên sẽ nhận được lượng thuốc đủ dùng trong 30 ngày.
 - Nếu chúng tôi thực hiện những thay đổi khác này, thì quý vị hoặc bác sĩ kê toa của quý vị có thể yêu cầu chúng tôi đưa ra một ngoại lệ và tiếp tục đài thọ thuốc biệt dược cho quý vị. Thông báo mà chúng tôi cung cấp cho quý vị cũng sẽ bao gồm thông tin về cách yêu cầu ngoại lệ, và quý vị cũng có thể tìm thấy thông tin trong phần bên dưới có tiêu đề “Tôi có thể yêu cầu ngoại lệ đối với Danh mục thuốc của CCA Medicare Excel bằng cách nào?”

Những thay đổi sẽ không ảnh hưởng đến quý vị nếu quý vị hiện đang dùng thuốc. Thông thường, nếu quý vị đang dùng một loại thuốc có tên trong danh mục thuốc năm 2023 của chúng tôi đã được đài thọ vào đầu năm, thì chúng tôi sẽ không ngừng hoặc giảm mức đài thọ cho loại thuốc đó trong năm bảo hiểm 2023, trừ trường hợp được mô tả ở trên. Điều này có nghĩa là những loại thuốc này sẽ vẫn được cung cấp với mức chia sẻ chi phí như cũ và không có hạn chế mới nào đối với những hội viên đang dùng chúng trong thời gian còn lại của năm bảo hiểm. Quý vị sẽ không nhận được thông báo trực tiếp trong năm nay về những thay đổi mà không ảnh hưởng đến quý vị. Tuy nhiên, vào ngày 1 tháng 1 của năm tiếp theo, những thay đổi như vậy sẽ ảnh hưởng đến quý vị và điều quan trọng là quý vị cần phải kiểm tra Danh sách thuốc dành cho năm quyền lợi mới để biết bất kỳ thay đổi nào đối với các loại thuốc.

Danh mục thuốc kèm theo hiện có hiệu lực kể từ ngày 12/01/2023. Để nhận thông tin cập nhật về các loại thuốc được CCA Medicare Excel đài thọ, vui lòng liên hệ với chúng tôi. Thông tin liên hệ của chúng tôi có trên các trang bìa mặt trước và mặt sau.

Tôi có thể sử dụng Danh mục thuốc như thế nào?

Có hai cách để tìm thuốc của quý vị trong danh mục thuốc:

Tình trạng y tế

Danh mục thuốc bắt đầu ở trang 3. Các loại thuốc trong danh mục thuốc này được phân thành các nhóm tùy thuộc vào loại tình trạng y tế mà chúng được sử dụng để điều trị. Ví dụ, các loại thuốc được sử dụng để điều trị bệnh tim được liệt kê trong nhóm Thuốc tim mạch. Nếu quý vị biết rõ mục đích sử dụng loại thuốc của mình, hãy tìm tên nhóm thuốc trong danh sách bắt đầu ở trang 3. Sau đó tìm tên loại thuốc của quý vị dưới tên nhóm thuốc.

Danh sách theo thứ tự bảng chữ cái

Nếu quý vị không biết nên xem nhóm thuốc nào, quý vị nên tìm thuốc của mình trong phần Chỉ mục bắt đầu ở trang 1. Chỉ mục cung cấp một danh sách theo thứ tự bảng chữ cái của tất cả các loại thuốc được đề cập trong tài liệu này. Cả thuốc biệt dược và thuốc gốc đều được liệt kê trong phần Chỉ mục. Xem Chỉ mục và tìm thuốc của quý vị. Bên cạnh loại thuốc của mình, quý vị sẽ thấy số trang nơi quý vị có thể tìm thấy thông tin bảo hiểm. Chuyển sang trang được liệt kê trong Chỉ mục và tìm tên thuốc của quý vị trong cột đầu tiên của danh sách.

Thuốc gốc là gì?

CCA Medicare Excel đài thọ cho cả thuốc biệt dược và thuốc gốc. Thuốc gốc được FDA phê duyệt là có thành phần hoạt tính tương tự như thuốc biệt dược. Thông thường, thuốc gốc có giá thấp hơn thuốc biệt dược.

Có bất kỳ hạn chế nào đối với phạm vi bảo hiểm của tôi không?

Một số loại thuốc được đài thọ có thể có các yêu cầu bổ sung hoặc giới hạn về phạm vi bảo hiểm. Những yêu cầu và giới hạn này có thể bao gồm:

- **Cho phép trước:** CCA Medicare Excel yêu cầu quý vị hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị xin sự cho phép trước đối với một số loại thuốc nhất định. Điều này có nghĩa là quý vị sẽ cần được CCA Medicare Excel chấp thuận trước khi mua thuốc theo toa. Nếu quý vị không được chấp thuận, CCA Medicare Excel có thể không đài thọ cho loại thuốc đó.
- **Giới hạn số lượng:** Đối với một số loại thuốc nhất định, CCA Medicare Excel giới hạn số lượng thuốc mà CCA Medicare Excel sẽ đài thọ. Ví dụ, CCA Medicare Excel quy định 30 viên nén cho mỗi toa thuốc đối với Rabeprazole dạng viên uống. Đây có thể là phần nhận thêm cho lượng thuốc cấp phát tiêu chuẩn đủ dùng trong một tháng hoặc ba tháng.
- **Phương pháp trị liệu từng bước:** Trong một số trường hợp, CCA Medicare Excel yêu cầu quý vị trước tiên phải dùng thử một số loại thuốc nhất định để điều trị tình trạng bệnh lý của mình trước khi chúng tôi đài thọ một loại thuốc khác cho tình trạng đó. Ví dụ: nếu Thuốc A

và Thuốc B đều có khả năng điều trị tình trạng bệnh lý của quý vị thì CCA Medicare Excel có thể không đài thọ cho Thuốc B trừ khi quý vị dùng thử Thuốc A trước. Nếu Thuốc A không hiệu quả với quý vị thì khi đó CCA Medicare Excel sẽ đài thọ cho Thuốc B.

CCA Medicare Excel sẽ giới hạn phạm vi bảo hiểm của máy đo đường huyết và que thử đối với các sản phẩm chăm sóc bệnh tiểu đường sau đây:

- Các sản phẩm của Abbott
 - Máy đo FreeStyle Lite®
 - Máy đo FreeStyle Freedom Lite®
 - Máy đo Precision Xtra®
 - Que thử đường huyết Precision Xtra®
 - Que thử đường huyết FreeStyle Lite® *tương thích với Máy đo Lite*
- Các sản phẩm của LifeScan
 - Hệ thống kiểm soát đường huyết OneTouch Ultra2®
 - Máy đo OneTouch Ultra Mini®
 - Máy đo OneTouch Verio Flex®
 - Máy đo OneTouch Verio IQ®
 - Que thử OneTouch Ultra®
 - Que thử OneTouch Verio®

Quý vị có thể tìm hiểu xem thuốc của mình có bất kỳ yêu cầu hoặc giới hạn bổ sung nào hay không bằng cách xem danh mục thuốc bắt đầu ở trang 3. Quý vị cũng có thể tìm hiểu thêm thông tin về những hạn chế áp dụng cho các loại thuốc được đài thọ cụ thể bằng cách truy cập trang web của chúng tôi. Chúng tôi đã đăng tải các tài liệu trực tuyến giải thích những hạn chế về sự chấp thuận trước và phương pháp trị liệu từng bước của chúng tôi. Quý vị cũng có thể yêu cầu chúng tôi gửi cho quý vị một bản sao. Thông tin liên hệ của chúng tôi, cùng với ngày cập nhật danh mục thuốc gần nhất, có trên các trang bìa mặt trước và mặt sau.

Quý vị có thể yêu cầu CCA Medicare Excel đưa ra ngoại lệ đối với những hạn chế hoặc giới hạn này hoặc yêu cầu danh sách các loại thuốc tương tự khác có khả năng điều trị tình trạng sức khỏe của quý vị. Xem phần “Tôi có thể yêu cầu ngoại lệ đối với danh mục thuốc của CCA Medicare Excel bằng cách nào?” ở trang 9 để biết thông tin về cách yêu cầu ngoại lệ.

Thuốc mua tự do không cần toa (OTC) là gì?

Thuốc mua tự do không cần toa (over-the-counter, OTC) là thuốc không kê toa thường không được Chương trình thuốc theo toa của Medicare đài thọ. CCA Medicare Excel thanh toán cho một

số loại thuốc OTC. CCA Medicare Excel sẽ cung cấp miễn phí các loại thuốc OTC này cho quý vị. Chi phí đài thọ các loại thuốc OTC này của CCA Medicare Excel sẽ không được tính vào tổng chi phí thuốc Phần D của quý vị (tức là chi phí thuốc OTC này không được tính vào giai đoạn không được bảo hiểm).

Các loại thuốc OTC được CCA Medicare Excel đài thọ	HÀM LƯỢNG	DẠNG BÀO CHẾ
CETIRIZINE HCL	5 MG/ML	DUNG DỊCH
CETIRIZINE HCL	1 MG/ML	DUNG DỊCH
CETIRIZINE HCL	5 MG/5 ML	DUNG DỊCH
CETIRIZINE HCL	5 MG	VIÊN NHAI
CETIRIZINE HCL	10 MG	VIÊN NHAI
CETIRIZINE HCL	5 MG	VIÊN NÉN
CETIRIZINE HCL	10 MG	VIÊN NÉN
CETIRIZINE HCL/PSEUDOEPHEDRINE	5 MG-120 MG	VIÊN NÉN PHÓNG THÍCH KÉO DÀI TRONG 12 GIỜ
DICLOFENAC SODIUM	1%	GEL (GRAM)
FEXOFENADINE HCL	30 MG/5 ML	HỖN DỊCH UỐNG
FEXOFENADINE HCL	30 MG	VIÊN NÉN PHÓNG THÍCH NHANH
FEXOFENADINE HCL	60 MG	VIÊN NÉN
FEXOFENADINE HCL	180 MG	VIÊN NÉN
FEXOFENADINE/PSEUDOEPHEDRINE	60 MG-120 MG	VIÊN NÉN PHÓNG THÍCH KÉO DÀI TRONG 12 GIỜ
FEXOFENADINE/PSEUDOEPHEDRINE	180 MG-240 MG	VIÊN NÉN PHÓNG THÍCH KÉO DÀI TRONG 24 GIỜ

KETOTIFEN FUMARATE	0.03%	GIỌT
LEVOCETIRIZINE DIHYDROCHLORIDE	5 MG	VIÊN NÉN
LORATADINE	5 MG/5 ML	DUNG DỊCH
LORATADINE	5 MG	VIÊN NHAI
LORATADINE	10 MG	VIÊN NÉN PHÓNG THÍCH NHANH
LORATADINE	10 MG	VIÊN NÉN
LORATADINE/PSEUDOEPHEDRINE	5 MG-120 MG	VIÊN NÉN PHÓNG THÍCH KÉO DÀI TRONG 12 GIỜ
LORATADINE/PSEUDOEPHEDRINE	10 MG-240 MG	VIÊN NÉN PHÓNG THÍCH KÉO DÀI TRONG 24 GIỜ
OLOPATADINE HCL	0.70%	GIỌT
MIẾNG DÁN NICOTINE	21-14-7 MG	MIẾNG DÁN DYSQ
MIẾNG DÁN NICOTINE	14 MG/24 GIỜ	MIẾNG DÁN TD24
MIẾNG DÁN NICOTINE	21 MG/24 GIỜ	MIẾNG DÁN TD24
MIẾNG DÁN NICOTINE	7 MG/24 GIỜ	MIẾNG DÁN TD24
KẸO CAO SU NICOTINE	2 MG	KẸO CAO SU
KẸO CAO SU NICOTINE	4 MG	KẸO CAO SU
VIÊN NGẬM NICOTINE	2 MG	VIÊN NGẬM
VIÊN NGẬM NICOTINE	4 MG	VIÊN NGẬM
OLOPATADINE HCL	0.20%	GIỌT
OLOPATADINE HCL	0.10%	GIỌT

Nếu thuốc của tôi không có trong Danh mục thuốc thì sao?

Nếu thuốc của quý vị không có trong danh mục thuốc này (danh sách thuốc được đài thọ), trước tiên quý vị nên liên hệ với Ban Dịch vụ Hội viên và hỏi xem thuốc của quý vị có được đài thọ hay không. Để biết thêm thông tin, xin vui lòng liên hệ với chúng tôi. Thông tin liên hệ của chúng tôi, cùng với ngày cập nhật danh mục thuốc gần nhất, có trên các trang bìa mặt trước và mặt sau. Nếu quý vị biết rằng CCA Medicare Excel không đài thọ cho thuốc của quý vị, quý vị có hai lựa chọn:

- Quý vị có thể yêu cầu Ban Dịch vụ Hội viên cung cấp danh sách các loại thuốc tương tự được CCA Medicare Excel đài thọ. Khi quý vị nhận được danh sách này, hãy đưa nó cho nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị và yêu cầu họ kê toa một loại thuốc tương tự được CCA Medicare Excel đài thọ.
- Quý vị có thể yêu cầu CCA Medicare Excel tạo ngoại lệ và đài thọ cho thuốc của quý vị. Xem nội dung bên dưới để biết thông tin về cách yêu cầu ngoại lệ.

Tôi có thể yêu cầu ngoại lệ đối với Danh mục thuốc của CCA Medicare Excel bằng cách nào?

Quý vị có thể yêu cầu CCA Medicare Excel tạo ngoại lệ đối với các quy định bảo hiểm của chúng tôi. Có một số loại ngoại lệ mà quý vị có thể yêu cầu chúng tôi thực hiện.

- Quý vị có thể yêu cầu chúng tôi đài thọ cho một loại thuốc ngay cả khi thuốc đó không có trong danh mục thuốc của chúng tôi. Nếu được phê chuẩn, thuốc này sẽ được đài thọ ở mức chia sẻ chi phí đã xác định trước và quý vị sẽ không thể yêu cầu chúng tôi cung cấp thuốc ở mức chia sẻ chi phí thấp hơn.
- Quý vị có thể yêu cầu chúng tôi đài thọ cho một loại thuốc có trong danh mục thuốc ở mức chia sẻ chi phí thấp hơn. Nếu được phê chuẩn, điều này sẽ giúp giảm bớt số tiền mà quý vị phải thanh toán cho thuốc của mình.
- Quý vị có thể yêu cầu chúng tôi miễn trừ các hạn chế hoặc giới hạn bảo hiểm đối với thuốc của quý vị. Ví dụ, đối với một số loại thuốc nhất định, CCA Medicare Excel giới hạn số lượng thuốc mà chúng tôi sẽ đài thọ. Nếu thuốc của quý vị có giới hạn về số lượng, quý vị có thể yêu cầu chúng tôi miễn trừ giới hạn đó và đài thọ số lượng lớn hơn.

Thông thường, CCA Medicare Excel sẽ chỉ phê chuẩn yêu cầu ngoại lệ của quý vị nếu các loại thuốc thay thế hiện có trong danh mục thuốc của chương trình, thuốc ở mức chia sẻ chi phí thấp hơn hoặc các hạn chế sử dụng bổ sung sẽ không hiệu quả trong việc điều trị tình trạng của quý vị và/hoặc sẽ khiến quý vị gặp phải các tác dụng phụ y tế.

Quý vị nên liên hệ với chúng tôi để yêu cầu chúng tôi đưa ra quyết định bảo hiểm ban đầu đối với ngoại lệ về danh mục thuốc, bậc thuốc hoặc hạn chế việc sử dụng. **Khi quý vị yêu cầu ngoại lệ đối với danh mục thuốc, bậc thuốc hoặc hạn chế việc sử dụng, quý vị nên gửi bản tường trình từ bác sĩ kê toa hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe để xác nhận yêu cầu của quý vị.** Thông thường, chúng tôi phải đưa ra quyết định trong vòng 72 giờ sau khi nhận được bản tường trình xác nhận của bác sĩ kê toa cho quý vị.

Quý vị có thể yêu cầu ngoại lệ cấp tốc (nhanh) nếu quý vị hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị cho rằng sức khỏe của quý vị có thể bị tổn hại nghiêm trọng nếu phải chờ đợi quyết định tới 72 giờ. Nếu yêu cầu ngoại lệ cấp tốc của quý vị được chấp thuận, chúng tôi phải đưa ra quyết định cho quý vị trong vòng 24 giờ sau khi nhận được bản tường trình xác nhận từ nhà cung cấp của quý vị hoặc bác sĩ kê toa khác.

Tôi nên làm gì trước khi có thể trao đổi với nhà cung cấp dịch vụ chăm sóc sức khỏe của mình về việc thay đổi thuốc hoặc yêu cầu ngoại lệ?

Với tư cách là hội viên mới hoặc tiếp tục tham gia chương trình của chúng tôi, quý vị có thể đang dùng các loại thuốc không có trong danh mục thuốc của chúng tôi. Hoặc quý vị có thể đang dùng một loại thuốc có trong danh mục thuốc của chúng tôi nhưng khả năng nhận được thuốc đó bị hạn chế. Ví dụ: quý vị có thể cần sự cho phép trước từ chúng tôi trước khi quý vị có thể mua thuốc theo toa của mình. Quý vị nên trao đổi với nhà cung cấp của mình để quyết định xem quý vị có nên chuyển sang một loại thuốc thích hợp được chúng tôi đài thọ hay yêu cầu ngoại lệ đối với danh mục thuốc để được chúng tôi đài thọ cho loại thuốc mà quý vị đang dùng. Trong thời gian quý vị trao đổi với nhà cung cấp của mình để xác định hướng hành động phù hợp với quý vị, chúng tôi có thể đài thọ cho thuốc của quý vị trong một số trường hợp nhất định trong 90 ngày đầu tiên quý vị trở thành hội viên trong chương trình của chúng tôi.

Đối với mỗi loại thuốc không có trong danh mục thuốc của chúng tôi hoặc nếu khả năng mua thuốc của quý vị bị hạn chế, chúng tôi sẽ đài thọ cho lượng thuốc cấp phát tạm thời đủ dùng trong 30 ngày. Nếu toa thuốc của quý vị được kê cho ít ngày hơn, chúng tôi sẽ cho phép quý vị mua thêm lượng thuốc đủ dùng trong tối đa 30 ngày. Sau đợt cấp phát lượng thuốc đủ dùng trong 30 ngày đầu tiên, chúng tôi sẽ không thanh toán cho những loại thuốc này, ngay cả khi quý vị mới trở thành hội viên của chương trình chưa đến 90 ngày.

Nếu quý vị là bệnh nhân của một cơ sở chăm sóc dài hạn và quý vị cần một loại thuốc không có trong danh mục thuốc của chúng tôi hoặc nếu khả năng mua thuốc của quý vị bị hạn chế, nhưng quý vị đã qua 90 ngày đầu tiên trở thành hội viên trong chương trình, chúng tôi sẽ đài thọ cho lượng thuốc khẩn cấp đủ dùng trong 31 ngày đối với loại thuốc đó trong thời gian quý vị yêu cầu ngoại lệ về danh mục thuốc.

Chúng tôi sẽ cung cấp lượng thuốc tạm thời đủ dùng trong ít nhất 31 ngày (trừ khi toa thuốc được kê cho ít ngày hơn) đối với tất cả các loại thuốc không có trong danh mục thuốc bao gồm cả

những loại thuốc có thể được dùng trong phương pháp trị liệu từng bước hoặc yêu cầu cho phép trước đối với thay đổi mức độ chăm sóc ngoài dự kiến. Mức độ chuyển tiếp chăm sóc ngoài dự kiến có thể thuộc bất kỳ trường hợp nào sau đây:

- xuất viện hoặc nhập viện tại một cơ sở chăm sóc dài hạn
- xuất viện hoặc nhập viện, hoặc
- thay đổi cấp độ chuyên môn của cơ sở điều dưỡng.

Tìm hiểu thêm thông tin

Để biết thêm thông tin chi tiết về bảo hiểm thuốc theo toa CCA Medicare Excel của quý vị, vui lòng xem lại Chứng từ bảo hiểm và các tài liệu khác của chương trình.

Nếu quý vị có thắc mắc về CCA Medicare Excel, vui lòng liên hệ với chúng tôi. Thông tin liên hệ của chúng tôi, cùng với ngày cập nhật danh mục thuốc gần nhất, có trên các trang bìa mặt trước và mặt sau.

Nếu quý vị có thắc mắc chung về bảo hiểm thuốc theo toa của Medicare, vui lòng gọi cho Medicare theo số 1-800-MEDICARE (1-800-633-4227) 24 giờ một ngày/7 ngày trong tuần. Người dùng TTY xin gọi 1-877-486-2048. Hoặc truy cập <http://www.medicare.gov>.

Danh mục thuốc CCA Medicare Excel

Danh mục thuốc bắt đầu ở trang 3 cung cấp thông tin bảo hiểm về các loại thuốc được CCA Medicare Excel đài thọ. Nếu quý vị gặp khó khăn khi tìm thuốc của mình trong danh sách, hãy chuyển sang phần Chỉ mục bắt đầu ở trang 1.

Cột đầu tiên trong bảng nêu tên thuốc. Thuốc biệt dược được viết hoa (ví dụ: MYRBETRIQ) và thuốc gốc được liệt kê bằng chữ thường in nghiêng (ví dụ: *cephalexin*).

Thông tin trong cột Yêu cầu/Giới hạn cho quý vị biết liệu CCA Medicare Excel có bất kỳ yêu cầu đặc biệt nào đối với việc đài thọ cho thuốc của quý vị hay không.

Khoản chia sẻ chi phí nhà thuốc theo CCA Medicare Excel (HMO) - San Joaquin (Chương trình 001)

Khoản khấu trừ	\$0 (đối với tất cả các bậc thuốc)		
Bậc thuốc	Mô tả	Nhà thuốc trong mạng lưới Lượng thuốc đủ dùng trong 30 ngày	Nhà thuốc trong mạng lưới Lượng thuốc đủ dùng trong 90 ngày
Bậc 1	Thuốc gốc ưu tiên	\$0	\$0
Bậc 2	Thuốc gốc	\$0	\$0
Bậc 3	Thuốc biệt dược ưu tiên	\$30	\$60
Bậc 4	Thuốc không ưu tiên	\$90	\$180
Bậc 5	Bậc thuốc chuyên khoa	33%	Không áp dụng
Sản phẩm insulin		Không quá \$30	Không quá \$60
Giai đoạn không được bảo hiểm Sau khi tổng chi phí thuốc theo toa của quý vị đạt đến \$4,660 và cho đến khi khoản thanh toán của quý vị đạt \$7,400 , quý vị phải trả:		<ul style="list-style-type: none"> Chỉ đối với bậc 1 (thuốc gốc ưu tiên) và bậc 2 (thuốc gốc), khoản đồng thanh toán của quý vị là \$0 cho đến hết giai đoạn không được bảo hiểm. Đối với bậc 3 (thuốc biệt dược ưu tiên), bậc 4 (thuốc biệt dược không ưu tiên) và bậc 5 (thuốc chuyên khoa): <ul style="list-style-type: none"> 25% chi phí cho thuốc gốc Phần D 25% chi phí cho thuốc biệt dược Phần D 	
Giai đoạn bảo hiểm tai ương Sau giai đoạn không được bảo hiểm, khi các khoản thanh toán trong năm của quý vị lớn hơn \$7,400 , quý vị sẽ trả số tiền lớn hơn trong số:		5% chi phí thuốc cho mỗi toa thuốc hoặc \$4.15 cho mỗi toa thuốc đối với thuốc gốc Phần D, \$10.35 cho mỗi toa thuốc đối với thuốc biệt dược Phần D.	

Bảo hiểm thuốc bị loại trừ trong Medicare theo CCA Medicare Excel

Thuốc theo toa này thường không được đài thọ trong Chương trình thuốc theo toa của Medicare. Số tiền quý vị phải thanh toán khi mua thuốc theo toa này sẽ không được tính vào tổng chi phí thuốc của quý vị (có nghĩa là số tiền quý vị phải thanh toán không giúp quý vị đủ điều kiện được hưởng bảo hiểm tai ương). Ngoài ra, nếu quý vị đang nhận trợ cấp bổ sung cho thuốc theo toa của mình, quý vị sẽ không được nhận bất kỳ trợ cấp bổ sung nào để thanh toán cho thuốc này.

Tên thuốc	Bậc thuốc	Yêu cầu/Giới hạn
viên uống <i>sildenafil 100 mg</i> (Viagra)	2	Giới hạn số lượng (tối đa 6 viên trong mỗi 30 ngày)

<i>viên uống sildenafil 50 mg</i> (Viagra)	2	Giới hạn số lượng (tối đa 6 viên trong mỗi 30 ngày)
<i>viên uống sildenafil 25 mg</i> (Viagra)	2	Giới hạn số lượng (tối đa 6 viên trong mỗi 30 ngày)

Danh sách từ viết tắt

CB: Quyền lợi tối đa: Thuốc này được hưởng quyền lợi tối đa.

EA: Mỗi.

EX: Thuốc Phần D bị loại trừ: Thuốc theo toa này thường không được đài thọ trong Chương trình thuốc theo toa của Medicare. Số tiền quý vị phải thanh toán khi mua thuốc theo toa này sẽ không được tính vào tổng chi phí thuốc của quý vị (có nghĩa là số tiền quý vị phải thanh toán không giúp quý vị đủ điều kiện được hưởng bảo hiểm tai ương). Ngoài ra, nếu quý vị đang nhận trợ cấp bổ sung cho thuốc theo toa của mình, quý vị sẽ không được nhận bất kỳ trợ cấp bổ sung nào để thanh toán cho thuốc này.

GC: Giai đoạn không được bảo hiểm. Chúng tôi cung cấp bảo hiểm bổ sung cho loại thuốc theo toa này trong giai đoạn không được bảo hiểm. Vui lòng tham khảo Chứng từ bảo hiểm của chúng tôi để biết thêm thông tin về bảo hiểm này.

GM: Gram

ML: Mililit

NEDS: Lượng thuốc cấp phát theo ngày không kéo dài. Quý vị có thể nhận được lượng thuốc đủ dùng trong hơn 1 tháng đối với hầu hết các loại thuốc trong Danh mục thuốc CCA Medicare Excel thông qua hình thức mua lẻ hoặc đặt mua qua bưu điện. Các loại thuốc được ghi chú bằng “NDS” được giới hạn ở lượng thuốc đủ dùng trong 1 tháng đối với cả hình thức Mua lẻ và Đặt mua qua bưu điện.

PA: Chấp thuận trước (hoặc cho phép trước). Đối với một số loại thuốc, quý vị hoặc bác sĩ của quý vị hay bác sĩ kê toa khác phải được CCA Medicare Excel chấp thuận trước khi quý vị mua thuốc theo toa. Nếu quý vị không được chấp thuận, CCA Medicare Excel có thể không đài thọ cho loại thuốc đó.

BvD: Hạn chế cho phép trước đối với quyết định liên quan đến Phần B và Phần D: Thuốc này có thể đủ điều kiện được thanh toán theo Medicare Phần B hoặc Medicare Phần D. Quý vị hoặc nhà cung cấp của quý vị phải được CCA Medicare Excel cho phép trước để xác định rằng loại thuốc này được đài thọ theo Medicare Phần D trước khi quý vị mua thuốc theo toa. Nếu không được chấp thuận trước, CCA Medicare Excel có thể không đài thọ cho loại thuốc này.

PA_NSO: Hạn chế cho phép trước chỉ áp dụng với những hội viên mới bắt đầu. Nếu loại thuốc này hoàn toàn mới đối với quý vị thì quý vị (hoặc bác sĩ của quý vị) phải xin sự cho phép trước cho CCA Medicare Excel trước khi quý vị mua thuốc theo toa. Nếu không được chấp thuận trước, CCA Medicare Excel có thể không đài thọ cho loại thuốc này.

QL: Giới hạn số lượng. Đối với một số loại thuốc, CCA Medicare Excel giới hạn số lượng thuốc mà quý vị có thể nhận được. Ví dụ: CCA Medicare Excel quy định 60 viên nén cho mỗi toa thuốc ENTRESTO dùng trong 30 ngày.

SI: Một số loại insulin được chọn. Các sản phẩm insulin được chọn là một phần của chương trình CMS Senior Savings Model với mức đồng thanh toán giảm cho hội viên.

ST: Phương pháp trị liệu từng bước. Đối với một số loại thuốc, CCA Medicare Excel yêu cầu quý vị tham gia phương pháp trị liệu từng bước. Điều này có nghĩa là quý vị sẽ phải dùng thử các loại thuốc theo một trình tự nhất định để điều trị các tình trạng y tế của mình. Quý vị có thể phải dùng thử một loại thuốc trước khi chúng tôi đài thọ cho một loại thuốc khác. Nếu nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị cho rằng loại thuốc đầu tiên không có tác dụng với quý vị thì chúng tôi sẽ đài thọ cho loại thuốc thứ hai.

ST_NSO: Phương pháp trị liệu từng bước chỉ dành cho những hội viên mới bắt đầu. Nếu loại thuốc này hoàn toàn mới đối với quý vị, trước tiên quý vị phải dùng thử một số loại thuốc nhất định để điều trị tình trạng bệnh của mình trước khi chúng tôi đài thọ cho một loại thuốc khác đối với tình trạng đó.

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Drug Name	Drug Tier	Requirements/Limits	
Analgesics			
Analgesics, Miscellaneous			
<i>acetaminophen-codeine 120-12 mg/5 ml cup outer 120 mg-12 mg /5 ml (5 ml)</i>	2	GC; NEDS; QL (4500 per 30 days)	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	GC; NEDS; QL (4500 per 30 days)	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	GC; NEDS; QL (360 per 30 days)	
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	GC; NEDS; QL (180 per 30 days)	
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	(codeine-butalbital-asa-caff)	3	NEDS; QL (180 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	(Buprenex)	2	GC
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>		2	GC
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	(Esgic)	2	GC; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>		3	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>		2	GC; QL (180 per 30 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>		2	GC; NEDS; QL (180 per 30 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	(Ascomp with Codeine)	3	NEDS; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	(oxycodone-acetaminophen)	2	GC; NEDS; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	(oxycodone-acetaminophen)	2	GC; NEDS; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	(oxycodone-acetaminophen)	2	GC; NEDS; 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; NEDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>		3	PA; NEDS; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/1hr</i>	3	NEDS; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/1hr, 25 mcg/1hr, 50 mcg/1hr, 75 mcg/1hr</i>	2	GC; NEDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	NEDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	GC; NEDS; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg</i>	2	GC; NEDS; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	GC; NEDS; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	GC
<i>hydromorphone oral liquid 1 mg/ml (Dilaudid)</i>	2	GC; NEDS; QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)</i>	2	GC; NEDS; QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	GC; QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	GC; NEDS; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	GC; NEDS; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	GC; NEDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	GC; NEDS; QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg (methadone)</i>	2	GC; NEDS; QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	PA; GC; NEDS; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	GC; NEDS; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	GC; NEDS; QL (300 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol oral tablet 50 mg</i>	1	GC; NEDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	GC; NEDS; QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	NEDS; QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	NEDS; QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	3	NEDS; QL (240 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	GC; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	GC; QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i>	2	GC; QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i>	2	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i>	2	GC; QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	GC; QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	2	GC; QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	2	PA; GC; QL (100 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i> (Pennsaid)	5	PA; NEDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	GC
<i>ec-naproxen dr 500 mg tablet</i> (naproxen)	2	GC
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	GC
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	GC
<i>etodolac oral tablet 500 mg</i>	2	GC
<i>flurbiprofen oral tablet 100 mg</i>	2	GC
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	1	GC
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	GC
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis)	3	PA; QL (90 per 30 days)
<i>indomethacin oral capsule 25 mg</i>	1	GC; QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	GC; QL (120 per 30 days)
<i>indomethacin oral capsule, extended release 75 mg</i>	2	GC; QL (60 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	2	GC; QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	GC
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	GC
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	GC
<i>naproxen oral tablet,delayed release (drlec) 375 mg</i> (EC-Naprosyn)	2	GC
<i>naproxen oral tablet,delayed release (drlec) 500 mg</i> (EC-Naproxen)	2	GC
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	GC
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	2	GC; QL (30 per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	1	GC
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	1	GC
<i>lidocaine hcl 1% 50 mg/5 ml vial sdv, plf 10 mg/ml (1 %)</i> (Xylocaine-MPF)	2	GC
<i>lidocaine hcl 2% ampul outer,plf,svd 20 mg/ml (2 %)</i> (Xylocaine-MPF)	2	GC
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i> (Xylocaine)	2	GC
<i>lidocaine hcl injection solution 5 mg/ml (0.5 %)</i> (Xylocaine)	1	GC
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	2	GC; QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PA; GC
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	2	PA; GC; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; GC; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	2	GC
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; GC; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (drlec) 333 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl sublingual tablet</i> 2 mg, 8 mg	2	GC; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film</i> 12-3 mg (Suboxone)	2	GC; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film</i> 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	2	GC; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet</i> 2-0.5 mg, 8-2 mg	2	GC; QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i> 150 mg	2	GC
<i>disulfiram oral tablet</i> 250 mg, 500 mg	2	GC
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone injection solution</i> 0.4 mg/ml	1	GC
<i>naloxone injection syringe</i> 0.4 mg/ml	3	
<i>naloxone injection syringe</i> 1 mg/ml	2	GC
<i>naloxone nasal spray, non-aerosol</i> 4 mg/actuation (Narcan)	2	GC; QL (4 per 30 days)
<i>naltrexone oral tablet</i> 50 mg	2	GC
NICOTROL INHALATION CARTRIDGE 10 MG	4	ST; QL (2688 per 365 days)
<i>varenicline oral tablet</i> 0.5 mg	2	GC; QL (336 per 365 days)
<i>varenicline oral tablet</i> 1 mg (Chantix)	2	GC; QL (336 per 365 days)
<i>varenicline oral tablets, dose pack</i> 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box)	3	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet</i> 0.25 mg, 0.5 mg, 1 mg (Xanax)	1	GC; NEDS; QL (120 per 30 days)
<i>alprazolam oral tablet</i> 2 mg (Xanax)	1	GC; NEDS; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule</i> 10 mg, 25 mg, 5 mg	1	GC; NEDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	GC; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	GC; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	GC; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	GC; QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	GC; QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	GC; QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	3	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	GC; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	GC; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	GC; QL (120 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	GC
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	2	GC; QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	4	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	GC; QL (2 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	GC; NEDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	GC; NEDS; QL (150 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	GC; NEDS; QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	GC; NEDS; QL (30 per 30 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	GC
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>	2	GC
<i>neomycin oral tablet 500 mg</i>	2	GC
<i>streptomycin intramuscular recon soln 1 gram</i>	5	NEDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NEDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	5	PA BvD; NEDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	3	
Antibacterials, Miscellaneous		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	GC
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	GC
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	2	GC
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	3	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	GC
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	GC
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	GC
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	5	NEDS
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin RF)	5	NEDS
FIRVANQ ORAL RECON SOLN 25 MG/ML (vancomycin)	4	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	3	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid oral tablet 600 mg</i> (Zyvox)	3	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	GC
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	3	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)	2	GC; QL (120 per 30 days)
<i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i> (Macrobid)	2	GC; QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	GC
<i>trimethoprim oral tablet 100 mg</i>	1	GC
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	3	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	3	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	3	QL (112 per 14 days)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	4	
XIFAXAN ORAL TABLET 200 MG	5	PA; NEDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NEDS; QL (90 per 30 days)
Cephalosporins		
<i>cefactor oral capsule 250 mg, 500 mg</i>	3	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	2	GC
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	GC
<i>cefadroxil oral tablet 1 gram</i>	3	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin injection recon soln 1 gram, 10 gram</i>	3	
<i>cefazolin injection recon soln 500 mg</i>	2	GC
<i>cefazolin intravenous recon soln 3 gram</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	GC
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	3	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	3	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefotaxime injection recon soln 1 gram</i>	2	GC
<i>cefoxitin intravenous recon soln 1 gram</i>	3	
<i>cefoxitin intravenous recon soln 10 gram, 2 gram</i>	4	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	4	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	GC
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	3	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	3	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	GC
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	GC
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	GC
<i>cephalexin oral capsule 750 mg</i>	2	GC
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NEDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	3	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	3	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	GC
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	GC
<i>azithromycin oral tablet 600 mg</i>	2	GC
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	3	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	GC
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	NEDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	5	NEDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	4	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NEDS
<i>ertapenem injection recon soln 1 gram</i>	3	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	3	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	3	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	3	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	3	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	3	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	3	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	GC
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	GC
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	3	
<i>ampicillin oral capsule 500 mg</i>	2	GC
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	3	
<i>ampicillin-sulbactam injection recon (Unasyn) soln 1.5 gram, 15 gram, 3 gram</i>	3	
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	GC
<i>nafcillin 1 gml 50 ml inj 1 gram/50 ml</i>	2	GC
<i>nafcillin injection recon soln 1 gram</i>	2	GC
<i>nafcillin injection recon soln 10 gram</i>	5	NEDS
<i>nafcillin injection recon soln 2 gram</i>	2	GC
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	3	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	GC
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
<i>pfizerpen-g injection recon soln 20 million unit (penicillin g potassium)</i>	3	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	3	
<i>piperacil-tazobact 3.375 gm vl inner, suv 3.375 gram</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	GC
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i>	3	
<i>ciprofloxacin oral (Cipro) suspension,microcapsule recon 250 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	3	
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	
<i>levofloxacin oral solution 250 mg/10 ml</i>	3	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	GC
<i>moxifloxacin oral tablet 400 mg</i>	2	GC
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim 400- 80 mg/5 ml iv vial outer,suv</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	3	
<i>sulfamethoxazole-trimethoprim oral (Sulfatrim) suspension 200-40 mg/5 ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral (Bactrim) tablet 400-80 mg</i>	1	GC
<i>sulfamethoxazole-trimethoprim oral (Bactrim DS) tablet 800-160 mg</i>	1	GC
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 (doxycycline hyclate) mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	GC
<i>doxycycline hyclate oral tablet 100 mg</i> (LymePak)	2	GC
<i>doxycycline hyclate oral tablet 20 mg</i>	2	GC
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	GC
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	GC
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	3	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	GC
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	GC
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	GC
<i>mondoxyne nl oral capsule 100 mg</i> (doxycycline monohydrate)	2	GC
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NEDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	5	PA NSO; NEDS; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (paclitaxel protein-bound)	5	PA BvD; NEDS
<i>adrucil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i> (fluorouracil)	2	PA BvD; GC
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NEDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NEDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS (pemetrexed disodium) RECON SOLN 100 MG, 500 MG	5	NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NEDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NEDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NEDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	GC
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NEDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NEDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NEDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NEDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NEDS; QL (28 per 28 days)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	5	PA NSO; NEDS
BENDAMUSTINE (Bendeka) INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NEDS
BENDEKA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML	5	PA NSO; NEDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NEDS
<i>bexarotene topical gel 1%</i> (Targretin)	5	PA NSO; NEDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	GC
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	GC
<i>bortezomib injection recon soln 1 mg</i>	4	PA NSO
<i>bortezomib injection recon soln 2.5 mg</i>	5	PA NSO; NEDS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NEDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NEDS; QL (120 per 28 days)
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NEDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NEDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	NEDS
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD; GC
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	5	PA BvD; NEDS
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
ELREXFIO 44 MG/1.1 ML VIAL 40 MG/ML	5	PA NSO; NEDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA NSO; NEDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NEDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NEDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NEDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NEDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NEDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	5	PA NSO; NEDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NEDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i>	3	
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Afinitor)	5	PA NSO; NEDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	5	PA NSO; NEDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NEDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	GC
EXKIVITY ORAL CAPSULE 40 MG	5	PA NSO; NEDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NEDS
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD; GC
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD; GC
<i>flutamide oral capsule 125 mg</i> (Eulexin)	3	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NEDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA NSO; NEDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NEDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NEDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NEDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE (lomustine) 10 MG, 100 MG, 40 MG	4	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NEDS; QL (5 per 21 days)
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NEDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	GC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NEDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NEDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NEDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NEDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	GC
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	GC
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; GC; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; GC; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NEDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NEDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NEDS; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA NSO; NEDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 560 MG	5	NEDS; QL (28 per 28 days)
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NEDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	4	PA NSO; QL (4 per 365 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NEDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NEDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NEDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NEDS; QL (120 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NEDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NEDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NEDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NEDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NEDS; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	PA NSO; NEDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NEDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NEDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NEDS; 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; NEDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NEDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NEDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NEDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NEDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NEDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NEDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NEDS; 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 X 2), 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; NEDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	GC
LEUKERAN ORAL TABLET 2 MG	5	NEDS
<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>	5	PA NSO; NEDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NEDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NEDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NEDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NEDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NEDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NEDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA NSO; NEDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA NSO; NEDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA NSO; NEDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA NSO; NEDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NEDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NEDS
LYTGOBI ORAL TABLET 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB)	5	PA NSO; NEDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NEDS
MATULANE ORAL CAPSULE 50 MG	5	NEDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	GC
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA NSO; NEDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NEDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NEDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NEDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	GC
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	GC
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST; GC
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	GC
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NEDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NEDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NEDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NEDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NEDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NEDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NEDS; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NEDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NEDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NEDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA NSO; NEDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NEDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NEDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	5	PA BvD; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	PA NSO; NEDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NEDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	NEDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	5	NEDS
<i>pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg</i>	5	NEDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NEDS; 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; NEDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NEDS; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NEDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NEDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NEDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NEDS; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NEDS; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NEDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NEDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NEDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NEDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NEDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NEDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NEDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NEDS; QL (224 per 28 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA NSO; NEDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NEDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	PA NSO; NEDS; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NEDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NEDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NEDS; 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; NEDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NEDS
TABLOID ORAL TABLET 40 MG (thioguanine)	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NEDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NEDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA NSO; NEDS; QL (900 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NEDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA NSO; NEDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NEDS; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	GC
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NEDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NEDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NEDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA NSO; NEDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NEDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NEDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA NSO; NEDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	2	GC
<i>toremifene oral tablet 60 mg</i> (Fareston)	5	NEDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NEDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	5	PA NSO; NEDS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	NEDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA NSO; NEDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NEDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NEDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NEDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NEDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NEDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NEDS
VELCADE INJECTION RECON (bortezomib) SOLN 3.5 MG	5	PA NSO; NEDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NEDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; LA; NEDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NEDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NEDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml</i>	3	
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	2	GC
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NEDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NEDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NEDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NEDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NEDS; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200 (pazopanib) MG	5	PA NSO; NEDS; QL (120 per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA NSO; NEDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NEDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NEDS; 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; NEDS; 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; NEDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NEDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NEDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NEDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NEDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NEDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NEDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NEDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NEDS; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NEDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE 100 MG	5	NEDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NEDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NEDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NEDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA NSO; NEDS; QL (20 per 28 days)
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NEDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NEDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	GC
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	3	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	GC
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	GC
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	GC
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	3	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	3	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NEDS; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NEDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA NSO; NEDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA NSO; NEDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20</i> (Diastat AcuDial) <i>mg, 5-7.5-10 mg</i>	4	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	4	
<i>divalproex oral capsule, delayed rel</i> (Depakote Sprinkles) <i>sprinkle 125 mg</i>	2	GC
<i>divalproex oral tablet extended</i> (Depakote ER) <i>release 24 hr 250 mg, 500 mg</i>	2	GC
<i>divalproex oral tablet, delayed</i> (Depakote) <i>release (drlec) 125 mg, 250 mg, 500</i> <i>mg</i>	2	GC
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NEDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	2	GC
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST; QL (480 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	3	
<i>ethosuximide oral solution 250 mg/5</i> (Zarontin) <i>ml</i>	2	GC
<i>felbamate oral suspension 600 mg/5</i> <i>ml</i>	5	NEDS
<i>felbamate oral tablet 400 mg, 600</i> (Felbatol) <i>mg</i>	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NEDS
<i>fosphenytoin injection solution 100</i> (Cerebyx) <i>mg pe/2 ml, 500 mg pe/10 ml</i>	2	GC
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NEDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NEDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NEDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	GC; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	GC; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	GC; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	2	GC; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	2	GC; QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	2	GC; QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	GC; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	GC; QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	GC
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	GC
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	3	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	GC
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	GC
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	GC
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	GC
<i>methsuximide oral capsule 300 mg</i> (Celontin)	3	
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)	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	GC
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	GC
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	GC
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	GC
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	GC
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	GC
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	GC
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	GC
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	GC
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	GC; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	GC; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	GC; QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	4	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	GC
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NEDS
<i>rufinamide oral tablet 200 mg</i> (Banzel)	3	ST
<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	ST; NEDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NEDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	GC

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg</i>	4	
<i>amoxapine oral tablet 50 mg</i>	2	GC
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; NEDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	GC
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	GC
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	GC
<i>citalopram oral solution 10 mg/5 ml</i>	3	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	GC; QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	GC; 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)	2	GC
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	GC
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	GC; QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	GC
<i>doxepin oral concentrate 10 mg/ml</i>	1	GC
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	GC; QL (60 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; NEDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	4	
<i>escitalopram oxalate oral tablet 10 (Lexapro) mg, 20 mg, 5 mg</i>	1	GC
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 (Prozac) mg, 40 mg</i>	1	GC
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	GC
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	GC
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	GC
<i>maprotiline oral tablet 25 mg, 75 mg</i>	2	GC
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 (Remeron) mg</i>	2	GC
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	GC
<i>mirtazapine oral (Remeron SolTab) tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	2	GC
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	3	
<i>nortriptyline oral capsule 10 mg, 25 (Pamelor) mg, 50 mg, 75 mg</i>	1	GC
<i>nortriptyline oral solution 10 mg/5 ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	GC
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	GC
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	GC
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	GC
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	GC
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	4	PA NSO
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NEDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	4	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	GC
<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 besylate oral tablet extended release 24hr 112.5 mg</i>	4	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	GC; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	GC; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	GC
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	GC; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	GC; QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NEDS; QL (112 per 28 days)
<i>metformin oral tablet 1,000 mg</i>	1	GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	GC; QL (60 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	GC; QL (90 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5- 2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10- 1,000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5- 1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	SI; QL (24 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70- 30)	3	SI; QL (40 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	SI; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	SI; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart u-100)	2	GC; SI; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	2	GC; SI; QL (40 per 28 days)
NOVOLOG MIX 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	2	GC; SI; QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin aspart u-100)	2	GC; SI; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart u-100)	2	GC; SI; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn)	3	SI; QL (40 per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)	3	SI; QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	SI; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	SI; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	GC; QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg</i>	1	GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release (Glucotrol XL) 24hr 2.5 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 250 mg</i>	1	GC; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 500 mg, 5-500 mg</i>	1	GC; QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 (Glynase) mg, 3 mg, 6 mg</i>	1	GC
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	GC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	3	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	5	PA BvD; NEDS
<i>casposfungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	GC; QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	GC; QL (19.8 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	GC
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	GC
<i>clotrimazole topical solution 1 %</i>	2	GC
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	GC; 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 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	2	GC
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	3	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	2	GC
<i>fluconazole oral tablet 150 mg, 50 mg</i>	2	GC
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NEDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	GC
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole oral tablet 200 mg</i>	2	GC
<i>ketoconazole topical cream 2 %</i>	2	GC; QL (180 per 30 days)
<i>ketoconazole topical foam 2 %</i> (Extina)	3	ST; QL (100 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	2	GC; QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>	3	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	5	PA; NEDS
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	GC; QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	GC; QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	GC
<i>nystatin topical cream 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	GC; QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	GC
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	GC
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	2	GC; QL (60 per 30 days)
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	5	PA; NEDS
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil)	5	PA; NEDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	GC
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	5	PA BvD; NEDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>allopurinol oral tablet 300 mg</i>	1	GC
<i>colchicine oral tablet 0.6 mg</i> (Colcris)	4	PA; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	4	ST; QL (30 per 30 days)
MITIGARE ORAL CAPSULE (colchicine) 0.6 MG	2	GC; QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	GC
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	GC
Antihistamines		
Antihistamines		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	GC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	GC
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	3	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	3	
<i>hydroxyzine 100 mg/2 ml vial sdv 50 mg/ml</i>	3	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	3	
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	2	GC
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	GC
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	GC
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	GC
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	3	
<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 injection solution 1 mg/ml</i>	3	QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	NEDS; 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	GC; QL (9 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	2	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	2	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	2	GC; QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i> (Imitrex)	3	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i> (Imitrex)	3	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	2	GC; QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	2	GC; QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 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</i> (Imitrex STATdose Pen)	3	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 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	GC; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	3	QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	GC; QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	GC; QL (6 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	GC
<i>ethambutol oral tablet 100 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	GC
<i>isoniazid oral solution 50 mg/5 ml</i>	2	GC
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	3	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	4	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	GC
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NEDS
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD
APONVIE INTRAVENOUS EMULSION 7.2 MG/ML	4	QL (4.4 per 28 days)
<i>aprepitant oral capsule 125 mg</i>	3	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	3	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	3	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	3	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	GC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	4	PA; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	2	GC
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA BvD; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))	3	QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	2	GC
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	GC
<i>granisetron hcl oral tablet 1 mg</i>	3	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	2	GC
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	2	GC
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	GC
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	GC
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	GC
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	3	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA BvD; GC
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD; GC
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	GC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	2	GC
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	3	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine inhalation recon soln</i> (Nebupent) 300 mg	3	PA BvD
<i>pentamidine injection recon soln</i> 300 mg (Pentam)	4	
PRIMAQUINE ORAL TABLET 26.3 MG	4	
<i>pyrimethamine oral tablet</i> 25 mg (Daraprim)	5	PA; NEDS
<i>quinine sulfate oral capsule</i> 324 mg (Qualaquin)	2	PA; GC; QL (42 per 7 days)
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule</i> 100 mg	2	GC
<i>amantadine hcl oral solution</i> 50 mg/5 ml	1	GC
<i>apomorphine subcutaneous cartridge</i> (APOKYN) 10 mg/ml	5	PA; NEDS; QL (60 per 30 days)
<i>benztropine oral tablet</i> 0.5 mg, 1 mg, 2 mg	2	GC
<i>bromocriptine oral capsule</i> 5 mg (Parlodel)	3	
<i>bromocriptine oral tablet</i> 2.5 mg (Parlodel)	2	GC
<i>cabergoline oral tablet</i> 0.5 mg	2	GC
<i>carbidopa-levodopa oral tablet</i> 10-100 mg (Sinemet)	2	GC
<i>carbidopa-levodopa oral tablet</i> 25-100 mg (Dhivy)	2	GC
<i>carbidopa-levodopa oral tablet</i> 25-250 mg	2	GC
<i>carbidopa-levodopa oral tablet extended release</i> 25-100 mg, 50-200 mg	2	GC
<i>carbidopa-levodopa oral tablet, disintegrating</i> 10-100 mg, 25-100 mg, 25-250 mg	2	GC
<i>carbidopa-levodopa-entacapone oral tablet</i> 12.5-50-200 mg (Stalevo 50)	4	
<i>carbidopa-levodopa-entacapone oral tablet</i> 18.75-75-200 mg (Stalevo 75)	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 100) <i>tablet 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 125) <i>tablet 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 150) <i>tablet 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral</i> (Stalevo 200) <i>tablet 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i> (Comtan)	3	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NEDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NEDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg,</i> (Mirapex) <i>0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5</i> <i>mg</i>	1	GC
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	4	
<i>ropinirole oral tablet 0.25 mg, 0.5</i> <i>mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	GC
<i>ropinirole oral tablet extended</i> <i>release 24 hr 12 mg, 2 mg, 4 mg, 6</i> <i>mg, 8 mg</i>	2	GC
<i>selegiline hcl oral capsule 5 mg</i>	2	GC
<i>selegiline hcl oral tablet 5 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	GC
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	GC
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NEDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NEDS; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	3	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	GC
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	2	GC; QL (60 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	ST; NEDS; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	5	ST; NEDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NEDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NEDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NEDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NEDS; QL (2.4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NEDS; QL (3.2 per 28 days)
<i>asenapine maleate sublingual tablet</i> (Saphris) <i>10 mg, 2.5 mg, 5 mg</i>	3	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NEDS; QL (30 per 30 days)
<i>chlorpromazine 25 mg/ml amp</i> <i>25's,outer</i>	3	
<i>chlorpromazine injection solution 25 mg/ml</i>	2	GC
<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	GC
<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>	5	ST; NEDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NEDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	GC
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	3	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular (Haldol Decanoate) solution 100 mg/ml</i>	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	2	GC
<i>haloperidol decanoate intramuscular (Haldol Decanoate) solution 50 mg/ml</i>	2	GC
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	3	
<i>haloperidol lactate injection solution 5 mg/ml</i>	3	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	GC
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	GC
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	NEDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	NEDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NEDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NEDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NEDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NEDS; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	NEDS; QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	NEDS; QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NEDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	NEDS; QL (2.63 per 84 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	2	GC; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	2	GC; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; NEDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	GC; QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	GC; QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	GC; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NEDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NEDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	3	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	GC
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	GC
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	4	QL (30 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet, disintegrating</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	4	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NEDS; QL (30 per 30 days)
<i>thioridazine oral tablet</i> 10 mg, 100 mg, 25 mg, 50 mg	2	GC
<i>thiothixene oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	2	GC
<i>trifluoperazine oral tablet</i> 1 mg, 10 mg, 2 mg, 5 mg	2	GC
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	5	NEDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	5	NEDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	5	NEDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	5	NEDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	5	NEDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	5	NEDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	5	NEDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NEDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg,</i> (Geodon) <i>40 mg, 60 mg, 80 mg</i>	2	GC
<i>ziprasidone mesylate intramuscular</i> (Geodon) <i>recon soln 20 mg/ml (final conc.)</i>	3	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NEDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NEDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	3	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	GC
<i>abacavir-lamivudine oral tablet 600-</i> (Epzicom) <i>300 mg</i>	2	GC
<i>abacavir-lamivudine-zidovudine oral</i> (Trizivir) <i>tablet 300-150-300 mg</i>	5	NEDS
APRETUDE (cabotegravir) INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	5	NEDS; QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	5	NEDS
<i>atazanavir oral capsule 150 mg</i>	3	
<i>atazanavir oral capsule 200 mg, 300</i> (Reyataz) <i>mg</i>	3	
BIKTARVY ORAL TABLET 30- 120-15 MG, 50-200-25 MG	5	NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NEDS
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	5	NEDS; QL (24 per 365 days)
<i>cabotegravir intramuscular (Apretude) suspension,extended release 600 mg/3 ml (200 mg/ml)</i>	5	NEDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300- 300 MG	5	NEDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NEDS
<i>darunavir ethanolate oral tablet 600 (Prezista) mg, 800 mg</i>	5	NEDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NEDS
DESCOVY ORAL TABLET 120- 15 MG, 200-25 MG	5	NEDS
<i>didanosine oral capsule,delayed release(drlec) 250 mg, 400 mg</i>	3	
DOVATO ORAL TABLET 50- 300 MG	5	NEDS
EDURANT ORAL TABLET 25 MG	5	NEDS
<i>efavirenz oral capsule 200 mg</i>	3	
<i>efavirenz oral capsule 50 mg</i>	2	GC
<i>efavirenz oral tablet 600 mg</i>	3	
<i>efavirenz-emtricitabin-tenofov oral (Atripla) tablet 600-200-300 mg</i>	5	NEDS
<i>efavirenz-lamivu-tenofov disop oral (Symfi Lo) tablet 400-300-300 mg</i>	5	NEDS
<i>efavirenz-lamivu-tenofov disop oral (Symfi) tablet 600-300-300 mg</i>	5	NEDS
<i>emtricitabine oral capsule 200 mg (Emtriva)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada)	5	NEDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intence)	5	NEDS
EVOTAZ ORAL TABLET 300-150 MG	5	NEDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	5	NEDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NEDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NEDS
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NEDS
ISENTRESS HD ORAL TABLET 600 MG	5	NEDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NEDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	GC
<i>lamivudine oral tablet 100 mg</i>	2	GC
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	GC
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	GC; QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	3	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	5	NEDS; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NEDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	
<i>nevirapine oral tablet 200 mg</i>	2	GC
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	3	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NEDS
PIFELTRO ORAL TABLET 100 MG	5	NEDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NEDS
PREZISTA ORAL TABLET 150 MG	5	NEDS
PREZISTA ORAL TABLET 75 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	5	NEDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	GC
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NEDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NEDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	GC
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NEDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	5	NEDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	PA BvD; NEDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NEDS
TEMIXYS ORAL TABLET 300-300 MG	5	NEDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	GC
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NEDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NEDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	NEDS

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Drug Name		Drug Tier	Requirements/Limits
TRIZIVIR ORAL TABLET 300-150-300 MG	(abacavir-lamivudine-zidovudine)	5	NEDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)		5	NEDS
VEMLIDY ORAL TABLET 25 MG		5	NEDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG		5	NEDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		5	NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	NEDS
VOCABRIA ORAL TABLET 30 MG		4	
<i>zidovudine oral capsule 100 mg</i>	(Retrovir)	2	GC
<i>zidovudine oral syrup 10 mg/ml</i>	(Retrovir)	2	GC
<i>zidovudine oral tablet 300 mg</i>		2	GC
Antivirals, Miscellaneous			
<i>foscarnet intravenous solution 24 mg/ml</i>	(Foscavir)	4	PA BvD
<i>oseltamivir oral capsule 30 mg</i>	(Tamiflu)	3	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	(Tamiflu)	3	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i>	(Tamiflu)	3	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	(Tamiflu)	3	QL (540 per 180 days)
PAXLOVID 150-100 MG PACK (RENAL DOSE)(EUA) INNER		4	
PAXLOVID 300-100 MG PACK (EUA) OUTER 300 MG (150 MG X 2)-100 MG		4	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG		3	QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML		5	PA; NEDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML		5	PA; NEDS; QL (672 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NEDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	3	
XOFLUZA 40 MG TAB (80 MG DOSE)	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	4	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; NEDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; NEDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NEDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	5	PA; NEDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NEDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NEDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NEDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	5	PA; NEDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NEDS; QL (28 per 28 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NEDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NEDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	2	GC
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	GC
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	3	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	3	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	GC
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	GC
<i>lagevrio (eua) oral capsule 200 mg</i>	4	QL (40 per 5 days)
<i>ribavirin oral capsule 200 mg</i>	3	
<i>ribavirin oral tablet 200 mg</i>	2	GC
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	GC
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	GC
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i> (Pradaxa)	4	ST; QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	3	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml	3	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	3	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	3	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	3	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	5	NEDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	3	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	5	NEDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	5	NEDS; QL (18 per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	GC
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	GC
<i>heparin sodium 1,000 unit/ml vial sdv, outer</i>	3	
<i>heparin sodium 10,000 unit/ml vial mdv, outer</i>	3	
<i>heparin sodium 5,000 unit/ml vial suv, outer</i>	3	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	GC
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	GC
<i>heparin, porcine (pf) injection syringe 5,000 unit/ml</i>	3	
<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	GC
<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	GC

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Drug Name	Drug Tier	Requirements/Limits
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NEDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NEDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NEDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NEDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NEDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NEDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NEDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NEDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NEDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NEDS
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NEDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NEDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NEDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NEDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NEDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NEDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NEDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NEDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NEDS; QL (60 per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NEDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NEDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	5	PA; NEDS
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NEDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	GC
<i>anagrelide oral capsule 1 mg</i>	2	GC
CABLIVI INJECTION KIT 11 MG	5	PA; NEDS; QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>protamine intravenous solution 10 mg/ml</i>	2	GC
SIKLOS ORAL TABLET 100 MG	4	PA
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	2	GC
<i>tranexamic acid oral tablet 650 mg</i>	2	GC
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	GC; QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	GC
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	GC
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	GC
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	GC; QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD

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

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
<i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i>	2	PA BvD; GC
<i>dextrose 5 % in water (d5w)</i> <i>intravenous parenteral solution</i>	4	
<i>dextrose 5 % in water (d5w)</i> <i>intravenous piggyback 5 %</i>	3	
<i>dextrose 5%-water iv soln single use</i>	3	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GC
<i>clonidine transdermal patch weekly (Catapres-TTS-1) 0.1 mg/24 hr</i>	2	GC; QL (4 per 28 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	GC
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	GC
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	1	GC
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	1	GC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	1	GC
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	1	GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	GC
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	GC
<i>benazepril oral tablet 5 mg</i>	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	GC
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	GC
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	GC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	GC
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	GC
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	GC
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	GC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	1	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	GC
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 400 mg</i> (Pacerone)	2	GC
<i>amiodarone oral tablet 200 mg</i> (Pacerone)	1	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	3	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	GC
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	GC
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>	1	GC

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

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Drug Name	Drug Tier	Requirements/Limits
<i>labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml)</i>	2	GC
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	GC
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	GC
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	GC
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	GC
<i>metoprolol tartrate oral tablet 25 mg</i>	1	GC
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	GC
<i>propranolol intravenous solution 1 mg/ml</i>	2	GC
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	GC
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	GC
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	GC
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	GC
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	2	GC
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	2	GC
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	2	GC
<i>sotalol oral tablet 240 mg</i> (Betapace)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	GC
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	2	GC
<i>diltiazem 25 mg/5 ml vial sdv,inner 5 mg/ml</i>	3	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	GC
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	4	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> (Taztia XT)	2	GC
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadytl ER)	2	GC
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	GC
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	GC
<i>diltiazem hcl oral tablet 90 mg</i>	2	GC
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	2	GC
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	GC
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	2	GC
<i>tiadytl er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	2	GC
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	GC
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	GC
<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	GC
<i>verapamil oral tablet extended release 120 mg</i> (Calan SR)	2	GC
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	2	GC
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	2	GC
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	2	GC
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i> (Lanoxin)	2	GC
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	2	GC
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	2	GC; QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	3	QL (4 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i> (Adrenalin)	1	GC
<i>hydralazine injection solution 20 mg/ml</i>	2	GC
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	GC
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	5	PA; NEDS; QL (18 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metyrosine oral capsule 250 mg</i> (Demser)	5	NEDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	2	GC; QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	2	GC; QL (120 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant)	5	PA; NEDS; QL (18 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	GC
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	GC
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	GC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	1	GC
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	GC
<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)	1	GC
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	GC
<i>nicardipine oral capsule 20 mg, 30 mg</i>	3	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	GC
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	GC
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	GC
Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	GC
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	GC
<i>bumetanide 2.5 mg/10 ml vial mdv, inner 0.25 mg/ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide injection solution 0.25 mg/ml</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	GC
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	2	GC
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	GC
<i>furosemide injection solution 10 mg/ml</i>	2	GC
<i>furosemide injection syringe 10 mg/ml</i>	1	GC
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	GC
<i>furosemide oral tablet 20 mg, 40 mg, (Lasix) 80 mg</i>	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)</i>	1	GC
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	2	GC
<i>toremide oral tablet 20 mg (Soanz)</i>	2	GC
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg (Maxzide-25mg)</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg (Maxzide)</i>	1	GC
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg (Caduet)</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-atorvastatin oral tablet</i> (Caduet) 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	GC; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet</i> 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	1	GC
<i>atorvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)	1	GC; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet</i> 4 gram (Questran)	2	GC
<i>cholestyramine light oral powder in packet</i> 4 gram (cholestyramine-aspartame)	2	GC
<i>colesevelam oral powder in packet</i> 3.75 gram (WelChol)	3	
<i>colesevelam oral tablet</i> 625 mg (WelChol)	2	GC
<i>colestipol oral packet</i> 5 gram (Colestid)	3	
<i>colestipol oral tablet</i> 1 gram (Colestid)	2	GC
<i>ezetimibe oral tablet</i> 10 mg (Zetia)	2	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-10 mg (Vytorin 10-10)	1	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-20 mg (Vytorin 10-20)	1	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-40 mg (Vytorin 10-40)	1	GC; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-80 mg (Vytorin 10-80)	1	GC; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule</i> 130 mg, 134 mg, 200 mg, 67 mg	2	GC
<i>fenofibrate nanocrystallized oral tablet</i> 145 mg, 48 mg (Tricor)	2	GC
<i>fenofibrate oral tablet</i> 160 mg, 54 mg	2	GC
<i>fenofibric acid (choline) oral capsule, delayed release (drlec)</i> 135 mg, 45 mg (Trilipix)	2	GC
<i>fluvastatin oral capsule</i> 20 mg, 40 mg	1	GC; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release</i> 24 hr 80 mg (Lescol XL)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	GC
JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG	5	PA; NEDS; QL (28 per 28 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; NEDS; QL (56 per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	3	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)
<i>niacin oral tablet 500 mg</i> (Niacor)	1	GC
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	GC
<i>niacor oral tablet 500 mg</i> (niacin)	2	GC
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	ST; GC; QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	GC
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	GC; QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	2	GC
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	GC; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	2	GC; QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	2	GC; QL (120 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	GC
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	GC
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	GC
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	GC
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	2	GC
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin)	2	GC
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	GC
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	GC
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	GC
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	3	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	3	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NEDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NEDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; NEDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; NEDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NEDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NEDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NEDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NEDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	PA BvD; GC
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	GC
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	5	PA; NEDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	5	PA; NEDS; QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	PA; GC; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	GC; QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	2	GC; QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenzedi)	4	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i> (Zenzedi)	4	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenzedi)	2	GC; QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenzedi)	2	GC; QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	GC; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	GC; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	GC; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 120 mg</i> (Tecfidera)	5	PA; NEDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	5	PA; NEDS
<i>dimethyl fumarate oral capsule, delayed release (dr/lec) 240 mg</i> (Tecfidera)	5	PA; NEDS; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	PA; NEDS; QL (30 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	GC
GILENYA ORAL CAPSULE 0.25 MG	5	PA; NEDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	5	PA; NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	5	PA; NEDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	PA; NEDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	PA; NEDS; 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	GC
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NEDS; QL (1.2 per 28 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	GC
<i>lithium carbonate oral tablet 300 mg</i>	2	GC
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	GC
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	GC
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	GC
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NEDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; NEDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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; NEDS
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	GC; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	2	GC; QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	2	GC; QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	2	GC; QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	2	GC; QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	GC; QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	GC; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	GC; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	GC; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 54 mg (bx rating)</i>	3	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	3	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	3	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	3	QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; NEDS; QL (20 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NEDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	GC; QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	5	PA; NEDS; QL (30 per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	5	PA; NEDS; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NEDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NEDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estradiol)	2	GC
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estradiol)	2	GC
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	2	GC
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC

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Drug Name		Drug Tier	Requirements/Limits
<i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estradiol)	2	GC; QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	GC
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>		2	GC
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estradiol)	2	GC; QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	2	GC
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	2	GC
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estradiol)	2	GC
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desogestrel-ethinyl estradiol/e.estradiol)	2	GC
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		2	GC
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		2	GC
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC

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Drug Name	Drug Tier	Requirements/Limits	
<i>caziant (28) oral tablet 0.11.125/1.15-25 mg-mcg</i>	2	GC	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	GC
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	GC
<i>cyclafem 7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	GC
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	GC
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	2	GC
<i>dasetta 7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	GC
<i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	2	GC; QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	2	GC
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	2	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	2	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Syeda)	2	GC
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	GC
ELLA ORAL TABLET 30 MG		4	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	3	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	GC
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	4	QL (1 per 28 days)

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

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Drug Name		Drug Tier	Requirements/Limits
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	GC
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	2	GC
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	2	GC
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	GC
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	2	GC
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(LoJaimiess)	2	GC; QL (91 per 84 days)
<i>l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	2	GC; QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	2	GC
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>larissia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	2	GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	2	GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	2	GC
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	2	GC; QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	2	GC
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	2	GC; QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	2	GC
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC

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Drug Name		Drug Tier	Requirements/Limits
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	2	GC
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		2	GC
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	1	GC
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	2	GC
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	2	GC
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Merzee)	2	GC
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	1	GC
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	2	GC
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tri-Legest Fe)	2	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla)	2	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla)	2	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Mili)	2	GC

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

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Drug Name		Drug Tier	Requirements/Limits
<i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estradiol)	2	GC; QL (91 per 84 days)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	2	GC
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	GC
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) 11mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	2	GC
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estradiol triphasic)	2	GC

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Drug Name		Drug Tier	Requirements/Limits
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	GC
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	2	GC
<i>tulana oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	GC
<i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>		4	
<i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>		2	GC
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estradiol)	2	GC
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog- e.estradiol/e.estradiol)	2	GC
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog- e.estradiol/e.estradiol)	2	GC
<i>vyfemla (28) oral tablet 0.4-35 mg- mcg</i>		2	GC
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	2	GC
<i>wera (28) oral tablet 0.5-35 mg- mcg</i>		2	GC
<i>xulane transdermal patch weekly</i> 150-35 mcg/24 hr		3	QL (3 per 28 days)
<i>zafemy transdermal patch weekly</i> 150-35 mcg/24 hr		2	GC; QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
<i>zovia 1-35 (28) oral tablet 1-35 mg- mcg</i>	(ethynodiol diac-eth estradiol)	2	GC
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	2	GC
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	2	GC
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Paroex Oral Rinse)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>denta 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	GC
<i>dentagel dental gel 1.1 %</i> (fluoride (sodium))	1	GC
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	1	GC
<i>oralone dental paste 0.1 %</i> (triamcinolone acetonide)	2	GC
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	GC
<i>perio gard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	GC
<i>sf 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	1	GC
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	1	GC
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralene)	2	GC
Dermatological Agents		
Dermatological Agents, Other		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	GC
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	GC
<i>acyclovir topical ointment 5 %</i> (Zovirax)	4	QL (30 per 30 days)
ALCOHOL 70% SWABS (Alcohol Pads)	1	GC
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	1	GC
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	1	GC
<i>ammonium lactate topical cream 12 %</i>	2	GC
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	2	GC
BD SINGLE USE SWAB (alcohol swabs)	1	GC
<i>calcipotriene scalp solution 0.005 %</i>	3	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i> (Calsodore)	3	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	3	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CARETOUCH ALCOHOL 70% (alcohol swabs) PREP PAD	1	GC
CURITY ALCOHOL PREPS 2 (alcohol swabs) PLY,MEDIUM	1	GC
DROPSAFE ALCOHOL 70% (alcohol swabs) PREP PADS	1	GC
EASY COMFORT ALCOHOL (alcohol swabs) 70% PAD	1	GC
EASY TOUCH ALCOHOL 70% (alcohol swabs) PADS GAMMA-STERILIZED	1	GC
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NEDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	GC
<i>fluorouracil topical solution 2 %</i>	2	GC
<i>fluorouracil topical solution 5 %</i>	4	
HEB INCONTROL ALCOHOL (alcohol swabs) 70% PADS	1	GC
<i>imiquimod topical cream in packet 5 %</i>	2	GC; QL (24 per 30 days)
IV ANTISEPTIC WIPES (alcohol swabs)	1	GC
KENDALL ALCOHOL 70% (alcohol swabs) PREP PAD	1	GC
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	QL (5 per 5 days)
<i>methoxsalen oral capsule,liqd- filled,rapid rel 10 mg</i>	5	NEDS
PANRETIN TOPICAL GEL 0.1 %	5	NEDS; QL (180 per 30 days)
<i>podofilox topical solution 0.5 %</i>	2	GC
PRO COMFORT ALCOHOL (alcohol swabs) 70% PADS	1	GC
PURE COMFORT ALCOHOL (alcohol swabs) 70% PADS	1	GC
RA ISOPROPYL ALCOHOL (alcohol swabs) 70% WIPES	1	GC
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
SURE COMFORT ALCOHOL (alcohol swabs) PREP PADS	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	1	GC
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	GC
TRUE COMFORT PRO ALCOHOL PADS (alcohol swabs)	1	GC
ULTILET ALCOHOL STERL SWAB (alcohol swabs)	1	GC
VALCHLOR TOPICAL GEL 0.016 %	5	NEDS
WEBCOL ALCOHOL PREPS 20'S,LARGE (alcohol swabs)	1	GC
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)	2	GC
Dermatological Antibacterials		
clindamycin phosphate topical solution 1 % (Cleocin T)	2	GC; QL (180 per 30 days)
clindamycin phosphate topical swab 1 % (Clindacin ETZ)	2	GC
clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 % (Neuac)	2	GC
ery pads topical swab 2 % (erythromycin with ethanol)	2	GC
erythromycin with ethanol topical gel 2 % (Erygel)	4	QL (180 per 30 days)
erythromycin with ethanol topical solution 2 %	2	GC; QL (180 per 30 days)
gentamicin topical cream 0.1 %	2	GC; QL (120 per 30 days)
gentamicin topical ointment 0.1 %	2	GC; QL (120 per 30 days)
metronidazole topical cream 0.75 % (Rosadan)	2	GC
metronidazole topical gel 0.75 % (Rosadan)	2	GC
metronidazole topical gel 1 % (Metrogel)	4	
metronidazole topical lotion 0.75 % (MetroLotion)	4	
mupirocin topical ointment 2 % (Centany)	1	GC; QL (220 per 30 days)
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>rosadan topical cream 0.75 %</i> (metronidazole)	2	GC
<i>selenium sulfide topical lotion 2.5 %</i>	2	GC
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	GC
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	3	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	2	GC
<i>alclometasone topical cream 0.05 %</i>	2	GC
<i>alclometasone topical ointment 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	GC
<i>betamethasone valerate topical cream 0.1 %</i>	2	GC
<i>betamethasone valerate topical lotion 0.1 %</i>	2	GC
<i>betamethasone valerate topical ointment 0.1 %</i>	2	GC
<i>betamethasone, augmented topical cream 0.05 %</i>	2	GC
<i>betamethasone, augmented topical gel 0.05 %</i>	2	GC
<i>betamethasone, augmented topical lotion 0.05 %</i>	3	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	GC
<i>clobetasol scalp solution 0.05 %</i>	2	GC
<i>clobetasol topical cream 0.05 %</i>	2	GC
<i>clobetasol topical gel 0.05 %</i>	2	GC
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	2	GC
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol-emollient topical cream 0.05 %</i>	2	GC
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	2	GC; QL (120 per 30 days)
<i>desoximetasone topical ointment 0.25 %</i> (Topicort)	3	QL (120 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	GC
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	GC
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	GC
<i>fluocinonide topical cream 0.05 %</i>	2	GC
<i>fluocinonide topical solution 0.05 %</i>	2	GC
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	2	GC
<i>fluticasone propionate topical cream 0.05 %</i>	2	GC
<i>fluticasone propionate topical ointment 0.005 %</i>	2	GC
<i>halobetasol propionate topical cream 0.05 %</i>	2	GC
<i>halobetasol propionate topical ointment 0.05 %</i>	2	GC
<i>hydrocortisone 2.5% cream</i>	1	GC
<i>hydrocortisone butyrate topical solution 0.1 %</i>	3	QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	1	GC
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Proctosol HC)	1	GC
<i>hydrocortisone topical lotion 2.5 %</i>	2	GC
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	GC
<i>hydrocortisone topical ointment 2.5 %</i>	1	GC
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	GC
<i>hydrocortisone-min oil-wht pet topical ointment 1 %</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone topical cream 0.1 %</i>	2	GC
<i>mometasone topical ointment 0.1 %</i>	2	GC
<i>mometasone topical solution 0.1 %</i>	2	GC
<i>pimecrolimus topical cream 1 %</i> (Elidel)	4	QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	2	GC
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	GC
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	2	GC
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	3	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	GC
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	GC
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	GC
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	GC
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	4	
<i>adapalene topical gel 0.1 %</i> (Differin)	2	GC
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	3	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA; GC
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA; GC
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	3	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	3	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	4	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	4	
<i>permethrin topical cream 5 %</i> (Elimite)	2	GC

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

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

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Drug Name	Drug Tier	Requirements/Limits
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	2	GC
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	2	GC
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	2	GC
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	2	GC
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	2	GC
BD ECLIPSE 30GX1/2" (insulin syringe-needle SYRINGE 1 ML 30 GAUGE X u-100) 1/2"	2	GC
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	2	GC
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	2	GC
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	2	GC
BD INS SYRN UF 1 ML (insulin syringe-needle 12.7MMX30G NOT FOR u-100) RETAIL SALE 1 ML 30 GAUGE X 1/2"	2	GC
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	2	GC
BD INSULIN SYR 1 ML (insulin syringe-needle 25GX5/8" 1 ML 25 GAUGE X u-100) 5/8"	2	GC
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	2	GC
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	2	GC

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe) 2	GC
BD INSULIN SYRINGE 1 ML W/O NEEDLE	(insulin syringe needleless) 2	GC
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin) 2	GC
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) 2	GC
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	2	GC
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) 2	GC
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	2	GC
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	2	GC
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	2	GC
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	GC
BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 "	2	GC
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	2	GC
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	2	GC
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	2	GC
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	2	GC
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic) 2	GC

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	2	GC
COMFORT TOUCH PEN NDL (pen needle, diabetic) 31G 4MM 31 GAUGE X 5/32"	2	GC
COMFORT TOUCH PEN NDL (pen needle, diabetic) 31G 5MM 31 GAUGE X 3/16"	2	GC
COMFORT TOUCH PEN NDL (pen needle, diabetic) 31G 6MM 31 GAUGE X 1/4"	2	GC
COMFORT TOUCH PEN NDL (pen needle, diabetic) 31G 8MM 31 GAUGE X 5/16"	2	GC
COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 4MM 32 GAUGE X 5/32"	2	GC
COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 5MM 32 GAUGE X 3/16"	2	GC
COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 6MM 32 GAUGE X 1/4"	2	GC
COMFORT TOUCH PEN NDL (pen needle, diabetic) 32G 8MM 32 GAUGE X 5/16"	2	GC
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33G 4MM 33 GAUGE X 5/32"	2	GC
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33G 6MM 33 GAUGE X 1/4"	2	GC
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"	2	GC
CURAD GAUZE PADS 2" X 2" 2 (gauze bandage) X 2 "	1	GC
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	1	GC
CURITY GUAZE PADS 1'S(12 (gauze bandage) PLY) 2 X 2 "	1	GC
DERMACEA 2"X2" GAUZE 12 (gauze bandage) PLY, USP TYPE VII 2 X 2 "	1	GC
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	1	GC
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	1	GC
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	2	GC

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	2	GC
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	2	GC
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	2	GC
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	2	GC
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	2	GC
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	2	GC
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	2	GC
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	2	GC
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)	2
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	2	GC
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	2

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	2	GC
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	2	GC
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	2	GC
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	2	GC
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	2	GC
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	GC
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	2	GC
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	GC
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	2	GC
EASY TOUCH LUER LOK INSUL 1 ML (insulin syringe needleless)	2	GC
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	2	GC
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" (pen needle, diabetic)	2	GC
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	2	GC
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	2	GC
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16" (pen needle, diabetic)	2	GC

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

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

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

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

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

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

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16"	2	GC
PEN NEEDLE 30G 5MM (Embrace Pen Needle) OUTER 30 GAUGE X 3/16"	2	GC
PEN NEEDLE 30G 8MM (CareFine Pen Needle) INNER 30 GAUGE X 5/16"	2	GC
PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16"	2	GC
PEN NEEDLE, DIABETIC (1st Tier Unifine NEEDLE 29 GAUGE X 1/2" Pentips Plus)	2	GC
PEN NEEDLES 12MM 29G (pen needle, diabetic) 29GX12MM,STRL 29 GAUGE X 1/2"	2	GC
PEN NEEDLES 4MM 32G 32 (pen needle, diabetic) GAUGE X 5/32"	2	GC
PEN NEEDLES 6MM 31G (1st Tier Unifine 31GX6MM, STRL 31 GAUGE X Pentips) 1/4"	2	GC
PEN NEEDLES 8MM 31G (pen needle, diabetic) 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	2	GC

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

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Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT PEN NDL (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	2	GC
PRO COMFORT PEN NDL 32G (pen needle, diabetic) X 1/4" 32 GAUGE X 1/4"	2	GC
PRO COMFORT PEN NDL (pen needle, diabetic) 4MM 32G 32 GAUGE X 5/32"	2	GC
PRO COMFORT PEN NDL (pen needle, diabetic) 5MM 32G 32 GAUGE X 3/16"	2	GC
PRODIGY INS SYR 1 ML (insulin syringe-needle 28GX1/2" 1 ML 28 GAUGE X u-100) 1/2"	2	GC
PRODIGY SYRNG 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	GC
PRODIGY SYRNGE 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	GC
PURE CMFT SFTY PEN NDL (pen needle, diabetic, 31G 5MM 31 GAUGE X 3/16" safety)	2	GC
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	GC
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	GC
PURE COMFORT PEN NDL (pen needle, diabetic) 32G 4MM 32 GAUGE X 5/32"	2	GC
PURE COMFORT PEN NDL (pen needle, diabetic) 32G 5MM 32 GAUGE X 3/16"	2	GC
PURE COMFORT PEN NDL (pen needle, diabetic) 32G 6MM 32 GAUGE X 1/4"	2	GC
PURE COMFORT PEN NDL (pen needle, diabetic) 32G 8MM 32 GAUGE X 5/16"	2	GC
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	2	GC
RAYA SURE PEN NEEDLE 31G (Comfort Touch Pen 4MM 31 GAUGE X 5/32" Needle)	2	GC
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	2	GC
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	2	GC

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Drug Name	Drug Tier	Requirements/Limits
RELI ON 31G X 1/4" NEEDLES (pen needle, diabetic) 31 GAUGE X 1/4"	2	GC
RELION INS SYR 0.3 ML (BD Veo Insulin 31GX6MM 0.3 ML 31 GAUGE X Syringe UF) 15/64"	2	GC
RELION INS SYR 0.5 ML (BD Veo Insulin 31GX6MM 1/2 ML 31 GAUGE X Syringe UF) 15/64"	2	GC
RELION INS SYR 1 ML (BD Veo Insulin 31GX15/64" 1 ML 31 GAUGE X Syringe UF) 15/64"	2	GC
RELI-ON INSULIN 0.5 ML SYR (Lite Touch Insulin 1/2 ML 29 Syringe)	2	GC
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	2	GC
RELION MINI PEN 31G X 1/4" (pen needle, diabetic) NDL 31 GAUGE X 1/4"	2	GC
RELION PEN NEEDLES (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	GC
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	2	GC
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	2	GC
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	2	GC
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	2	GC
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	2	GC
SAFETY PEN NEEDLE 31G (Comfort EZ PRO 4MM 31 GAUGE X 5/32" Safety Pen Ndl)	2	GC
SAFETY PEN NEEDLE 5MM X (pen needle, diabetic, 31G 31 GAUGE X 3/16" safety)	2	GC
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	GC

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Drug Name	Drug Tier	Requirements/Limits
SECURES SAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	2	GC
SECURES SAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	2	GC
SECURES SAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	2	GC
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	2	GC
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	2	GC
SM STERILE PADS 2" X 2" (gauze bandage) 2"X2", STERILE 2 X 2 "	1	GC
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	2	GC
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	2	GC
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	2	GC
NEEDLES, INSULIN DISP., (insulin syringe-needle SAFETY u-100)	2	GC
SURE COMFORT 0.5 ML (insulin syringe-needle SYRINGE 0.5 ML 30 GAUGE X u-100) 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	2	GC
SURE COMFORT 1 ML (insulin syringe-needle SYRINGE 1 ML 28 GAUGE X u-100) 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	GC
SURE COMFORT 3/10 ML (insulin syringe-needle SYRINGE 0.3 ML 29 GAUGE X u-100) 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	2	GC

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Drug Name		Drug Tier	Requirements/Limits
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	GC
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	GC
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	2	GC
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	2	GC
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC

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

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Drug Name		Drug Tier	Requirements/Limits
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	2	GC
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	2	GC
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		2	GC
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	2	GC
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	2	GC
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	2	GC
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	2	GC
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	2	GC
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	2	GC
TERUMO INS SYRINGE U100- 1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	GC
TERUMO INS SYRINGE U100- 1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	GC
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	2	GC
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	2	GC

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

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

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT 0.5 ML (insulin syringe-needle u-100) 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	2	GC
TRUE COMFORT 1 ML (insulin syringe-needle u-100) 31GX5/16" 1 ML 31 GAUGE X 5/16"	2	GC
TRUE COMFORT PEN NDL (pen needle, diabetic) 31G 8MM 31 GAUGE X 5/16"	2	GC
TRUE COMFORT PEN NDL (pen needle, diabetic) 31GX5MM 31 GAUGE X 3/16"	2	GC
TRUE COMFORT PEN NDL (pen needle, diabetic) 31GX6MM 31 GAUGE X 1/4"	2	GC
TRUE COMFORT PEN NDL (pen needle, diabetic) 32G 5MM 32 GAUGE X 3/16"	2	GC
TRUE COMFORT PEN NDL (pen needle, diabetic) 32G 6MM 32 GAUGE X 1/4"	2	GC
TRUE COMFORT PEN NDL (pen needle, diabetic) 32GX4MM 32 GAUGE X 5/32"	2	GC
TRUE COMFORT PEN NDL (pen needle, diabetic) 33G 4MM 33 GAUGE X 5/32"	2	GC
TRUE COMFORT PEN NDL (pen needle, diabetic) 33G 5MM 33 GAUGE X 3/16"	2	GC
TRUE COMFORT PEN NDL (pen needle, diabetic) 33G 6MM 33 GAUGE X 1/4"	2	GC
TRUE COMFORT PRO 1 ML (insulin syringe-needle u-100) 30G 1/2" 1 ML 30 GAUGE X 1/2"	2	GC
TRUE COMFORT PRO 1 ML (insulin syringe-needle u-100) 30G 5/16" 1 ML 30 GAUGE X 5/16"	2	GC
TRUE COMFORT PRO 1 ML (insulin syringe-needle u-100) 31G 5/16" 1 ML 31 GAUGE X 5/16"	2	GC
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	2	GC
TRUE COMFORT PRO 0.5 ML (insulin syringe-needle u-100) 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	2	GC
TRUEPLUS PEN NEEDLE 29G (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	2	GC

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Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	2	GC
TRUEPLUS PEN NEEDLE 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	2	GC
TRUEPLUS PEN NEEDLE 31G (pen needle, diabetic) X 1/4" 31 GAUGE X 1/4"	2	GC
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	GC
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 29GX1/2" 0.3 ML 29 GAUGE X u-100) 1/2"	2	GC
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	2	GC
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	2	GC
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 28GX1/2" 1/2 ML 28 GAUGE X u-100) 1/2"	2	GC
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 29GX1/2" 0.5 ML 29 GAUGE X u-100) 1/2"	2	GC
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	2	GC
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 5/16"	2	GC
TRUEPLUS SYR 1 ML 28GX1/2" (insulin syringe-needle 1 ML 28 GAUGE X 1/2" u-100)	2	GC
TRUEPLUS SYR 1 ML 29GX1/2" (insulin syringe-needle 1 ML 29 GAUGE X 1/2" u-100)	2	GC
TRUEPLUS SYR 1 ML (insulin syringe-needle 30GX5/16" 1 ML 30 GAUGE X u-100) 5/16"	2	GC
TRUEPLUS SYR 1 ML (insulin syringe-needle 31GX5/16" 1 ML 31 GAUGE X u-100) 5/16"	2	GC

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS 31GX3/16" (pen needle, diabetic) 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	2	GC
UNIFINE PENTIPS 32GX1/4" 32 (pen needle, diabetic) GAUGE X 1/4"	2	GC
UNIFINE PENTIPS 32GX5/32" (pen needle, diabetic) 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	2	GC
UNIFINE PENTIPS 33GX5/32" (pen needle, diabetic) 33 GAUGE X 5/32"	2	GC
UNIFINE PENTIPS 6MM 31G (pen needle, diabetic) 31 GAUGE X 1/4"	2	GC
UNIFINE PENTIPS MAX (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16"	2	GC
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 29GX1/2" 12MM 29 GAUGE X 1/2"	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 30GX3/16" 30 GAUGE X 3/16"	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX3/16" MINI 31 GAUGE X 3/16"	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 31GX5/16" SHORT 31 GAUGE X 5/16"	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	2	GC
UNIFINE PENTIPS PLUS (pen needle, diabetic) 33GX5/32" 33 GAUGE X 5/32"	2	GC
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	2	GC
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	2	GC
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	2	GC

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

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Drug Name	Drug Tier	Requirements/Limits
VERIFINE SYRING 0.5 ML 29G (insulin syringe-needle 1/2" 0.5 ML 29 GAUGE X 1/2" u-100)	2	GC
VERIFINE SYRING 1 ML 31G (insulin syringe-needle 5/16" 1 ML 31 GAUGE X 5/16" u-100)	2	GC
VERIFINE SYRNG 0.3 ML 31G (insulin syringe-needle 5/16" 0.3 ML 31 GAUGE X 5/16" u-100)	2	GC
VERIFINE SYRNG 0.5 ML 31G (insulin syringe-needle 5/16" 0.5 ML 31 GAUGE X 5/16" u-100)	2	GC
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	GC
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	
V-GO 40 DEVICE	3	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CERDELGA ORAL CAPSULE 84 MG	5	PA; NEDS
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	
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NEDS; QL (14 per 28 days)
<i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)	5	PA; NEDS
<i>miglustat oral capsule 100 mg</i> (Yargesa)	5	PA; NEDS; QL (90 per 30 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	5	PA; NEDS
ORFADIN ORAL CAPSULE 20 MG (nitisinone)	5	PA; NEDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NEDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NEDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	5	PA; NEDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NEDS
<i>yargesa oral capsule 100 mg</i> (miglustat)	5	PA; NEDS; QL (90 per 30 days)
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	4	
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	2	GC; QL (30 per 25 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	2	GC; QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	GC
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	GC
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	2	GC
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NEDS; QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	
<i>epinastine ophthalmic (eye) drops</i> 0.05 %	2	GC	
<i>ipratropium bromide nasal</i> <i>spray,non-aerosol 21 mcg (0.03 %)</i>	2	GC; QL (30 per 28 days)	
<i>ipratropium bromide nasal</i> <i>spray,non-aerosol 42 mcg (0.06 %)</i>	2	GC; QL (15 per 10 days)	
<i>levofloxacin ophthalmic (eye) drops</i> 1.5 %	4		
<i>olopatadine ophthalmic (eye) drops</i> 0.1 %	(Eye Allergy Itch-Redness Rlf)	2	GC
<i>olopatadine ophthalmic (eye) drops</i> 0.2 %	(Eye Allergy Itch Relief)	4	
<i>proparacaine ophthalmic (eye) drops</i> 0.5 %	(Alcaine)	2	GC
Eye, Ear, Nose, Throat Anti-Infectives Agents			
<i>acetic acid otic (ear) solution</i> 2 %	2	GC	
<i>bacitracin ophthalmic (eye) ointment</i> 500 unit/gram	3		
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i> 500-10,000 unit/gram	(Polycin)	2	GC
<i>bleph-10 ophthalmic (eye) drops</i> 10 %	(sulfacetamide sodium)	2	GC
<i>ciprofloxacin hcl ophthalmic (eye) drops</i> 0.3 %	2	GC	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i> 0.3-0.1 %	3	QL (7.5 per 7 days)	
<i>erythromycin ophthalmic (eye) ointment</i> 5 mg/gram (0.5 %)	2	GC; QL (3.5 per 4 days)	
<i>gatifloxacin ophthalmic (eye) drops</i> 0.5 %	(Zymaxid)	3	
<i>gentak ophthalmic (eye) ointment</i> 0.3 % (3 mg/gram)	2	GC	
<i>gentamicin ophthalmic (eye) drops</i> 0.3 %	2	GC	
<i>hydrocortisone-acetic acid otic (ear) drops</i> 1-2 %	3		

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

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Drug Name	Drug Tier	Requirements/Limits
<i>polycin ophthalmic (eye) ointment</i> (bacitracin-polymyxin 500-10,000 unit/gram b)	2	GC
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	GC
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	GC
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	GC
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	GC
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	GC
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	GC
<i>trifluridine ophthalmic (eye) drops 1 %</i>	3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti- Inflammatory Agents		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST; QL (10 per 25 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	GC
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	GC
<i>difluprednate ophthalmic (eye) (Durezol) drops 0.05 %</i>	3	
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)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	4	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	GC
<i>fluticasone propionate nasal spray,suspension 50 mcglactuation</i> (24 Hour Allergy Relief)	1	GC; 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	GC; 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,gel 0.5 %</i> (Lotemax)	4	QL (10 per 13 days)
<i>mometasone nasal spray,non-aerosol 50 mcglactuation</i> (Nasonex 24hr Allergy)	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	GC
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (5.5 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	2	GC; QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	GC
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i> (Nexium)	2	GC; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i> (Nexium)	2	GC; QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	3	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	3	ST; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	GC
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	2	GC
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	GC
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	2	GC
<i>famotidine intravenous solution 10 mg/ml</i>	2	GC
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	GC
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	GC
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i> (Prevacid 24Hr)	1	GC; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i> (Prevacid)	1	GC; QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	GC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	GC
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	4	ST; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	GC
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i> (Protonix)	1	GC; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i> (Protonix)	1	GC; QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	2	GC; QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	GC
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	5	PA; NEDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	2	GC
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	3	
<i>dicyclomine oral capsule 10 mg</i>	2	GC
<i>dicyclomine oral solution 10 mg/5 ml</i>	3	
<i>dicyclomine oral tablet 20 mg</i>	2	GC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	GC
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	2	GC
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NEDS
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	2	GC
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	GC
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	GC
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	GC
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)

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Drug Name	Drug Tier	Requirements/Limits
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	GC
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	3	QL (60 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	4	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	GC
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	GC
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	GC
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NEDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NEDS
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	NEDS
<i>sodium polystyrene sulfonate oral powder</i>	2	GC
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	3	
<i>ursodiol oral capsule 300 mg</i>	2	GC
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	GC
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	GC
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; NEDS; 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	3	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	3	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	2	GC
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	GC
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	3	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium,potassium,ma g sulfates)	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	GC
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	GC
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	5	NEDS
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	GC
<i>sevelamer hcl oral tablet 400 mg</i>	3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	2	GC
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	GC
<i>oxybutynin chloride oral tablet 5 mg</i>	2	GC
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	GC
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	GC
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	GC
<i>tropium oral tablet 20 mg</i>	2	GC
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	GC; QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	GC
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	GC
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	GC
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
<i>tiopronin oral tablet 100 mg</i> (Thiola)	5	NEDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NEDS
<i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu)	5	PA; NEDS
<i>deferasirox oral tablet 90 mg</i> (Jadenu)	3	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	5	PA; NEDS
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	5	PA; NEDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	5	PA; NEDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NEDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NEDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NEDS; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	3	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	GC
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA; GC
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA; GC
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; GC; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i> (Vogelxo)	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i> (AndroGel)	4	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> (AndroGel)	4	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i>	4	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	2	GC
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	2	GC; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	GC
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	GC; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	GC; QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	GC
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	4	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	GC
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)	2	GC
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	GC
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	2	GC
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	2	GC; QL (8 per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	2	GC
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	2	GC
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	3	

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG- 5MG(14)	3	
PREMPRO ORAL TABLET 0.3- 1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	GC
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	4	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>betamethasone acet,sod phos</i> (Celestone Soluspan) <i>injection suspension 6 mg/ml</i>	2	GC
<i>dexamethasone oral solution 0.5</i> <i>mg/5 ml</i>	2	GC
<i>dexamethasone oral tablet 0.5 mg,</i> <i>0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg,</i> <i>6 mg</i>	2	GC
<i>dexamethasone sodium phos (pf)</i> <i>injection solution 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phos (pf)</i> <i>injection syringe 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate</i> <i>injection solution 10 mg/ml, 4 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate</i> <i>injection syringe 4 mg/ml</i>	2	GC
<i>fludrocortisone oral tablet 0.1 mg</i>	2	GC
<i>hydrocortisone oral tablet 10 mg, 20</i> (Cortef) <i>mg, 5 mg</i>	2	GC
<i>methylprednisolone 200 mg/5 ml</i> (Depo-Medrol) <i>muv 40 mg/ml</i>	2	GC
<i>methylprednisolone 400 mg/5 ml</i> (Depo-Medrol) <i>muv 80 mg/ml</i>	2	GC
<i>methylprednisolone acetate injection</i> (Depo-Medrol) <i>suspension 40 mg/ml, 80 mg/ml</i>	3	
<i>methylprednisolone oral tablet 16</i> (Medrol) <i>mg, 4 mg, 8 mg</i>	2	GC
<i>methylprednisolone oral tablet 32</i> <i>mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	2	GC
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	GC
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	3	
<i>prednisolone 15 mg/5 ml soln dlf 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD; GC
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD; GC
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	3	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	PA BvD; GC
<i>prednisone oral solution 5 mg/5 ml</i>	3	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	GC
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	3	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NEDS; QL (35 per 28 days)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NEDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	4	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NEDS; QL (30 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NEDS
<i>lanreotide subcutaneous syringe 120</i> (Somatuline Depot) <i>mg/0.5 ml</i>	5	PA NSO; NEDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA NSO; NEDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA NSO; NEDS
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; NEDS
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	3	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml</i>	3	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>500 mcg/ml</i>	5	NEDS
<i>octreotide acetate injection syringe</i> <i>100 mcg/ml (1 ml), 50 mcg/ml (1</i> <i>ml), 500 mcg/ml (1 ml)</i>	3	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NEDS
ORLISSA ORAL TABLET 150 MG	5	PA; NEDS; QL (28 per 28 days)
ORLISSA ORAL TABLET 200 MG	5	PA; NEDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NEDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML (lanreotide)	5	PA NSO; NEDS; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	PA NSO; NEDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	5	PA NSO; NEDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NEDS
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	PA; NEDS
Progestins		
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	GC; QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	GC; QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	GC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	GC
<i>norethindrone acetate oral tablet 5 mg</i>	2	GC
<i>progesterone intramuscular oil 50 mg/ml</i>	2	GC
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	GC
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	GC
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>lithyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	GC
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	2	GC
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NEDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NEDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NEDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NEDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD; GC
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD; GC
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NEDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NEDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA NSO; NEDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NEDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NEDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NEDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NEDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; NEDS
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	2	PA BvD; GC
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	PA BvD; GC
<i>cyclosporine modified oral capsule</i> 50 mg	2	PA BvD; GC
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	3	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 (Sandimmune) mg	3	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NEDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NEDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NEDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NEDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NEDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressive)</i> (Zortress) <i>oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	PA BvD; NEDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NEDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NEDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NEDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NEDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	PA BvD; GC
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	3	PA BvD
HUMIRA PEN CROHNS-UC- HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NEDS
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NEDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NEDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; NEDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NEDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NEDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NEDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NEDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NEDS
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	5	PA; NEDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NEDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NEDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	GC
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	2	PA BvD; GC
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD; GC
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NEDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD; GC
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NEDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NEDS

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Drug Name	Drug Tier	Requirements/Limits
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	5	PA; NEDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NEDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NEDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NEDS
OTEZLA ORAL TABLET 30 MG	5	PA; NEDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NEDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NEDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NEDS
RIDAURA ORAL CAPSULE 3 MG	5	NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; NEDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	5	PA BvD; NEDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	3	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD; NEDS

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; NEDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NEDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	5	PA; NEDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NEDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; NEDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NEDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NEDS
<i>tacrolimus 0.5 mg capsule (Prograf) (immediate release)</i>	2	PA BvD; GC
<i>tacrolimus 1 mg capsule (immediate release) (Prograf)</i>	2	PA BvD; GC
<i>tacrolimus 5 mg capsule (immediate release) (Prograf)</i>	3	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg (Prograf)</i>	2	PA BvD; GC
<i>tacrolimus oral capsule 5 mg (Prograf)</i>	3	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NEDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NEDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NEDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA; NEDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NEDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NEDS
Vaccines		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	
AREXVY ANTIGEN COMPONENT 120 MCG	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
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	QL (2 per 365 days)
TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 toxoids-td) ML	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	3	QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alose tron oral tablet 0.5 mg</i> (Lotronex)	3	
<i>alose tron oral tablet 1 mg</i> (Lotronex)	5	NEDS
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	GC
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	4	
<i>budesonide rectal foam 2 mg/lactuation</i> (Uceris)	2	GC
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NEDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	3	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i> (Lialda)	4	QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	4	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	3	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	GC
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	3	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	GC; QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	GC; QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactation</i>	2	GC; QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	GC
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	GC
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	3	
<i>cinacalcet oral tablet 30 mg</i> (Sensipar)	3	QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i> (Sensipar)	5	NEDS; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	5	NEDS; QL (120 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	3	QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	4	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	2	GC; QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i>	2	GC; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NEDS; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemlar)	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	3	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	GC; QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	GC; QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	GC; QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	4	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NEDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	4	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	GC
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	3	QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NEDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	GC
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	GC
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NEDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NEDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	GC
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	1	GC
<i>hydroxyzine pamoate oral capsule 50 mg</i>	1	GC
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	4	PA; QL (90 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	3	
<i>leucovorin calcium injection solution 10 mg/ml</i>	3	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	GC
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	2	GC
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	4	
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
MESNEX ORAL TABLET 400 MG	5	NEDS
<i>nitisinone oral capsule 20 mg</i> (Orfadin)	5	PA; NEDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; NEDS
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	4	
<i>pyridostigmine bromide oral tablet 30 mg</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	2	GC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NEDS; QL (4 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NEDS; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; NEDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NEDS; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
VOWST ORAL CAPSULE	5	PA; NEDS; QL (12 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	GC
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	GC
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % (brimonidine)	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	2	GC
<i>brimonidine ophthalmic (eye) drops 0.1 %</i> (Alphagan P)	2	GC
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	GC
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	GC
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	GC
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	2	GC
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	GC; QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	GC
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	4	QL (2.5 per 25 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous syringe</i> 100 mg/ml (10 %)	2	GC
<i>d5 % and 0.9 % sodium chloride</i> <i>intravenous parenteral solution</i>	3	
<i>d5 %-0.45 % sodium chloride</i> <i>intravenous parenteral solution</i>	3	
<i>electrolyte-148 intravenous</i> (Plasma-Lyte 148) <i>parenteral solution</i>	4	
ISOLYTE S IV SOLUTION- EXCEL SINGLE USE	4	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>klor-con m10 oral tablet,er</i> (potassium chloride) <i>particles/crystals 10 meq</i>	2	GC
<i>klor-con m15 oral tablet,er</i> (potassium chloride) <i>particles/crystals 15 meq</i>	2	GC
<i>klor-con m20 oral tablet,er</i> (potassium chloride) <i>particles/crystals 20 meq</i>	2	GC
<i>magnesium sulfate in d5w</i> <i>intravenous piggyback 1 gram/100</i> <i>ml</i>	2	GC
<i>magnesium sulfate in water</i> <i>intravenous parenteral solution 20</i> <i>gram/500 ml (4 %), 40 gram/1,000</i> <i>ml (4 %)</i>	2	GC
<i>magnesium sulfate in water</i> <i>intravenous piggyback 2 gram/50 ml</i> <i>(4 %), 4 gram/100 ml (4 %), 4</i> <i>gram/50 ml (8 %)</i>	2	GC
<i>magnesium sulfate injection syringe</i> 4 meq/ml	2	GC

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Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A (electrolyte-a) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	PA BvD; GC
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	2	PA BvD; GC
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	GC
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	3	
<i>potassium chloride oral tablet (K-Tab) extended release 10 meq, 20 meq</i>	2	GC
<i>potassium chloride oral tablet (Klor-Con 8) extended release 8 meq</i>	2	GC
<i>potassium chloride oral tablet,er (Klor-Con M10) particles/crystals 10 meq</i>	2	GC
<i>potassium chloride oral tablet,er (Klor-Con M15) particles/crystals 15 meq</i>	2	GC
<i>potassium chloride oral tablet,er (Klor-Con M20) particles/crystals 20 meq</i>	2	GC
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	GC
<i>potassium citrate oral tablet (Urocit-K 10) extended release 10 meq (1,080 mg)</i>	2	GC
<i>potassium citrate oral tablet (Urocit-K 15) extended release 15 meq</i>	2	GC
<i>potassium citrate oral tablet (Urocit-K 5) extended release 5 meq (540 mg)</i>	2	GC
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	3	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	4	
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.9% solution viaflex, single use</i>	2	GC
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS (fluticasone propion- INHALATION BLISTER WITH salmeterol) DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	GC; QL (60 per 30 days)
ADVAIR HFA INHALATION (fluticasone propion- HFA AEROSOL INHALER 115- salmeterol) 21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION (fluticasone furoate- BLISTER WITH DEVICE 100-25 vilanterol) MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for (Pulmicort) nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for (Pulmicort) nebulization 1 mg/2 ml</i>	3	PA BvD; QL (60 per 30 days)
FLOVENT DISKUS (fluticasone INHALATION BLISTER WITH propionate) DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	(fluticasone propionate)	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	(fluticasone propionate)	3	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	(fluticasone propionate)	3	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	(fluticasone propionate)	3	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	3	QL (30.6 per 30 days)
Antileukotrienes			
<i>montelukast oral tablet 10 mg</i>	(Singulair)	1	GC
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	(Singulair)	1	GC
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	(Accolate)	4	
Bronchodilators			
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	(Proventil HFA)	2	GC; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>		2	GC; QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>		2	GC; 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; GC; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>		2	PA BvD; GC; QL (120 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>		2	GC
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>		2	GC

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Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD; GC; 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; GC; 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)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	GC; QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	3	
<i>theophylline oral solution 80 mg/15 ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	3	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	GC
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution (Acetadote) 200 mg/ml (20 %)</i>	2	GC
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD; GC
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NEDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD; GC
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NEDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NEDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NEDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NEDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NEDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NEDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150- 188 MG, 75-94 MG	5	PA; NEDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100- 125 MG, 200-125 MG	5	PA; NEDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NEDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NEDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NEDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NEDS; QL (90 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV	5	PA BvD; NEDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NEDS
<i>roflumilast oral tablet 250 mcg, 500</i> (Daliresp) <i>mcg</i>	2	GC; QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NEDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NEDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NEDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NEDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5</i> <i>mg</i>	2	GC
<i>chlorzoxazone oral tablet 500 mg</i>	3	
<i>cyclobenzaprine oral tablet 10 mg, 5</i> <i>mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>revonto intravenous recon soln 20 mg</i> (dantrolene)	2	GC
<i>tizanidine oral tablet 2 mg</i>	2	GC
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	GC
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; GC; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	GC; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	PA; GC; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	PA; GC; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	PA; LA; NEDS; QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	5	PA; NEDS; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	5	PA; LA; NEDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	GC; QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	GC; 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; NEDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; GC; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NEDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NEDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	1	PA; GC; QL (360 per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	2	GC; EX; CB (6 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	2	PA; GC; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	5	PA; LA; NEDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NEDS; QL (112 per 28 days)
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; NEDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NEDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NEDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NEDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	2	GC
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	2	GC
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	2	GC
<i>completenate tablet chew 29 mg iron- 1 mg</i>	2	GC
<i>folivane-ob capsule 85-1 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	2	GC
<i>marnatal-f capsule 60 mg iron-1 mg</i>	2	GC
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	GC
<i>mynatal advance oral tablet 90-1-50 mg</i>	2	GC
<i>mynatal capsule 65 mg iron- 1 mg</i>	2	GC
<i>mynatal oral tablet 90-1-50 mg</i>	2	GC
<i>mynatal plus captab 65 mg iron- 1 mg</i>	2	GC
<i>mynatal-z captab 65 mg iron- 1 mg</i>	2	GC
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	2	GC
<i>newgen tablet 32-1,000 mg-mcg</i>	2	GC
<i>niva-plus tablet 27 mg iron- 1 mg</i>	2	GC
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	2	GC
<i>obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg</i>	2	GC
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	2	GC
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	2	GC
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	GC
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	2	GC
<i>pnv-omega softgel 28-1-300 mg</i>	2	GC
<i>pr natal 400 combo pack 29-1-400 mg</i>	2	GC
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	2	GC
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	2	GC
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>prenal true combo pack 30 mg iron-1.4 mg-300 mg</i>	2	GC
<i>prenaisance oral capsule 29-1.25-55-325 mg</i>	2	GC
<i>prenaisance plus oral capsule 28-1-50-250 mg</i>	2	GC
<i>prenatabs fa tablet 29-1 mg</i>	2	GC
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	2	GC
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	2	GC
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	2	GC
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)	2	GC
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	GC
<i>prenatal-u capsule 106.5-1 mg</i>	2	GC
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	2	GC
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	2	GC
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	2	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	GC
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	2	GC
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	2	GC
<i>taron-c dha capsule 35-1-200 mg</i>	2	GC
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	2	GC
<i>triveen-duo dha combo pack 29-1-400 mg</i>	2	GC
<i>vinate care oral tablet,chewable 40 mg iron- 1 mg</i>	2	GC
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	2	GC

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

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

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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