ATRIO™
HEALTH PLANS

# 2026 Comprehensive Formulary

# Oregon

***Douglas and Klamath Counties***

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## ATRIO Special Needs Plans (HMO D-SNP)

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**January 1, 2026 - December 31, 2026**

ATRIO™
HEALTH PLANS

## ATRIO Special Needs Plan (HMO D-SNP)

# 2026 Formulary
# (List of Covered Drugs)

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

HPMS Approved Formulary File Submission 26333, Version Number 17

This formulary was updated on 10/30/2026

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

For more recent information or other questions, please contact ATRIO Health Plans Member Services at **1-877-672-8620** (TTY 711), daily 8 a.m. - 8 p.m. local time, or visit **https://atriohp.com/oregon/members/find-a-drug/. Note to existing members:** This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to "we," "us," or "our," it means ATRIO Health Plans. When it refers to "plan" or "our plan," it means ATRIO Special Needs Plan (HMO D-SNP).

This document includes a Drugs List (formulary) for our plan which is current as of 11/01/2026. For an updated (Drug List) formulary, please contact us. Our contact information, along with the date we last updated the (Drug List) formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

For more recent information or other questions, please contact ATRIO Health Plans at **1-877-672-8620** (TTY 711), daily from 8 a.m. to 8 p.m. local time or visit **atriohp.com.**

## What is the ATRIO Health Plans formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by ATRIO Health Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. ATRIO Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an ATRIO Health Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website at **https://atriohp.com/oregon/members/find-a-drug/**.

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

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

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

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the ATRIO Health Plans' Formulary?

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the ATRIO Health Plans' Formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 11/01/2026. To get updated information about the drugs covered by ATRIO Health Plans, please contact us. Our contact information appears on the front and back cover pages. ATRIO Health Plans will update formularies monthly and provide a document that lists the formulary changes. This list will be posted on **https://atriohp.com/oregon/members/find-a-drug/** or can be sent to you by calling 1-877-672-8620 (TTY 711), daily from 8 a.m. to 8 p.m. local time.

## How do I use the Formulary?

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

**Medical Condition**

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

**Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

ATRIO Health Plans covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

## Are there any restrictions on my coverage?

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

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

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

- **Step Therapy:** In some cases, ATRIO Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, ATRIO Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, ATRIO Health Plans will then cover Drug B.
- **Part B vs. Part D review** – some drugs are covered as part of your medical Part B coverage, and others are covered under your Part D coverage.

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

You can ask ATRIO Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the ATRIO Health Plans' formulary?" on page VI for information about how to request an exception.

## What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. ATRIO Health Plans pays for certain OTC drugs. ATRIO Health Plans will provide these OTC drugs at no cost to you. The cost to ATRIO Health Plans of these OTC drugs will not count toward your total Part D drug costs.

## Covered Over-the-Counter (OTC) Drugs

ATRIO covers a limited amount of OTC drugs under the plan formulary (shown in the table below). You will need a prescription to present at the Pharmacy in order to cover the formulary OTC drugs.

### OTC formulary drugs covered

| Generic Name | Brand Name – For Reference Only *(ATRIO only covers generic as OTC)* | Dosage Form |
|---|---|---|
| Cetirizine | (Zyrtec) | Chewable Tablet, Solution, Tablet, Rapid Tablets |
| Cetirizine/Pseudoephedrine | (Zyrtec-D) | 12 Hour Tablet |
| Fexofenadine | (Allegra) | 12 Hour Tablet, 24 Hour Tablet, Tablet Rapids, Suspension |
| Fexofenadine/Pseudoephedrine | (Allegra-D) | 12 Hour Tablet, 24 Hour Tablet |
| Ketotifen | (Zaditor) | Ophthalmic Drops |
| Levocetirizine | (Xyzal) | Tablet |
| Loratadine | (Claritin) | Solution, Tablet, Tablet Rapids, Chewable Tablet, Capsules |
| Loratadine/Pseudoephedrine | (Claritin-D) | 12 Hour Tablet, 24 Hour Tablet |
| Nicotine | (Nicorelief, Nicoderm) | Patch, Gum, Lozenge |
| Olopatadine | (Pataday) | Ophthalmic Drops |

However, ATRIO Health Plans provide additional benefit coverage on OTC drugs. You will receive an allowance toward any OTC items you choose from the catalog. The catalog can be found on our website at **https://atriohp.com/2026-extra-benefits/**. You can also call **1-855-263-6673** for more information. The Federal Drug Administration reports that OTC medications are safe as long as they are taken as directed. Some products may save you money by offering similar therapeutic effects.

Talk to your healthcare provider to see if this is the right choice for you. Here are just few examples of popular OTC drugs available through the catalog:

- Pain relievers, including Tylenol (acetaminophen), Ibuprofen, Lidocaine patch, and diclofenac gel
- Heartburn medicines, including Tums, Pepcid AC, and Prilosec (omeprazole)
- Antihistamines/decongestants for allergy or cold symptoms
- Eye drops for lubricating or cleansing

## What if my drug is not on the Formulary?

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

If you learn that ATRIO Health Plans does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by ATRIO Health Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by ATRIO Health Plans.
- You can ask ATRIO Health Plans to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the ATRIO Health Plans Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction, including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, ATRIO Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level (if this drug is not on the specialty tier). If approved, this would lower the amount you must pay for your drug.

Generally, ATRIO Health Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your doctor about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, during the first 90 days you are a member of our plan, we may cover your drug up to a maximum 30-day supply.

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

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

If you are being admitted or discharged from a facility, we will cover "early refills" of previously covered drugs as needed upon admission to or discharge from the facility.

## For more information

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

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

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

## Table of Contents


Analgesics ..... 3
Anesthetics ..... 6
Anti-Addiction/Substance Abuse Treatment Agents ..... 7
Antianxiety Agents ..... 8
Antibacterials ..... 9
Anticancer Agents ..... 16
Anticonvulsants ..... 36
Antidementia Agents ..... 41
Antidepressants ..... 42
Antidiabetic Agents ..... 45
Antifungals ..... 51
Antigout Agents ..... 53
Antihistamines ..... 53
Anti-Infectives (Skin And Mucous Membrane) ..... 54
Antimigraine Agents ..... 54
Antimycobacterials ..... 55
Antinausea Agents ..... 56
Antiparasite Agents ..... 57
Antiparkinsonian Agents ..... 58
Antipsychotic Agents ..... 59
Antivirals (Systemic) ..... 66
Blood Products/Modifiers/Volume Expanders ..... 73
Caloric Agents ..... 76
Cardiovascular Agents ..... 76
Central Nervous System Agents ..... 86
Contraceptives ..... 90
Dental And Oral Agents ..... 98
Dermatological Agents ..... 98
Devices ..... 102
Enzyme Cofactors/Chaperones ..... 149
Enzyme Replacement/Modifiers ..... 149
Eye, Ear, Nose, Throat Agents ..... 150
Gastrointestinal Agents ..... 154
Genitourinary Agents ..... 157
Heavy Metal Antagonists ..... 158
Hormonal Agents, Stimulant/Replacement/Modifying ..... 158
Immunological Agents ..... 163
Inflammatory Bowel Disease Agents ..... 175

Metabolic Bone Disease Agents ..... 176
Miscellaneous Therapeutic Agents ..... 177
Ophthalmic Agents ..... 178
Replacement Preparations ..... 179
Respiratory Tract Agents ..... 181
Skeletal Muscle Relaxants ..... 185
Sleep Disorder Agents ..... 186
Vasodilating Agents ..... 186
Vitamins And Minerals ..... 187

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Analgesics** | | | |
| **Analgesics, Miscellaneous** | | | |
| *acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml* | | 1 | NDS; QL (4500 per 30 days) |
| *acetaminophen-codeine oral solution 120-12 mg/5 ml* | | 1 | NDS; QL (4500 per 30 days) |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | | 1 | NDS; QL (360 per 30 days) |
| *acetaminophen-codeine oral tablet 300-60 mg* | | 1 | NDS; QL (180 per 30 days) |
| *buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour* | (Butrans) | 1 | NDS; QL (4 per 28 days) |
| *butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg* | | 1 | PA-HRM; NDS; QL (180 per 30 days); AGE (Max 64 Years) |
| *butalbital-acetaminophen-caff oral capsule 50-300-40 mg* | (Fioricet) | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| *butalbital-acetaminophen-caff oral capsule 50-325-40 mg* | | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| *butalbital-acetaminophen-caff oral tablet 50-325-40 mg* | | 1 | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| *endocet oral tablet 10-325 mg* | (oxycodone-acetaminophen) | 1 | NDS; QL (180 per 30 days) |
| *endocet oral tablet 2.5-325 mg, 5-325 mg* | (oxycodone-acetaminophen) | 1 | NDS; QL (360 per 30 days) |
| *endocet oral tablet 7.5-325 mg* | (oxycodone-acetaminophen) | 1 | NDS; QL (240 per 30 days) |
| *fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg* | | 1 | PA; NDS; QL (120 per 30 days) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | | 1 | NDS; QL (10 per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml* | 1 | NDS; QL (2700 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg* | 1 | NDS; QL (180 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 5-325 mg* | 1 | NDS; QL (240 per 30 days) |
| *hydromorphone oral tablet 2 mg, 4 mg, 8 mg* (Dilaudid) | 1 | NDS; QL (180 per 30 days) |
| *methadone oral tablet 10 mg* | 1 | NDS; QL (120 per 30 days) |
| *methadone oral tablet 5 mg* | 1 | NDS; QL (180 per 30 days) |
| *morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)* | 1 | PA; NDS; QL (180 per 30 days) |
| *morphine oral solution 10 mg/5 ml (2 mg/ml)* | 1 | NDS; QL (700 per 30 days) |
| *morphine oral solution 20 mg/5 ml (4 mg/ml)* | 1 | NDS; QL (300 per 30 days) |
| MORPHINE ORAL TABLET 15 MG | 1 | NDS; QL (180 per 30 days) |
| MORPHINE ORAL TABLET 30 MG | 1 | NDS; QL (120 per 30 days) |
| *morphine oral tablet extended release 100 mg, 200 mg* | 1 | NDS; QL (60 per 30 days) |
| *morphine oral tablet extended release 15 mg, 30 mg* (MS Contin) | 1 | NDS; QL (90 per 30 days) |
| *morphine oral tablet extended release 60 mg* (MS Contin) | 1 | NDS; QL (60 per 30 days) |
| *oxycodone oral capsule 5 mg* | 1 | NDS; QL (180 per 30 days) |
| *oxycodone oral tablet 10 mg, 5 mg* | 1 | NDS; QL (180 per 30 days) |
| *oxycodone oral tablet 15 mg, 30 mg* (Roxicodone) | 1 | NDS; QL (120 per 30 days) |
| *oxycodone oral tablet 20 mg* | 1 | NDS; 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 |
|---|---|---|---|
| *oxycodone-acetaminophen oral tablet 10-325 mg* | (Endocet) | 1 | NDS; QL (180 per 30 days) |
| *oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg* | (Endocet) | 1 | NDS; QL (360 per 30 days) |
| *oxycodone-acetaminophen oral tablet 7.5-325 mg* | (Endocet) | 1 | NDS; QL (240 per 30 days) |
| *tramadol oral tablet 50 mg* | | 1 | NDS; QL (240 per 30 days) |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | | 1 | NDS; QL (300 per 30 days) |
| **Nonsteroidal Anti-Inflammatory Agents** | | | |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | (Celebrex) | 1 | QL (60 per 30 days) |
| *diclofenac epolamine transdermal patch 12 hour 1.3 %* | (Flector) | 1 | PA; QL (60 per 30 days) |
| *diclofenac potassium oral tablet 50 mg* | | 1 | QL (120 per 30 days) |
| *diclofenac sodium oral tablet extended release 24 hr 100 mg* | | 1 | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg* | | 1 | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg* | | 1 | QL (120 per 30 days) |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg* | | 1 | QL (60 per 30 days) |
| *diclofenac sodium topical drops 1.5 %* | | 1 | QL (300 per 30 days) |
| *diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)* | | 1 | PA; NDS; QL (224 per 28 days) |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg* | (Arthrotec 50) | 1 | |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg* | (Arthrotec 75) | 1 | |

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

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *etodolac oral capsule 200 mg, 300 mg* | | 1 | |
| *etodolac oral tablet 400 mg* | (Lodine) | 1 | |
| *etodolac oral tablet 500 mg* | | 1 | |
| *flurbiprofen oral tablet 100 mg* | (Lurbiro) | 1 | |
| *ibu oral tablet 400 mg* | (ibuprofen) | 1 | QL (240 per 30 days) |
| *ibu oral tablet 600 mg, 800 mg* | (ibuprofen) | 1 | |
| *ibuprofen oral tablet 400 mg* | (IBU) | 1 | QL (240 per 30 days) |
| *ibuprofen oral tablet 600 mg, 800 mg* | (IBU) | 1 | |
| *indomethacin oral capsule 25 mg, 50 mg* | | 1 | PA-HRM; AGE (Max 64 Years) |
| *ketorolac oral tablet 10 mg* | | 1 | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| *meloxicam oral tablet 15 mg, 7.5 mg* | | 1 | |
| *nabumetone oral tablet 500 mg, 750 mg* | | 1 | |
| *naproxen oral tablet 250 mg, 375 mg* | | 1 | |
| *naproxen oral tablet 500 mg* | (Naprosyn) | 1 | |
| *naproxen oral tablet,delayed release (dr/ec) 375 mg* | (EC-Naprosyn) | 1 | |
| *sulindac oral tablet 150 mg, 200 mg* | | 1 | |
| **Anesthetics** | | | |
| **Local Anesthetics** | | | |
| *dermacinrx lidocan 5% patch outer* | (lidocaine) | 1 | PA; QL (90 per 30 days) |
| *glydo mucous membrane jelly in applicator 2 %* | (lidocaine hcl) | 1 | QL (30 per 30 days) |
| *lidocaine hcl mucous membrane jelly in applicator 2 %* | (Glydo) | 1 | QL (30 per 30 days) |
| *lidocaine hcl mucous membrane solution 2 %* | | 1 | |
| *lidocaine topical adhesive patch,medicated 5 %* | (DermacinRx Lidocan) | 1 | PA; QL (90 per 30 days) |
| *lidocaine topical ointment 5 %* | | 1 | PA; QL (240 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 |
|---|---|---|---|
| *lidocaine-prilocaine topical cream 2.5-2.5 %* | | 1 | PA; QL (30 per 30 days) |
| *lidocan iii topical adhesive patch,medicated 5 %* | (lidocaine) | 1 | PA; QL (90 per 30 days) |
| *tridacaine iii topical adhesive patch,medicated 5 %* | (lidocaine) | 1 | PA; QL (90 per 30 days) |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % | | 1 | PA; QL (90 per 30 days) |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | | |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | | |
| *acamprosate oral tablet,delayed release (dr/ec) 333 mg* | | 1 | |
| *buprenorphine hcl sublingual tablet 2 mg, 8 mg* | | 1 | |
| *buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg* | (Suboxone) | 1 | |
| *buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg* | | 1 | |
| *bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg* | | 1 | |
| *disulfiram oral tablet 250 mg, 500 mg* | | 1 | |
| KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION | | 1 | QL (4 per 30 days) |
| *naloxone injection solution 0.4 mg/ml* | | 1 | |
| *naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml* | | 1 | |
| *naloxone nasal spray,non-aerosol 4 mg/actuation* | (Narcan) | 1 | QL (4 per 30 days) |
| *naltrexone oral tablet 50 mg* | | 1 | |

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

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML | | 1 | ST; QL (240 per 180 days) |
| *varenicline tartrate oral tablet 0.5 mg, 1 mg* | (Chantix) | 1 | QL (336 per 365 days) |
| *varenicline tartrate oral tablet 1 mg (56 pack)* | | 1 | QL (336 per 365 days) |
| *varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)* | (Chantix Starting Month Box) | 1 | |
| **Antianxiety Agents** | | | |
| **Benzodiazepines** | | | |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg* | (Xanax) | 1 | NDS; QL (120 per 30 days) |
| *alprazolam oral tablet 2 mg* | (Xanax) | 1 | NDS; QL (150 per 30 days) |
| *chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg* | | 1 | NDS; QL (120 per 30 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | (Klonopin) | 1 | QL (90 per 30 days) |
| *clonazepam oral tablet 2 mg* | (Klonopin) | 1 | QL (300 per 30 days) |
| *clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | | 1 | QL (90 per 30 days) |
| *clonazepam oral tablet,disintegrating 2 mg* | | 1 | QL (300 per 30 days) |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | | 1 | QL (180 per 30 days) |
| *diazepam injection solution 5 mg/ml* | | 1 | QL (10 per 28 days) |
| *diazepam injection syringe 5 mg/ml* | | 1 | |
| *diazepam intensol oral concentrate 5 mg/ml* | (diazepam) | 1 | QL (1200 per 30 days) |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | | 1 | QL (1200 per 30 days) |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | (Valium) | 1 | QL (120 per 30 days) |
| *lorazepam 2 mg/ml oral concent* | (Lorazepam Intensol) | 1 | NDS; QL (150 per 30 days) |
| *lorazepam injection solution 2 mg/ml, 4 mg/ml* | (Ativan) | 1 | QL (2 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lorazepam injection syringe 2 mg/ml* | | 1 | QL (2 per 30 days) |
| *lorazepam intensol oral concentrate 2 mg/ml* | (lorazepam) | 1 | NDS; QL (150 per 30 days) |
| *lorazepam oral tablet 0.5 mg, 1 mg* | (Ativan) | 1 | NDS; QL (90 per 30 days) |
| *lorazepam oral tablet 2 mg* | (Ativan) | 1 | NDS; QL (150 per 30 days) |
| *temazepam oral capsule 15 mg, 22.5 mg, 30 mg* | (Restoril) | 1 | NDS; QL (30 per 30 days) |
| *temazepam oral capsule 7.5 mg* | (Restoril) | 1 | NDS; QL (120 per 30 days) |
| **Antibacterials** | | | |
| **Aminoglycosides** | | | |
| *amikacin injection solution 500 mg/2 ml* | | 1 | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML | | 1 | PA; NDS; QL (235.2 per 28 days) |
| *gentamicin injection solution 40 mg/ml* | | 1 | |
| *gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml* | | 1 | |
| *neomycin oral tablet 500 mg* | | 1 | |
| *streptomycin intramuscular recon soln 1 gram* | | 1 | NDS |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | | 1 | NDS; QL (224 per 28 days) |
| *tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml* | (Tobi) | 1 | PA BvD; NDS |
| *tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml* | | 1 | |
| **Antibacterials, Miscellaneous** | | | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | (Cleocin HCl) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)* | | 1 | |
| *clindamycin phosphate injection solution 150 mg/ml* | (Cleocin) | 1 | |
| *colistin (colistimethate na) injection recon soln 150 mg* | (Coly-Mycin M Parenteral) | 1 | NDS |
| *daptomycin intravenous recon soln 350 mg, 500 mg* | | 1 | NDS |
| *fosfomycin tromethamine oral packet 3 gram* | | 1 | |
| *linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml* | (Zyvox) | 1 | |
| *linezolid oral suspension for reconstitution 100 mg/5 ml* | (Zyvox) | 1 | NDS |
| *linezolid oral tablet 600 mg* | | 1 | |
| *methenamine hippurate oral tablet 1 gram* | | 1 | |
| *metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml* | (Metro I.V.) | 1 | |
| *metronidazole oral tablet 250 mg, 500 mg* | | 1 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | | 1 | QL (120 per 30 days) |
| *nitrofurantoin monohyd/m-cryst oral capsule 100 mg* | (Macrobid) | 1 | QL (60 per 30 days) |
| *trimethoprim oral tablet 100 mg* | | 1 | |
| *vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg* | | 1 | |
| *vancomycin oral capsule 125 mg* | (Vancocin) | 1 | QL (56 per 14 days) |
| *vancomycin oral capsule 250 mg* | (Vancocin) | 1 | QL (112 per 14 days) |
| XIFAXAN ORAL TABLET 200 MG | | 1 | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | | 1 | PA; NDS; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **Cephalosporins** | | |
| *cefaclor oral capsule 250 mg, 500 mg* | 1 | |
| *cefadroxil oral capsule 500 mg* | 1 | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 1 | |
| *cefazolin injection recon soln 1 gram, 500 mg* | 1 | |
| *cefazolin intravenous recon soln 10 gram* | 1 | |
| *cefdinir oral capsule 300 mg* | 1 | |
| *cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *cefepime injection recon soln 1 gram, 2 gram* | 1 | |
| *cefixime oral capsule 400 mg* | 1 | |
| *cefixime oral tablet 400 mg* | 1 | |
| *cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram* | 1 | |
| *cefpodoxime oral tablet 100 mg, 200 mg* | 1 | |
| *cefprozil oral tablet 250 mg, 500 mg* | 1 | |
| *ceftaroline fosamil intravenous recon soln 400 mg, 600 mg* (Teflaro) | 1 | NDS |
| *ceftazidime injection recon soln 1 gram, 2 gram, 6 gram* (Tazicef) | 1 | |
| *ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg* | 1 | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | 1 | |
| *cefuroxime sodium injection recon soln 750 mg* | 1 | |
| *cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram* | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *cephalexin oral capsule 250 mg, 500 mg* | | 1 | |
| *cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | | 1 | |
| *tazicef injection recon soln 1 gram, 2 gram, 6 gram* | (ceftazidime) | 1 | |
| **Macrolides** | | | |
| *azithromycin intravenous recon soln 500 mg* | | 1 | |
| *azithromycin oral suspension for reconstitution 100 mg/5 ml* | | 1 | |
| *azithromycin oral suspension for reconstitution 200 mg/5 ml* | (Zithromax) | 1 | |
| *azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg* | | 1 | |
| *azithromycin oral tablet 250 mg, 500 mg* | (Zithromax) | 1 | |
| *clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | | 1 | |
| *clarithromycin oral tablet 250 mg, 500 mg* | | 1 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml* | (E.E.S. Granules) | 1 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml* | (EryPed 400) | 1 | |
| *erythromycin oral tablet 250 mg, 500 mg* | | 1 | |
| *fidaxomicin oral tablet 200 mg* | (Dificid) | 1 | NDS; QL (20 per 10 days) |
| **Miscellaneous B-Lactam Antibiotics** | | | |
| *aztreonam injection recon soln 1 gram, 2 gram* | | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg* | 1 | |
| *ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram* (Unasyn) | 1 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 1 | |
| *dicloxacillin oral capsule 250 mg, 500 mg* | 1 | |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT | 1 | |
| LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 % | 1 | |
| *nafcillin injection recon soln 1 gram, 10 gram, 2 gram* | 1 | |
| *penicillin g potassium injection recon soln 20 million unit* (Pfizerpen-G) | 1 | |
| *penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | 1 | |
| *piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram* | 1 | |
| **Quinolones** | | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg* (Cipro) | 1 | |
| *ciprofloxacin hcl oral tablet 750 mg* | 1 | |
| *ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | 1 | |

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

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml* | | 1 | |
| *levofloxacin oral solution 250 mg/10 ml* | | 1 | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | | 1 | |
| *moxifloxacin 400 mg/250 ml bag suv, p/f, inner* | | 1 | |
| *moxifloxacin oral tablet 400 mg* | | 1 | |
| *moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml* | | 1 | |
| **Sulfonamides** | | | |
| *sulfadiazine oral tablet 500 mg* | | 1 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml* | (Sulfatrim) | 1 | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg* | (Bactrim) | 1 | |
| *sulfamethoxazole-trimethoprim oral tablet 800-160 mg* | (Bactrim DS) | 1 | |
| **Tetracyclines** | | | |
| *demeclocycline oral tablet 150 mg, 300 mg* | | 1 | |
| *doxy-100 intravenous recon soln 100 mg* | (doxycycline hyclate) | 1 | |
| *doxycycline hyclate intravenous recon soln 100 mg* | (Doxy-100) | 1 | |
| *doxycycline hyclate oral capsule 100 mg* | | 1 | |
| *doxycycline hyclate oral capsule 50 mg* | (Morgidox) | 1 | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | | 1 | |
| *doxycycline monohydrate oral capsule 100 mg* | (Mondoxyne NL) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *doxycycline monohydrate oral capsule 50 mg* | | 1 | |
| *doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml* | | 1 | |
| *doxycycline monohydrate oral tablet 100 mg* | (Avidoxy) | 1 | |
| *doxycycline monohydrate oral tablet 50 mg* | | 1 | |
| *minocycline oral capsule 100 mg, 50 mg, 75 mg* | | 1 | |
| *tetracycline oral capsule 250 mg, 500 mg* | | 1 | |
| *tigecycline intravenous recon soln 50 mg* | (Tygacil) | 1 | |
| **Anticancer Agents** | | | |
| **Anticancer Agents** | | | |
| *abiraterone oral tablet 250 mg* | (Abirtega) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *abiraterone oral tablet 500 mg* | (Zytiga) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *abiraterone, submicronized oral tablet 125 mg* | (Yonsa) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *abirtega oral tablet 250 mg* | (abiraterone) | 1 | PA NSO; QL (120 per 30 days) |
| *adrucil intravenous solution 2.5 gram/50 ml* | (fluorouracil) | 1 | PA BvD |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | | 1 | PA NSO; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23) | 1 | PA NSO; NDS |
| *anastrozole oral tablet 1 mg* (Arimidex) | 1 | |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML | 1 | PA NSO; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 160 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| AVMAPKI ORAL CAPSULE 0.8 MG | 1 | PA NSO; NDS; QL (24 per 28 days) |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG | 1 | PA NSO; NDS; QL (66 per 28 days) |
| AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG | 1 | NDS |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| *azacitidine injection recon soln 100 mg* (Vidaza) | 1 | NDS |
| BALVERSA ORAL TABLET 3 MG | 1 | PA NSO; NDS; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | 1 | PA NSO; NDS; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | 1 | PA NSO; NDS; QL (28 per 28 days) |
| *bendamustine intravenous recon soln 100 mg, 25 mg* (Treanda) | 1 | PA NSO; NDS |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka) | 1 | PA NSO; NDS |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine) | 1 | PA NSO; NDS |
| BEQALZI ORAL TABLET 1 MG, 20 MG, 5 MG, 80 MG | 1 | PA NSO; NDS |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| BEQALZI STARTER PACK ORAL TABLETS,DOSE PACK 1-5-20-80 MG | | 1 | PA NSO; NDS |
| BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML | | 1 | PA NSO; NDS; QL (1 per 28 days) |
| *bexarotene oral capsule 75 mg* | (Targretin) | 1 | PA NSO; NDS |
| *bexarotene topical gel 1 %* | (Targretin) | 1 | PA NSO; NDS |
| *bicalutamide oral tablet 50 mg* | (Casodex) | 1 | |
| BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML) | | 1 | PA NSO; NDS; QL (75 per 28 days) |
| *bleomycin injection recon soln 15 unit, 30 unit* | | 1 | |
| *bortezomib injection recon soln 1 mg, 2.5 mg* | | 1 | PA NSO |
| *bortezomib injection recon soln 3.5 mg* | (Velcade) | 1 | PA NSO; NDS |
| BORUZU INJECTION SOLUTION 2.5 MG/ML | | 1 | PA NSO |
| BOSULIF ORAL CAPSULE 100 MG | | 1 | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | (bosutinib) | 1 | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 500 MG | (bosutinib) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| *bosutinib oral tablet 100 mg* | (Bosulif) | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *bosutinib oral tablet 400 mg, 500 mg* | (Bosulif) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | | 1 | PA NSO; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| BRUKINSA ORAL TABLET 160 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG | 1 | PA NSO |
| CAPRELSA ORAL TABLET 100 MG (vandetanib) | 1 | PA NSO; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG (vandetanib) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY) | 1 | PA NSO; NDS |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 1 | PA NSO; NDS; QL (112 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 1 | PA NSO; NDS; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | 1 | PA NSO; LA; NDS; QL (63 per 28 days) |
| *cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg* | 1 | PA BvD; NDS |
| *cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml* | 1 | PA BvD; NDS |
| *cyclophosphamide intravenous solution 500 mg/ml* (Frindovyx) | 1 | PA BvD; NDS |
| *cyclophosphamide oral capsule 25 mg, 50 mg* | 1 | PA BvD; ST |
| *cyclophosphamide oral tablet 25 mg, 50 mg* | 1 | PA BvD; ST |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | 1 | PA NSO; NDS; QL (120 per 28 days) |
| DANZITEN ORAL TABLET 71 MG, 95 MG | 1 | PA NSO; NDS; QL (112 per 28 days) |
| *dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg* (Sprycel) | 1 | PA NSO; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dasatinib oral tablet 20 mg* (Sprycel) | 1 | PA NSO; NDS; QL (90 per 30 days) |
| DATROWAY INTRAVENOUS RECON SOLN 100 MG | 1 | PA NSO; NDS |
| DAURISMO ORAL TABLET 100 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| *decitabine intravenous recon soln 50 mg* | 1 | NDS |
| *doxorubicin, peg-liposomal intravenous suspension 2 mg/ml* (Caelyx) | 1 | PA BvD; NDS |
| ELAHERE INTRAVENOUS SOLUTION 5 MG/ML | 1 | PA NSO; NDS |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 1 | PA NSO |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 1 | PA NSO |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 1 | PA NSO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 1 | PA NSO |
| ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML | 1 | PA NSO; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | 1 | PA NSO; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | 1 | NDS |
| EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG | 1 | PA NSO; NDS |
| ENSACOVE ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| ENSACOVE ORAL CAPSULE 25 MG | 1 | PA NSO; NDS; QL (270 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | | 1 | PA NSO; NDS |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | | 1 | PA NSO; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | | 1 | PA NSO; NDS; QL (28 per 28 days) |
| ERLEADA ORAL TABLET 240 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *erlotinib oral tablet 100 mg, 25 mg* | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| *erlotinib oral tablet 150 mg* | | 1 | PA NSO; NDS; QL (90 per 30 days) |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | | 1 | |
| *etoposide intravenous solution 20 mg/ml* | (Avopef) | 1 | |
| EULEXIN ORAL CAPSULE 125 MG | (flutamide) | 1 | NDS |
| *everolimus (antineoplastic) oral tablet 10 mg* | (Torpenz) | 1 | PA NSO; NDS; QL (56 per 28 days) |
| *everolimus (antineoplastic) oral tablet 2.5 mg* | (Torpenz) | 1 | PA NSO; NDS; QL (28 per 28 days) |
| *everolimus (antineoplastic) oral tablet 5 mg* | (Torpenz) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| *everolimus (antineoplastic) oral tablet 7.5 mg* | (Torpenz) | 1 | PA NSO; NDS; QL (60 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg* | (Afinitor Disperz) | 1 | PA NSO; NDS; QL (112 per 28 days) |
| *exemestane oral tablet 25 mg* | (Aromasin) | 1 | |
| FAKZYNJA ORAL TABLET 200 MG | | 1 | PA NSO; NDS; QL (42 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | 1 | PA BvD; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | 1 | PA BvD |
| *floxuridine injection recon soln 0.5 gram* | 1 | PA BvD |
| *fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml* | 1 | PA BvD |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 1 | PA NSO; NDS; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 1 | PA NSO; NDS; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 1 | PA NSO; NDS; QL (21 per 28 days) |
| *fulvestrant intramuscular syringe 250 mg/5 ml* (Cligavyx) | 1 | NDS |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | 1 | PA NSO; NDS |
| GAVRETO ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *gefitinib oral tablet 250 mg* (Iressa) | 1 | PA NSO; NDS; QL (60 per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| GOMEKLI ORAL CAPSULE 1 MG | 1 | PA NSO; NDS; QL (224 per 28 days) |
| GOMEKLI ORAL CAPSULE 2 MG | 1 | PA NSO; NDS; QL (112 per 28 days) |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG | 1 | PA NSO; NDS; QL (224 per 28 days) |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | 1 | PA NSO; NDS; QL (5 per 21 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 |
|---|---|---|
| HERNEXEOS ORAL TABLET 60 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| *hydroxyurea oral capsule 500 mg* (Hydrea) | 1 | |
| HYRNUO ORAL TABLET 10 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 1 | PA NSO; NDS; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 1 | PA NSO; NDS; QL (21 per 28 days) |
| IBTROZI ORAL CAPSULE 200 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| *ifosfamide intravenous recon soln 1 gram* (Ifex) | 1 | |
| *ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml* | 1 | |
| *imatinib oral tablet 100 mg* (Gleevec) | 1 | PA NSO; QL (180 per 30 days) |
| *imatinib oral tablet 400 mg* (Gleevec) | 1 | PA NSO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 1 | PA NSO; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 1 | PA NSO; NDS; QL (216 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 1 | PA NSO; NDS; QL (28 per 28 days) |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG | 1 | PA NSO; NDS |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | 1 | PA NSO; NDS |
| IMKELDI ORAL SOLUTION 80 MG/ML | 1 | PA NSO; NDS; QL (280 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INLEXZO INTRAVESICAL IMPLANT 225 MG | 1 | PA BvD; NDS |
| INLURIYO ORAL TABLET 200 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| INLYTA ORAL TABLET 1 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 1 | PA NSO; NDS; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| ITOVEBI ORAL TABLET 3 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| ITOVEBI ORAL TABLET 9 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| IWILFIN ORAL TABLET 192 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA NSO; NDS |
| JIDEYTRO ORAL TABLET 100 MG, 25 MG | 1 | PA NSO; NDS |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 1 | PA BvD; ST |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML | 1 | PA NSO; NDS |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | 1 | PA NSO; NDS; QL (2 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | 1 | PA NSO; NDS; QL (49 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 1 | PA NSO; NDS; QL (70 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 1 | PA NSO; NDS; QL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 1 | PA NSO; NDS; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 1 | PA NSO; NDS; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 1 | PA NSO; NDS; QL (63 per 28 days) |
| KOMZIFTI ORAL CAPSULE 200 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 1 | PA NSO; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG | 1 | PA NSO; NDS; QL (600 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG | 1 | PA NSO; NDS; QL (390 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *lapatinib oral tablet 250 mg* (Tykerb) | 1 | PA NSO; NDS |
| LAZCLUZE ORAL TABLET 240 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg* | (Revlimid) | 1 | PA NSO; NDS; QL (28 per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | | 1 | PA NSO; NDS |
| *letrozole oral tablet 2.5 mg* | (Femara) | 1 | |
| LEUKERAN ORAL TABLET 2 MG | | 1 | NDS |
| *leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg* | (Lutrate Depot (3 month)) | 1 | PA NSO |
| *leuprolide subcutaneous kit 1 mg/0.2 ml* | | 1 | PA NSO |
| LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9) | | 1 | PA NSO; NDS |
| *lomustine oral capsule 10 mg* | (Gleostine) | 1 | |
| *lomustine oral capsule 100 mg, 40 mg* | (Gleostine) | 1 | NDS |
| LONSURF ORAL TABLET 15-6.14 MG | | 1 | PA NSO; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | | 1 | PA NSO; NDS; QL (80 per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | | 1 | PA NSO; NDS |
| LORBRENA ORAL TABLET 100 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | | 1 | PA NSO; NDS; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LUMAKRAS ORAL TABLET 120 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | 1 | PA NSO; NDS |
| LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML | 1 | PA NSO; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | 1 | PA NSO; NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 1 | PA NSO; NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 1 | PA NSO; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG | 1 | PA NSO; NDS |
| LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (leuprolide acetate (3 month)) | 1 | PA NSO |
| LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML | 1 | PA NSO; NDS; QL (15 per 8 days) |
| LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML | 1 | PA NSO; NDS; QL (40 per 28 days) |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 1 | NDS |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 1 | PA NSO; NDS; QL (140 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | 1 | PA NSO; NDS |
| MATULANE ORAL CAPSULE 50 MG | 1 | NDS |
| *megestrol oral tablet 20 mg, 40 mg* | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | 1 | PA NSO; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *mercaptopurine oral suspension 20 mg/ml* (Purixan) | 1 | NDS |
| *mercaptopurine oral tablet 50 mg* | 1 | |
| *methotrexate sodium (pf) injection recon soln 1 gram* | 1 | |
| *methotrexate sodium (pf) injection solution 25 mg/ml* | 1 | |
| *methotrexate sodium injection solution 25 mg/ml* | 1 | |
| *methotrexate sodium oral tablet 2.5 mg* | 1 | PA BvD; ST |
| *mitoxantrone intravenous concentrate 2 mg/ml* | 1 | |
| MODEYSO ORAL CAPSULE 125 MG | 1 | PA NSO; NDS; QL (20 per 28 days) |
| NERLYNX ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG | 1 | PA NSO; NDS; QL (112 per 28 days) |
| NILOTINIB D-TARTRATE ORAL CAPSULE 50 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *nilotinib hcl oral capsule 150 mg, 200 mg* (Tasigna) | 1 | PA NSO; NDS; QL (112 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nilotinib hcl oral capsule 50 mg* (Tasigna) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *nilutamide oral tablet 150 mg* | 1 | NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 1 | PA NSO; NDS; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 1 | PA NSO; LA; NDS |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 1 | PA NSO; NDS |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | 1 | PA NSO; NDS; QL (96 per 28 days) |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) | 1 | PA NSO; NDS; QL (24 per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| ONUREG ORAL TABLET 200 MG, 300 MG | 1 | PA NSO; NDS; QL (14 per 28 days) |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML | 1 | PA NSO; NDS |
| OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML | 1 | PA NSO; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | 1 | PA NSO; NDS |
| ORSERDU ORAL TABLET 345 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ORSERDU ORAL TABLET 86 MG | | 1 | PA NSO; NDS; QL (90 per 30 days) |
| *paclitaxel protein-bound intravenous suspension for reconstitution 100 mg* | (Abraxane) | 1 | PA BvD; NDS |
| *pazopanib oral tablet 200 mg* | (Votrient) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *pazopanib oral tablet 400 mg* | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| *pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg* | | 1 | NDS |
| *pemetrexed disodium intravenous solution 25 mg/ml* | | 1 | NDS |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML | | 1 | NDS |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | | 1 | PA NSO; NDS; QL (28 per 28 days) |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | | 1 | PA NSO; NDS; QL (56 per 28 days) |
| *pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg* | (Pomalyst) | 1 | PA NSO; NDS; QL (21 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | (pomalidomide) | 1 | PA NSO; NDS; QL (21 per 28 days) |
| QINLOCK ORAL TABLET 50 MG | | 1 | PA NSO; NDS; QL (90 per 30 days) |
| RASONQUE ORAL TABLET 100 MG, 150 MG | | 1 | PA NSO; NDS |
| RETEVMO ORAL CAPSULE 40 MG | | 1 | PA NSO; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | | 1 | PA NSO; NDS; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| REVUFORJ ORAL TABLET 110 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 160 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| REVUFORJ ORAL TABLET 25 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | 1 | PA NSO; NDS |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | 1 | PA NSO; NDS; QL (8 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 1 | PA NSO; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML | 1 | PA NSO; NDS |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | 1 | PA NSO; NDS |
| RYDAPT ORAL CAPSULE 25 MG | 1 | PA NSO; NDS; QL (224 per 28 days) |
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG | 1 | PA NSO; NDS |
| SCEMBLIX ORAL TABLET 100 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SCEMBLIX ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 1 | NDS |
| *sorafenib oral tablet 200 mg* (Nexavar) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (84 per 28 days) |
| *sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* (Sutent) | 1 | PA NSO; NDS; QL (28 per 28 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | 1 | PA NSO; NDS |
| TABLOID ORAL TABLET 40 MG (thioguanine) | 1 | NDS |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 1 | PA NSO; NDS; QL (112 per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | 1 | PA NSO; NDS; QL (900 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 1 | PA NSO; LA; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | 1 | PA NSO; NDS |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| *tamoxifen oral tablet 10 mg, 20 mg* | 1 | |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML | 1 | PA NSO; NDS |
| TEPMETKO ORAL TABLET 225 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML | 1 | PA NSO; NDS |
| TIBSOVO ORAL TABLET 250 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | | 1 | |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | | 1 | PA NSO; NDS; QL (5 per 21 days) |
| *toremifene oral tablet 60 mg* | (Fareston) | 1 | NDS |
| *torpenz oral tablet 10 mg* | (everolimus (antineoplastic)) | 1 | PA NSO; NDS; QL (60 per 30 days) |
| *torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg* | (everolimus (antineoplastic)) | 1 | PA NSO; NDS; QL (30 per 30 days) |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | | 1 | PA NSO |
| *tretinoin (antineoplastic) oral capsule 10 mg* | | 1 | NDS |
| TRUQAP ORAL TABLET 160 MG, 200 MG | | 1 | PA NSO; NDS; QL (64 per 28 days) |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | | 1 | PA NSO; NDS |
| TUKYSA ORAL TABLET 150 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | | 1 | PA NSO; NDS; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | | 1 | PA NSO; NDS |
| VENCLEXTA ORAL TABLET 10 MG | | 1 | PA NSO; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | | 1 | PA NSO; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | | 1 | PA NSO; LA; NDS; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | | 1 | PA NSO; LA; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VEPPANU ORAL TABLET 100 MG, 200 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 1 | PA NSO; NDS; QL (56 per 28 days) |
| *vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml* | 1 | |
| VITRAKVI ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 1 | PA NSO; NDS; QL (300 per 30 days) |
| VIVIMUSTA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML | 1 | PA NSO; NDS |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG, 40 MG | 1 | PA NSO; NDS |
| VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG | 1 | PA NSO; NDS |
| WELIREG ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| XALKORI ORAL PELLET 150 MG | 1 | PA NSO; NDS; QL (180 per 30 days) |
| XALKORI ORAL PELLET 20 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| XALKORI ORAL PELLET 50 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 1 | PA BvD; ST |
| XOSPATA ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (90 per 30 days) |

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 |
|---|---|---|
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1) | 1 | PA NSO; NDS; QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4) | 1 | PA NSO; NDS; QL (16 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) | 1 | PA NSO; NDS; QL (4 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | 1 | PA NSO; NDS; QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | 1 | PA NSO; NDS; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 1 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 1 | PA NSO; NDS; QL (60 per 30 days) |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | 1 | PA NSO; NDS |
| YONSA ORAL TABLET 125 MG (abiraterone, submicronized) | 1 | PA NSO; NDS; QL (120 per 30 days) |
| *yulithira oral tablet 10 mg, 7.5 mg* (everolimus (antineoplastic)) | 1 | PA NSO; QL (60 per 30 days) |
| *yulithira oral tablet 2.5 mg, 5 mg* (everolimus (antineoplastic)) | 1 | PA NSO; QL (30 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 1 | PA NSO; NDS; QL (240 per 30 days) |
| ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG | 1 | PA NSO; NDS |
| ZIIHERA INTRAVENOUS RECON SOLN 300 MG | 1 | PA NSO; NDS |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | | 1 | PA NSO; NDS |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | | 1 | PA NSO |
| ZOLINZA ORAL CAPSULE 100 MG | | 1 | NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | | 1 | PA NSO; NDS; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | | 1 | PA NSO; NDS |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | | 1 | PA NSO; NDS; QL (20 per 28 days) |
| **Anticonvulsants** | | | |
| **Anticonvulsants** | | | |
| *brivaracetam intravenous solution 50 mg/5 ml* | (Briviact) | 1 | NDS; QL (80 per 30 days) |
| *brivaracetam oral solution 10 mg/ml* | (Briviact) | 1 | QL (600 per 30 days) |
| *brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg* | (Briviact) | 1 | NDS; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | (brivaracetam) | 1 | NDS; QL (80 per 30 days) |
| *carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg* | (Carbatrol) | 1 | |
| *carbamazepine oral suspension 100 mg/5 ml* | (Tegretol) | 1 | |
| *carbamazepine oral tablet 200 mg* | (Tegretol) | 1 | |
| *carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg* | (Tegretol XR) | 1 | |
| *carbamazepine oral tablet,chewable 100 mg, 200 mg* | | 1 | |
| *clobazam oral suspension 2.5 mg/ml* | (Onfi) | 1 | QL (480 per 30 days) |
| *clobazam oral tablet 10 mg, 20 mg* | (Onfi) | 1 | QL (60 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| DIACOMIT ORAL CAPSULE 250 MG | | 1 | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | | 1 | PA NSO; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG | | 1 | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG | | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg* | | 1 | |
| DILANTIN ORAL CAPSULE 30 MG | | 1 | |
| *divalproex oral capsule, delayed rel sprinkle 125 mg* | (Depakote Sprinkles) | 1 | |
| *divalproex oral tablet extended release 24 hr 250 mg, 500 mg* | (Depakote ER) | 1 | |
| *divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg* | (Depakote) | 1 | |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG | | 1 | ST; NDS; QL (90 per 30 days) |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG | | 1 | ST; NDS; QL (60 per 30 days) |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | | 1 | PA NSO; NDS |
| *epitol oral tablet 200 mg* | (carbamazepine) | 1 | |
| *eslicarbazepine oral tablet 200 mg, 400 mg* | (Aptiom) | 1 | ST; NDS; QL (30 per 30 days) |
| *eslicarbazepine oral tablet 600 mg, 800 mg* | (Aptiom) | 1 | ST; NDS; QL (60 per 30 days) |
| *ethosuximide oral capsule 250 mg* | (Zarontin) | 1 | |
| *ethosuximide oral solution 250 mg/5 ml* | (Zarontin) | 1 | |
| *felbamate oral suspension 600 mg/5 ml* | | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *felbamate oral tablet 400 mg, 600 mg* | (Felbatol) | 1 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | | 1 | PA NSO; NDS |
| *fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml* | (Cerebyx) | 1 | |
| *gabapentin oral capsule 100 mg, 300 mg* | (Neurontin) | 1 | QL (360 per 30 days) |
| *gabapentin oral capsule 400 mg* | (Neurontin) | 1 | QL (270 per 30 days) |
| *gabapentin oral solution 250 mg/5 ml* | (Neurontin) | 1 | QL (2160 per 30 days) |
| *gabapentin oral tablet 600 mg* | (Neurontin) | 1 | QL (180 per 30 days) |
| *gabapentin oral tablet 800 mg* | (Neurontin) | 1 | QL (120 per 30 days) |
| *lacosamide intravenous solution 200 mg/20 ml* | (Vimpat) | 1 | QL (200 per 5 days) |
| *lacosamide oral solution 10 mg/ml* | (Vimpat) | 1 | QL (1200 per 30 days) |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | (Vimpat) | 1 | QL (60 per 30 days) |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | (Subvenite) | 1 | |
| *lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg* | (Lamictal) | 1 | |
| *lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg* | (Lamictal ODT) | 1 | |
| *levetiracetam intravenous solution 500 mg/5 ml* | (Keppra) | 1 | |
| *levetiracetam oral solution 100 mg/ml* | (Keppra) | 1 | |
| *levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg* | (Keppra) | 1 | |
| *levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg* | (Keppra XR) | 1 | |
| *levetiracetam oral tablet for suspension 250 mg, 500 mg* | (Spritam) | 1 | ST |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | | 1 | QL (10 per 30 days) |
| *methsuximide oral capsule 300 mg* | (Celontin) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) | | 1 | QL (10 per 30 days) |
| *oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)* | (Trileptal) | 1 | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | (Trileptal) | 1 | |
| *perampanel oral suspension 0.5 mg/ml* | (Fycompa) | 1 | ST; NDS; QL (720 per 30 days) |
| *perampanel oral tablet 10 mg, 12 mg, 8 mg* | (Fycompa) | 1 | ST; NDS; QL (30 per 30 days) |
| *perampanel oral tablet 2 mg* | (Fycompa) | 1 | ST; QL (30 per 30 days) |
| *perampanel oral tablet 4 mg, 6 mg* | (Fycompa) | 1 | ST; NDS; QL (60 per 30 days) |
| *phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)* | | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| *phenytek oral capsule 200 mg, 300 mg* | (phenytoin sodium extended) | 1 | |
| *phenytoin oral suspension 125 mg/5 ml* | (Dilantin-125) | 1 | |
| *phenytoin oral tablet,chewable 50 mg* | (Dilantin Infatabs) | 1 | |
| *phenytoin sodium extended oral capsule 100 mg* | (Dilantin Extended) | 1 | |
| *phenytoin sodium extended oral capsule 200 mg, 300 mg* | (Phenytek) | 1 | |
| *phenytoin sodium intravenous solution 50 mg/ml* | | 1 | |
| *phenytoin sodium intravenous syringe 50 mg/ml* | | 1 | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg* | (Lyrica) | 1 | QL (90 per 30 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | (Lyrica) | 1 | QL (60 per 30 days) |
| *pregabalin oral solution 20 mg/ml* | (Lyrica) | 1 | QL (900 per 30 days) |
| *primidone oral tablet 125 mg* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *primidone oral tablet 250 mg, 50 mg* | (Mysoline) | 1 | |
| *rufinamide oral suspension 40 mg/ml* | (Banzel) | 1 | ST; NDS |
| *rufinamide oral tablet 200 mg* | (Banzel) | 1 | ST |
| *rufinamide oral tablet 400 mg* | (Banzel) | 1 | ST; NDS |
| SEZABY INTRAVENOUS RECON SOLN 100 MG | | 1 | PA BvD; NDS |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG | | 1 | ST |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG | (levetiracetam) | 1 | ST |
| SUBVENITE ORAL SUSPENSION 10 MG/ML | | 1 | PA NSO |
| *subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | (lamotrigine) | 1 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | | 1 | PA NSO; NDS; QL (60 per 30 days) |
| *tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | | 1 | |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* | (Topamax) | 1 | |
| *topiramate oral capsule, sprinkle 50 mg* | | 1 | |
| *topiramate oral solution 25 mg/ml* | (Eprontia) | 1 | ST |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | (Topamax) | 1 | |
| *valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)* | | 1 | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml* | | 1 | |
| *valproic acid oral capsule 250 mg* | | 1 | |
| VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | | 1 | NDS; QL (10 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *vigabatrin oral powder in packet 500 mg* (Vigadrone) | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *vigabatrin oral tablet 500 mg* (Vigadrone) | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *vigadrone oral powder in packet 500 mg* (vigabatrin) | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *vigadrone oral tablet 500 mg* (vigabatrin) | 1 | PA NSO; NDS; QL (180 per 30 days) |
| *vigpoder oral powder in packet 500 mg* (vigabatrin) | 1 | PA NSO; NDS; QL (180 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 1 | NDS; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 1 | NDS; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 1 | NDS; QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14) | 1 | |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 1 | NDS |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | 1 | |
| *zonisamide oral capsule 100 mg, 25 mg* (Zonegran) | 1 | |
| *zonisamide oral capsule 50 mg* | 1 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 1 | PA NSO; NDS; QL (1080 per 30 days) |
| **Antidementia Agents** | | |
| **Antidementia Agents** | | |
| *donepezil oral tablet 10 mg, 23 mg, 5 mg* (Aricept) | 1 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *donepezil oral tablet,disintegrating 10 mg* | 1 | |
| *donepezil oral tablet,disintegrating 5 mg* | 1 | QL (30 per 30 days) |
| *ergoloid oral tablet 1 mg* | 1 | |
| *galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg* | 1 | QL (30 per 30 days) |
| *galantamine oral solution 4 mg/ml* | 1 | QL (200 per 30 days) |
| *galantamine oral tablet 12 mg, 4 mg, 8 mg* | 1 | QL (60 per 30 days) |
| *memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg* | 1 | ST; QL (30 per 30 days) |
| *memantine oral solution 2 mg/ml* | 1 | QL (300 per 30 days) |
| *memantine oral tablet 10 mg, 5 mg* | 1 | QL (60 per 30 days) |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | 1 | |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour* (Exelon Patch) | 1 | QL (30 per 30 days) |
| **Antidepressants** | | |
| **Antidepressants** | | |
| *amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 1 | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | 1 | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | 1 | NDS |
| AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG | 1 | NDS |
| *bupropion hcl oral tablet 100 mg, 75 mg* | 1 | |
| *bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg* (Wellbutrin XL) | 1 | |
| *bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg* (Wellbutrin SR) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *citalopram oral solution 10 mg/5 ml* | | 1 | |
| *citalopram oral tablet 10 mg* | (Celexa) | 1 | QL (120 per 30 days) |
| *citalopram oral tablet 20 mg, 40 mg* | (Celexa) | 1 | QL (30 per 30 days) |
| *clomipramine oral capsule 25 mg, 50 mg, 75 mg* | (Anafranil) | 1 | |
| *desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | | 1 | |
| *desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg* | (Pristiq) | 1 | QL (30 per 30 days) |
| *doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | | 1 | |
| *doxepin oral concentrate 10 mg/ml* | | 1 | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | | 1 | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | | 1 | ST; QL (30 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg* | | 1 | QL (120 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 30 mg* | | 1 | QL (90 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 60 mg* | | 1 | QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | | 1 | ST; NDS; QL (30 per 30 days) |
| *escitalopram oxalate oral solution 5 mg/5 ml* | | 1 | |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* | (Lexapro) | 1 | |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG | | 1 | PA NSO; NDS; QL (30 per 30 days) |
| EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS) | | 1 | PA NSO; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26) | 1 | ST |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 1 | ST; QL (30 per 30 days) |
| *fluoxetine oral capsule 10 mg, 20 mg* (Prozac) | 1 | |
| *fluoxetine oral capsule 40 mg* | 1 | |
| *fluoxetine oral solution 20 mg/5 ml (4 mg/ml)* | 1 | |
| *fluvoxamine oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | 1 | |
| MARPLAN ORAL TABLET 10 MG | 1 | |
| *mirtazapine oral tablet 15 mg, 30 mg* (Remeron) | 1 | |
| *mirtazapine oral tablet 45 mg, 7.5 mg* | 1 | |
| *mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg* (Remeron SolTab) | 1 | |
| *nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | 1 | |
| *nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | 1 | |
| *nortriptyline oral solution 10 mg/5 ml* | 1 | |
| *paroxetine hcl oral suspension 10 mg/5 ml* | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg* (Paxil) | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| *paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg* (Paxil CR) | 1 | PA NSO-HRM; AGE (Max 64 Years) |
| *perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg* | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *phenelzine oral tablet 15 mg* | (Nardil) | 1 | |
| *protriptyline oral tablet 10 mg, 5 mg* | | 1 | |
| RALDESY ORAL SOLUTION 10 MG/ML | | 1 | PA NSO; NDS; QL (1200 per 30 days) |
| *sertraline oral concentrate 20 mg/ml* | (Zoloft) | 1 | |
| *sertraline oral tablet 100 mg, 25 mg, 50 mg* | (Zoloft) | 1 | |
| SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) | | 1 | PA NSO; NDS |
| *tranylcypromine oral tablet 10 mg* | (Parnate) | 1 | |
| *trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg* | | 1 | |
| *trimipramine oral capsule 100 mg, 25 mg, 50 mg* | | 1 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | | 1 | QL (30 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 150 mg* | (Effexor XR) | 1 | QL (30 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg* | (Effexor XR) | 1 | QL (90 per 30 days) |
| *venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | | 1 | |
| *vilazodone oral tablet 10 mg, 20 mg, 40 mg* | (Viibryd) | 1 | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | | 1 | PA NSO; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | | 1 | PA NSO; NDS; QL (14 per 14 days) |
| **Antidiabetic Agents** | | | |
| **Antidiabetic Agents, Miscellaneous** | | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* | | 1 | |
| *dapagliflozin oral tablet 10 mg, 5 mg* | (Farxiga) | 1 | QL (30 per 30 days) |
| *dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg* | (Xigduo XR) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 1 | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 1 | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin) | 1 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 1 | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 1 | QL (30 per 30 days) |
| *metformin oral solution 500 mg/5 ml* (Riomet) | 1 | QL (765 per 30 days) |
| *metformin oral tablet 1,000 mg* | 1 | QL (75 per 30 days) |
| *metformin oral tablet 500 mg* | 1 | QL (150 per 30 days) |
| *metformin oral tablet 850 mg* | 1 | QL (90 per 30 days) |
| *metformin oral tablet extended release 24 hr 500 mg* | 1 | QL (120 per 30 days) |
| *metformin oral tablet extended release 24 hr 750 mg* | 1 | QL (60 per 30 days) |
| *mifepristone oral tablet 300 mg* (Korlym) | 1 | PA; NDS; QL (112 per 28 days) |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 1 | PA; QL (2 per 28 days) |
| *nateglinide oral tablet 120 mg, 60 mg* | 1 | QL (90 per 30 days) |
| OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG | 1 | PA; QL (30 per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 1 | PA; QL (3 per 28 days) |
| *pioglitazone oral tablet 15 mg, 30 mg, 45 mg* (Actos) | 1 | QL (30 per 30 days) |

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

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *pioglitazone-metformin oral tablet 15-500 mg* | | 1 | QL (90 per 30 days) |
| *pioglitazone-metformin oral tablet 15-850 mg* | (Actoplus MET) | 1 | QL (90 per 30 days) |
| *repaglinide oral tablet 0.5 mg, 1 mg* | | 1 | QL (120 per 30 days) |
| *repaglinide oral tablet 2 mg* | | 1 | QL (240 per 30 days) |
| RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG | | 1 | PA; QL (30 per 30 days) |
| *sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg* | (Janumet) | 1 | QL (60 per 30 days) |
| *sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg* | (Janumet XR) | 1 | QL (30 per 30 days) |
| *sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg* | (Janumet XR) | 1 | QL (60 per 30 days) |
| *sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg* | (Januvia) | 1 | QL (30 per 30 days) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | | 1 | QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | | 1 | QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | | 1 | QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | (linagliptin) | 1 | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | | 1 | QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | | 1 | QL (60 per 30 days) |

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 |
|---|---|---|---|
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | | 1 | PA; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG | (dapagliflozin-metformin) | 1 | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | | 1 | QL (60 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | (dapagliflozin-metformin) | 1 | QL (60 per 30 days) |
| **Insulins** | | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) | | 1 | max $35 copay per month supply |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | | 1 | max $35 copay per month supply; QL (24 per 28 days) |
| *insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)* | (Novolog Mix 70-30FlexPen U-100) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| *insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)* | (Novolog Mix 70-30 U-100 Insuln) | 1 | max $35 copay per month supply; QL (40 per 28 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *insulin aspart u-100 subcutaneous cartridge 100 unit/ml* | (Novolog PenFill U-100 Insulin) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| *insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)* | (Novolog FlexPen U-100 Insulin) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| *insulin aspart u-100 subcutaneous solution 100 unit/ml* | (Novolog U-100 Insulin aspart) | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| *insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)* | (Semglee(insulin glarg-yfgn)Pen) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| *insulin glargine-yfgn subcutaneous solution 100 unit/ml* | (Semglee(insulin glargine-yfgn)) | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| *insulin lispro subcutaneous solution 100 unit/ml* | (Admelog U-100 Insulin lispro) | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin glargine) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin glargine) | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | | 1 | max $35 copay per month supply; QL (40 per 28 days) |

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 |
|---|---|---|---|
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin aspart u-100) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | (insulin asp prt-insulin aspart) | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | (insulin asp prt-insulin aspart) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | (insulin aspart u-100) | 1 | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin aspart u-100) | 1 | max $35 copay per month supply; QL (40 per 28 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | | 1 | max $35 copay per month supply; QL (30 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | (insulin glargine u-300 conc) | 1 | max $35 copay per month supply; QL (18 per 28 days) |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | (insulin glargine u-300 conc) | 1 | max $35 copay per month supply; QL (13.5 per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | | 1 | max $35 copay per month supply; QL (15 per 28 days) |
| **Sulfonylureas** | | | |
| *glimepiride oral tablet 1 mg, 2 mg* | | 1 | QL (30 per 30 days) |
| *glimepiride oral tablet 4 mg* | | 1 | QL (60 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *glipizide oral tablet 10 mg* | | 1 | QL (120 per 30 days) |
| *glipizide oral tablet 2.5 mg* | | 1 | QL (90 per 30 days) |
| *glipizide oral tablet 5 mg* | | 1 | QL (240 per 30 days) |
| *glipizide oral tablet extended release 24hr 10 mg* | | 1 | QL (60 per 30 days) |
| *glipizide oral tablet extended release 24hr 2.5 mg, 5 mg* | | 1 | QL (30 per 30 days) |
| *glipizide-metformin oral tablet 2.5-250 mg* | | 1 | QL (240 per 30 days) |
| *glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg* | | 1 | QL (120 per 30 days) |
| *glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg* | | 1 | PA-HRM; AGE (Max 64 Years) |
| *glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg* | | 1 | PA-HRM; AGE (Max 64 Years) |
| *glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg* | | 1 | PA-HRM; AGE (Max 64 Years) |
| **Antifungals** | | | |
| **Antifungals** | | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | | 1 | PA BvD |
| *amphotericin b injection recon soln 50 mg* | | 1 | PA BvD |
| *amphotericin b liposome intravenous suspension for reconstitution 50 mg* | (AmBisome) | 1 | PA BvD; NDS |
| *ciclopirox topical cream 0.77 %* | (Ciclodan) | 1 | QL (180 per 30 days) |
| *ciclopirox topical solution 8 %* | (Ciclodan) | 1 | QL (19.8 per 30 days) |
| *ciclopirox topical suspension 0.77 %* | (Loprox (as olamine)) | 1 | QL (180 per 30 days) |
| *clotrimazole mucous membrane troche 10 mg* | | 1 | |
| *clotrimazole topical cream 1 %* | (Antifungal (clotrimazole)) | 1 | |
| *clotrimazole topical solution 1 %* | (Athlete's Foot (clotrimazole)) | 1 | |
| *clotrimazole-betamethasone topical cream 1-0.05 %* | | 1 | QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CRESEMBA INTRAVENOUS RECON SOLN 372 MG | 1 | NDS |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | 1 | PA; NDS |
| *econazole nitrate topical cream 1 %* | 1 | QL (170 per 30 days) |
| *fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | 1 | |
| *fluconazole oral suspension for reconstitution 10 mg/ml* | 1 | |
| *fluconazole oral suspension for reconstitution 40 mg/ml* (Diflucan) | 1 | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 1 | |
| *flucytosine oral capsule 250 mg, 500 mg* (Ancobon) | 1 | NDS |
| *griseofulvin microsize oral suspension 125 mg/5 ml* | 1 | |
| *griseofulvin microsize oral tablet 500 mg* | 1 | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg* | 1 | |
| *itraconazole oral capsule 100 mg* (Sporanox) | 1 | |
| *ketoconazole oral tablet 200 mg* | 1 | |
| *ketoconazole topical cream 2 %* | 1 | QL (180 per 30 days) |
| *ketoconazole topical shampoo 2 %* | 1 | QL (360 per 30 days) |
| *micafungin intravenous recon soln 100 mg, 50 mg* | 1 | |
| *miconazole-3 vaginal suppository 200 mg* | 1 | |
| *nyamyc topical powder 100,000 unit/gram* (nystatin) | 1 | QL (60 per 30 days) |
| *nystatin oral suspension 100,000 unit/ml* | 1 | |
| *nystatin oral tablet 500,000 unit* | 1 | |
| *nystatin topical cream 100,000 unit/gram* | 1 | QL (60 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *nystatin topical ointment 100,000 unit/gram* | | 1 | QL (60 per 30 days) |
| *nystatin topical powder 100,000 unit/gram* | (Nystop) | 1 | QL (60 per 30 days) |
| *nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%* | | 1 | |
| *nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%* | | 1 | |
| *nystop topical powder 100,000 unit/gram* | (nystatin) | 1 | QL (60 per 30 days) |
| *posaconazole oral tablet,delayed release (dr/ec) 100 mg* | | 1 | PA; NDS |
| *terbinafine hcl oral tablet 250 mg* | | 1 | |
| *voriconazole intravenous recon soln 200 mg* | (Vfend IV) | 1 | PA BvD; NDS |
| *voriconazole intravenous solution 10 mg/ml* | | 1 | PA BvD; NDS |
| *voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)* | (Vfend) | 1 | PA; NDS |
| *voriconazole oral tablet 200 mg, 50 mg* | | 1 | |
| **Antigout Agents** | | | |
| **Antigout Agents, Other** | | | |
| *allopurinol oral tablet 100 mg* | (Zyloprim) | 1 | |
| *allopurinol oral tablet 300 mg* | | 1 | |
| *colchicine oral capsule 0.6 mg* | (Mitigare) | 1 | QL (60 per 30 days) |
| *colchicine oral tablet 0.6 mg* | (Colcrys) | 1 | QL (120 per 30 days) |
| *febuxostat oral tablet 40 mg, 80 mg* | (Uloric) | 1 | QL (30 per 30 days) |
| *probenecid oral tablet 500 mg* | | 1 | |
| *probenecid-colchicine oral tablet 500-0.5 mg* | | 1 | |
| **Antihistamines** | | | |
| **Antihistamines** | | | |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | | 1 | |

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

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *levocetirizine oral tablet 5 mg* | (24HR Allergy Relief) | 1 | |
| **Anti-Infectives (Skin And Mucous Membrane)** | | | |
| **Anti-Infectives (Skin And Mucous Membrane)** | | | |
| *clindamycin phosphate vaginal cream 2 %* | (Cleocin) | 1 | |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | (Vandazole) | 1 | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | | 1 | |
| *terconazole vaginal suppository 80 mg* | | 1 | |
| **Antimigraine Agents** | | | |
| **Antimigraine Agents** | | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | | 1 | PA; QL (1 per 30 days) |
| *dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)* | (Migranal) | 1 | ST; NDS; QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | | 1 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | | 1 | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | | 1 | PA; QL (3 per 30 days) |
| *naratriptan oral tablet 1 mg, 2.5 mg* | | 1 | QL (18 per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | | 1 | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | | 1 | PA; QL (30 per 30 days) |
| *rizatriptan oral tablet 10 mg* | (Maxalt) | 1 | QL (18 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *rizatriptan oral tablet 5 mg* | | 1 | QL (18 per 30 days) |
| *rizatriptan oral tablet,disintegrating 10 mg* | (Maxalt-MLT) | 1 | QL (18 per 30 days) |
| *rizatriptan oral tablet,disintegrating 5 mg* | | 1 | QL (18 per 30 days) |
| *sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation* | | 1 | QL (12 per 30 days) |
| *sumatriptan succinate oral tablet 100 mg* | (Imitrex) | 1 | QL (9 per 30 days) |
| *sumatriptan succinate oral tablet 25 mg, 50 mg* | (Imitrex) | 1 | QL (18 per 30 days) |
| *sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml* | (Imitrex STATdose Pen) | 1 | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5 ml* | | 1 | QL (5 per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | | 1 | PA; QL (16 per 30 days) |
| **Antimycobacterials** | | | |
| **Antimycobacterials** | | | |
| *dapsone oral tablet 100 mg, 25 mg* | | 1 | |
| *ethambutol oral tablet 100 mg, 400 mg* | | 1 | |
| *isoniazid oral tablet 100 mg, 300 mg* | | 1 | |
| *pyrazinamide oral tablet 500 mg* | | 1 | |
| *rifabutin oral capsule 150 mg* | | 1 | |
| *rifampin intravenous recon soln 600 mg* | (Rifadin) | 1 | |
| *rifampin oral capsule 150 mg, 300 mg* | | 1 | |
| *rifapentine oral tablet 150 mg* | (Priftin) | 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | | 1 | PA; NDS |
| TRECATOR ORAL TABLET 250 MG | | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Antinausea Agents** | | | |
| **Antinausea Agents** | | | |
| *aprepitant oral capsule 125 mg* | | 1 | PA BvD; QL (2 per 28 days) |
| *aprepitant oral capsule 40 mg* | | 1 | PA BvD; QL (1 per 28 days) |
| *aprepitant oral capsule 80 mg* | (Emend) | 1 | PA BvD; QL (4 per 28 days) |
| *aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)* | (Emend) | 1 | PA BvD |
| *compro rectal suppository 25 mg* | (prochlorperazine) | 1 | |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | (Marinol) | 1 | PA; QL (60 per 30 days) |
| *meclizine oral tablet 12.5 mg* | | 1 | |
| *meclizine oral tablet 25 mg* | (Dramamine (meclizine)) | 1 | |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | | 1 | PA BvD |
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | | 1 | PA BvD |
| *prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)* | | 1 | |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | (Compazine) | 1 | |
| *prochlorperazine rectal suppository 25 mg* | (Compro) | 1 | |
| *promethazine injection solution 25 mg/ml* | (Phenergan) | 1 | PA-HRM; AGE (Max 64 Years) |
| *promethazine oral tablet 12.5 mg, 25 mg, 50 mg* | | 1 | PA-HRM; AGE (Max 64 Years) |
| *promethazine rectal suppository 25 mg* | (Promethegan) | 1 | PA-HRM; AGE (Max 64 Years) |
| *promethegan rectal suppository 12.5 mg, 25 mg* | (promethazine) | 1 | PA-HRM; AGE (Max 64 Years) |
| *scopolamine base transdermal patch 3 day 1 mg over 3 days* | (Transderm-Scop) | 1 | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Antiparasite Agents** | | | |
| **Antiparasite Agents** | | | |
| *albendazole oral tablet 200 mg* | | 1 | |
| *atovaquone oral suspension 750 mg/5 ml* | (Mepron) | 1 | |
| *atovaquone-proguanil oral tablet 250-100 mg* | (Malarone) | 1 | |
| *atovaquone-proguanil oral tablet 62.5-25 mg* | (Malarone Pediatric) | 1 | |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | | 1 | |
| COARTEM ORAL TABLET 20-120 MG | | 1 | |
| *hydroxychloroquine oral tablet 100 mg* | | 1 | QL (180 per 30 days) |
| *hydroxychloroquine oral tablet 200 mg* | (Plaquenil) | 1 | QL (90 per 30 days) |
| *hydroxychloroquine oral tablet 300 mg* | (Sovuna) | 1 | QL (60 per 30 days) |
| *hydroxychloroquine oral tablet 400 mg* | | 1 | QL (60 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | | 1 | PA; NDS; QL (84 per 28 days) |
| *ivermectin oral tablet 3 mg* | (Stromectol) | 1 | |
| *ivermectin oral tablet 6 mg* | | 1 | |
| *mefloquine oral tablet 250 mg* | | 1 | |
| *nitazoxanide oral tablet 500 mg* | (Alinia) | 1 | NDS; QL (60 per 30 days) |
| *pentamidine inhalation recon soln 300 mg* | (Nebupent) | 1 | PA BvD |
| *pentamidine injection recon soln 300 mg* | (Pentam) | 1 | |
| *praziquantel oral tablet 600 mg* | | 1 | |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE) | | 1 | |
| *pyrimethamine oral tablet 25 mg* | (Daraprim) | 1 | PA; NDS |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *quinine sulfate oral capsule 324 mg* | (Qualaquin) | 1 | PA |
| *tinidazole oral tablet 250 mg, 500 mg* | | 1 | |
| **Antiparkinsonian Agents** | | | |
| **Antiparkinsonian Agents** | | | |
| *amantadine hcl oral capsule 100 mg* | | 1 | |
| *amantadine hcl oral solution 50 mg/5 ml* | | 1 | |
| *amantadine hcl oral tablet 100 mg* | | 1 | |
| *benztropine oral tablet 0.5 mg, 1 mg, 2 mg* | | 1 | |
| *bromocriptine oral tablet 2.5 mg* | | 1 | |
| *cabergoline oral tablet 0.5 mg* | | 1 | |
| *carbidopa-levodopa oral tablet 10-100 mg* | (Sinemet) | 1 | |
| *carbidopa-levodopa oral tablet 25-100 mg* | (Dhivy) | 1 | |
| *carbidopa-levodopa oral tablet 25-250 mg* | | 1 | |
| *carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg* | | 1 | |
| *carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg* | | 1 | |
| *entacapone oral tablet 200 mg* | | 1 | |
| ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML | | 1 | PA; NDS; QL (600 per 30 days) |
| *pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | | 1 | |
| *rasagiline oral tablet 0.5 mg, 1 mg* | (Azilect) | 1 | |
| *ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | | 1 | |
| *ropinirole oral tablet extended release 24 hr 2 mg, 4 mg* | | 1 | |
| *selegiline hcl oral capsule 5 mg* | | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *selegiline hcl oral tablet 5 mg* | 1 | |
| *trihexyphenidyl oral tablet 2 mg, 5 mg* | 1 | |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML | 1 | PA; NDS; QL (560 per 28 days) |
| **Antipsychotic Agents** | | |
| **Antipsychotic Agents** | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | 1 | NDS; QL (2.4 per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | 1 | NDS; QL (3.2 per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | 1 | NDS; QL (2 per 28 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | 1 | NDS; QL (2 per 28 days) |
| *aripiprazole oral solution 1 mg/ml* | 1 | |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* (Abilify) | 1 | |
| *aripiprazole oral tablet,disintegrating 10 mg* | 1 | ST; QL (90 per 30 days) |
| *aripiprazole oral tablet,disintegrating 15 mg* | 1 | ST; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML | 1 | NDS; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 1 | NDS; QL (3.9 per 14 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | 1 | NDS; QL (1.6 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | 1 | NDS; QL (2.4 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | 1 | NDS; QL (3.2 per 14 days) |
| *asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg* (Saphris) | 1 | QL (60 per 30 days) |
| BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 1 | ST; NDS; QL (60 per 30 days) |
| BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | 1 | ST |
| BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | 1 | ST |
| BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2) | 1 | ST |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 1 | ST; NDS; QL (30 per 30 days) |
| *chlorpromazine injection solution 25 mg/ml* | 1 | |
| *chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml* | 1 | |
| *chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* (Clozaril) | 1 | |
| *clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg* | 1 | ST; QL (90 per 30 days) |
| *clozapine oral tablet,disintegrating 150 mg* | 1 | ST; QL (180 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clozapine oral tablet,disintegrating 200 mg* | 1 | ST; QL (120 per 30 days) |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG | 1 | ST; NDS; QL (60 per 30 days) |
| COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG | 1 | ST; NDS |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 1 | NDS; QL (0.75 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML | 1 | NDS; QL (1 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 1 | NDS; QL (1.5 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML | 1 | NDS; QL (2.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 1 | NDS; QL (0.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 1 | NDS; QL (0.5 per 21 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 1 | ST; NDS; QL (60 per 30 days) |
| FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | 1 | ST |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | 1 | ST |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) | 1 | ST |
| *fluphenazine decanoate injection solution 25 mg/ml* | 1 | |
| *fluphenazine hcl injection solution 2.5 mg/ml* | 1 | |
| *fluphenazine hcl oral concentrate 5 mg/ml* | 1 | |

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 |
|---|---|---|
| *fluphenazine hcl oral elixir 2.5 mg/5 ml* | 1 | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | 1 | |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)* | 1 | |
| *haloperidol lactate injection solution 5 mg/ml* | 1 | |
| *haloperidol lactate intramuscular syringe 5 mg/ml* | 1 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | 1 | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | 1 | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 1 | NDS; QL (3.5 per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 1 | NDS; QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 1 | NDS; QL (0.75 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 1 | NDS; QL (1 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 1 | NDS; QL (1.5 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 1 | QL (0.25 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 1 | NDS; QL (0.5 per 21 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | 1 | NDS; QL (0.88 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 1 | NDS; QL (1.32 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 1 | NDS; QL (1.75 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 1 | NDS; QL (2.63 per 70 days) |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | 1 | |
| *lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg* (Latuda) | 1 | |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 1 | NDS; QL (30 per 30 days) |
| *molindone oral tablet 10 mg* | 1 | QL (240 per 30 days) |
| *molindone oral tablet 25 mg* | 1 | QL (270 per 30 days) |
| *molindone oral tablet 5 mg* | 1 | NDS; QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 1 | PA NSO; NDS; QL (30 per 30 days) |
| *olanzapine intramuscular recon soln 10 mg* (Zyprexa) | 1 | QL (30 per 30 days) |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* (Zyprexa) | 1 | |
| *olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg* (Zyprexa Zydis) | 1 | |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG | 1 | ST; NDS |
| *paliperidone oral tablet extended release 24hr 1.5 mg* | 1 | QL (30 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *paliperidone oral tablet extended release 24hr 3 mg, 9 mg* | (Invega) | 1 | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 6 mg* | (Invega) | 1 | QL (60 per 30 days) |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | | 1 | |
| PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG | | 1 | NDS; QL (1 per 30 days) |
| *pimozide oral tablet 1 mg, 2 mg* | | 1 | |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | (Seroquel) | 1 | |
| *quetiapine oral tablet 150 mg* | | 1 | |
| *quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg* | (Seroquel XR) | 1 | |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | | 1 | NDS; QL (30 per 30 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml* | (Risperdal Consta) | 1 | QL (2 per 28 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml* | (Rykindo) | 1 | QL (2 per 28 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml* | (Rykindo) | 1 | NDS; QL (2 per 28 days) |
| *risperidone oral solution 1 mg/ml* | (Risperdal) | 1 | |
| *risperidone oral tablet 0.25 mg* | | 1 | |
| *risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | (Risperdal) | 1 | |
| *risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres) | 1 | NDS; QL (2 per 28 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 1 | ST; NDS; QL (30 per 30 days) |
| *thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 1 | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 1 | |
| *trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | 1 | |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML | 1 | NDS; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML | 1 | NDS; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML | 1 | NDS; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML | 1 | NDS; QL (0.56 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML | 1 | NDS; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML | 1 | NDS; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML | 1 | NDS; QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 1 | ST; NDS; QL (540 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG | 1 | ST; NDS; QL (30 per 30 days) |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* (Geodon) | 1 | |
| *ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)* (Geodon) | 1 | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 1 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | 1 | NDS; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 1 | NDS; QL (1 per 28 days) |
| **Antivirals (Systemic)** | | |
| **Antiretrovirals** | | |
| *abacavir oral solution 20 mg/ml* (Ziagen) | 1 | |
| *abacavir oral tablet 300 mg* | 1 | |
| *abacavir-lamivudine oral tablet 600-300 mg* | 1 | |
| APTIVUS ORAL CAPSULE 250 MG | 1 | NDS |
| *atazanavir oral capsule 150 mg* | 1 | |
| *atazanavir oral capsule 200 mg, 300 mg* (Reyataz) | 1 | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 1 | NDS; QL (30 per 30 days) |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | 1 | NDS |
| *cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)* | 1 | NDS; QL (24 per 365 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)* | (Apretude) | 1 | NDS; QL (24 per 365 days) |
| CIMDUO ORAL TABLET 300-300 MG | | 1 | NDS |
| *darunavir oral tablet 600 mg* | (Prezista) | 1 | |
| *darunavir oral tablet 800 mg* | (Prezista) | 1 | NDS |
| DELSTRIGO ORAL TABLET 100-300-300 MG | | 1 | NDS |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | | 1 | NDS |
| *didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg* | | 1 | |
| DOVATO ORAL TABLET 50-300 MG | | 1 | NDS |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG | | 1 | NDS |
| *efavirenz oral capsule 200 mg, 50 mg* | | 1 | |
| *efavirenz oral tablet 600 mg* | | 1 | |
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg* | | 1 | |
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg* | | 1 | NDS |
| *efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg* | (Symfi) | 1 | NDS |
| *emtricitabine oral capsule 200 mg* | (Emtriva) | 1 | |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg* | (Truvada) | 1 | |
| *emtricitabine-tenofovir (tdf) oral tablet 133-200 mg* | (Truvada) | 1 | NDS |
| *emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg* | (Complera) | 1 | NDS |
| EMTRIVA ORAL SOLUTION 10 MG/ML | | 1 | |
| *etravirine oral tablet 100 mg, 200 mg* | (Intelence) | 1 | NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EVOTAZ ORAL TABLET 300-150 MG | 1 | NDS |
| *fosamprenavir oral tablet 700 mg* | 1 | NDS |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | 1 | NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 1 | NDS |
| IDVYNSO ORAL TABLET 100-0.25 MG | 1 | NDS; QL (30 per 30 days) |
| INTELENCE ORAL TABLET 25 MG | 1 | |
| ISENTRESS HD ORAL TABLET 600 MG | 1 | NDS |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 1 | NDS |
| ISENTRESS ORAL TABLET 400 MG | 1 | NDS |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | 1 | NDS |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | 1 | |
| JULUCA ORAL TABLET 50-25 MG | 1 | NDS |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir) | 1 | QL (480 per 30 days) |
| *lamivudine oral solution 10 mg/ml* (Epivir) | 1 | |
| *lamivudine oral tablet 100 mg* | 1 | |
| *lamivudine oral tablet 150 mg, 300 mg* (Epivir) | 1 | |
| *lamivudine-zidovudine oral tablet 150-300 mg* | 1 | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 1 | |
| *lopinavir-ritonavir oral solution 400-100 mg/5 ml* (Kaletra) | 1 | QL (480 per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25 mg* (Kaletra) | 1 | QL (300 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lopinavir-ritonavir oral tablet 200-50 mg* (Kaletra) | 1 | QL (120 per 30 days) |
| *maraviroc oral tablet 150 mg, 300 mg* (Selzentry) | 1 | NDS |
| *nevirapine oral suspension 50 mg/5 ml* | 1 | QL (1200 per 30 days) |
| *nevirapine oral tablet 200 mg* | 1 | QL (60 per 30 days) |
| *nevirapine oral tablet extended release 24 hr 400 mg* | 1 | QL (30 per 30 days) |
| NORVIR ORAL POWDER IN PACKET 100 MG | 1 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | 1 | NDS |
| PIFELTRO ORAL TABLET 100 MG | 1 | NDS |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG | 1 | NDS |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 1 | NDS |
| PREZISTA ORAL TABLET 150 MG | 1 | NDS |
| PREZISTA ORAL TABLET 75 MG | 1 | |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | 1 | |
| REYATAZ ORAL POWDER IN PACKET 50 MG | 1 | NDS |
| *rilpivirine hcl oral tablet 25 mg* (Edurant) | 1 | NDS |
| *rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)* | 1 | NDS |
| *ritonavir oral tablet 100 mg* (Norvir) | 1 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 1 | NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 1 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SELZENTRY ORAL TABLET 25 MG | 1 | |
| SELZENTRY ORAL TABLET 75 MG | 1 | NDS |
| *stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 1 | NDS |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK) | 1 | NDS |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | 1 | PA BvD; NDS |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 1 | NDS |
| *tenofovir disoproxil fumarate oral tablet 300 mg* (Viread) | 1 | |
| TIVICAY ORAL TABLET 10 MG | 1 | |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 1 | NDS |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 1 | NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 1 | NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 1 | |
| TRIZIVIR ORAL TABLET 300-150-300 MG | 1 | NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | 1 | NDS |
| VEMLIDY ORAL TABLET 25 MG | 1 | NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 1 | NDS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 1 | NDS |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | | 1 | NDS |
| VOCABRIA ORAL TABLET 30 MG | | 1 | |
| *zidovudine oral capsule 100 mg* | (Retrovir) | 1 | |
| *zidovudine oral syrup 10 mg/ml* | (Retrovir) | 1 | |
| *zidovudine oral tablet 300 mg* | | 1 | |
| **Antivirals, Miscellaneous** | | | |
| LIVTENCITY ORAL TABLET 200 MG | | 1 | PA; NDS |
| *oseltamivir oral capsule 30 mg* | | 1 | QL (84 per 180 days) |
| *oseltamivir oral capsule 45 mg* | | 1 | QL (48 per 180 days) |
| *oseltamivir oral capsule 75 mg* | (Tamiflu) | 1 | QL (42 per 180 days) |
| *oseltamivir oral suspension for reconstitution 6 mg/ml* | (Tamiflu) | 1 | QL (540 per 180 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10) | | 1 | QL (20 per 5 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5) | | 1 | QL (11 per 28 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | | 1 | QL (30 per 5 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | | 1 | PA; NDS; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | | 1 | QL (60 per 180 days) |
| **Hcv Antivirals** | | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | | 1 | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | | 1 | PA; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | | 1 | PA; NDS; QL (28 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir) | 1 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 1 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 1 | PA; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | 1 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir) | 1 | PA; NDS; QL (28 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | 1 | PA; NDS; QL (28 per 28 days) |
| **Interferons** | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 1 | PA; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 1 | PA; NDS |
| **Nucleosides And Nucleotides** | | |
| *acyclovir oral capsule 200 mg* | 1 | |
| *acyclovir oral suspension 200 mg/5 ml* | 1 | |
| *acyclovir oral tablet 400 mg, 800 mg* | 1 | |
| *acyclovir sodium intravenous solution 50 mg/ml* | 1 | PA BvD |
| *adefovir oral tablet 10 mg* | 1 | |
| *entecavir oral tablet 0.5 mg, 1 mg* (Baraclude) | 1 | |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | 1 | |
| *ribavirin oral tablet 200 mg* | 1 | |
| *valacyclovir oral tablet 1 gram, 500 mg* (Valtrex) | 1 | |
| *valganciclovir oral recon soln 50 mg/ml* (Valcyte) | 1 | NDS |
| *valganciclovir oral tablet 450 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **Blood Products/Modifiers/Volume Expanders** | | |
| **Anticoagulants** | | |
| *dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg* (Pradaxa) | 1 | QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | 1 | |
| ELIQUIS ORAL TABLET 2.5 MG | 1 | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 1 | QL (74 per 30 days) |
| ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) | 1 | QL (960 per 30 days) |
| ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG | 1 | QL (120 per 30 days) |
| *enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml* (Lovenox) | 1 | QL (60 per 30 days) |
| *enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml* (Lovenox) | 1 | QL (48 per 30 days) |
| *enoxaparin subcutaneous syringe 30 mg/0.3 ml* (Lovenox) | 1 | QL (18 per 30 days) |
| *enoxaparin subcutaneous syringe 40 mg/0.4 ml* (Lovenox) | 1 | QL (24 per 30 days) |
| *enoxaparin subcutaneous syringe 60 mg/0.6 ml* (Lovenox) | 1 | QL (36 per 30 days) |
| *fondaparinux subcutaneous syringe 10 mg/0.8 ml* (Arixtra) | 1 | NDS; QL (24 per 30 days) |
| *fondaparinux subcutaneous syringe 2.5 mg/0.5 ml* (Arixtra) | 1 | QL (15 per 30 days) |
| *fondaparinux subcutaneous syringe 5 mg/0.4 ml* (Arixtra) | 1 | NDS; QL (12 per 30 days) |
| *fondaparinux subcutaneous syringe 7.5 mg/0.6 ml* (Arixtra) | 1 | NDS; QL (18 per 30 days) |
| *heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml* | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | (warfarin) | 1 | |
| *rivaroxaban oral suspension for reconstitution 1 mg/ml* | (Xarelto) | 1 | QL (600 per 30 days) |
| *rivaroxaban oral tablet 2.5 mg* | (Xarelto) | 1 | QL (60 per 30 days) |
| *warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | | 1 | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | | 1 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | (rivaroxaban) | 1 | QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | (rivaroxaban) | 1 | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG | (rivaroxaban) | 1 | QL (60 per 30 days) |
| XARELTO ORAL TABLET 2.5 MG | (rivaroxaban) | 1 | ST; QL (60 per 30 days) |
| **Blood Formation Modifiers** | | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | | 1 | PA; NDS; QL (60 per 30 days) |
| *eltrombopag olamine oral powder in packet 12.5 mg* | (Promacta) | 1 | PA; NDS; QL (90 per 30 days) |
| *eltrombopag olamine oral powder in packet 25 mg* | (Promacta) | 1 | PA; NDS; QL (180 per 30 days) |
| *eltrombopag olamine oral tablet 12.5 mg* | (Promacta) | 1 | PA; NDS; QL (90 per 30 days) |
| *eltrombopag olamine oral tablet 25 mg* | (Promacta) | 1 | PA; NDS; QL (30 per 30 days) |
| *eltrombopag olamine oral tablet 50 mg, 75 mg* | (Promacta) | 1 | PA; NDS; QL (60 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | | 1 | PA; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | | 1 | PA; NDS; QL (20 per 30 days) |

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 |
|---|---|---|
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 1 | PA; NDS |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 1 | PA; NDS |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 1 | PA; NDS |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 1 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | 1 | PA; QL (4 per 28 days) |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 1 | PA; NDS |
| **Hematologic Agents, Miscellaneous** | | |
| *anagrelide oral capsule 0.5 mg* (Agrylin) | 1 | |
| *anagrelide oral capsule 1 mg* | 1 | |
| *tranexamic acid oral tablet 650 mg* | 1 | |
| **Platelet-Aggregation Inhibitors** | | |
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg* | 1 | |
| *cilostazol oral tablet 100 mg, 50 mg* | 1 | |
| *clopidogrel oral tablet 75 mg* (Plavix) | 1 | |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | 1 | PA-HRM; AGE (Max 64 Years) |
| *pentoxifylline oral tablet extended release 400 mg* | 1 | |
| *prasugrel hcl oral tablet 10 mg, 5 mg* (Effient) | 1 | |
| *ticagrelor oral tablet 60 mg, 90 mg* (Brilinta) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Caloric Agents** | | | |
| **Caloric Agents** | | | |
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % | | 1 | PA BvD |
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | | 1 | PA BvD |
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | | 1 | PA BvD |
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % | | 1 | PA BvD |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % | | 1 | PA BvD |
| *dextrose 5 % in water (d5w) intravenous parenteral solution* | | 1 | |
| **Cardiovascular Agents** | | | |
| **Alpha-Adrenergic Agents** | | | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | | 1 | |
| *clonidine transdermal patch weekly 0.1 mg/24 hr* | (Catapres-TTS-1) | 1 | |
| *clonidine transdermal patch weekly 0.2 mg/24 hr* | (Catapres-TTS-2) | 1 | |
| *clonidine transdermal patch weekly 0.3 mg/24 hr* | (Catapres-TTS-3) | 1 | |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | (Cardura) | 1 | |
| *droxidopa oral capsule 100 mg* | (Northera) | 1 | PA; QL (180 per 30 days) |
| *droxidopa oral capsule 200 mg, 300 mg* | (Northera) | 1 | PA; NDS; QL (180 per 30 days) |
| *guanfacine oral tablet 1 mg, 2 mg* | | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *midodrine oral tablet 10 mg, 2.5 mg, 5 mg* | | 1 | |
| *prazosin oral capsule 1 mg, 2 mg, 5 mg* | | 1 | |
| **Angiotensin Ii Receptor Antagonists** | | | |
| *candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | (Atacand) | 1 | |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | (Atacand HCT) | 1 | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | (sacubitril-valsartan) | 1 | QL (60 per 30 days) |
| ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG | | 1 | QL (240 per 30 days) |
| *irbesartan oral tablet 150 mg, 300 mg* | (Avapro) | 1 | |
| *irbesartan oral tablet 75 mg* | | 1 | |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | (Avalide) | 1 | |
| *losartan oral tablet 100 mg, 25 mg, 50 mg* | (Cozaar) | 1 | |
| *losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | (Hyzaar) | 1 | |
| *olmesartan oral tablet 20 mg, 40 mg, 5 mg* | (Benicar) | 1 | |
| *olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | (Tribenzor) | 1 | |
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | (Benicar HCT) | 1 | |
| *sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg* | (Entresto) | 1 | QL (60 per 30 days) |
| *telmisartan oral tablet 20 mg* | | 1 | |
| *telmisartan oral tablet 40 mg, 80 mg* | (Micardis) | 1 | |

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 |
|---|---|---|---|
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | (Micardis HCT) | 1 | |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | (Diovan) | 1 | |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | (Diovan HCT) | 1 | |
| **Angiotensin-Converting Enzyme Inhibitors** | | | |
| *benazepril oral tablet 10 mg, 20 mg, 40 mg* | (Lotensin) | 1 | |
| *benazepril oral tablet 5 mg* | | 1 | |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Lotensin HCT) | 1 | |
| *benazepril-hydrochlorothiazide oral tablet 5-6.25 mg* | | 1 | |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | | 1 | |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | (Vasotec) | 1 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg* | (Vaseretic) | 1 | |
| *enalapril-hydrochlorothiazide oral tablet 5-12.5 mg* | | 1 | |
| *fosinopril oral tablet 10 mg, 20 mg, 40 mg* | | 1 | |
| *fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg* | | 1 | |
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | (Zestril) | 1 | |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Zestoretic) | 1 | |
| *moexipril oral tablet 15 mg, 7.5 mg* | | 1 | |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | 1 | |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | 1 | |
| **Antiarrhythmic Agents** | | |
| *amiodarone oral tablet 100 mg, 200 mg* (Pacerone) | 1 | |
| *amiodarone oral tablet 400 mg* | 1 | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* (Tikosyn) | 1 | |
| *flecainide oral tablet 100 mg, 150 mg, 50 mg* | 1 | |
| MULTAQ ORAL TABLET 400 MG | 1 | |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* (amiodarone) | 1 | |
| *propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg* | 1 | |
| *propafenone oral tablet 150 mg, 225 mg, 300 mg* | 1 | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | 1 | |
| **Beta-Adrenergic Blocking Agents** | | |
| *acebutolol oral capsule 200 mg, 400 mg* | 1 | |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* (Tenormin) | 1 | |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | 1 | |
| *bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | | 1 | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | (Coreg) | 1 | |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | | 1 | |
| *metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg* | (Toprol XL) | 1 | |
| *metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg* | | 1 | |
| *metoprolol tartrate oral tablet 100 mg, 50 mg* | (Lopressor) | 1 | |
| *metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg* | | 1 | |
| *nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | (Bystolic) | 1 | |
| *propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg* | (Inderal LA) | 1 | |
| *propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | | 1 | |
| *sotalol af oral tablet 120 mg, 160 mg, 80 mg* | (sotalol) | 1 | |
| *sotalol oral tablet 120 mg, 160 mg, 80 mg* | (Sotalol AF) | 1 | |
| *sotalol oral tablet 240 mg* | | 1 | |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | | 1 | |
| **Calcium-Channel Blocking Agents** | | | |
| *cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | (diltiazem hcl) | 1 | |
| *diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg* | | 1 | |
| *diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg* | (Tiadylt ER) | 1 | |

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

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | (Cartia XT) | 1 | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg* | (Cardizem) | 1 | |
| *diltiazem hcl oral tablet 90 mg* | | 1 | |
| *dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg* | (diltiazem hcl) | 1 | |
| *taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | (diltiazem hcl) | 1 | |
| *tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | (diltiazem hcl) | 1 | |
| *verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg* | | 1 | |
| *verapamil oral tablet 120 mg, 40 mg, 80 mg* | | 1 | |
| *verapamil oral tablet extended release 120 mg, 180 mg, 240 mg* | | 1 | |
| **Cardiovascular Agents, Miscellaneous** | | | |
| ATTRUBY ORAL TABLET 356 MG | | 1 | PA; NDS; QL (112 per 28 days) |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | | 1 | PA; NDS; QL (30 per 30 days) |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | | 1 | QL (600 per 30 days) |
| *digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | (Lanoxin) | 1 | |
| *epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml* | (Auvi-Q) | 1 | QL (4 per 30 days) |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml* | (EpiPen Jr) | 1 | QL (4 per 30 days) |
| *hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *icatibant subcutaneous syringe 30 mg/3 ml* | (Firazyr) | 1 | PA; NDS; QL (18 per 30 days) |
| *ivabradine oral tablet 5 mg, 7.5 mg* | (Corlanor) | 1 | QL (60 per 30 days) |
| *metyrosine oral capsule 250 mg* | | 1 | PA; NDS |
| *ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg* | | 1 | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | | 1 | PA; QL (30 per 30 days) |
| VYNDAMAX ORAL CAPSULE 61 MG | | 1 | PA; NDS; QL (30 per 30 days) |
| **Dihydropyridines** | | | |
| *amlodipine oral tablet 10 mg, 2.5 mg, 5 mg* | (Norvasc) | 1 | |
| *amlodipine-benazepril oral capsule 10-20 mg* | (Lotrel) | 1 | |
| *amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg* | | 1 | |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | (Azor) | 1 | |
| *amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | (Exforge) | 1 | |
| *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* | (Exforge HCT) | 1 | |
| *felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg* | | 1 | |
| *nifedipine oral tablet extended release 24hr 30 mg, 60 mg* | (Procardia XL) | 1 | |
| *nifedipine oral tablet extended release 24hr 90 mg* | | 1 | |
| *nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg* | | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Diuretics** | | | |
| *amiloride oral tablet 5 mg* | | 1 | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | | 1 | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | | 1 | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | | 1 | |
| *furosemide injection solution 10 mg/ml* | | 1 | |
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | | 1 | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | (Lasix) | 1 | |
| *hydrochlorothiazide oral capsule 12.5 mg* | | 1 | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | | 1 | |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | | 1 | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | (tolvaptan (polycys kidney dis)) | 1 | PA; NDS; QL (120 per 30 days) |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | | 1 | |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | (Aldactone) | 1 | |
| *spironolacton-hydrochlorothiaz oral tablet 25-25 mg* | | 1 | |
| *tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)* | (Jynarque) | 1 | PA; NDS; QL (56 per 28 days) |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | | 1 | |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25 mg* | | 1 | |

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

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg* | | 1 | |
| **Dyslipidemics** | | | |
| *amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg* | (Caduet) | 1 | |
| *amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg* | (Caduet) | 1 | QL (30 per 30 days) |
| *amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg* | | 1 | |
| *atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | (Lipitor) | 1 | |
| *cholestyramine (with sugar) oral powder in packet 4 gram* | (Questran) | 1 | |
| *cholestyramine light oral powder in packet 4 gram* | (cholestyramine) | 1 | |
| *colesevelam oral powder in packet 3.75 gram* | (WelChol) | 1 | |
| *colesevelam oral tablet 625 mg* | (WelChol) | 1 | |
| *colestipol oral packet 5 gram* | | 1 | |
| *colestipol oral tablet 1 gram* | (Colestid) | 1 | |
| *ezetimibe oral tablet 10 mg* | (Zetia) | 1 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-10 mg* | (Vytorin 10-10) | 1 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-20 mg* | (Vytorin 10-20) | 1 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-40 mg* | (Vytorin 10-40) | 1 | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-80 mg* | (Vytorin 10-80) | 1 | QL (30 per 30 days) |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg* | | 1 | |
| *fenofibrate nanocrystallized oral tablet 145 mg, 48 mg* | | 1 | |
| *fenofibrate oral tablet 160 mg, 54 mg* | | 1 | |
| *fluvastatin oral capsule 20 mg, 40 mg* | | 1 | QL (60 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fluvastatin oral tablet extended release 24 hr 80 mg* | (Lescol XL) | 1 | |
| *gemfibrozil oral tablet 600 mg* | (Lopid) | 1 | |
| *icosapent ethyl oral capsule 0.5 gram* | (Vascepa) | 1 | QL (240 per 30 days) |
| *icosapent ethyl oral capsule 1 gram* | (Vascepa) | 1 | QL (120 per 30 days) |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | | 1 | |
| NEXLETOL ORAL TABLET 180 MG | | 1 | ST; QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | | 1 | ST; QL (30 per 30 days) |
| *niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg* | | 1 | |
| *omega-3 acid ethyl esters oral capsule 1 gram* | (Lovaza) | 1 | ST; QL (120 per 30 days) |
| *pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg* | (Livalo) | 1 | QL (30 per 30 days) |
| *pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | | 1 | |
| *prevalite oral powder in packet 4 gram* | (cholestyramine) | 1 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | | 1 | ST; QL (7 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | | 1 | ST; QL (6 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | | 1 | ST; QL (6 per 28 days) |
| *rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | (Crestor) | 1 | |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg* | (Zocor) | 1 | |
| *simvastatin oral tablet 5 mg, 80 mg* | | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **Renin-Angiotensin-Aldosterone System Inhibitors** | | |
| *aliskiren oral tablet 150 mg, 300 mg* (Tekturna) | 1 | |
| *eplerenone oral tablet 25 mg, 50 mg* | 1 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG | 1 | PA; QL (30 per 30 days) |
| **Vasodilators** | | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg* | 1 | |
| *isosorbide dinitrate oral tablet 5 mg* (Isordil Titradose) | 1 | |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | 1 | |
| *isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg* | 1 | |
| *minoxidil oral tablet 10 mg, 2.5 mg* | 1 | |
| *nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg* (Nitrostat) | 1 | |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* (Nitro-Dur) | 1 | |
| **Central Nervous System Agents** | | |
| **Central Nervous System Agents** | | |
| *atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | 1 | QL (60 per 30 days) |
| *atomoxetine oral capsule 100 mg, 60 mg, 80 mg* | 1 | QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 1 | PA; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 1 | PA; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | 1 | PA; NDS; QL (90 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG | | 1 | PA; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG | | 1 | PA; NDS; QL (30 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | | 1 | PA; NDS; QL (210 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14) | | 1 | PA; NDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | | 1 | PA; NDS; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | | 1 | PA; NDS; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | | 1 | PA; NDS; QL (15 per 30 days) |
| *cladribine 10 mg x 10 tab pk outer* | (Mavenclad (10 tablet pack)) | 1 | PA; NDS |
| *cladribine(multiple sclerosis) oral tablet 10 mg (10 pack), 10 mg (4 pack), 10 mg (5 pack), 10 mg (6 pack), 10 mg (7 pack), 10 mg (8 pack), 10 mg (9 pack)* | | 1 | PA; NDS |
| *dalfampridine oral tablet extended release 12 hr 10 mg* | (Ampyra) | 1 | PA; QL (60 per 30 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg* | (Adderall XR) | 1 | QL (30 per 30 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg* | (Adderall XR) | 1 | QL (60 per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | (Adderall) | 1 | QL (60 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg* | (Tecfidera) | 1 | PA; QL (14 per 7 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)* | (Tecfidera) | 1 | PA |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg* | (Tecfidera) | 1 | PA; NDS; QL (60 per 30 days) |
| *fingolimod oral capsule 0.5 mg* | (Gilenya) | 1 | PA; NDS; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 20 mg/ml* | (Glatopa) | 1 | PA; NDS; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 40 mg/ml* | (Glatopa) | 1 | PA; NDS; QL (12 per 28 days) |
| *glatopa subcutaneous syringe 20 mg/ml* | (glatiramer) | 1 | PA; NDS; QL (30 per 30 days) |
| *glatopa subcutaneous syringe 40 mg/ml* | (glatiramer) | 1 | PA; NDS; QL (12 per 28 days) |
| *guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg* | (Intuniv ER) | 1 | |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21) | | 1 | PA; NDS |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | | 1 | PA; NDS; QL (30 per 30 days) |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG | | 1 | PA; NDS; QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | | 1 | PA; NDS; QL (1.2 per 28 days) |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | | 1 | |
| *lithium carbonate oral tablet 300 mg* | | 1 | |
| *lithium carbonate oral tablet extended release 300 mg* | (Lithobid) | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lithium carbonate oral tablet extended release 450 mg* | 1 | |
| *lithium citrate oral solution 8 meq/5 ml* | 1 | |
| MAYZENT ORAL TABLET 0.25 MG | 1 | PA; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 1 | PA; NDS; QL (30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | 1 | PA |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | 1 | PA; NDS |
| *methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml* (Methylin) | 1 | QL (900 per 30 days) |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* (Ritalin) | 1 | QL (90 per 30 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 1 | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML | 1 | PA; NDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | 1 | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | 1 | PA; NDS |
| *riluzole oral tablet 50 mg* | 1 | |
| *tetrabenazine oral tablet 12.5 mg* (Xenazine) | 1 | PA; QL (112 per 28 days) |
| *tetrabenazine oral tablet 25 mg* (Xenazine) | 1 | PA; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | 1 | PA; NDS; QL (120 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Contraceptives** | | | |
| **Contraceptives** | | | |
| *afirmelle oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *altavera (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *alyacen 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |
| *alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | |
| *amethyst (28) oral tablet 90-20 mcg (28)* | (levonorgestrel-ethinyl estrad) | 1 | |
| *apri oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *aubra eq oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *aurovela 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *aviane oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *ayuna oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *camila oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *chateal eq (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *cryselle (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | |
| *cyred eq oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *dasetta 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |
| *dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | |
| *deblitane oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (Azurette (28)) | 1 | |
| *dolishale oral tablet 90-20 mcg (28)* | (levonorgestrel-ethinyl estrad) | 1 | |
| *elinest oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | |
| *eluryng vaginal ring 0.12-0.015 mg/24 hr* | (etonogestrel-ethinyl estradiol) | 1 | QL (1 per 28 days) |
| *emzahh oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *enilloring vaginal ring 0.12-0.015 mg/24 hr* | (etonogestrel-ethinyl estradiol) | 1 | QL (1 per 28 days) |
| *enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | 1 | |
| *enskyce oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *errin oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *estarylla oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg* | (Kelnor 1/35 (28)) | 1 | |
| *ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg* | (Valtya) | 1 | |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr* | (EluRyng) | 1 | QL (1 per 28 days) |
| *falmina (28) oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *haloette vaginal ring 0.12-0.015 mg/24 hr* | (etonogestrel-ethinyl estradiol) | 1 | QL (1 per 28 days) |
| *heather oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| *incassia oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| *isibloom oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *jencycla oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| *juleber oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *junel 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *kelnor 1/35 (28) oral tablet 1-35 mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | |
| *kelnor 1/50 (28) oral tablet 1-50 mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | |
| *kurvelo (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG | | 1 | |
| *larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *larin 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *lessina oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | 1 | |
| *levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | (Balcoltra) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg* | (Afirmelle) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg* | (Altavera (28)) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)* | (Amethyst (28)) | 1 | |
| *levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (Iclevia) | 1 | QL (91 per 84 days) |
| *levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (Enpresse) | 1 | |
| *levora-28 oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG | | 1 | |
| *low-ogestrel (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | |
| *luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *lutera (28) oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *lyleq oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *lyza oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *marlissa (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *meleya oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *microgestin 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | 1 | |
| *microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *mili oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG | | 1 | |
| MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM | | 1 | |
| *mono-linyah oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG | | 1 | |
| *norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr* | (Xulane) | 1 | QL (3 per 28 days) |
| *norethindrone (contraceptive) oral tablet 0.35 mg* | (Camila) | 1 | |
| *norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (Aurovela Fe 1-20 (28)) | 1 | |
| *norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (Aurovela Fe 1.5/30 (28)) | 1 | |
| *norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (Tilia Fe) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (Tri-Lo-Estarylla) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (Tri-Estarylla) | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg* | (Estarylla) | 1 | |
| *nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)* | | 1 | |
| *nortrel 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |
| *nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | |
| *nylia 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | 1 | |
| *orquidea oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *portia 28 oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *reclipsen (28) oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | 1 | |
| *setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | 1 | QL (91 per 84 days) |
| *sharobel oral tablet 0.35 mg* | (norethindrone (contraceptive)) | 1 | |
| *simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG | | 1 | |
| *sprintec (28) oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *sronyx oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | 1 | |
| *tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | 1 | |
| *tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (norethindrone-e.estradiol-iron) | 1 | |
| *tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (norethindrone-e.estradiol-iron) | 1 | |
| *tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | 1 | |
| *tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | 1 | |
| *turqoz (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | 1 | |
| *tyblume oral tablet,chewable 0.1 mg-20 mcg* | | 1 | |
| *valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | |
| *vienva oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | 1 | |
| *viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | 1 | |
| *vylibra oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | 1 | |
| *xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (norethindrone-e.estradiol-iron) | 1 | |
| *xulane transdermal patch weekly 150-35 mcg/24 hr* | (norelgestromin-ethin.estradiol) | 1 | QL (3 per 28 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *zafemy transdermal patch weekly 150-35 mcg/24 hr* | (norelgestromin-ethin.estradiol) | 1 | QL (3 per 28 days) |
| *zovia 1-35 (28) oral tablet 1-35 mg-mcg* | (ethynodiol diac-eth estradiol) | 1 | |
| **Dental And Oral Agents** | | | |
| **Dental And Oral Agents** | | | |
| *cevimeline oral capsule 30 mg* | (Evoxac) | 1 | |
| *chlorhexidine gluconate mucous membrane mouthwash 0.12 %* | (Periogard) | 1 | |
| *denta 5000 plus dental cream 1.1 %* | (fluoride (sodium)) | 1 | |
| *dentagel dental gel 1.1 %* | (fluoride (sodium)) | 1 | |
| *fluoride (sodium) dental gel 1.1 %* | (DentaGel) | 1 | |
| *fluoride (sodium) dental solution 0.2 %* | (PreviDent) | 1 | |
| *periogard mucous membrane mouthwash 0.12 %* | (chlorhexidine gluconate) | 1 | |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | (Salagen (pilocarpine)) | 1 | |
| *sf 5000 plus dental cream 1.1 %* | (fluoride (sodium)) | 1 | |
| *sodium fluoride-pot nitrate dental paste 1.1-5 %* | (Denta 5000 Plus Sensitive) | 1 | |
| *triamcinolone acetonide dental paste 0.1 %* | (Kourzeq) | 1 | |
| **Dermatological Agents** | | | |
| **Dermatological Agents, Other** | | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | | 1 | |
| *acyclovir topical ointment 5 %* | (Zovirax) | 1 | QL (30 per 30 days) |
| *ammonium lactate topical cream 12 %* | | 1 | |
| *ammonium lactate topical lotion 12 %* | (AmLactin) | 1 | |
| *calcipotriene scalp solution 0.005 %* | (Pellix) | 1 | QL (120 per 30 days) |
| *calcipotriene topical cream 0.005 %* | | 1 | QL (120 per 30 days) |
| *calcipotriene topical ointment 0.005 %* | | 1 | QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluorouracil topical cream 5 %* (Efudex) | 1 | |
| *fluorouracil topical solution 2 %, 5 %* | 1 | |
| *imiquimod topical cream in packet 5 %* | 1 | QL (24 per 30 days) |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % | 1 | ST; NDS; QL (5 per 5 days) |
| *methoxsalen oral capsule,liqd-filled,rapid rel 10 mg* | 1 | NDS |
| PANRETIN TOPICAL GEL 0.1 % | 1 | NDS; QL (60 per 28 days) |
| *podofilox topical solution 0.5 %* | 1 | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 1 | QL (180 per 30 days) |
| VALCHLOR TOPICAL GEL 0.016 % | 1 | PA NSO; NDS |
| *zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* (isotretinoin) | 1 | |
| **Dermatological Antibacterials** | | |
| *clindamycin phosphate topical solution 1 %* | 1 | QL (180 per 30 days) |
| *clindamycin phosphate topical swab 1 %* (Clindacin ETZ) | 1 | |
| *clindamycin-benzoyl peroxide topical gel 1-5 %* | 1 | |
| *erythromycin with ethanol topical solution 2 %* | 1 | |
| *gentamicin topical cream 0.1 %* | 1 | QL (90 per 30 days) |
| *gentamicin topical ointment 0.1 %* | 1 | QL (120 per 30 days) |
| *metronidazole topical cream 0.75 %* (Rosadan) | 1 | |
| *metronidazole topical gel 0.75 %* (Rosadan) | 1 | |
| *metronidazole topical gel 1 %* | 1 | |
| *mupirocin topical ointment 2 %* (Centany) | 1 | QL (220 per 30 days) |
| *rosadan topical cream 0.75 %* (metronidazole) | 1 | |
| *selenium sulfide topical lotion 2.5 %* | 1 | |
| *silver sulfadiazine topical cream 1 %* (SSD) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *ssd topical cream 1 %* | (silver sulfadiazine) | 1 | |
| **Dermatological Anti-Inflammatory Agents** | | | |
| *ala-cort topical cream 1 %* | (hydrocortisone) | 1 | |
| *betamethasone dipropionate topical cream 0.05 %* | | 1 | |
| *betamethasone dipropionate topical lotion 0.05 %* | | 1 | |
| *betamethasone dipropionate topical ointment 0.05 %* | | 1 | |
| *betamethasone valerate topical cream 0.1 %* | | 1 | |
| *betamethasone valerate topical lotion 0.1 %* | | 1 | |
| *betamethasone valerate topical ointment 0.1 %* | | 1 | |
| *betamethasone, augmented topical cream 0.05 %* | | 1 | |
| *betamethasone, augmented topical gel 0.05 %* | | 1 | |
| *betamethasone, augmented topical lotion 0.05 %* | | 1 | |
| *betamethasone, augmented topical ointment 0.05 %* | (Diprolene (augmented)) | 1 | |
| *clobetasol scalp solution 0.05 %* | | 1 | |
| *clobetasol topical cream 0.05 %* | | 1 | |
| *clobetasol topical gel 0.05 %* | | 1 | |
| *clobetasol topical lotion 0.05 %* | | 1 | |
| *clobetasol topical ointment 0.05 %* | | 1 | |
| *clobetasol topical shampoo 0.05 %* | (Clodan) | 1 | |
| *clobetasol-emollient topical cream 0.05 %* | | 1 | |
| *clobetasol-emollient topical foam 0.05 %* | (Tovet Emollient) | 1 | |
| EUCRISA TOPICAL OINTMENT 2 % | | 1 | |
| *fluocinolone topical cream 0.01 %* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *fluocinolone topical cream 0.025 %* | (Synalar) | 1 | |
| *fluocinolone topical ointment 0.025 %* | (Synalar) | 1 | |
| *fluocinonide topical cream 0.05 %* | | 1 | |
| *fluocinonide topical gel 0.05 %* | | 1 | |
| *fluocinonide topical ointment 0.05 %* | | 1 | |
| *fluocinonide topical solution 0.05 %* | | 1 | |
| *fluticasone propionate topical cream 0.05 %* | | 1 | |
| *halobetasol propionate topical cream 0.05 %* | | 1 | |
| *halobetasol propionate topical ointment 0.05 %* | | 1 | |
| *hydrocortisone 2.5% cream* | | 1 | |
| *hydrocortisone topical cream 1 %* | (Ala-Cort) | 1 | |
| *hydrocortisone topical cream with perineal applicator 2.5 %* | (Procto-Med HC) | 1 | |
| *hydrocortisone topical lotion 2.5 %* | | 1 | |
| *hydrocortisone topical ointment 1 %* | (Anti-Itch (HC)) | 1 | |
| *hydrocortisone topical ointment 2.5 %* | | 1 | |
| *hydrocortisone valerate topical cream 0.2 %* | | 1 | |
| *mometasone topical cream 0.1 %* | | 1 | |
| *mometasone topical ointment 0.1 %* | | 1 | |
| *mometasone topical solution 0.1 %* | | 1 | |
| *pimecrolimus topical cream 1 %* | | 1 | QL (100 per 30 days) |
| *procto-med hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 1 | |
| *proctosol hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 1 | |
| *proctozone-hc topical cream with perineal applicator 2.5 %* | (hydrocortisone) | 1 | |
| *tacrolimus topical ointment 0.03 %, 0.1 %* | | 1 | QL (100 per 30 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml* | | 1 | |
| *triamcinolone acetonide topical cream 0.025 %, 0.1 %* | | 1 | |
| *triamcinolone acetonide topical cream 0.5 %* | (Triderm) | 1 | |
| *triamcinolone acetonide topical lotion 0.025 %, 0.1 %* | | 1 | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | | 1 | |
| **Dermatological Retinoids** | | | |
| *adapalene topical cream 0.1 %* | | 1 | |
| ALTRENO TOPICAL LOTION 0.05 % | | 1 | PA |
| *tazarotene topical cream 0.1 %* | (Tazorac) | 1 | |
| *tretinoin topical cream 0.025 %, 0.05 %, 0.1 %* | (Retin-A) | 1 | PA |
| **Scabicides And Pediculicides** | | | |
| *malathion topical lotion 0.5 %* | (Ovide) | 1 | |
| *permethrin topical cream 5 %* | | 1 | QL (60 per 30 days) |
| **Devices** | | | |
| **Devices** | | | |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| 1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| ALCOHOL PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | 1 | PA; ST |
| AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16" | | 1 | PA; ST |
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16" | | 1 | PA; ST |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | | 1 | PA; ST |
| ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| AUTOKEEPER SAF PEN NDL 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| AUTOKEEPER SAF PEN NDL 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16" | | 1 | PA; ST |
| BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| BORDERED GAUZE 2"X2" 2 X 2 " | (gauze bandage) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 12.7MM 29G HRI 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 6MM 31G HRI 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLE 8MM 30G HRI 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH ALCOHOL 70% PREP PAD | (alcohol swabs) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16" | | 1 | PA; ST |
| CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16 | | 1 | PA; ST |
| CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16" | | 1 | PA; ST |
| COMFORT EZ PLS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic, safety) | 1 | PA; ST |
| COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |

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

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

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| CURITY ALCOHOL PREPS 2 PLY,MEDIUM | (alcohol swabs) | 1 | PA; ST |
| CURITY GAUZE PADS 2 X 2 " | (gauze bandage) | 1 | PA; ST |
| CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 " | | 1 | PA; ST |
| DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " | (gauze bandage) | 1 | PA; ST |
| DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 " | | 1 | PA; ST |
| DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 " | | 1 | PA; ST |
| DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16" | | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| DROPLET INS SYR 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64" | | 1 | PA; ST |
| DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | | 1 | PA; ST |
| DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8" | | 1 | PA; ST |
| DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| DROPSAFE ALCOHOL 70% PREP PADS | (alcohol swabs) | 1 | PA; ST |
| DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| DROPSAFE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic, safety) | 1 | PA; ST |
| DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | | 1 | PA; ST |
| DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | 1 | PA; ST |
| EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2" | | 1 | PA; ST |
| EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16" | | 1 | PA; ST |
| EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16" | | 1 | PA; ST |
| EASY COMFORT ALCOHOL 70% PAD | (alcohol swabs) | 1 | PA; ST |
| EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32" | | 1 | PA; ST |
| EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16" | | 1 | PA; ST |
| EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 " | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16 | | 1 | PA; ST |
| EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4" | (insulin syr/ndl u100 half mark) | 1 | PA; ST |
| EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED | (alcohol swabs) | 1 | PA; ST |
| EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4" | | 1 | PA; ST |
| EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4" | | 1 | PA; ST |
| EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INSULIN SYR 1 ML 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH LUER LOK INSUL 1 ML | (insulin syringe needleless) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16" | | 1 | PA; ST |
| EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASY TOUCH UNI-SLIP SYR 1 ML | (insulin syringe needleless) | 1 | PA; ST |
| EASYLIFE ALCOHOL 70% PADS | (alcohol swabs) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16" | | 1 | PA; ST |
| EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic, safety) | 1 | PA; ST |
| EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4" | | 1 | PA; ST |
| EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (Advocate Syringes) | 1 | PA; ST |
| FT STERILE PADS 2" X 2" 2 X 2 " | (gauze bandage) | 1 | PA; ST |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 " | (gauze bandage) | 1 | PA; ST |
| GNP ALCOHOL SWAB STERILE, TWO PLY | (Alcohol Pads) | 1 | PA; ST |
| GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (1st Tier Unifine Pentips) | 1 | PA; ST |
| GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (CareFine Pen Needle) | 1 | PA; ST |
| GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29 | (insulin syringe-needle u-100) | 1 | PA; ST |
| GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE | (insulin syringe-needle u-100) | 1 | PA; ST |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 | (insulin syringe-needle u-100) | 1 | PA; ST |
| GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | (1st Tier Unifine Pentips) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2" | | 1 | PA; ST |
| HEB INCONTROL ALCOHOL 70% PADS | (alcohol swabs) | 1 | PA; ST |
| INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

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 |
|---|---|---|---|
| INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN | | 1 | |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN | | 1 | |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN | | 1 | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | | 1 | |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN | | 1 | |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN | | 1 | |
| INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16" | | 1 | PA; ST |
| INSULIN 1/2 ML SYRINGE 1/2 ML 29 | (Ultilet Insulin Syringe) | 1 | PA; ST |
| INSULIN 1/2 ML SYRINGE 1/2 ML 30 GAUGE | | 1 | PA; ST |
| INSULIN 3/10 ML SYRINGE 0.3 ML 30 | (Ultra Comfort Insulin Syringe) | 1 | PA; ST |
| INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" | (Easy Touch Ins Syr (half unit)) | 1 | PA; ST |
| INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| IV ANTISEPTIC WIPES | (alcohol swabs) | 1 | PA; ST |
| KENDALL ALCOHOL 70% PREP PAD | (alcohol swabs) | 1 | PA; ST |
| LISCO SPONGES 100/BAG 2 X 2 " | | 1 | PA; ST |
| LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE | | 1 | PA; ST |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16" | | 1 | PA; ST |
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16" | | 1 | PA; ST |
| MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | (CareFine Pen Needle) | 1 | PA; ST |
| MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | (Comfort EZ Pen Needles) | 1 | PA; ST |
| MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16" | (Comfort EZ Pen Needles) | 1 | PA; ST |
| MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4" | (Comfort EZ Pen Needles) | 1 | PA; ST |
| MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) | (insulin syringes (disposable)) | 1 | PA; ST |
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3" | | 1 | PA; ST |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6" | | 1 | PA; ST |
| OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE | | 1 | QL (10 per 30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | | 1 | QL (1 per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | | 1 | QL (10 per 30 days) |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE | | 1 | QL (1 per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | | 1 | QL (10 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | | 1 | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | | 1 | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | | 1 | QL (10 per 30 days) |
| PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" | (Embrace Pen Needle) | 1 | PA; ST |
| PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" | (CareFine Pen Needle) | 1 | PA; ST |
| PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4" | (1st Tier Unifine Pentips) | 1 | PA; ST |
| PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | (Advocate Pen Needle) | 1 | PA; ST |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | (1st Tier Unifine Pentips Plus) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | 1 | PA; ST |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | | 1 | PA; ST |
| PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRO COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | PA; ST |
| PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| PRO-COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | PA; ST |
| PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |
| PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| PURE COMFORT ALCOHOL 70% PADS | (alcohol swabs) | 1 | PA; ST |
| PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| RA ISOPROPYL ALCOHOL 70% WIPES | (alcohol swabs) | 1 | PA; ST |
| RA STERILE PADS 2"X 2" 2 X 2 " | (Bordered Gauze) | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32" | | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (Comfort Touch Pen Needle) | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64" | | 1 | PA; ST |
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64" | (True-Comfort Pro Pen Needle) | 1 | PA; ST |
| RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | (Comfort EZ Insulin Syringe) | 1 | PA; ST |
| RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (1st Tier Unifine Pentips) | 1 | PA; ST |
| RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16" | (Advocate Syringes) | 1 | PA; ST |
| RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16" | (Advocate Syringes) | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2" | | 1 | PA; ST |
| SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (Comfort EZ PRO Safety Pen Ndl) | 1 | PA; ST |
| SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16" | | 1 | PA; ST |
| SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |
| SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| NEEDLES, INSULIN DISP., SAFETY | (insulin syringe-needle u-100) | 1 | PA; ST |

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

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| SURE COMFORT ALCOHOL PREP PADS | (alcohol swabs) | 1 | PA; ST |
| SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| SURE-PREP ALCOHOL PREP PADS | (alcohol swabs) | 1 | PA; ST |
| TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16" | | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | | 1 | PA; ST |
| TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| 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) | 1 | PA; ST |
| TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8" | (Thinpro Insulin Syringe) | 1 | PA; ST |
| TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8" | (insulin syringe-needle u-100) | 1 | PA; ST |

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

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

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Effective Date: 11/01/2026 Formulary ID: 26333.000

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | | 1 | PA; ST |
| TRUE COMFORT PRO ALCOHOL PADS | (alcohol swabs) | 1 | PA; ST |
| TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" | | 1 | PA; ST |
| TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | | 1 | PA; ST |
| TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" | (insulin syr/ndl u100 half mark) | 1 | PA; ST |
| ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16" | | 1 | PA; ST |
| ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2" | | 1 | PA; ST |
| ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2" | | 1 | PA; ST |
| ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2" | | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4" | | 1 | PA; ST |
| ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16" | | 1 | PA; ST |
| ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16" | | 1 | PA; ST |
| ULTILET ALCOHOL STERL SWAB | (alcohol swabs) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTILET PEN NEEDLE 29 GAUGE | | 1 | PA; ST |
| ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA COMFORT 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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

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

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

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | | 1 | PA; ST |
| ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRAFINE INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" | | 1 | PA; ST |
| ULTRA-FINE INS 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | | 1 | PA; ST |
| ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA-FINE SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16" | | 1 | PA; ST |
| UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16" | | 1 | PA; ST |
| UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | 1 | PA; ST |
| UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4" | | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16" | | 1 | PA; ST |
| UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32" | | 1 | PA; ST |
| UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64" | | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16" | | 1 | PA; ST |
| VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16" | | 1 | PA; ST |
| VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | 1 | PA; ST |
| VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32" | | 1 | PA; ST |
| VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | 1 | PA; ST |
| VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 " | | 1 | PA; ST |
| V-GO 20 DEVICE | | 1 | QL (30 per 30 days) |
| V-GO 30 DEVICE | | 1 | QL (30 per 30 days) |
| V-GO 40 DEVICE | | 1 | QL (30 per 30 days) |
| WEBCOL ALCOHOL PREPS 20'S,LARGE | (alcohol swabs) | 1 | PA; ST |
| WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16" | (pen needle, diabetic) | 1 | PA; ST |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Enzyme Cofactors/Chaperones** | | | |
| **Enzyme Cofactors/Chaperones** | | | |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG | | 1 | PA; NDS; QL (90 per 30 days) |
| **Enzyme Replacement/Modifiers** | | | |
| **Enzyme Replacement/Modifiers** | | | |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | | 1 | |
| *javygtor oral tablet,soluble 100 mg* | (sapropterin) | 1 | PA; NDS |
| *nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg* | (Orfadin) | 1 | PA; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | | 1 | PA; NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | | 1 | PA BvD; NDS |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | | 1 | PA; NDS |
| *sapropterin oral tablet,soluble 100 mg* | (Javygtor) | 1 | PA; NDS |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | | 1 | PA; LA; NDS |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | | 1 | |
| **Eye, Ear, Nose, Throat Agents** | | | |
| **Eye, Ear, Nose, Throat Agents, Miscellaneous** | | | |
| *atropine ophthalmic (eye) drops 1 %* | | 1 | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | | 1 | QL (60 per 30 days) |
| *azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)* | (Astepro Allergy) | 1 | QL (30 per 25 days) |
| *azelastine ophthalmic (eye) drops 0.05 %* | | 1 | |
| *cromolyn ophthalmic (eye) drops 4 %* | | 1 | |
| *epinastine ophthalmic (eye) drops 0.05 %* | | 1 | |
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)* | | 1 | QL (30 per 28 days) |
| *ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)* | | 1 | QL (15 per 10 days) |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % | | 1 | QL (12 per 28 days) |
| *olopatadine ophthalmic (eye) drops 0.1 %* | (Eye Allergy Itch-Redness Rlf) | 1 | |
| *olopatadine ophthalmic (eye) drops 0.2 %* | (Advanced Eye Relief (olopatad)) | 1 | |
| **Eye, Ear, Nose, Throat Anti-Infectives Agents** | | | |
| *acetic acid otic (ear) solution 2 %* | | 1 | |
| *bacitracin ophthalmic (eye) ointment 500 unit/gram* | | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram* | 1 | |
| *ciprofloxacin hcl ophthalmic (eye) drops 0.3 %* | 1 | |
| *ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %* | 1 | QL (7.5 per 7 days) |
| *erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)* | 1 | QL (3.5 per 4 days) |
| *gentamicin ophthalmic (eye) drops 0.3 %* | 1 | |
| *hydrocortisone-acetic acid otic (ear) drops 1-2 %* | 1 | |
| *moxifloxacin ophthalmic (eye) drops 0.5 %* (Vigamox) | 1 | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | 1 | |
| *neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | 1 | |
| *neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | 1 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %* (Maxitrol) | 1 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %* | 1 | |
| *neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml* | 1 | |
| *neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%* | 1 | |
| *neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%* | 1 | |

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Effective Date: 11/01/2026 Formulary ID: 26333.000

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | (neomycin-bacitracin-poly-hc) | 1 | |
| *neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | (neomycin-bacitracin-polymyxin) | 1 | |
| *ofloxacin ophthalmic (eye) drops 0.3 %* | (Ocuflox) | 1 | |
| *ofloxacin otic (ear) drops 0.3 %* | | 1 | |
| *polycin ophthalmic (eye) ointment 500-10,000 unit/gram* | (bacitracin-polymyxin b) | 1 | |
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml* | | 1 | |
| *sulfacetamide sodium ophthalmic (eye) drops 10 %* | | 1 | |
| *sulfacetamide sodium ophthalmic (eye) ointment 10 %* | | 1 | |
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)* | | 1 | |
| *tobramycin ophthalmic (eye) drops 0.3 %* | | 1 | |
| *tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %* | | 1 | |
| *tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %* | (Zylet) | 1 | |
| *trifluridine ophthalmic (eye) drops 1 %* | | 1 | |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % | | 1 | PA; NDS; QL (10 per 42 days) |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | | 1 | |
| **Eye, Ear, Nose, Throat Anti-Inflammatory Agents** | | | |
| *bromfenac ophthalmic (eye) drops 0.07 %* | (Prolensa) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *cyclosporine ophthalmic (eye) dropperette 0.05 %* | (Restasis) | 1 | QL (60 per 30 days) |
| *dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %* | | 1 | |
| *diclofenac sodium ophthalmic (eye) drops 0.1 %* | | 1 | |
| *difluprednate ophthalmic (eye) drops 0.05 %* | (Durezol) | 1 | |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | | 1 | QL (8.3 per 14 days) |
| *flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)* | | 1 | QL (50 per 25 days) |
| *fluocinolone acetonide oil otic (ear) drops 0.01 %* | (DermOtic Oil) | 1 | |
| *fluorometholone ophthalmic (eye) drops,suspension 0.1 %* | (FML Liquifilm) | 1 | |
| *flurbiprofen sodium ophthalmic (eye) drops 0.03 %* | | 1 | |
| *fluticasone propionate nasal spray,suspension 50 mcg/actuation* | (24 Hour Allergy Relief) | 1 | QL (16 per 30 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | | 1 | |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | | 1 | QL (5.6 per 14 days) |
| *ketorolac ophthalmic (eye) drops 0.5 %* | (Acular) | 1 | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | | 1 | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | | 1 | QL (5 per 16 days) |
| *loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %* | (Lotemax) | 1 | QL (10 per 14 days) |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %* | | 1 | ST |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %* | | 1 | QL (15 per 19 days) |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *mometasone nasal spray,non-aerosol 50 mcg/actuation* | (Allergy Nasal (mometasone)) | 1 | QL (34 per 30 days) |
| *prednisolone acetate ophthalmic (eye) drops,suspension 1 %* | (Pred Forte) | 1 | |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | | 1 | QL (60 per 30 days) |
| **Gastrointestinal Agents** | | | |
| **Antiulcer Agents And Acid Suppressants** | | | |
| *amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg* | | 1 | |
| *cimetidine hcl oral solution 300 mg/5 ml* | | 1 | |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg* | (Acid Reducer (esomeprazole)) | 1 | |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg* | (Nexium) | 1 | |
| *esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg* | (Nexium Packet) | 1 | ST; QL (30 per 30 days) |
| *esomeprazole magnesium oral granules dr for susp in packet 40 mg* | (Nexium Packet) | 1 | ST; QL (60 per 30 days) |
| *famotidine oral tablet 20 mg* | (Acid Controller) | 1 | |
| *famotidine oral tablet 40 mg* | (Pepcid) | 1 | |
| *lansoprazole oral capsule,delayed release(dr/ec) 15 mg* | (Acid Reducer (lansoprazole)) | 1 | QL (30 per 30 days) |
| *lansoprazole oral capsule,delayed release(dr/ec) 30 mg* | (Prevacid) | 1 | QL (60 per 30 days) |
| *misoprostol oral tablet 100 mcg, 200 mcg* | (Cytotec) | 1 | |
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg* | | 1 | |
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg* | (Protonix) | 1 | |
| *rabeprazole oral tablet,delayed release (dr/ec) 20 mg* | (AcipHex) | 1 | |
| *sucralfate oral tablet 1 gram* | (Carafate) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | | 1 | PA |
| **Gastrointestinal Agents, Other** | | | |
| *carglumic acid oral tablet, dispersible 200 mg* | (Carbaglu) | 1 | PA; NDS |
| *constulose oral solution 10 gram/15 ml* | (lactulose) | 1 | |
| *cromolyn oral concentrate 100 mg/5 ml* | (Gastrocrom) | 1 | |
| *dicyclomine oral capsule 10 mg* | | 1 | |
| *dicyclomine oral solution 10 mg/5 ml* | | 1 | |
| *dicyclomine oral tablet 20 mg* | | 1 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | (Lomotil) | 1 | PA-HRM; AGE (Max 64 Years) |
| *enulose oral solution 10 gram/15 ml* | (lactulose) | 1 | |
| *generlac oral solution 10 gram/15 ml* | (lactulose) | 1 | |
| *glycopyrrolate oral tablet 1 mg* | (Robinul) | 1 | |
| *glycopyrrolate oral tablet 2 mg* | (Robinul Forte) | 1 | |
| *kionex oral suspension 15 gram/60 ml* | (sodium polystyrene sulfonate) | 1 | |
| *lactulose oral solution 10 gram/15 ml* | (Constulose) | 1 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | | 1 | QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | | 1 | |
| *loperamide oral capsule 2 mg* | (Anti-Diarrheal (loperamide)) | 1 | |
| *lubiprostone oral capsule 24 mcg* | | 1 | QL (60 per 30 days) |
| *lubiprostone oral capsule 8 mcg* | (Amitiza) | 1 | QL (120 per 30 days) |
| *metoclopramide hcl oral solution 5 mg/5 ml* | | 1 | |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | (Reglan) | 1 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | | 1 | QL (30 per 30 days) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sodium polystyrene sulfonate oral powder 15 gram* | | 1 | |
| *sodium polystyrene sulfonate oral suspension 15 gram/60 ml* | (Kionex) | 1 | |
| *sps (with sorbitol) oral suspension 15-20 gram/60 ml* | | 1 | |
| TRULANCE ORAL TABLET 3 MG | | 1 | QL (30 per 30 days) |
| *ursodiol oral capsule 200 mg, 400 mg* | (Reltone) | 1 | NDS |
| *ursodiol oral capsule 300 mg* | | 1 | |
| *ursodiol oral tablet 250 mg* | | 1 | |
| *ursodiol oral tablet 500 mg* | (URSO Forte) | 1 | |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | | 1 | |
| XERMELO ORAL TABLET 250 MG | | 1 | PA; NDS; QL (84 per 28 days) |
| **Laxatives** | | | |
| *gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram* | (peg 3350-electrolytes) | 1 | |
| *gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram* | (peg 3350-electrolytes) | 1 | |
| *gavilyte-n oral recon soln 420 gram* | (peg-electrolyte soln) | 1 | |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram* | (GaviLyte-G) | 1 | |
| *peg-electrolyte soln oral recon soln 420 gram* | (GaviLyte-N) | 1 | |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram* | (Suprep Bowel Prep Kit) | 1 | |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)* | | 1 | |
| **Phosphate Binders** | | | |
| *calcium acetate(phosphat bind) oral capsule 667 mg* | | 1 | |
| *calcium acetate(phosphat bind) oral tablet 667 mg* | | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram* | (Renvela) | 1 | |
| *sevelamer carbonate oral tablet 800 mg* | (Renvela) | 1 | |
| *sevelamer hcl oral tablet 400 mg, 800 mg* | | 1 | |
| **Genitourinary Agents** | | | |
| **Antispasmodics, Urinary** | | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | | 1 | |
| *fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg* | (Toviaz) | 1 | |
| *flavoxate oral tablet 100 mg* | | 1 | |
| *mirabegron oral tablet extended release 24 hr 25 mg, 50 mg* | (Myrbetriq) | 1 | |
| *oxybutynin chloride oral syrup 5 mg/5 ml* | | 1 | |
| *oxybutynin chloride oral tablet 5 mg* | | 1 | |
| *oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg* | | 1 | |
| *solifenacin oral tablet 10 mg, 5 mg* | (Vesicare) | 1 | |
| *tolterodine oral capsule,extended release 24hr 2 mg, 4 mg* | | 1 | |
| *tolterodine oral tablet 1 mg, 2 mg* | | 1 | |
| *trospium oral tablet 20 mg* | | 1 | |
| **Genitourinary Agents, Miscellaneous** | | | |
| *alfuzosin oral tablet extended release 24 hr 10 mg* | (Uroxatral) | 1 | QL (30 per 30 days) |
| *dutasteride oral capsule 0.5 mg* | (Avodart) | 1 | |
| *finasteride oral tablet 5 mg* | (Proscar) | 1 | |
| *tamsulosin oral capsule 0.4 mg* | | 1 | |
| *terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| **Heavy Metal Antagonists** | | | |
| **Heavy Metal Antagonists** | | | |
| *deferasirox oral granules in packet 180 mg, 360 mg, 90 mg* | (Jadenu Sprinkle) | 1 | PA; NDS |
| *deferasirox oral tablet 180 mg, 360 mg, 90 mg* | (Jadenu) | 1 | PA |
| *penicillamine oral tablet 250 mg* | (Depen Titratabs) | 1 | PA; NDS |
| *trientine oral capsule 250 mg* | (Syprine) | 1 | PA; NDS; QL (240 per 30 days) |
| **Hormonal Agents, Stimulant/Replacement/Modifying** | | | |
| **Androgens** | | | |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | | 1 | |
| *testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml* | (Depo-Testosterone) | 1 | PA |
| *testosterone cypionate intramuscular oil 200 mg/ml (1 ml)* | | 1 | PA |
| *testosterone enanthate intramuscular oil 200 mg/ml* | | 1 | PA; QL (5 per 28 days) |
| *testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)* | (Vogelxo) | 1 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | (AndroGel) | 1 | PA; QL (150 per 30 days) |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram)* | | 1 | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in packet 1 % (50 mg/5 gram)* | (Vogelxo) | 1 | PA; QL (300 per 30 days) |
| **Estrogens And Antiestrogens** | | | |
| *abigale lo oral tablet 0.5-0.1 mg* | (estradiol-norethindrone acet) | 1 | |
| *abigale oral tablet 1-0.5 mg* | (estradiol-norethindrone acet) | 1 | PA-HRM; AGE (Max 64 Years) |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg* | (Premarin) | 1 | |
| *dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (estradiol) | 1 | QL (8 per 28 days) |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | | 1 | |
| *estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (Dotti) | 1 | QL (8 per 28 days) |
| *estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (Climara) | 1 | QL (4 per 28 days) |
| *estradiol vaginal cream 0.01 % (0.1 mg/gram)* | (Estrace) | 1 | |
| *estradiol vaginal tablet 10 mcg* | (Yuvafem) | 1 | QL (18 per 28 days) |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg* | (Abigale Lo) | 1 | PA-HRM; AGE (Max 64 Years) |
| *estradiol-norethindrone acet oral tablet 1-0.5 mg* | (Abigale) | 1 | PA-HRM; AGE (Max 64 Years) |
| *mimvey oral tablet 1-0.5 mg* | (estradiol-norethindrone acet) | 1 | PA-HRM; AGE (Max 64 Years) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | | 1 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | | 1 | PA-HRM; AGE (Max 64 Years) |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | | 1 | PA-HRM; AGE (Max 64 Years) |
| *raloxifene oral tablet 60 mg* | (Evista) | 1 | |
| *yuvafem vaginal tablet 10 mcg* | (estradiol) | 1 | QL (18 per 28 days) |
| **Glucocorticoids/Mineralocorticoids** | | | |
| *dexamethasone oral solution 0.5 mg/5 ml* | | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | | 1 | |
| *dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml* | | 1 | |
| *fludrocortisone oral tablet 0.1 mg* | | 1 | |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | (Cortef) | 1 | |
| *methylprednisolone acetate injection suspension 40 mg/ml* | (Depo-Medrol) | 1 | |
| *methylprednisolone oral tablet 16 mg, 4 mg, 8 mg* | (Medrol) | 1 | |
| *methylprednisolone oral tablet 32 mg* | | 1 | |
| *methylprednisolone oral tablets,dose pack 4 mg* | (Medrol (Pak)) | 1 | |
| *prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)* | | 1 | PA BvD |
| *prednisolone oral solution 15 mg/5 ml* | | 1 | PA BvD |
| *prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)* | | 1 | PA BvD |
| *prednisone oral solution 5 mg/5 ml* | | 1 | PA BvD |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | | 1 | PA BvD |
| *prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)* | | 1 | |
| *triamcinolone acetonide injection suspension 40 mg/ml* | (Kenalog) | 1 | |
| **Pituitary** | | | |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | | 1 | PA; NDS; QL (35 per 28 days) |
| *desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)* | | 1 | |
| *desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)* | | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *desmopressin oral tablet 0.1 mg, 0.2 mg* (DDAVP) | 1 | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 1 | PA; NDS |
| *lanreotide subcutaneous syringe 120 mg/0.5 ml* (Somatuline Depot) | 1 | PA NSO; NDS; QL (0.5 per 28 days) |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 1 | PA NSO; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | 1 | PA NSO; NDS |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG | 1 | PA; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | 1 | PA; NDS |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 1 | PA; NDS |
| *octreotide acetate injection solution 1,000 mcg/ml* | 1 | NDS |
| *octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml* (Sandostatin) | 1 | |
| *octreotide acetate injection solution 200 mcg/ml* | 1 | |
| ORGOVYX ORAL TABLET 120 MG | 1 | PA NSO; NDS |
| ORILISSA ORAL TABLET 150 MG | 1 | PA; NDS; QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG | 1 | PA; NDS; QL (56 per 28 days) |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 1 | PA; NDS |

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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) | | 1 | PA; NDS; QL (60 per 30 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | (lanreotide) | 1 | PA NSO; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML | (lanreotide) | 1 | PA NSO; NDS; QL (0.3 per 28 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | | 1 | PA; NDS |
| **Progestins** | | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | | 1 | QL (0.65 per 84 days) |
| *gallifrey oral tablet 5 mg* | (norethindrone acetate) | 1 | |
| *medroxyprogesterone intramuscular suspension 150 mg/ml* | (Depo-Provera) | 1 | |
| *medroxyprogesterone intramuscular syringe 150 mg/ml* | (Depo-Provera) | 1 | |
| *medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg* | (Provera) | 1 | |
| *megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | | 1 | PA-HRM; AGE (Max 64 Years) |
| *norethindrone acetate oral tablet 5 mg* | (Gallifrey) | 1 | |
| *progesterone micronized oral capsule 100 mg, 200 mg* | (Prometrium) | 1 | |
| **Thyroid And Antithyroid Agents** | | | |
| *levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg* | (Levo-T) | 1 | |
| *liomny oral tablet 25 mcg, 5 mcg, 50 mcg* | (liothyronine) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg* | (Liomny) | 1 | |
| *methimazole oral tablet 10 mg, 5 mg* | | 1 | |
| *propylthiouracil oral tablet 50 mg* | | 1 | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | | 1 | PA; NDS |
| **Immunological Agents** | | | |
| **Immunological Agents** | | | |
| *adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml* | (Yuflyma(CF) Autoinjector) | 1 | PA; NDS |
| *adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml* | (adalimumab-aaty(CF) AI Crohns) | 1 | PA; NDS |
| *adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml* | (Yuflyma(CF)) | 1 | PA; NDS |
| *adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml* | (adalimumab-aaty) | 1 | PA; NDS |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | | 1 | PA; NDS |
| *azathioprine oral tablet 50 mg* | (Imuran) | 1 | PA BvD |
| *azathioprine sodium injection recon soln 100 mg* | | 1 | PA BvD |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | | 1 | PA; NDS; QL (8 per 28 days) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | | 1 | PA; NDS; QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | | 1 | PA NSO; NDS; QL (2 per 28 days) |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | | 1 | PA; NDS |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | | 1 | PA; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) | 1 | PA; NDS |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 1 | PA; NDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 1 | PA; NDS |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 1 | PA; NDS |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 1 | PA; NDS |
| *cyclosporine intravenous solution 250 mg/5 ml* (Sandimmune) | 1 | PA BvD |
| *cyclosporine modified oral capsule 100 mg, 25 mg* (Gengraf) | 1 | PA BvD |
| *cyclosporine modified oral capsule 50 mg* | 1 | PA BvD |
| *cyclosporine modified oral solution 100 mg/ml* (Neoral) | 1 | PA BvD |
| *cyclosporine oral capsule 100 mg, 25 mg* (Sandimmune) | 1 | PA BvD |
| CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm) | 1 | PA; NDS |
| CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm) | 1 | PA; NDS |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm) | 1 | PA; NDS |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm) | 1 | PA; NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | 1 | PA; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | 1 | PA; NDS |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 1 | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 1 | PA; NDS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 1 | PA; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 1 | PA; NDS |
| *everolimus (immunosuppressive) oral tablet 0.25 mg* (Zortress) | 1 | PA BvD |
| *everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg* (Zortress) | 1 | PA BvD; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %) | 1 | PA BvD; NDS |
| *gengraf oral capsule 100 mg, 25 mg* (cyclosporine modified) | 1 | PA BvD |
| *gengraf oral solution 100 mg/ml* (cyclosporine modified) | 1 | PA BvD |
| HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML | 1 | PA; NDS |
| HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | 1 | PA; NDS |
| HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd) | 1 | PA; NDS |
| HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd) | 1 | PA; NDS |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 1 | PA; NDS; Only NDCs starting with 00074 |

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 |
|---|---|---|---|
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML | | 1 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | | 1 | PA; NDS; Only NDCs starting with 00074 |
| *infliximab intravenous recon soln 100 mg* | (Remicade) | 1 | PA; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | | 1 | PA; NDS |
| *leflunomide oral tablet 10 mg, 20 mg* | (Arava) | 1 | |
| *mycophenolate mofetil (hcl) intravenous recon soln 500 mg* | (CellCept Intravenous) | 1 | PA BvD |
| *mycophenolate mofetil oral capsule 250 mg* | (CellCept) | 1 | PA BvD |
| *mycophenolate mofetil oral suspension for reconstitution 200 mg/ml* | (CellCept) | 1 | PA BvD; NDS |
| *mycophenolate mofetil oral tablet 500 mg* | (CellCept) | 1 | PA BvD |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg* (Myfortic) | 1 | PA BvD |
| NIKTIMVO INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/ML | 1 | PA NSO; NDS |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | 1 | PA BvD; NDS |
| OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 1 | PA; NDS |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | 1 | PA; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | 1 | PA; NDS |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | 1 | PA; NDS |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 1 | PA; NDS |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | 1 | PA; NDS |
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG | 1 | PA; NDS |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG | 1 | PA; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (tacrolimus) | 1 | PA BvD |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 1 | PA BvD |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 1 | ST |
| REZUROCK ORAL TABLET 200 MG | 1 | PA NSO; NDS |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 1 | PA; NDS; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 1 | PA; NDS |
| SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML | 1 | PA; NDS |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 1 | PA |
| SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 45 MG/0.5 ML | 1 | PA |
| SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SYRINGE 90 MG/ML | 1 | PA; NDS |
| *sirolimus oral solution 1 mg/ml* | 1 | PA BvD |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | PA BvD |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | 1 | PA; NDS |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 1 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML | 1 | PA; NDS |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | 1 | PA; NDS |
| *tacrolimus intravenous solution 5 mg/ml* (Prograf) | 1 | PA BvD |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | (Prograf) | 1 | PA BvD |
| *tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg* | (Astagraf XL) | 1 | PA BvD |
| *tacrolimus oral capsule,extended release 24hr 5 mg* | (Astagraf XL) | 1 | PA BvD; NDS |
| TAVNEOS ORAL CAPSULE 10 MG | | 1 | PA; NDS; QL (180 per 30 days) |
| *tofacitinib oral solution 1 mg/ml* | (Xeljanz) | 1 | PA; NDS |
| *tofacitinib oral tablet 10 mg, 5 mg* | (Xeljanz) | 1 | PA; NDS |
| *tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg* | (Xeljanz XR) | 1 | PA; NDS |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) | | 1 | PA; NDS |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | | 1 | PA; NDS |
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | | 1 | PA; NDS |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | | 1 | PA; NDS |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML | | 1 | PA; NDS |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | | 1 | PA; NDS |
| TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) | | 1 | PA; NDS |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | | 1 | PA; NDS |
| *ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml* | (Otulfi) | 1 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML | 1 | PA; NDS |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 1 | PA |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 1 | PA |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML | 1 | PA; NDS |
| YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty) | 1 | PA; NDS |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty) | 1 | PA; NDS |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty) | 1 | PA; NDS |
| **Vaccines** | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | 1 | $0 copay |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 1 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 1 | $0 copay |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 1 | $0 copay |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | 1 | $0 copay |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 1 | $0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 1 | $0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 1 | $0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 1 | $0 copay |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 1 | |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | 1 | QL (3 per 365 days) |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 1 | PA BvD; $0 copay |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 1 | PA BvD; $0 copay |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 1 | PA BvD; $0 copay |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 1 | $0 copay |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 1 | $0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 1 | $0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 1 | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 1 | PA BvD; $0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 1 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 1 | PA BvD; $0 copay |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 1 | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 1 | $0 copay |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 1 | $0 copay |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | 1 | $0 copay |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 1 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 1 | $0 copay |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 1 | $0 copay |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 1 | $0 copay |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 1 | $0 copay |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 1 | $0 copay |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 1 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 1 | $0 copay |
| PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML | 1 | $0 copay |
| PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 1 | $0 copay |
| PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML | 1 | $0 copay |
| PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG | 1 | $0 copay |
| PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 1 | $0 copay |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML | 1 | |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML | 1 | $0 copay |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5 | 1 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 1 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 1 | PA BvD; $0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 1 | PA BvD; $0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 1 | PA BvD; $0 copay |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | 1 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 1 | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 1 | $0 copay; QL (2 per 365 days) |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 1 | $0 copay; QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML | 1 | $0 copay |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 1 | $0 copay |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 1 | $0 copay |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | 1 | |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | 1 | $0 copay |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 1 | $0 copay |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | | 1 | $0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | | 1 | $0 copay |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | (typhoid vi polysacch vaccine) | 1 | $0 copay |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | | 1 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | | 1 | $0 copay |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | | 1 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | | 1 | $0 copay |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | | 1 | $0 copay |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT | | 1 | $0 copay |
| VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML | | 1 | $0 copay |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT | | 1 | $0 copay |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | | 1 | $0 copay |
| **Inflammatory Bowel Disease Agents** | | | |
| **Inflammatory Bowel Disease Agents** | | | |
| *alosetron oral tablet 0.5 mg* | (Lotronex) | 1 | |

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| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *alosetron oral tablet 1 mg* | (Lotronex) | 1 | NDS |
| *balsalazide oral capsule 750 mg* | (Colazal) | 1 | |
| *budesonide oral capsule,delayed,extend.release 3 mg* | | 1 | |
| *budesonide rectal foam 2 mg/actuation* | (Uceris) | 1 | |
| *hydrocortisone rectal enema 100 mg/60 ml* | (Cortenema) | 1 | |
| *mesalamine oral capsule, extended release 500 mg* | (Pentasa) | 1 | |
| *mesalamine oral capsule,extended release 24hr 0.375 gram* | (Apriso) | 1 | |
| *mesalamine oral tablet,delayed release (dr/ec) 1.2 gram* | (Lialda) | 1 | QL (120 per 30 days) |
| *sulfasalazine oral tablet 500 mg* | (Azulfidine) | 1 | |
| *sulfasalazine oral tablet,delayed release (dr/ec) 500 mg* | (Azulfidine EN-tabs) | 1 | |
| **Metabolic Bone Disease Agents** | | | |
| **Metabolic Bone Disease Agents** | | | |
| *alendronate oral solution 70 mg/75 ml* | | 1 | QL (300 per 28 days) |
| *alendronate oral tablet 10 mg* | | 1 | QL (30 per 30 days) |
| *alendronate oral tablet 35 mg* | | 1 | QL (4 per 28 days) |
| *alendronate oral tablet 70 mg* | (Fosamax) | 1 | QL (4 per 28 days) |
| *calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation* | | 1 | |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | | 1 | |
| *cinacalcet oral tablet 30 mg, 60 mg* | (Sensipar) | 1 | QL (60 per 30 days) |
| *cinacalcet oral tablet 90 mg* | (Sensipar) | 1 | QL (120 per 30 days) |
| *ibandronate oral tablet 150 mg* | | 1 | QL (1 per 28 days) |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | | 1 | PA; NDS |
| *paricalcitol oral capsule 1 mcg, 2 mcg* | (Zemplar) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *paricalcitol oral capsule 4 mcg* | 1 | |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | 1 | NDS; QL (60 per 30 days) |
| STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML | 1 | QL (1 per 180 days) |
| *teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)* (Bonsity) | 1 | PA; NDS; QL (2.24 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 1 | PA; NDS; QL (1.56 per 30 days) |
| **Miscellaneous Therapeutic Agents** | | |
| **Miscellaneous Therapeutic Agents** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 1 | PA; NDS |
| BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION | 1 | |
| *betaine oral powder 1 gram/scoop* (Cystadane) | 1 | PA; NDS |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 1 | |
| *diazoxide oral suspension 50 mg/ml* (Proglycem) | 1 | NDS |
| *glucagon emergency kit (human) injection recon soln 1 mg* | 1 | |
| *glutamine (sickle cell) oral powder in packet 5 gram* (Endari) | 1 | PA; NDS; QL (180 per 30 days) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 1 | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML | 1 | |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg* | | 1 | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | | 1 | |
| *mesna oral tablet 400 mg* | (Mesnex) | 1 | NDS |
| *nitroglycerin rectal ointment 0.4 % (w/w)* | (Rectiv) | 1 | QL (30 per 30 days) |
| *pyridostigmine bromide oral tablet 60 mg* | (Mestinon) | 1 | |
| THALOMID ORAL CAPSULE 100 MG | | 1 | PA NSO; NDS; QL (120 per 30 days) |
| THALOMID ORAL CAPSULE 150 MG, 200 MG | | 1 | PA NSO; NDS; QL (56 per 28 days) |
| THALOMID ORAL CAPSULE 50 MG | | 1 | PA NSO; NDS; QL (224 per 28 days) |
| TYBOST ORAL TABLET 150 MG | | 1 | QL (30 per 30 days) |
| VEOZAH ORAL TABLET 45 MG | | 1 | PA; QL (30 per 30 days) |
| VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL | | 1 | PA; NDS; QL (12 per 30 days) |
| **Ophthalmic Agents** | | | |
| **Antiglaucoma Agents** | | | |
| *acetazolamide oral capsule, extended release 500 mg* | | 1 | |
| *acetazolamide oral tablet 125 mg, 250 mg* | | 1 | |
| *acetazolamide sodium injection recon soln 500 mg* | | 1 | |
| *betaxolol ophthalmic (eye) drops 0.5 %* | | 1 | |
| *brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %* | (Alphagan P) | 1 | |
| *brimonidine ophthalmic (eye) drops 0.2 %* | | 1 | |
| *brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %* | (Combigan) | 1 | |
| *brinzolamide ophthalmic (eye) drops,suspension 1 %* | (Azopt) | 1 | |

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *carteolol ophthalmic (eye) drops 1 %* | | 1 | |
| *dorzolamide ophthalmic (eye) drops 2 %* | | 1 | |
| *dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml* | (Cosopt) | 1 | |
| *latanoprost ophthalmic (eye) drops 0.005 %* | (Xalatan) | 1 | QL (2.5 per 25 days) |
| *levobunolol ophthalmic (eye) drops 0.5 %* | | 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | (bimatoprost) | 1 | QL (2.5 per 25 days) |
| *methazolamide oral tablet 25 mg, 50 mg* | | 1 | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | | 1 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | | 1 | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | | 1 | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | | 1 | |
| *timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %* | | 1 | |
| *timolol ophthalmic (eye) drops 0.5 %* | (Betimol) | 1 | |
| *travoprost ophthalmic (eye) drops 0.004 %* | (Travatan Z) | 1 | QL (2.5 per 25 days) |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | | 1 | QL (5 per 30 days) |
| **Replacement Preparations** | | | |
| **Replacement Preparations** | | | |
| *d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution* | (d5 % and 0.9 % sodium chloride) | 1 | |
| *d5 % and 0.9 % sodium chloride intravenous parenteral solution* | (D5 % (d-glucose)-0.9 % sodchlr) | 1 | |
| *d5 %-0.45 % sodium chloride intravenous parenteral solution* | | 1 | |

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

Effective Date: 11/01/2026 Formulary ID: 26333.000

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *klor-con m10 oral tablet,er particles/crystals 10 meq* | (potassium chloride) | 1 | |
| *klor-con m15 oral tablet,er particles/crystals 15 meq* | (potassium chloride) | 1 | |
| *klor-con m20 oral tablet,er particles/crystals 20 meq* | (potassium chloride) | 1 | |
| *magnesium sulfate injection solution 500 mg/ml (50 %)* | | 1 | |
| *magnesium sulfate injection syringe 500 mg/ml (50 %)* | | 1 | |
| *potassium chloride intravenous solution 2 meq/ml* | | 1 | |
| *potassium chloride oral capsule, extended release 10 meq, 8 meq* | | 1 | |
| *potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml* | | 1 | |
| *potassium chloride oral tablet extended release 10 meq* | (Klor-Con 10) | 1 | |
| *potassium chloride oral tablet extended release 15 meq, 20 meq* | | 1 | |
| *potassium chloride oral tablet extended release 8 meq* | (Klor-Con 8) | 1 | |
| *potassium chloride oral tablet,er particles/crystals 10 meq* | (Klor-Con M10) | 1 | |
| *potassium chloride oral tablet,er particles/crystals 15 meq* | (Klor-Con M15) | 1 | |
| *potassium chloride oral tablet,er particles/crystals 20 meq* | (Klor-Con M20) | 1 | |
| *potassium citrate oral tablet extended release 10 meq (1,080 mg)* | (Urocit-K 10) | 1 | |
| *potassium citrate oral tablet extended release 15 meq* | (Urocit-K 15) | 1 | |
| *potassium citrate oral tablet extended release 5 meq (540 mg)* | | 1 | |
| *sodium chloride 0.45 % intravenous parenteral solution 0.45 %* | | 1 | |

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

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *sodium chloride 0.9 % intravenous parenteral solution* | | 1 | |
| *sodium chloride 0.9% solution mini-bag, single use* | | 1 | |
| **Respiratory Tract Agents** | | | |
| **Anti-Inflammatories, Inhaled Corticosteroids** | | | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | (fluticasone propion-salmeterol) | 1 | QL (12 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | (fluticasone furoate) | 1 | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | (fluticasone furoate-vilanterol) | 1 | QL (60 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE | | 1 | QL (60 per 30 days) |
| *breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | (budesonide-formoterol) | 1 | QL (30.9 per 30 days) |
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml* | (Pulmicort) | 1 | PA BvD; QL (120 per 30 days) |
| *budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | (Breyna) | 1 | QL (30.6 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation* | | 1 | QL (12 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation* | | 1 | QL (24 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation* | | 1 | QL (21.2 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 |
|---|---|---|---|
| *fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | (Wixela Inhub) | 1 | QL (60 per 30 days) |
| *wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | (fluticasone propion-salmeterol) | 1 | QL (60 per 30 days) |
| **Antileukotrienes** | | | |
| *montelukast oral tablet 10 mg* | (Singulair) | 1 | |
| *montelukast oral tablet,chewable 4 mg, 5 mg* | (Singulair) | 1 | |
| *zafirlukast oral tablet 10 mg, 20 mg* | | 1 | |
| **Bronchodilators** | | | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | | 1 | QL (32.1 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation* | (Ventolin HFA) | 1 | QL (17 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)* | | 1 | QL (13.4 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)* | | 1 | QL (36 per 30 days) |
| *albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml* | | 1 | PA BvD |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | (umeclidinium-vilanterol) | 1 | QL (60 per 30 days) |
| BREZTRI AEROSPHERE 160-18-4.8 MCG 160-18-4.8 MCG/ACTUATION | | 1 | QL (23.6 per 28 days) |
| BREZTRI AEROSPHERE 160-9-4.8 MCG 160-9-4.8 MCG/ACTUATION | | 1 | QL (23.6 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION | 1 | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 1 | QL (8 per 30 days) |
| *ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation* (Atrovent HFA) | 1 | QL (25.8 per 28 days) |
| *ipratropium bromide inhalation solution 0.02 %* | 1 | PA BvD |
| *ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml* | 1 | PA BvD; QL (540 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 1 | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 1 | QL (4 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 1 | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 1 | QL (4 per 28 days) |
| *theophylline oral solution 80 mg/15 ml* | 1 | |
| *theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg* | 1 | |
| *theophylline oral tablet extended release 24 hr 400 mg, 600 mg* | 1 | |
| *tiotropium bromide inhalation capsule, w/inhalation device 18 mcg* (Spiriva with HandiHaler) | 1 | QL (30 per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 1 | QL (60 per 30 days) |
| **Respiratory Tract Agents, Other** | | |
| *acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)* | 1 | PA BvD |
| ALYFTREK ORAL TABLET 10-50-125 MG | 1 | PA; NDS; QL (60 per 30 days) |
| ALYFTREK ORAL TABLET 4-20-50 MG | 1 | PA; NDS; QL (90 per 30 days) |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | 1 | NDS; QL (560 per 28 days) |
| *cromolyn inhalation solution for nebulization 20 mg/2 ml* | 1 | PA BvD |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 1 | PA; NDS; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML | 1 | PA; NDS; QL (1 per 28 days) |
| JASCAYD ORAL TABLET 18 MG, 9 MG | 1 | PA; NDS; QL (60 per 30 days) |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 1 | PA; NDS; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 1 | PA; NDS; QL (56 per 28 days) |
| *nintedanib oral capsule 100 mg, 150 mg* (Ofev) | 1 | PA; NDS; QL (60 per 30 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 1 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 1 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 1 | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 1 | PA; LA; NDS; QL (0.4 per 28 days) |

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 |
|---|---|---|---|
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | | 1 | PA; NDS; QL (112 per 28 days) |
| *pirfenidone oral capsule 267 mg* | | 1 | PA; NDS; QL (270 per 30 days) |
| *pirfenidone oral tablet 267 mg* | (Esbriet) | 1 | PA; NDS; QL (270 per 30 days) |
| *pirfenidone oral tablet 534 mg* | | 1 | PA; NDS; QL (90 per 30 days) |
| *pirfenidone oral tablet 801 mg* | (Esbriet) | 1 | PA; NDS; QL (90 per 30 days) |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML | | 1 | PA BvD; NDS |
| *roflumilast oral tablet 250 mcg* | (Daliresp) | 1 | QL (28 per 28 days) |
| *roflumilast oral tablet 500 mcg* | (Daliresp) | 1 | QL (30 per 30 days) |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | | 1 | PA; NDS; QL (56 per 28 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | | 1 | PA; NDS; QL (84 per 28 days) |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) | | 1 | PA; NDS; QL (1 per 21 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | | 1 | PA; NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | | 1 | PA; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | | 1 | PA; NDS |
| **Skeletal Muscle Relaxants** | | | |
| **Skeletal Muscle Relaxants** | | | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | | 1 | |

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

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *cyclobenzaprine oral tablet 10 mg, 5 mg* | | 1 | |
| *dantrolene oral capsule 100 mg, 50 mg* | | 1 | |
| *dantrolene oral capsule 25 mg* | (Dantrium) | 1 | |
| *methocarbamol oral tablet 500 mg, 750 mg* | | 1 | |
| *tizanidine oral tablet 2 mg* | | 1 | |
| *tizanidine oral tablet 4 mg* | (Zanaflex) | 1 | |
| **Sleep Disorder Agents** | | | |
| **Sleep Disorder Agents** | | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg* | (Nuvigil) | 1 | PA; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | | 1 | QL (30 per 30 days) |
| *doxepin oral tablet 3 mg, 6 mg* | (Silenor) | 1 | QL (30 per 30 days) |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | (Lunesta) | 1 | QL (30 per 30 days) |
| *modafinil oral tablet 100 mg* | (Provigil) | 1 | PA; QL (30 per 30 days) |
| *modafinil oral tablet 200 mg* | (Provigil) | 1 | PA; QL (60 per 30 days) |
| *sodium oxybate oral solution 500 mg/ml* | (Xyrem) | 1 | PA; LA; NDS; QL (540 per 30 days) |
| *zaleplon oral capsule 10 mg, 5 mg* | | 1 | QL (30 per 30 days) |
| *zolpidem oral tablet 10 mg, 5 mg* | (Ambien) | 1 | QL (30 per 30 days) |
| **Vasodilating Agents** | | | |
| **Vasodilating Agents** | | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | | 1 | PA; NDS; QL (90 per 30 days) |
| *alyq oral tablet 20 mg* | (tadalafil (pulm. hypertension)) | 1 | PA; QL (60 per 30 days) |
| *bosentan oral tablet 125 mg, 62.5 mg* | (Tracleer) | 1 | PA; LA; NDS; QL (60 per 30 days) |
| *macitentan oral tablet 10 mg* | (Opsumit) | 1 | PA; NDS; QL (30 per 30 days) |
| *sildenafil (pulm.hypertension) oral tablet 20 mg* | (Revatio) | 1 | PA; QL (360 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 |
|---|---|---|---|
| *tadalafil oral tablet 2.5 mg* | | 1 | PA; QL (30 per 30 days) |
| *tadalafil oral tablet 5 mg* | (Cialis) | 1 | PA; QL (30 per 30 days) |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG | | 1 | PA; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 100 MCG | | 1 | PA; NDS; QL (480 per 30 days) |
| UPTRAVI ORAL TABLET 150 MCG | | 1 | PA; NDS; QL (300 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | | 1 | PA; NDS; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | | 1 | PA; NDS |
| YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG | | 1 | PA; NDS |
| **Vitamins And Minerals** | | | |
| **Vitamins And Minerals** | | | |
| *bal-care dha combo pack 27-1-430 mg* | | 1 | |
| *bal-care dha essential pack 27 mg iron-1 mg -374 mg* | | 1 | |
| *c-nate dha softgel 28 mg iron-1 mg - 200 mg* | | 1 | |
| *completenate tablet chew 29 mg iron-1 mg* | | 1 | |
| *folivane-ob capsule 85-1 mg* | | 1 | |
| *kosher prenatal plus iron tab 30 mg iron- 1 mg* | | 1 | |
| *marnatal-f capsule 60 mg iron-1 mg* | | 1 | |
| *m-natal plus tablet 27 mg iron- 1 mg* | (pnv,calcium 72-iron-folic acid) | 1 | |
| *mynatal advance oral tablet 90-1-50 mg* | | 1 | |

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

Effective Date: 11/01/2026 Formulary ID: 26333.000

| Drug Name | | Drug Tier | Requirements/Limits |
|---|---|---|---|
| *mynatal capsule 65 mg iron- 1 mg* | | 1 | |
| *mynatal oral tablet 90-1-50 mg* | | 1 | |
| *mynatal plus captab 65 mg iron- 1 mg* | | 1 | |
| *mynatal-z captab 65 mg iron- 1 mg* | | 1 | |
| *mynate 90 plus oral tablet extended release 90 mg iron-1 mg* | | 1 | |
| *newgen tablet 32-1,000 mg-mcg* | | 1 | |
| *obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe* | | 1 | |
| *obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg* | | 1 | |
| *pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg* | (pnv,calcium 72-iron-folic acid) | 1 | |
| *pnv-dha + docusate oral capsule 27-1.25-55-300 mg* | | 1 | |
| *pnv-omega softgel 28-1-300 mg* | | 1 | |
| *pr natal 400 combo pack 29-1-400 mg* | | 1 | |
| *pr natal 400 ec combo pack 29-1-400 mg* | | 1 | |
| *pr natal 430 combo pack 29 mg iron-1 mg -430 mg* | | 1 | |
| *pr natal 430 ec combo pack 29-1-430 mg* | | 1 | |
| *prenaissance oral capsule 29-1.25-55-325 mg* | | 1 | |
| *prenaissance plus oral capsule 28-1-50-250 mg* | | 1 | |
| *prenatabs fa tablet 29-1 mg* | | 1 | |
| *prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg* | | 1 | |
| *prenatal 19 chewable tablet 29 mg iron- 1 mg* | | 1 | |
| *prenatal plus iron tablet (rx) 29 mg iron- 1 mg* | (pnv,calcium 72-iron,carb-folic) | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg* (pnv,calcium 72-iron-folic acid) | 1 | |
| *prenatal-u capsule 106.5-1 mg* | 1 | |
| *r-natal ob softgel 20 mg iron- 1 mg-320 mg* | 1 | |
| *select-ob chewable caplet 29 mg iron- 1 mg* | 1 | |
| *select-ob chewable caplet 29 mg iron- 1 mg* | 1 | |
| *se-natal 19 chewable tablet 29 mg iron- 1 mg* | 1 | |
| *taron-c dha capsule 35-1-200 mg* | 1 | |
| *taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg* | 1 | |
| *vitafol gummies 3.33 mg iron- 0.33 mg* | 1 | |
| *vitafol-ob+dha combo pack 65-1-250 mg* | 1 | |
| *vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg* | 1 | |
| *zatean-pn dha capsule 27 mg iron-1 mg -300 mg* | 1 | |
| *zatean-pn plus softgel 28-1-300 mg* | 1 | |
| *zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg* | 1 | |

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

**INDEX**


1ST TIER UNIFINE PENTIPS 102
1ST TIER UNIFINE PENTIPS PLUS ..... 102
*abacavir* ..... 66
*abacavir-lamivudine* ..... 66
ABELCET ..... 51
*abigale* ..... 158
*abigale lo* ..... 158
ABILIFY ASIMTUFII ..... 59
ABILIFY MAINTENA ..... 59
*abiraterone* ..... 16
*abiraterone, submicronized* ..... 16
*abirtega* ..... 16
ABRYSVO (PF) ..... 170
*acamprosate* ..... 7
*acarbose* ..... 45
*acebutolol* ..... 79
*acetaminophen-codeine* ..... 3
*acetazolamide* ..... 178
*acetazolamide sodium* ..... 178
*acetic acid* ..... 150
*acetylcysteine* ..... 184
*acitretin* ..... 98
ACTHIB (PF) ..... 170
ACTIMMUNE ..... 177
*acyclovir* ..... 72, 98
*acyclovir sodium* ..... 72
ADACEL(TDAP ADOLESN/ADULT)(PF) ..... 170
*adalimumab-aaty* ..... 163
*adalimumab-aaty(cf) ai crohns* 163
*adapalene* ..... 102
*adefovir* ..... 72
ADEMPAS ..... 186
*adrucil* ..... 16
ADVAIR HFA ..... 181
ADVOCATE PEN NEEDLE ..... 103
ADVOCATE SYRINGES ..... 103
*afirmelle* ..... 90
AIMOVIG AUTOINJECTOR ..... 54
AIRSUPRA ..... 182
AKEEGA ..... 16
*ala-cort* ..... 100
*albendazole* ..... 57
*albuterol sulfate* ..... 182
ALCOHOL PADS ..... 103
ALCOHOL PREP PADS ..... 124
ALCOHOL SWABS ..... 120
ALCOHOL WIPES ..... 131
ALECENSA ..... 16
*alendronate* ..... 176
*alfuzosin* ..... 157
*aliskiren* ..... 86
*allopurinol* ..... 53
*alosetron* ..... 175, 176
*alprazolam* ..... 8
*altavera (28)* ..... 90
ALTRENO ..... 102
ALUNBRIG ..... 16, 17
ALVAIZ ..... 74
*alyacen 1/35 (28)* ..... 90
*alyacen 7/7/7 (28)* ..... 90
ALYFTREK ..... 184
*alyq* ..... 186
*amantadine hcl* ..... 58
*amethyst (28)* ..... 90
*amikacin* ..... 9
*amiloride* ..... 83
*amiloride-hydrochlorothiazide* ..... 83
*amiodarone* ..... 79
*amitriptyline* ..... 42
*amlodipine* ..... 82
*amlodipine-atorvastatin* ..... 84
*amlodipine-benazepril* ..... 82
*amlodipine-olmesartan* ..... 82
*amlodipine-valsartan* ..... 82
*amlodipine-valsartan-hcthiazid* ..... 82
*ammonium lactate* ..... 98
*amoxapine* ..... 42
*amoxicil-clarithromy-lansopraz* ..... 154
*amoxicillin* ..... 13
*amoxicillin-pot clavulanate* ..... 13
*amphotericin b* ..... 51
*amphotericin b liposome* ..... 51
*ampicillin* ..... 13
*ampicillin sodium* ..... 14
*ampicillin-sulbactam* ..... 14
*anagrelide* ..... 75
*anastrozole* ..... 17
ANKTIVA ..... 17
ANORO ELLIPTA ..... 182
*aprepitant* ..... 56
*apri* ..... 90
APTIVUS ..... 66
AQINJECT PEN NEEDLE ..... 103
ARCALYST ..... 163
AREXVY (PF) ..... 170
ARIKAYCE ..... 9
*aripiprazole* ..... 59
ARISTADA ..... 59, 60
ARISTADA INITIO ..... 59
*armodafinil* ..... 186
ARNUITY ELLIPTA ..... 181
*asenapine maleate* ..... 60
*aspirin-dipyridamole* ..... 75
ASSURE ID DUO PRO SFTY PEN NDL ..... 103
ASSURE ID DUO-SHIELD ..... 103
ASSURE ID INSULIN SAFETY ..... 103, 104
ASSURE ID PEN NEEDLE ..... 104
ASSURE ID PRO PEN NEEDLE ..... 104
*atazanavir* ..... 66
*atenolol* ..... 79
*atenolol-chlorthalidone* ..... 79

*atomoxetine* ..... 86
*atorvastatin* ..... 84
*atovaquone* ..... 57
*atovaquone-proguanil* ..... 57
*atropine* ..... 150
ATTRUBY ..... 81
*aubra eq* ..... 90
AUGTYRO ..... 17
*aurovela 1.5/30 (21)* ..... 90
*aurovela 1/20 (21)* ..... 90
*aurovela 24 fe* ..... 90
*aurovela fe 1.5/30 (28)* ..... 90
*aurovela fe 1-20 (28)* ..... 90
AUSTEDO ..... 86
AUSTEDO XR ..... 86, 87
AUSTEDO XR TITRATION KT(WK1-4) ..... 87
AUTOKEEPER SAFETY PEN NEEDLE ..... 104
AUVELITY ..... 42
*aviane* ..... 90
AVMAPKI ..... 17
AVMAPKI-FAKZYNJA ..... 17
AVONEX ..... 87
AXTLE ..... 17
*ayuna* ..... 90
AYVAKIT ..... 17
*azacitidine* ..... 17
*azathioprine* ..... 163
*azathioprine sodium* ..... 163
*azelastine* ..... 150
*azithromycin* ..... 12
*aztreonam* ..... 12
*azurette (28)* ..... 90
*bacitracin* ..... 150
*bacitracin-polymyxin b* ..... 151
*baclofen* ..... 185
*bal-care dha* ..... 187
*bal-care dha essential* ..... 187
*balsalazide* ..... 176
BALVERSA ..... 17
BAQSIMI ..... 177
BCG VACCINE, LIVE (PF) ..... 170
BD ALCOHOL SWABS ..... 105
BD AUTOSHIELD DUO PEN NEEDLE ..... 104
BD ECLIPSE LUER-LOK ..... 104
BD INSULIN SYRINGE ..... 104
BD INSULIN SYRINGE (HALF UNIT) ..... 104
BD INSULIN SYRINGE ULTRA-FINE ..... 104
BD SAFETYGLIDE INSULIN SYRINGE ..... 104, 105
BD SAFETYGLIDE SYRINGE ..... 105
BD ULTRA-FINE MICRO PEN NEEDLE ..... 105
BD ULTRA-FINE MINI PEN NEEDLE ..... 105
BD ULTRA-FINE NANO PEN NEEDLE ..... 105
BD ULTRA-FINE ORIG PEN NEEDLE ..... 105
BD ULTRA-FINE SHORT PEN NEEDLE ..... 105
BD VEO INSULIN SYR (HALF UNIT) ..... 105
BD VEO INSULIN SYRINGE UF ..... 105, 106
BELSOMRA ..... 186
*benazepril* ..... 78
*benazepril-hydrochlorothiazide* ..... 78
*bendamustine* ..... 17
BENDAMUSTINE ..... 17
BENDEKA ..... 17
BENLYSTA ..... 163
*benztropine* ..... 58
BEQALZI ..... 17
BEQALZI STARTER PACK ..... 18
BESREMI ..... 163
BESREMI PEN ..... 18
*betaine* ..... 177
*betamethasone dipropionate* ..... 100
*betamethasone valerate* ..... 100
*betamethasone, augmented* ..... 100
BETASERON ..... 87
*betaxolol* ..... 178
*bethanechol chloride* ..... 157
*bexarotene* ..... 18
BEXSERO ..... 171
*bicalutamide* ..... 18
BICILLIN L-A ..... 14
BIKTARVY ..... 66
*bisoprolol fumarate* ..... 79
*bisoprolol-hydrochlorothiazide* ..... 80
BIZENGRI ..... 18
*bleomycin* ..... 18
*blisovi 24 fe* ..... 90
*blisovi fe 1.5/30 (28)* ..... 90
*blisovi fe 1/20 (28)* ..... 91
BOOSTRIX TDAP ..... 171
BORDERED GAUZE ..... 106
*bortezomib* ..... 18
BORUZU ..... 18
*bosentan* ..... 186
BOSULIF ..... 18
*bosutinib* ..... 18
BRAFTOVI ..... 18
BREO ELLIPTA ..... 181
*breyna* ..... 181
BREZTRI AEROSPHERE ..... 182, 183
*brimonidine* ..... 178
*brimonidine-timolol* ..... 178
*brinzolamide* ..... 178
*brivaracetam* ..... 36
BRIVIACT ..... 36
*bromfenac* ..... 152
*bromocriptine* ..... 58
BRONCHITOL ..... 184
BRUKINSA ..... 18
*budesonide* ..... 176, 181
*budesonide-formoterol* ..... 181
*bumetanide* ..... 83
*buprenorphine* ..... 3

*buprenorphine hcl* ..... 7
*buprenorphine-naloxone* ..... 7
*bupropion hcl* ..... 42
*bupropion hcl (smoking deter)* ..... 7
*buspirone* ..... 177
*butalbital-acetaminop-caf-cod* ..... 3
*butalbital-acetaminophen-caff* ..... 3
BYSANTI ..... 60
BYSANTI TITRATION PACK A ..... 60
BYSANTI TITRATION PACK B ..... 60
BYSANTI TITRATION PACK C ..... 60
CABENUVA ..... 66
*cabergoline* ..... 58
CABOMETYX ..... 19
*cabotegravir* ..... 66, 67
*calcipotriene* ..... 98
*calcitonin (salmon)* ..... 176
*calcitriol* ..... 176
*calcium acetate(phosphat bind)* 156
CALQUENCE (ACALABRUTINIB MAL) ..... 19
CAMCEVI (6 MONTH) ..... 19
*camila* ..... 91
CAMZYOS ..... 81
*candesartan* ..... 77
*candesartan-hydrochlorothiazid* 77
CAPLYTA ..... 60
CAPRELSA ..... 19
*captopril* ..... 78
*carbamazepine* ..... 36
*carbidopa-levodopa* ..... 58
CAREFINE PEN NEEDLE ..... 106
CARETOUCH ALCOHOL PREP PAD ..... 106
CARETOUCH INSULIN SYRINGE ..... 106, 107
CARETOUCH PEN NEEDLE ..... 106
*carglumic acid* ..... 155
*carteolol* ..... 179
*cartia xt* ..... 80
*carvedilol* ..... 80
CAYSTON ..... 13
*cefaclor* ..... 11
*cefadroxil* ..... 11
*cefazolin* ..... 11
*cefdinir* ..... 11
*cefepime* ..... 11
*cefixime* ..... 11
*cefoxitin* ..... 11
*cefpodoxime* ..... 11
*cefprozil* ..... 11
*ceftaroline fosamil* ..... 11
*ceftazidime* ..... 11
*ceftriaxone* ..... 11
*cefuroxime axetil* ..... 11
*cefuroxime sodium* ..... 11
*celecoxib* ..... 5
*cephalexin* ..... 12
*cevimeline* ..... 98
*chateal eq (28)* ..... 91
*chlordiazepoxide hcl* ..... 8
*chlorhexidine gluconate* ..... 98
*chloroquine phosphate* ..... 57
*chlorpromazine* ..... 60
*chlorthalidone* ..... 83
*cholestyramine (with sugar)* ..... 84
*cholestyramine light* ..... 84
*ciclopirox* ..... 51
*cilostazol* ..... 75
CIMDUO ..... 67
*cimetidine hcl* ..... 154
CIMZIA ..... 164
CIMZIA POWDER FOR RECONST ..... 163
CIMZIA STARTER KIT ..... 163
*cinacalcet* ..... 176
*ciprofloxacin hcl* ..... 14, 151
*ciprofloxacin in 5 % dextrose* ..... 14
*ciprofloxacin-dexamethasone* ..... 151
*citalopram* ..... 43
*cladribine(multiple sclerosis)* ..... 87
*clarithromycin* ..... 12
CLICKFINE PEN NEEDLE ..... 107
*clindamycin hcl* ..... 9
*clindamycin phosphate* ..... 10, 54, 99
*clindamycin-benzoyl peroxide* ..... 99
CLINIMIX 6%-D5W (SULFITE-FREE) ..... 76
CLINIMIX 8%-D10W(SULFITE-FREE) ..... 76
CLINIMIX 8%-D14W(SULFITE-FREE) ..... 76
CLINIMIX E 8%-D10W SULFITEFREE ..... 76
CLINIMIX E 8%-D14W SULFITEFREE ..... 76
*clobazam* ..... 36
*clobetasol* ..... 100
*clobetasol-emollient* ..... 100
*clomipramine* ..... 43
*clonazepam* ..... 8
*clonidine* ..... 76
*clonidine hcl* ..... 76
*clopidogrel* ..... 75
*clorazepate dipotassium* ..... 8
*clotrimazole* ..... 51
*clotrimazole-betamethasone* ..... 51
*clozapine* ..... 60, 61
*c-nate dha* ..... 187
COARTEM ..... 57
COBENFY ..... 61
COBENFY STARTER PACK ..... 61
*colchicine* ..... 53
*colesevelam* ..... 84
*colestipol* ..... 84
*colistin (colistimethate na)* ..... 10
COMBIVENT RESPIMAT ..... 183
COMETRIQ ..... 19
COMFORT EZ INSULIN SYRINGE ..... 107, 108, 109
COMFORT EZ PEN NEEDLES ..... 107, 108

COMFORT EZ PLUS PEN NEEDLE....108
COMFORT EZ PRO SAFETY PEN NDL.... 108
COMFORT TOUCH PEN NEEDLE....109, 110
*completenate*....187
*compro*....56
*conjugated estrogens*....159
*constulose*.... 155
COPIKTRA.... 19
CORLANOR.... 81
CORTROPHIN GEL....160
COSENTYX....164
COSENTYX (2 SYRINGES)...164
COSENTYX PEN (2 PENS)....164
COSENTYX UNOREADY PEN....164
COTELLIC....19
CREON....149
CRESEMBA....52
*cromolyn*.... 150, 155, 184
*cryselle (28)*....91
CURITY ALCOHOL SWABS 110
CURITY GAUZE....110
*cyclobenzaprine*....186
*cyclophosphamide*.... 19
*cyclosporine*....153, 164
*cyclosporine modified*....164
CYLTEZO(CF).... 164
CYLTEZO(CF) PEN....164
CYLTEZO(CF) PEN CROHN'S-UC-HS....164
CYLTEZO(CF) PEN PSORIASIS-UV....164
*cyred eq*....91
*d5 % (d-glucose)-0.9 % sodchlr* .... 179
*d5 % and 0.9 % sodium chloride*....179
*d5 %-0.45 % sodium chloride*.. 179
*dabigatran etexilate*....73
*dalfampridine*.... 87
*danazol*.... 158
*dantrolene*....186
DANYELZA.... 19
DANZITEN....19
*dapagliflozin*....45
*dapagliflozin-metformin*.... 45
*dapsone*....55
DAPTACEL (DTAP PEDIATRIC) (PF)....171
*daptomycin*....10
*darunavir*.... 67
*dasatinib*.... 19, 20
*dasetta 1/35 (28)*....91
*dasetta 7/7/7 (28)*....91
DATROWAY....20
DAURISMO....20
*deblitane*.... 91
*decitabine*....20
*deferasirox*....158
DELSTRIGO....67
*demeclocycline*....15
DENGVAXIA (PF).... 171
*denta 5000 plus*....98
*dentagel*.... 98
DEPO-SUBQ PROVERA 104. 162
DERMACEA....110
DERMACEA NON-WOVEN..110
*dermacinrx lidocan*....6
DESCOVY.... 67
*desipramine*.... 43
*desmopressin*.... 160, 161
*desog-e.estradiol/e.estradiol*..... 91
*desvenlafaxine succinate*.... 43
*dexamethasone*....159, 160
*dexamethasone sodium phosphate*....153, 160
*dextroamphetamine-amphetamine*....87
*dextrose 5 % in water (d5w)*.....76
DIACOMIT.... 37
*diazepam*....8, 37
*diazepam intensol*.... 8
*diazoxide*....177
*diclofenac epolamine*....5
*diclofenac potassium*.... 5
*diclofenac sodium*....5, 153
*diclofenac-misoprostol*.... 5
*dicloxacillin*.... 14
*dicyclomine*....155
*didanosine*....67
*difluprednate*....153
*digoxin*.... 81
*dihydroergotamine*....54
DILANTIN.... 37
*diltiazem hcl*....80, 81
*dilt-xr*.... 81
*dimethyl fumarate*....88
*diphenoxylate-atropine*....155
*dipyridamole*....75
*disulfiram*....7
*divalproex*.... 37
*dofetilide*.... 79
*dolishale*.... 91
*donepezil*....41, 42
*dorzolamide*.... 179
*dorzolamide-timolol*.... 179
*dotti*....159
DOVATO.... 67
*doxazosin*.... 76
*doxepin*....43, 186
*doxorubicin, peg-liposomal*....20
*doxy-100*.... 15
*doxycycline hyclate*....15
*doxycycline monohydrate*.... 15, 16
DRIZALMA SPRINKLE....43
*dronabinol*.... 56
DROPLET INSULIN SYR(HALF UNIT)....110, 111
DROPLET INSULIN SYRINGE....110, 111, 112
DROPLET MICRON PEN NEEDLE....112

DROPLET PEN NEEDLE ..... 112, 113
DROPSAFE ALCOHOL PREP PADS ..... 113
DROPSAFE INSULIN SYRINGE ..... 113
DROPSAFE PEN NEEDLE ..... 113
*droxidopa* ..... 76
*duloxetine* ..... 43
DUPIXENT PEN ..... 165
DUPIXENT SYRINGE ..... 165
*dutasteride* ..... 157
EASY COMFORT ALCOHOL PAD ..... 114
EASY COMFORT INSULIN SYRINGE ..... 114, 115
EASY COMFORT PEN NEEDLES ..... 114, 115
EASY COMFORT SAFETY PEN NEEDLE ..... 113, 114
EASY GLIDE INSULIN SYRINGE ..... 115
EASY GLIDE PEN NEEDLE ..... 115
EASY TOUCH ..... 117, 118
EASY TOUCH ALCOHOL PREP PADS ..... 116
EASY TOUCH AUTORETRACT SYRINGE ..... 116
EASY TOUCH FLIPLOCK INSULIN ..... 117
EASY TOUCH FLIPLOCK SYRINGE ..... 116
EASY TOUCH INS SYR (HALF UNIT) ..... 115
EASY TOUCH INSULIN SAFETY SYR ..... 116
EASY TOUCH INSULIN SYRINGE ..... 115, 116, 117, 118
EASY TOUCH LUER LOCK INSULIN ..... 117
EASY TOUCH PEN NEEDLE ..... 117
EASY TOUCH SAFETY PEN NEEDLE ..... 118, 119
EASY TOUCH SHEATHLOCK INSULIN ..... 117
EASY TOUCH UNI-SLIP ..... 118
EASYLIFE ALCOHOL PADS ..... 118
EASYLIFE INSULIN PEN NEEDLE ..... 118, 119
EASYLIFE INSULIN SYRINGE ..... 119
EASYLIFE SAFETY PEN NEEDLE ..... 119
*econazole nitrate* ..... 52
EDURANT PED ..... 67
*efavirenz* ..... 67
*efavirenz-emtricitabin-tenofov* ..... 67
*efavirenz-lamivu-tenofov disop* ..... 67
ELAHERE ..... 20
ELEPSIA XR ..... 37
ELIGARD ..... 20
ELIGARD (3 MONTH) ..... 20
ELIGARD (4 MONTH) ..... 20
ELIGARD (6 MONTH) ..... 20
*elinest* ..... 91
ELIQUIS ..... 73
ELIQUIS DVT-PE TREAT 30D START ..... 73
ELIQUIS SPRINKLE ..... 73
ELREXFIO ..... 20
*eltrombopag olamine* ..... 74
*eluryng* ..... 91
EMBRACE PEN NEEDLE ..... 119, 120
EMCYT ..... 20
EMGALITY PEN ..... 54
EMGALITY SYRINGE ..... 54
EMRELIS ..... 20
EMSAM ..... 43
*emtricitabine* ..... 67
*emtricitabine-tenofovir (tdf)* ..... 67
*emtricita-rilpivirine-tenof df* ..... 67
EMTRIVA ..... 67
*emzahh* ..... 91
*enalapril maleate* ..... 78
*enalapril-hydrochlorothiazide* ..... 78
ENBREL ..... 165
ENBREL MINI ..... 165
ENBREL SURECLICK ..... 165
*endocet* ..... 3
ENGERIX-B (PF) ..... 171
ENGERIX-B PEDIATRIC (PF) ..... 171
*enilloring* ..... 91
*enoxaparin* ..... 73
*enpresse* ..... 91
ENSACOVE ..... 20
*enskyce* ..... 91
*entacapone* ..... 58
*entecavir* ..... 72
ENTRESTO ..... 77
ENTRESTO SPRINKLE ..... 77
*enulose* ..... 155
EPCLUSA ..... 71, 72
EPIDIOLEX ..... 37
*epinastine* ..... 150
*epinephrine* ..... 81
*epitol* ..... 37
EPKINLY ..... 21
*eplerenone* ..... 86
ERBITUX ..... 21
*ergoloid* ..... 42
ERIVEDGE ..... 21
ERLEADA ..... 21
*erlotinib* ..... 21
*errin* ..... 91
*ertapenem* ..... 13
*erythromycin* ..... 12, 151
*erythromycin ethylsuccinate* ..... 12
*erythromycin with ethanol* ..... 99
ERZOFRI ..... 61
*escitalopram oxalate* ..... 43
*eslicarbazepine* ..... 37
*esomeprazole magnesium* ..... 154
*estarylla* ..... 91

*estradiol* ..... 159
*estradiol-norethindrone acet* .... 159
*eszopiclone* ..... 186
*ethambutol* ..... 55
*ethosuximide* ..... 37
*ethynodiol diac-eth estradiol* ..... 92
*etodolac* ..... 6
*etonogestrel-ethinyl estradiol* ..... 92
ETOPOPHOS ..... 21
*etoposide* ..... 21
*etravirine* ..... 67
EUCRISA ..... 100
EULEXIN ..... 21
*everolimus (antineoplastic)* ..... 21
*everolimus (immunosuppressive)* ..... 165
EVOTAZ ..... 68
EXEL INSULIN ..... 120
*exemestane* ..... 21
EXTENCILLINE ..... 14
EXXUA ..... 43
EYSUVIS ..... 153
*ezetimibe* ..... 84
*ezetimibe-simvastatin* ..... 84
FAKZYNJA ..... 21
*falmina (28)* ..... 92
*famciclovir* ..... 72
*famotidine* ..... 154
FANAPT ..... 61
FANAPT TITRATION PACK A ..... 61
FANAPT TITRATION PACK B ..... 61
FANAPT TITRATION PACK C ..... 61
FASENRA ..... 184
FASENRA PEN ..... 184
*febuxostat* ..... 53
*feirza* ..... 92
*felbamate* ..... 37, 38
*felodipine* ..... 82
*fenofibrate* ..... 84
*fenofibrate micronized* ..... 84
*fenofibrate nanocrystallized* ..... 84
*fentanyl* ..... 3
*fentanyl citrate* ..... 3
*fesoterodine* ..... 157
FETZIMA ..... 44
FIASP FLEXTOUCH U-100 INSULIN ..... 48
FIASP PENFILL U-100 INSULIN ..... 48
FIASP PUMPCART ..... 48
FIASP U-100 INSULIN ..... 48
*fidaxomicin* ..... 12
*finasteride* ..... 157
*fingolimod* ..... 88
FINTEPLA ..... 38
FIRMAGON KIT W DILUENT SYRINGE ..... 22
*flavoxate* ..... 157
*flecainide* ..... 79
*floxuridine* ..... 22
*fluconazole* ..... 52
*fluconazole in nacl (iso-osm)* ..... 52
*flucytosine* ..... 52
*fludrocortisone* ..... 160
*flunisolide* ..... 153
*fluocinolone* ..... 100, 101
*fluocinolone acetonide oil* ..... 153
*fluocinonide* ..... 101
*fluoride (sodium)* ..... 98
*fluorometholone* ..... 153
*fluorouracil* ..... 22, 99
*fluoxetine* ..... 44
*fluphenazine decanoate* ..... 61
*fluphenazine hcl* ..... 61, 62
*flurbiprofen* ..... 6
*flurbiprofen sodium* ..... 153
*fluticasone propionate* ..... 101, 153, 181
*fluticasone propion-salmeterol* ..... 182
*fluvastatin* ..... 84, 85
*fluvoxamine* ..... 44
*folivane-ob* ..... 187
*fondaparinux* ..... 73
*fosamprenavir* ..... 68
*fosfomycin tromethamine* ..... 10
*fosinopril* ..... 78
*fosinopril-hydrochlorothiazide* ..... 78
*fosphenytoin* ..... 38
FOTIVDA ..... 22
FRUZAQLA ..... 22
*fulvestrant* ..... 22
*furosemide* ..... 83
FUZEON ..... 68
FYARRO ..... 22
*gabapentin* ..... 38
*galantamine* ..... 42
*gallifrey* ..... 162
GAMUNEX-C ..... 165
GARDASIL 9 (PF) ..... 171
GAUZE BANDAGE ..... 131
GAUZE PAD ..... 120
*gavilyte-c* ..... 156
*gavilyte-g* ..... 156
*gavilyte-n* ..... 156
GAVRETO ..... 22
*gefitinib* ..... 22
*gemfibrozil* ..... 85
*generlac* ..... 155
*gengraf* ..... 165
*gentamicin* ..... 9, 99, 151
*gentamicin sulfate (ped) (pf)* ..... 9
GENVOYA ..... 68
GILOTRIF ..... 22
*glatiramer* ..... 88
*glatopa* ..... 88
*glimepiride* ..... 50
*glipizide* ..... 51
*glipizide-metformin* ..... 51
*glucagon emergency kit (human)* ..... 177
*glutamine (sickle cell)* ..... 177
*glyburide* ..... 51
*glyburide micronized* ..... 51

*glyburide-metformin* ..... 51
*glycopyrrolate* ..... 155
*glydo* ..... 6
GLYXAMBI ..... 46
GOMEKLI ..... 22
*griseofulvin microsize* ..... 52
*griseofulvin ultramicrosize* ..... 52
*guanfacine* ..... 76, 88
GVOKE ..... 177
GVOKE HYPOPEN 2-PACK ..... 177
GVOKE PFS 1-PACK SYRINGE ..... 177
HADLIMA ..... 165
HADLIMA PUSHTOUCH ..... 165
HADLIMA(CF) ..... 165
HADLIMA(CF) PUSHTOUCH ..... 165
HAEGARDA ..... 74
*hailey 24 fe* ..... 92
*hailey fe 1.5/30 (28)* ..... 92
*hailey fe 1/20 (28)* ..... 92
*halobetasol propionate* ..... 101
*haloette* ..... 92
*haloperidol* ..... 62
*haloperidol decanoate* ..... 62
*haloperidol lactate* ..... 62
HARVONI ..... 72
HAVRIX (PF) ..... 171
HEALTHWISE INSULIN SYRINGE ..... 121
HEALTHWISE PEN NEEDLE 121
HEALTHY ACCENTS UNIFINE PENTIP ..... 121
*heather* ..... 92
*heparin (porcine)* ..... 73
HEPLISAV-B (PF) ..... 171
HERCEPTIN HYLECTA ..... 22
HERNEXEOS ..... 23
HIBERIX (PF) ..... 172
HUMIRA ..... 166
HUMIRA PEN ..... 165
HUMIRA(CF) ..... 166
HUMIRA(CF) PEDI CROHNS STARTER ..... 166
HUMIRA(CF) PEN ..... 166
HUMIRA(CF) PEN CROHNS-UC-HS ..... 166
HUMIRA(CF) PEN PEDIATRIC UC ..... 166
HUMIRA(CF) PEN PSOR-UV-ADOL HS ..... 166
HUMULIN R U-500 (CONC) INSULIN ..... 48
HUMULIN R U-500 (CONC) KWIKPEN ..... 48
*hydralazine* ..... 81
*hydrochlorothiazide* ..... 83
*hydrocodone-acetaminophen* ..... 4
*hydrocortisone* ..... 101, 160, 176
*hydrocortisone valerate* ..... 101
*hydrocortisone-acetic acid* ..... 151
*hydromorphone* ..... 4
*hydroxychloroquine* ..... 57
*hydroxyurea* ..... 23
*hydroxyzine hcl* ..... 53
*hydroxyzine pamoate* ..... 178
HYRNUO ..... 23
*ibandronate* ..... 176
IBRANCE ..... 23
IBTROZI ..... 23
*ibu* ..... 6
*ibuprofen* ..... 6
*icatibant* ..... 82
*iclevia* ..... 92
ICLUSIG ..... 23
*icosapent ethyl* ..... 85
IDHIFA ..... 23
IDVYNSO ..... 68
*ifosfamide* ..... 23
ILEVRO ..... 153
*imatinib* ..... 23
IMBRUVICA ..... 23
IMDELLTRA ..... 23
*imipenem-cilastatin* ..... 13
*imipramine hcl* ..... 44
*imiquimod* ..... 99
IMJUDO ..... 23
IMKELDI ..... 23
IMOVAX RABIES VACCINE (PF) ..... 172
IMPAVIDO ..... 57
*incassia* ..... 92
INCONTROL ALCOHOL PADS ..... 121
INCONTROL PEN NEEDLE ..... 121, 122
INCRELEX ..... 161
*indapamide* ..... 83
*indomethacin* ..... 6
INFANRIX (DTAP) (PF) ..... 172
*infliximab* ..... 166
INGREZZA ..... 88
INGREZZA INITIATION PK(TARDIV) ..... 88
INGREZZA SPRINKLE ..... 88
INLEXZO ..... 24
INLURIYO ..... 24
INLYTA ..... 24
INPEN (FOR HUMALOG) BLUE ..... 122
INPEN (FOR HUMALOG) GREY ..... 122
INPEN (FOR HUMALOG) PINK ..... 122
INPEN (NOVOLOG OR FIASP) BLUE ..... 122
INPEN (NOVOLOG OR FIASP) GREY ..... 122
INPEN (NOVOLOG OR FIASP) PINK ..... 122
INQOVI ..... 24
INREBIC ..... 24
*insulin asp prt-insulin aspart* ..... 48
*insulin aspart u-100* ..... 49
*insulin glargine-yfgn* ..... 49
*insulin lispro* ..... 49

INSULIN SYR/NDL U100 HALF MARK....122
INSULIN SYRINGE MICROFINE....104
INSULIN SYRINGE-NEEDLE U-100....120, 122, 123, 131, 135
INSULIN U-500 SYRINGE-NEEDLE....124
INSUPEN PEN NEEDLE....124
INTELENCE....68
*introvale*....92
INVEGA HAFYERA....62
INVEGA SUSTENNA....62
INVEGA TRINZA....63
INVELTYS....153
IPOL....172
*ipratropium bromide*....150, 183
*ipratropium-albuterol*....183
*irbesartan*....77
*irbesartan-hydrochlorothiazide*....77
ISENTRESS....68
ISENTRESS HD....68
*isibloom*....92
*isoniazid*....55
*isosorbide dinitrate*....86
*isosorbide mononitrate*....86
ITOVEBI....24
*itraconazole*....52
IV PREP WIPES....124
*ivabradine*....82
*ivermectin*....57
IWILFIN....24
IXIARO (PF)....172
JAKAFI....24
JAKAFI XR....24
*jantoven*....74
JARDIANCE....46
JASCAYD....184
*javygtor*....149
JAYPIRCA....24
JEMPERLI....24
*jencycla*....92
JENTADUETO....46
JENTADUETO XR....46
JIDEYTRO....24
*jolessa*....92
*juleber*....92
JULUCA....68
*junel 1.5/30 (21)*....92
*junel 1/20 (21)*....93
*junel fe 1.5/30 (28)*....93
*junel fe 1/20 (28)*....93
*junel fe 24*....93
JYLAMVO....24
JYNARQUE....83
JYNNEOS (PF)....172
KALETRA....68
KALYDECO....184
*kariva (28)*....93
*kelnor 1/35 (28)*....93
*kelnor 1/50 (28)*....93
KERENDIA....86
KESIMPTA PEN....88
*ketoconazole*....52
*ketorolac*....6, 153
KEYTRUDA....24
KEYTRUDA QLEX....25
KIMMTRAK....25
KINERET....166
KINRIX (PF)....172
*kionex*....155
KISQALI....25
KISQALI FEMARA CO-PACK....25
KLISYRI (250 MG)....99
*klor-con m10*....180
*klor-con m15*....180
*klor-con m20*....180
KLOXXADO....7
KOMZIFTI....25
KOSELUGO....25
*kosher prenatal plus iron*....187
KRAZATI....25
*kurvelo (28)*....93
KYLEENA....93
*labetalol*....80
*lacosamide*....38
*lactulose*....155
*lamivudine*....68
*lamivudine-zidovudine*....68
*lamotrigine*....38
*lanreotide*....161
*lansoprazole*....154
LANTUS SOLOSTAR U-100 INSULIN....49
LANTUS U-100 INSULIN....49
*lapatinib*....25
*larin 1.5/30 (21)*....93
*larin 1/20 (21)*....93
*larin 24 fe*....93
*larin fe 1.5/30 (28)*....93
*larin fe 1/20 (28)*....93
*latanoprost*....179
LAZCLUZE....25
*leflunomide*....166
*lenalidomide*....26
LENTOCILIN S (WITH LIDOCAINE)....14
LENVIMA....26
*lessina*....93
*letrozole*....26
*leucovorin calcium*....178
LEUKERAN....26
*leuprolide*....26
*leuprolide acetate (3 month)*....26
*levetiracetam*....38
*levobunolol*....179
*levocetirizine*....54
*levofloxacin*....15
*levofloxacin in d5w*....15
*levonest (28)*....93
*levonorgest-eth.estradiol-iron*....93
*levonorgestrel-ethinyl estrad*93, 94
*levonorg-eth estrad triphasic*....94
*levora-28*....94
*levothyroxine*....162

LEXIVA ..... 68
LIBERVANT ..... 38
*lidocaine* ..... 6
*lidocaine hcl* ..... 6
*lidocaine-prilocaine* ..... 7
*lidocan iii* ..... 7
LIFYORLI ..... 26
LILETTA ..... 94
*linezolid* ..... 10
*linezolid in dextrose 5%* ..... 10
LINZESS ..... 155
*liomny* ..... 162
*liothyronine* ..... 163
LISCO ..... 124
*lisinopril* ..... 78
*lisinopril-hydrochlorothiazide* ..... 78
LITE TOUCH INSULIN PEN NEEDLES ..... 124
LITE TOUCH INSULIN SYRINGE ..... 124, 125
*lithium carbonate* ..... 88, 89
*lithium citrate* ..... 89
LIVTENCITY ..... 71
LOKELMA ..... 155
*lomustine* ..... 26
LONSURF ..... 26
*loperamide* ..... 155
*lopinavir-ritonavir* ..... 68, 69
LOQTORZI ..... 26
*lorazepam* ..... 8, 9
*lorazepam intensol* ..... 9
LORBRENA ..... 26
*losartan* ..... 77
*losartan-hydrochlorothiazide* ..... 77
LOTEMAX ..... 153
LOTEMAX SM ..... 153
*loteprednol etabonate* ..... 153
*lovastatin* ..... 85
*low-ogestrel (28)* ..... 94
*loxapine succinate* ..... 63
*lubiprostone* ..... 155
*luizza* ..... 94
LUMAKRAS ..... 27
LUMIGAN ..... 179
LUNSUMIO ..... 27
LUNSUMIO VELO ..... 27
LUPRON DEPOT ..... 27, 161
LUPRON DEPOT (3 MONTH) ..... 27, 161
LUPRON DEPOT (4 MONTH) ..... 27
LUPRON DEPOT (6 MONTH) ..... 27
LUPRON DEPOT-PED ..... 161
LUPRON DEPOT-PED (3 MONTH) ..... 161
*lurasidone* ..... 63
*lutera (28)* ..... 94
LUTRATE DEPOT (3 MONTH) ..... 27
LYBALVI ..... 63
*lyleq* ..... 94
LYNOZYFIC ..... 27
LYNPARZA ..... 27
LYSODREN ..... 27
LYTGOBI ..... 27
*lyza* ..... 94
*macitentan* ..... 186
MAGELLAN INSULIN SAFETY SYRNG ..... 125
MAGELLAN SYRINGE ..... 125
*magnesium sulfate* ..... 180
*malathion* ..... 102
*maraviroc* ..... 69
MARGENZA ..... 28
*marlissa (28)* ..... 94
*marnatal-f* ..... 187
MARPLAN ..... 44
MATULANE ..... 28
MAXICOMFORT II PEN NEEDLE ..... 125
MAXICOMFORT INSULIN SYRINGE ..... 125, 126
MAXI-COMFORT INSULIN SYRINGE ..... 126
MAXICOMFORT SAFETY PEN NEEDLE ..... 126
MAYZENT ..... 89
MAYZENT STARTER(FOR 1MG MAINT) ..... 89
MAYZENT STARTER(FOR 2MG MAINT) ..... 89
*meclizine* ..... 56
*medroxyprogesterone* ..... 162
*mefloquine* ..... 57
*megestrol* ..... 28, 162
MEKINIST ..... 28
MEKTOVI ..... 28
*meleya* ..... 94
*meloxicam* ..... 6
*memantine* ..... 42
MENACTRA (PF) ..... 172
MENQUADFI (PF) ..... 172
MENVEO A-C-Y-W-135-DIP (PF) ..... 172
*mercaptopurine* ..... 28
*meropenem* ..... 13
*mesalamine* ..... 176
*mesna* ..... 178
*metformin* ..... 46
*methadone* ..... 4
*methazolamide* ..... 179
*methenamine hippurate* ..... 10
*methimazole* ..... 163
*methocarbamol* ..... 186
*methotrexate sodium* ..... 28
*methotrexate sodium (pf)* ..... 28
*methoxsalen* ..... 99
*methsuximide* ..... 38
*methylphenidate hcl* ..... 89
*methylprednisolone* ..... 160
*methylprednisolone acetate* ..... 160
*metoclopramide hcl* ..... 155
*metolazone* ..... 83
*metoprolol succinate* ..... 80
*metoprolol ta-hydrochlorothiaz* ..... 80
*metoprolol tartrate* ..... 80

*metronidazole* ..... 10, 54, 99
*metronidazole in nacl (iso-os)* .... 10
*metyrosine* ..... 82
*micafungin* ..... 52
*miconazole-3* ..... 52
MICRODOT INSULIN PEN NEEDLE ..... 126
MICRODOT READYGARD PEN NEEDLE ..... 126
*microgestin 1.5/30 (21)* ..... 94
*microgestin 1/20 (21)* ..... 94
*microgestin fe 1.5/30 (28)* ..... 94
*microgestin fe 1/20 (28)* ..... 94
*midodrine* ..... 77
MIEBO (PF) ..... 150
*mifepristone* ..... 46
*mili* ..... 94
*mimvey* ..... 159
MINI ULTRA-THIN II ..... 126
*minocycline* ..... 16
*minoxidil* ..... 86
MIPLYFFA ..... 149
*mirabegron* ..... 157
MIRENA ..... 95
*mirtazapine* ..... 44
*misoprostol* ..... 154
*mitoxantrone* ..... 28
MIUDELLA ..... 95
M-M-R II (PF) ..... 172
*m-natal plus* ..... 187
*modafinil* ..... 186
MODEYSO ..... 28
*moexipril* ..... 78
*molindone* ..... 63
*mometasone* ..... 101, 154
MONOJECT INSULIN SAFETY SYRING ..... 127
MONOJECT INSULIN SYRINGE ..... 126, 127
MONOJECT SYRINGE ..... 126
MONOJECT ULTRA COMFORT INSULIN ..... 142
*mono-linyah* ..... 95
*montelukast* ..... 182
*morphine* ..... 4
MORPHINE ..... 4
*morphine concentrate* ..... 4
MOUNJARO ..... 46
MOVANTIK ..... 155
*moxifloxacin* ..... 15, 151
*moxifloxacin-sod.ace,sul-water* .. 15
*moxifloxacin-sod.chloride(iso)* ... 15
MRESVIA (PF) ..... 172
MULTAQ ..... 79
*mupirocin* ..... 99
*mycophenolate mofetil* ..... 166
*mycophenolate mofetil (hcl)* ..... 166
*mycophenolate sodium* ..... 167
*mynatal* ..... 188
*mynatal advance* ..... 187
*mynatal plus* ..... 188
*mynatal-z* ..... 188
*mynate 90 plus* ..... 188
*nabumetone* ..... 6
*nafcillin* ..... 14
*naloxone* ..... 7
*naltrexone* ..... 7
NANO 2ND GEN PEN NEEDLE ..... 127
NANO PEN NEEDLE ..... 127
*naproxen* ..... 6
*naratriptan* ..... 54
NATACYN ..... 151
*nateglinide* ..... 46
NAYZILAM ..... 39
*nebivolol* ..... 80
*nefazodone* ..... 44
*neomycin* ..... 9
*neomycin-bacitracin-poly-hc* .... 151
*neomycin-bacitracin-polymyxin* 151
*neomycin-polymyxin b-dexameth* ..... 151
*neomycin-polymyxin-gramicidin* ..... 151
*neomycin-polymyxin-hc* ..... 151
*neo-polycin* ..... 152
*neo-polycin hc* ..... 152
NERLYNX ..... 28
*nevirapine* ..... 69
*newgen* ..... 188
NEXLETOL ..... 85
NEXLIZET ..... 85
NEXPLANON ..... 95
*niacin* ..... 85
NICOTROL NS ..... 8
*nifedipine* ..... 82
NIKTIMVO ..... 167
NILOTINIB D-TARTRATE ..... 28
*nilotinib hcl* ..... 28, 29
*nilutamide* ..... 29
NINLARO ..... 29
*nintedanib* ..... 184
*nitazoxanide* ..... 57
*nitisinone* ..... 149
*nitrofurantoin macrocrystal* ..... 10
*nitrofurantoin monohyd/m-cryst* . 10
*nitroglycerin* ..... 86, 178
NIVESTYM ..... 75
NORDITROPIN FLEXPRO .... 161
*norelgestromin-ethin.estradiol* ... 95
*norethindrone (contraceptive)* .... 95
*norethindrone acetate* ..... 162
*norethindrone-e.estradiol-iron* ... 95
*norgestimate-ethinyl estradiol* .... 95
*nortrel 1/35 (21)* ..... 95
*nortrel 1/35 (28)* ..... 95
*nortrel 7/7/7 (28)* ..... 95
*nortriptyline* ..... 44
NORVIR ..... 69
NOVOFINE 32 ..... 128
NOVOFINE AUTOCOVER .... 128
NOVOFINE PLUS ..... 128
NOVOLIN 70/30 U-100 INSULIN ..... 49

NOVOLIN 70-30 FLEXPEN U-100 ..... 49
NOVOLIN N FLEXPEN ..... 49
NOVOLIN N NPH U-100 INSULIN ..... 49
NOVOLIN R FLEXPEN ..... 50
NOVOLIN R REGULAR U100 INSULIN ..... 50
NOVOLOG FLEXPEN U-100 INSULIN ..... 50
NOVOLOG MIX 70-30 U-100 INSULN ..... 50
NOVOLOG MIX 70-30FLEXPEN U-100 ..... 50
NOVOLOG PENFILL U-100 INSULIN ..... 50
NOVOLOG U-100 INSULIN ASPART ..... 50
NUBEQA ..... 29
NUCALA ..... 184
NULOJIX ..... 167
NUPLAZID ..... 63
NURTEC ODT ..... 54
*nyamyc* ..... 52
*nylia 1/35 (28)* ..... 95
*nylia 7/7/7 (28)* ..... 96
*nystatin* ..... 52, 53
*nystatin-triamcinolone* ..... 53
*nystop* ..... 53
NYVEPRIA ..... 75
*obstetrix dha* ..... 188
*obstetrix dha prenatal duo* ..... 188
*octreotide acetate* ..... 161
ODEFSEY ..... 69
ODOMZO ..... 29
*ofloxacin* ..... 152
OGIVRI ..... 29
OGSIVEO ..... 29
OJEMDA ..... 29
OJJAARA ..... 29
*olanzapine* ..... 63
*olmesartan* ..... 77
*olmesartan-amlodipin-hcthiazid* ..... 77
*olmesartan-hydrochlorothiazide* ..... 77
*olopatadine* ..... 150
*omega-3 acid ethyl esters* ..... 85
*omeprazole* ..... 154
OMLYCLO ..... 167
OMNIPOD 5 (LIBRE 2/3 PLUS) ..... 128
OMNIPOD 5 G6-G7 INTRO KT(GEN5) ..... 128
OMNIPOD 5 G6-G7 PODS (GEN 5) ..... 128
OMNIPOD 5 INTRO (LIBRE2/3PLUS) ..... 128
OMNIPOD CLASSIC PODS (GEN 3) ..... 128
OMNIPOD DASH INTRO KIT (GEN 4) ..... 128
OMNIPOD DASH PDM KIT (GEN 4) ..... 128
OMNIPOD DASH PODS (GEN 4) ..... 128
ONAPGO ..... 58
*ondansetron* ..... 56
*ondansetron hcl* ..... 56
ONUREG ..... 29
OPDIVO ..... 29
OPDIVO QVANTIG ..... 29
OPDUALAG ..... 29
OPIPZA ..... 63
ORENCIA ..... 167
ORENCIA (WITH MALTOSE) ..... 167
ORENCIA CLICKJECT ..... 167
ORFADIN ..... 149
ORGOVYX ..... 161
ORILISSA ..... 161
ORKAMBI ..... 185
*orquidea* ..... 96
ORSERDU ..... 29, 30
*oseltamivir* ..... 71
OSENVELT ..... 176
OTEZLA ..... 167
OTEZLA STARTER ..... 167
OTEZLA XR ..... 167
OTEZLA XR INITIATION ..... 167
*oxcarbazepine* ..... 39
*oxybutynin chloride* ..... 157
*oxycodone* ..... 4
*oxycodone-acetaminophen* ..... 5
OZEMPIC ..... 46
*pacerone* ..... 79
*paclitaxel protein-bound* ..... 30
*paliperidone* ..... 63, 64
PANRETIN ..... 99
*pantoprazole* ..... 154
*paricalcitol* ..... 176, 177
*paroxetine hcl* ..... 44
PAXLOVID ..... 71
*pazopanib* ..... 30
PEDIARIX (PF) ..... 172
PEDVAX HIB (PF) ..... 172
*peg 3350-electrolytes* ..... 156
PEGASYS ..... 72
*peg-electrolyte soln* ..... 156
PEMAZYRE ..... 30
*pemetrexed disodium* ..... 30
PEMRYDI RTU ..... 30
PEN NEEDLE ..... 128, 129
PEN NEEDLE, DIABETIC ..... 109, 120, 126, 128, 131
PEN NEEDLE, DIABETIC, SAFETY ..... 132
PENBRAYA (PF) ..... 173
PENBRAYA MENACWY COMPONENT(PF) ..... 173
PENBRAYA MENB COMPONENT (PF) ..... 173
*penicillamine* ..... 158
*penicillin g potassium* ..... 14
*penicillin v potassium* ..... 14
PENMENVY MEN A-B-C-W-Y (PF) ..... 173

PENMENVY MENACWY COMPONENT(PF) ..... 173
PENMENVY MENB COMPONENT (PF) ..... 173
PENTACEL (PF) ..... 173
*pentamidine* ..... 57
PENTIPS PEN NEEDLE ..... 129
*pentoxifylline* ..... 75
*perampanel* ..... 39
*perindopril erbumine* ..... 78
*periogard* ..... 98
*permethrin* ..... 102
*perphenazine* ..... 64
*perphenazine-amitriptyline* ..... 44
PERSERIS ..... 64
*phenelzine* ..... 45
*phenobarbital* ..... 39
*phenytek* ..... 39
*phenytoin* ..... 39
*phenytoin sodium* ..... 39
*phenytoin sodium extended* ..... 39
PIFELTRO ..... 69
*pilocarpine hcl* ..... 98, 179
*pimecrolimus* ..... 101
*pimozide* ..... 64
*pimtrea (28)* ..... 96
*pioglitazone* ..... 46
*pioglitazone-metformin* ..... 47
PIP PEN NEEDLE ..... 129
*piperacillin-tazobactam* ..... 14
PIQRAY ..... 30
*pirfenidone* ..... 185
*pitavastatin calcium* ..... 85
PLEGRIDY ..... 89
*pnv-dha + docusate* ..... 188
*pnv-omega* ..... 188
*podofilox* ..... 99
*polycin* ..... 152
*polymyxin b sulf-trimethoprim* ..... 152
*pomalidomide* ..... 30
POMALYST ..... 30
*portia 28* ..... 96
*posaconazole* ..... 53
*potassium chloride* ..... 180
*potassium citrate* ..... 180
*pr natal 400* ..... 188
*pr natal 400 ec* ..... 188
*pr natal 430* ..... 188
*pr natal 430 ec* ..... 188
*pramipexole* ..... 58
*prasugrel hcl* ..... 75
*pravastatin* ..... 85
*praziquantel* ..... 57
*prazosin* ..... 77
*prednisolone* ..... 160
*prednisolone acetate* ..... 154
*prednisolone sodium phosphate* 160
*prednisone* ..... 160
*pregabalin* ..... 39
PREMARIN ..... 159
PREMPHASE ..... 159
PREMPRO ..... 159
*prenaissance* ..... 188
*prenaissance plus* ..... 188
*prenatabs fa* ..... 188
*prenatal 19* ..... 188
*prenatal 19 (with docusate)* ..... 188
*prenatal plus* ..... 188
*prenatal plus (calcium carb)* ..... 188
*prenatal vitamin plus low iron* ..... 189
*prenatal-u* ..... 189
*prevalite* ..... 85
PREVENT DROPSAFE PEN NEEDLE ..... 129
PREVYMIS ..... 71
PREZCOBIX ..... 69
PREZISTA ..... 69
PRIMAQUINE ..... 57
*primidone* ..... 39, 40
PRIORIX (PF) ..... 173
PRO COMFORT ALCOHOL PADS ..... 130
PRO COMFORT INSULIN SYRINGE ..... 129, 130
PRO COMFORT PEN NEEDLE ..... 130
*probenecid* ..... 53
*probenecid-colchicine* ..... 53
*prochlorperazine* ..... 56
*prochlorperazine edisylate* ..... 56
*prochlorperazine maleate* ..... 56
PRO-COMFORT ALCOHOL PADS ..... 130
*procto-med hc* ..... 101
*proctosol hc* ..... 101
*proctozone-hc* ..... 101
PRODIGY INSULIN SYRINGE ..... 130
*progesterone micronized* ..... 162
PROGRAF ..... 167
PROLASTIN-C ..... 185
*promethazine* ..... 56
*promethegan* ..... 56
*propafenone* ..... 79
*propranolol* ..... 80
*propylthiouracil* ..... 163
PROQUAD (PF) ..... 173
*protriptyline* ..... 45
PULMOZYME ..... 149
PURE COMFORT ALCOHOL PADS ..... 130
PURE COMFORT PEN NEEDLE ..... 130, 131
PURE COMFORT SAFETY PEN NEEDLE ..... 130
*pyrazinamide* ..... 55
*pyridostigmine bromide* ..... 178
*pyrimethamine* ..... 57
QINLOCK ..... 30
QUADRACEL (PF) ..... 173, 174
*quetiapine* ..... 64
*quinapril* ..... 79
*quinapril-hydrochlorothiazide* ..... 79
*quinidine sulfate* ..... 79
*quinine sulfate* ..... 58
QULIPTA ..... 54

RABAVERT (PF) ..... 174
*rabeprazole* ..... 154
RALDESY ..... 45
*raloxifene* ..... 159
*ramipril* ..... 79
*ranolazine* ..... 82
*rasagiline* ..... 58
RASONQUE ..... 30
RASUVO (PF) ..... 168
RAYALDEE ..... 177
*reclipsen (28)* ..... 96
RECOMBIVAX HB (PF) ..... 174
RELENZA DISKHALER ..... 71
*repaglinide* ..... 47
REPATHA PUSHTRONEX ..... 85
REPATHA SURECLICK ..... 85
REPATHA SYRINGE ..... 85
RETACRIT ..... 75
RETEVMO ..... 30
RETROVIR ..... 69
REVCOVI ..... 149
REVUFORJ ..... 31
REXULTI ..... 64
REYATAZ ..... 69
REZDIFFRA ..... 163
REZLIDHIA ..... 31
REZUROCK ..... 168
RHOPRESSA ..... 179
*ribavirin* ..... 72
*rifabutin* ..... 55
*rifampin* ..... 55
*rifapentine* ..... 55
*rilpivirine* ..... 69
*rilpivirine hcl* ..... 69
*riluzole* ..... 89
RINVOQ ..... 168
RINVOQ LQ ..... 168
*risperidone* ..... 64
*risperidone microspheres* ..... 64
*ritonavir* ..... 69
RITUXAN HYCELA ..... 31
*rivaroxaban* ..... 74
*rivastigmine* ..... 42
*rivastigmine tartrate* ..... 42
*rizatriptan* ..... 54, 55
*r-natal ob* ..... 189
ROCKLATAN ..... 179
*roflumilast* ..... 185
ROMVIMZA ..... 31
*ropinirole* ..... 58
*rosadan* ..... 99
*rosuvastatin* ..... 85
ROTARIX ..... 174
ROTATEQ VACCINE ..... 174
ROZLYTREK ..... 31
RUBRACA ..... 31
*rufinamide* ..... 40
RUKOBIA ..... 69
RYBELSUS ..... 47
RYBREVANT ..... 31
RYBREVANT FASPRO ..... 31
RYDAPT ..... 31
RYKINDO ..... 65
RYTELO ..... 31
*sacubitril-valsartan* ..... 77
SAFESNAP INSULIN SYRINGE ..... 131, 132
SAFETY PEN NEEDLE ..... 132
SANTYL ..... 99
*sapropterin* ..... 149
SCEMBLIX ..... 31, 32
*scopolamine base* ..... 56
SECUADO ..... 65
SECURESAFE INSULIN SYRINGE ..... 132
SECURESAFE PEN NEEDLE 132
SELARSDI ..... 168
*select-ob* ..... 189
*select-ob (folic acid)* ..... 189
*selegiline hcl* ..... 58, 59
*selenium sulfide* ..... 99
SELZENTRY ..... 69, 70
*se-natal 19 chewable* ..... 189
SEREVENT DISKUS ..... 183
SEROSTIM ..... 161
*sertraline* ..... 45
*setlakin* ..... 96
*sevelamer carbonate* ..... 157
*sevelamer hcl* ..... 157
SEZABY ..... 40
*sf 5000 plus* ..... 98
*sharobel* ..... 96
SHINGRIX (PF) ..... 174
SIGNIFOR ..... 162
*sildenafil (pulm.hypertension)* ..... 186
*silver sulfadiazine* ..... 99
SIMBRINZA ..... 179
*simliya (28)* ..... 96
SIMPLI PEN NEEDLE ..... 120
*simvastatin* ..... 85
*sirolimus* ..... 168
SIRTURO ..... 55
*sitagliptin phos-metformin* ..... 47
*sitagliptin phosphate* ..... 47
SKY SAFETY PEN NEEDLE ..... 132
SKYLA ..... 96
SKYRIZI ..... 168
*sodium chloride 0.45 %* ..... 180
*sodium chloride 0.9 %* ..... 181
*sodium fluoride-pot nitrate* ..... 98
*sodium oxybate* ..... 186
*sodium polystyrene sulfonate* ..... 156
*sodium,potassium,mag sulfates* 156
*solifenacin* ..... 157
SOLIQUA 100/33 ..... 50
SOLTAMOX ..... 32
SOMATULINE DEPOT ..... 162
SOMAVERT ..... 162
*sorafenib* ..... 32
*sotalol* ..... 80
*sotalol af* ..... 80
SPIRIVA RESPIMAT ..... 183
*spironolactone* ..... 83
*spironolacton-hydrochlorothiaz* ..... 83
SPRAVATO ..... 45
*sprintec (28)* ..... 96

SPRITAM ..... 40
*sps (with sorbitol)* ..... 156
*sronyx* ..... 96
*ssd* ..... 100
*stavudine* ..... 70
STERILE PADS ..... 120
STIOLTO RESPIMAT ..... 183
STIVARGA ..... 32
STOBOCLO ..... 177
STRENSIQ ..... 149
*streptomycin* ..... 9
STRIBILD ..... 70
STRIVERDI RESPIMAT ..... 183
SUBVENITE ..... 40
*subvenite* ..... 40
*sucralfate* ..... 154
*sulfacetamide sodium* ..... 152
*sulfacetamide-prednisolone* ..... 152
*sulfadiazine* ..... 15
*sulfamethoxazole-trimethoprim* .. 15
*sulfasalazine* ..... 176
*sulindac* ..... 6
*sumatriptan* ..... 55
*sumatriptan succinate* ..... 55
*sunitinib malate* ..... 32
SUNLENCA ..... 70
SURE COMFORT ALCOHOL PREP PADS ..... 133
SURE COMFORT INS. SYR. U-100 ..... 132
SURE COMFORT INSULIN SYRINGE ..... 133
SURE COMFORT PEN NEEDLE ..... 133
SURE COMFORT SAFETY PEN NEEDLE ..... 132
SURE-FINE PEN NEEDLES .. 134
SURE-JECT INSULIN SYRINGE ..... 134
SURE-PREP ALCOHOL PREP PADS ..... 134
SYMPAZAN ..... 40
SYMTUZA ..... 70
SYNJARDY ..... 47
SYNJARDY XR ..... 47
SYNRIBO ..... 32
SYRINGE WITH NEEDLE, SAFETY ..... 132
TABLOID ..... 32
TABRECTA ..... 32
*tacrolimus* ..... 101, 168, 169
*tadalafil* ..... 187
TAFINLAR ..... 32
TAGRISSO ..... 32
TALVEY ..... 32
TALZENNA ..... 32
*tamoxifen* ..... 32
*tamsulosin* ..... 157
*tarina 24 fe* ..... 96
*tarina fe 1-20 eq (28)* ..... 96
*taron-c dha* ..... 189
*taron-prex prenatal-dha* ..... 189
TAVNEOS ..... 169
*tazarotene* ..... 102
*tazicef* ..... 12
*taztia xt* ..... 81
TDVAX ..... 174
TECHLITE INSULIN SYRINGE ..... 135
TECHLITE INSULN SYR(HALF UNIT) ..... 134
TECHLITE PEN NEEDLE ..... 135
TECHLITE PLUS PEN NEEDLE ..... 135
TECVAYLI ..... 32
*telmisartan* ..... 77
*telmisartan-hydrochlorothiazid* .. 78
*temazepam* ..... 9
TENIVAC (PF) ..... 174
*tenofovir disoproxil fumarate* ..... 70
TEPMETKO ..... 32
*terazosin* ..... 157
*terbinafine hcl* ..... 53
*terconazole* ..... 54
*teriparatide* ..... 177
TERUMO INSULIN SYRINGE ..... 135, 136
*testosterone* ..... 158
*testosterone cypionate* ..... 158
*testosterone enanthate* ..... 158
*tetrabenazine* ..... 89
*tetracycline* ..... 16
TEVIMBRA ..... 32
THALOMID ..... 178
*theophylline* ..... 183
THINPRO INSULIN SYRINGE ..... 136
*thioridazine* ..... 65
*thiothixene* ..... 65
*tiadylt er* ..... 81
*tiagabine* ..... 40
TIBSOVO ..... 32
*ticagrelor* ..... 75
TICE BCG ..... 33
TICOVAC ..... 174
*tigecycline* ..... 16
*tilia fe* ..... 96
*timolol* ..... 179
*timolol maleate* ..... 80, 179
*tinidazole* ..... 58
*tiotropium bromide* ..... 183
TIVDAK ..... 33
TIVICAY ..... 70
TIVICAY PD ..... 70
*tizanidine* ..... 186
TOBI PODHALER ..... 9
*tobramycin* ..... 152
*tobramycin in 0.225 % nacl* ..... 9
*tobramycin sulfate* ..... 9
*tobramycin-dexamethasone* ..... 152
*tobramycin-lotepred* ..... 152
*tofacitinib* ..... 169
*tolterodine* ..... 157
*tolvaptan (polycys kidney dis)* .... 83
TOPFINE INSULIN PEN NEEDLE ..... 136

*topiramate* ..... 40
*toremifene* ..... 33
*torpenz* ..... 33
*torsemide* ..... 83
TOUJEO MAX U-300 SOLOSTAR ..... 50
TOUJEO SOLOSTAR U-300 INSULIN ..... 50
TRADJENTA ..... 47
*tramadol* ..... 5
*tramadol-acetaminophen* ..... 5
*trandolapril* ..... 79
*tranexamic acid* ..... 75
*tranylcypromine* ..... 45
*travoprost* ..... 179
*trazodone* ..... 45
TRECATOR ..... 55
TRELEGY ELLIPTA ..... 184
TRELSTAR ..... 33
TREMFYA ..... 169
TREMFYA ONE-PRESS ..... 169
TREMFYA PEN ..... 169
TREMFYA PEN INDUCTION PK(2PEN) ..... 169
*tretinoin* ..... 102
*tretinoin (antineoplastic)* ..... 33
*triamcinol ac (pf) in 0.9%nacl* ..... 102
*triamcinolone acetonide* ..... 98, 102, 160
*triamterene-hydrochlorothiazid* ..... 83, 84
*tridacaine iii* ..... 7
*trientine* ..... 158
*tri-estarylla* ..... 96
*trifluoperazine* ..... 65
*trifluridine* ..... 152
*trihexyphenidyl* ..... 59
TRIJARDY XR ..... 47
TRIKAFTA ..... 185
*tri-legest fe* ..... 96
*tri-linyah* ..... 96
*tri-lo-estarylla* ..... 96
*tri-lo-marzia* ..... 97
*tri-lo-mili* ..... 97
*tri-lo-sprintec* ..... 97
*trimethoprim* ..... 10
*tri-mili* ..... 97
*trimipramine* ..... 45
TRINTELLIX ..... 45
*tri-nymyo* ..... 97
*tri-sprintec (28)* ..... 97
TRIUMEQ ..... 70
TRIUMEQ PD ..... 70
*trivora (28)* ..... 97
*tri-vylibra* ..... 97
*tri-vylibra lo* ..... 97
TRIZIVIR ..... 70
TROGARZO ..... 70
*trospium* ..... 157
TRUE COMFORT ALCOHOL PADS ..... 137
TRUE COMFORT INSULIN SYRINGE ..... 137
TRUE COMFORT PEN NEEDLE ..... 137
TRUE COMFORT PRO ALCOHOL PADS ..... 138
TRUE COMFORT PRO INS SYRINGE ..... 136, 137, 138
TRUE COMFORT SAFE INSULIN SYRG ..... 137, 138
TRUE COMFORT SAFETY PEN NEEDLE ..... 136
TRUE-COMFORT PRO PEN NEEDLE ..... 138
TRUEPLUS INSULIN ..... 138, 139
TRUEPLUS PEN NEEDLE ..... 138
TRULANCE ..... 156
TRULICITY ..... 48
TRUMENBA ..... 174
TRUQAP ..... 33
TRUXIMA ..... 33
TUKYSA ..... 33
TURALIO ..... 33
*turqoz (28)* ..... 97
TWINRIX (PF) ..... 175
*tyblume* ..... 97
TYBOST ..... 178
TYENNE ..... 169
TYENNE AUTOINJECTOR ..... 169
TYMLOS ..... 177
TYPHIM VI ..... 175
UBRELVY ..... 55
UDENYCA ONBODY ..... 75
ULTICARE ..... 139, 140
ULTICARE INSULIN SYRINGE ..... 139
ULTICARE INSULN SYR(HALF UNIT) ..... 139
ULTICARE PEN NEEDLE ..... 139, 140
ULTICARE SAFETY PEN NEEDLE ..... 140
ULTIGUARD SAFEPACK-INSULIN SYR ..... 140, 141
ULTIGUARD SAFEPACK-PEN NEEDLE ..... 140, 141
ULTILET ALCOHOL SWAB ..... 141
ULTILET INSULIN SYRINGE ..... 123, 141
ULTILET PEN NEEDLE ..... 141
ULTRA CMFT INS SYR (HALF UNIT) ..... 120, 139
ULTRA COMFORT INSULIN SYRINGE ..... 120, 141, 142
ULTRA FLO INSUL SYR(HALF UNIT) ..... 142
ULTRA FLO INSULIN SYRINGE ..... 143
ULTRA FLO PEN NEEDLE ..... 142
ULTRA THIN PEN NEEDLE ..... 143
ULTRACARE INSULIN SYRINGE ..... 143
ULTRACARE PEN NEEDLE ..... 143, 144

ULTRA-FINE INS SYR (HALF UNIT) ..... 144
ULTRA-FINE INSULIN SYRINGE ..... 144, 145
ULTRA-FINE PEN NEEDLE .. 144
ULTRA-FINE SAFETY INSULIN SYRN ..... 144
ULTRA-THIN II (SHORT) INS SYR ..... 145
ULTRA-THIN II (SHORT) PEN NDL ..... 145
ULTRA-THIN II INS PEN NEEDLES ..... 145
ULTRA-THIN II INSULIN SYRINGE ..... 145
UNIFINE OTC PEN NEEDLE 145
UNIFINE PENTIPS ..... 145, 146
UNIFINE PENTIPS MAXFLOW ..... 146
UNIFINE PENTIPS PLUS ..... 146, 148
UNIFINE PENTIPS PLUS MAXFLOW ..... 146
UNIFINE PROTECT ..... 146
UNIFINE SAFECONTROL PEN NEEDLE ..... 146, 147
UNIFINE ULTRA PEN NEEDLE ..... 147
UPTRAVI ..... 187
*ursodiol* ..... 156
*ustekinumab-aauz* ..... 169
UZEDY ..... 65
*valacyclovir* ..... 72
VALCHLOR ..... 99
*valganciclovir* ..... 72
*valproate sodium* ..... 40
*valproic acid* ..... 40
*valproic acid (as sodium salt)* .... 40
*valsartan* ..... 78
*valsartan-hydrochlorothiazide* ... 78
VALTOCO ..... 40
*valtya* ..... 97
*vancomycin* ..... 10
VANFLYTA ..... 33
VANISHPOINT INSULIN SYRINGE ..... 147
VANISHPOINT SYRINGE ..... 147
VAQTA (PF) ..... 175
*varenicline tartrate* ..... 8
VARIVAX (PF) ..... 175
VAXCHORA VACCINE ..... 175
VELTASSA ..... 156
VEMLIDY ..... 70
VENCLEXTA ..... 33
VENCLEXTA STARTING PACK ..... 33
*venlafaxine* ..... 45
VEOZAH ..... 178
VEPPANU ..... 34
*verapamil* ..... 81
VERIFINE INSULIN SYRINGE ..... 147, 148
VERIFINE PEN NEEDLE ..... 147, 148
VERIFINE PLUS PEN NEEDLE ..... 148
VERIFINE PLUS PEN NEEDLE-SHARP ..... 148
VERQUVO ..... 82
VERSACLOZ ..... 65
VERSALON ..... 148
VERZENIO ..... 34
V-GO 20 ..... 148
V-GO 30 ..... 148
V-GO 40 ..... 148
*vienva* ..... 97
*vigabatrin* ..... 41
*vigadrone* ..... 41
*vigpoder* ..... 41
*vilazodone* ..... 45
VIMKUNYA (PF) ..... 175
*vinorelbine* ..... 34
*viorele (28)* ..... 97
VIRACEPT ..... 70
VIREAD ..... 70, 71
*vitafol gummies* ..... 189
*vitafol-ob+dha* ..... 189
VITRAKVI ..... 34
VIVIMUSTA ..... 34
VIVOTIF ..... 175
VIZIMPRO ..... 34
VOCABRIA ..... 71
*volnea (28)* ..... 97
VONJO ..... 34
VOQUEZNA ..... 155
VORANIGO ..... 34
*voriconazole* ..... 53
VOSEVI ..... 72
VOWST ..... 178
*vp-ch-pnv* ..... 189
VRAYLAR ..... 66
VUMERITY ..... 89
VYALEV ..... 59
*vylibra* ..... 97
VYLOY ..... 34
VYNDAMAX ..... 82
VYZULTA ..... 179
*warfarin* ..... 74
WEBCOL ..... 148
WELIREG ..... 34
WINREVAIR ..... 185
*wixela inhub* ..... 182
XALKORI ..... 34
*xarah fe* ..... 97
XARELTO ..... 74
XARELTO DVT-PE TREAT 30D START ..... 74
XATMEP ..... 34
XCOPRI ..... 41
XCOPRI MAINTENANCE PACK ..... 41
XCOPRI TITRATION PACK .... 41
XDEMVY ..... 152
XERMELO ..... 156
XIFAXAN ..... 10
XIGDUO XR ..... 48

XIIDRA ..... 154
XOLAIR ..... 185
XOSPATA ..... 34
XPOVIO ..... 35
XTANDI ..... 35
*xulane* ..... 97
XULTOPHY 100/3.6 ..... 50
YERVOY ..... 35
YESINTEK ..... 170
YF-VAX (PF) ..... 175
YONSA ..... 35
YUFLYMA(CF) ..... 170
YUFLYMA(CF) AI CROHN'S-UC-HS ..... 170
YUFLYMA(CF) AUTOINJECTOR ..... 170
*yulithira* ..... 35
YUTREPIA ..... 187
*yuvafem* ..... 159
*zafemy* ..... 98
*zafirlukast* ..... 182
*zaleplon* ..... 186
*zatean-pn dha* ..... 189
*zatean-pn plus* ..... 189
ZEJULA ..... 35
ZELBORAF ..... 35
*zenatane* ..... 99
ZENBEXUS ..... 35
ZENPEP ..... 150
*zidovudine* ..... 71
ZIIHERA ..... 35
*zingiber* ..... 189
*ziprasidone hcl* ..... 66
*ziprasidone mesylate* ..... 66
ZIRABEV ..... 36
ZIRGAN ..... 152
ZOLADEX ..... 36
ZOLINZA ..... 36
*zolpidem* ..... 186
ZONISADE ..... 41
*zonisamide* ..... 41
*zovia 1-35 (28)* ..... 98
ZTALMY ..... 41
ZTLIDO ..... 7
ZURZUVAE ..... 45
ZYDELIG ..... 36
ZYKADIA ..... 36
ZYNLONTA ..... 36
ZYNYZ ..... 36
ZYPREXA RELPREVV ..... 66

## Notice about Nondiscrimination and Accessibility Requirements

## Discrimination is Against the Law

ATRIO Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATRIO Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. ATRIO Health Plans:

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

If you need any of the services listed above, contact ATRIO Member Services toll free at 1-877-672-8620, daily from 8 a.m. to 8 p.m. TTY users should call 711.

If you believe that ATRIO Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

ATRIO Compliance Officer:
550 Hawthorne Avenue, Suite 140, Salem, OR 97301
1-877-672-8620 (TTY 711)
File a complaint with ATRIO Compliance Hotline:
1-877-309-9952 or compliance@atriohp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, contact Member Services toll free at 1-877-672-8620, daily from 8 a.m. to 8 p.m. TTY users should call 711.

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

U.S. Department of Health and Human Services,
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

**Español (Spanish) -** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de Asistencia lingüística. Llame al 1-877-672-8620 (TTY: 711).

**Tiếng Việt (Vietnamese) -** CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-877-672-8620 (TTY: 711)

**繁體中文 (Chinese) - 注意：如果您講國語，您可以免費獲得語言援助服務。請致電 1-877-672-8620 (TTY：711）。**

**Русский (Russian) -** ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами перевода. Телефон: 1-877-672-8620 (телетайп: 711).

**한국어 (Korean) -** 유의사항: 무료 한국어 지원 서비스를 이용하실 수 있습니다. 전화번호는 1-877-672-8620 (TTY: 711) 번입니다.

**Українська (Ukrainian) -** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-672-8620 (телетайп: 711).

**日本語 (Japanese) -** 注意事項：日本語でのサービスをご希望の場合、1-877-672-8620（TTY:711）までご連絡ください。このサービスは無料です。

**Română (Romanian) -** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-672-8620 (TTY: 711).

**ខ្មែរ (Cambodian) -** ចំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃអាចរកបាន។ ទូរស័ព្ទទៅ 1-877-672-8620 (TTY: 711)។

**Oroomiffa (Oromo) -** XIYYEEFFANNAA: Afaandubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, niargama. 1-877-672-8620 (TTY: 711) Bilbilaa.

**Deutsch (German) -** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-672-8620 (TTY: 711).

**Français (French) -** ATTENTION : Si vous parlez français, des services d'aide linguistique sont disponibles gratuitement. Appelez le 1-877-672-8620 (ATS : 711).

**ภาษาไทย (Thai) -** โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-672-8620 (TTY: 711)

**فارسی (Farsi) -** توجه: اگر فارسی صحبت می کنید، کمک زبان رایگان در اختیار شما قرار می گیرد. با شماره 1-877-672-8620 (TTY: 1-800-735-2900) تماس بگیرید.

إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان .اتصل برقم 1-877-672-8620 )رقم هاتف الصم والبكم 1-800-735-2900).

Form Approved
OMB# 0938-1421

# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English:** ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-672-8620 or speak to your provider.

**Spanish:** ATENCIÓN: Si habla español, dispone de servicios gratuitos de asistencia lingüística. También dispone de recursos y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al 1-877-672-8620 o hable con su proveedor.

**Chinese Mandarin:** 注意：如果您讲中文普通话，我们提供免费的语言协助服务。此外，我们还免费提供相应的辅助工具和服务，以无障碍格式提供信息。请致电 1-877-672-8620 或联系您的服务提供商。

**Chinese Cantonese:** 注意：如果您講粵語，我們可以為您提供免費的語言協助服務。還免費提供適當的輔助工具和服務，以可存取的格式提供資訊。請致電 1-877-672-8620 或與您的提供者聯絡。

**Tagalog:** PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-672-8620 o makipag-usap sa iyong provider.

**French:** ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir de l'information dans des formats accessibles sont également offerts gratuitement. Composez le 1-877-672-8620 ou parlez-en à votre fournisseur.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-672-8620 hoặc trao đổi với người cung cấp dịch vụ của bạn.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenz-Angebote zur Verfügung. Auch entsprechende Hilfsmittel und Angebote zur barrierefreien Informationsbereitstellung sind kostenlos verfügbar. Rufen Sie 1-877-672-8620 an oder wenden Sie sich an Ihren Anbieter.

**Korean:** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-672-8620번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-672-8620 или обратитесь к своему поставщику услуг.

**Arabic:**
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-672-8620 أو تحدث إلى مقدم الخدمة".

**Hindi:** ध्यान दें: यदि आप ि ंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती ै। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध ै। 1-877-672-8620 पर कॉल करें या अपने प्रदाता से बात करें।

**Italian:** ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-877-672-8620 o rivolgiti al tuo fornitore.

**Portuguese:** ATENÇÃO: Se fala português, estão disponíveis para si serviços gratuitos de assistência linguística. Os recursos auxiliares e os serviços adequados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-672-8620 ou fale com o seu fornecedor.

**French Creole:** ATANSYON: Si ou pale Kreyòl, sèvis asistans lang gratis la disponib pou ou. Zouti ak sèvis yo ki bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele 1-877-672-8620 oswa pale ak founisè ou.

**Polish:** UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-672-8620 lub porozmawiaj ze swoim dostawcą.

**Japanese:** 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-672-8620 までお電話ください。または、ご利用の事業者にご相談ください。

This formulary was updated on 10/30/2026. For more recent information or other questions, please contact ATRIO Health Plans at **1-877-672-8620** (TTY 711), daily from 8 a.m. to 8 p.m. local time or visit **atriohp.com**.