

Medicare Advantage HMO D-SNP & Generations State of Oklahoma Retirees (HMO) Plans

DRUG FORMULARY FORMULARIO DE MEDICAMENTOS

January 1 - December 31, 2026

Del 1 de enero al 31 de diciembre de 2026

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.
Approved Formulary File Submission ID 26380, Version Number 6

This document contains a list of covered drugs for Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO). The Drug Formulary was updated on 09/02/2025. For more recent information or other questions, please contact GlobalHealth Customer Care. Based on a Model of Care review, GlobalHealth has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2028.

1-866-494-3927 (TTY: 711), 24 hours a day, 7 days a week
www.GlobalHealth.com

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN.

Identificación del formulario aprobado 26380, número de versión 6

Este documento contiene una lista de medicamentos cubiertos para Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) y Generations State of Oklahoma Retirees (HMO). El Formulario de Medicamentos se actualizó el [09/02/2025]. Para obtener información más reciente u otras preguntas, comuníquese con Atención al cliente de GlobalHealth. Basado en una revisión del modelo de cuidado, GlobalHealth ha sido aprobado por el Comité Nacional de Garantía de Calidad (NCQA) para operar un plan de necesidades especiales (SNP) hasta 2028.

1-866-494-3927 (TTY: 711) las 24 horas del día, los 7 días de la semana
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GlobalHealth
MEDICARE ADVANTAGE PLANS

Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO)

2026 Formulary

(List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID 00026380, Version Number 6.

This formulary was updated on 09/02/2025. For more recent information or other questions, please contact us, GlobalHealth Customer Care at 1-866-494-3927 (TTY users should call 711), 24 hours a day, seven days a week, or visit www.globalhealth.com.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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 GlobalHealth, Inc. When it refers to “plan” or “our plan,” it means Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO).

This document includes a Drug List (formulary) for our plan which is current as of September 2, 2025. 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.

What is the Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO). 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 our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at our 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 here: www.globalhealth.com.

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 Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO).’s 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include

information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO).’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 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 September 2, 2025. To get updated information about the drugs covered by Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO). please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 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”. If you know what your drug is used for, look for the category name in the list that begins on page 3. 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 195. 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?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs 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:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for Rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO).’s formulary?” on page V for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us 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 Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO).’s Formulary?

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

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

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

You or your prescriber should contact us to ask 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 prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you are a current member in our plan, we will also cover a temporary transition supply if you have a change in your medications because of a level-of-care change. This may include unplanned changes in treatment settings, such as being discharged from an acute care (hospital) setting or being admitted to, or discharged from, a long-term care facility. For each drug that is not in our formulary, or if your ability to get

your drugs is limited, we will cover a temporary 30-day supply (up to a 31-day supply if you are a resident of a long-term care facility) when you go to a network pharmacy.

For more information

For more detailed information about your Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO). prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO). Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 195.

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

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

Drug Tier

Tier 1 = Preferred Generic

Tier 2 = Generic

Tier 3 = Preferred Brand

Tier 4 = Non-Preferred Drug

Tier 5 = Specialty Tier

You can find information on what the symbols and abbreviations on this table mean here:

- **PA – Prior Authorization.** Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **QL – Drug has Quantity Limit.** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for rosuvastatin.
- **ST – Step Therapy.** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **NM – Not available at our Mail-order pharmacies.**
- **LA – Limited Access.** This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-866-494- 3927, 24 hours a day, seven days a week. TTY users should call 711 or visit www.globalhealth.com.
- **B/D –** This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **ED - Excluded Drug.** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO)

Formulario 2026

(Lista de Medicamentos Cubiertos o "Lista de Medicamentos")

LEA ESTA INFORMACIÓN: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Identificación de Presentación del Archivo de la Lista de Medicamentos Aprobada por el HPMS 00026380, versión 6

Este Formulario se actualizó el 09/02/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Servicio de Atención al Cliente al 1-866-494-3927 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los siete días de la semana, o visite www.globalhealth.com.

Mensaje Importante Sobre Lo Que Usted Paga por Insulina -Usted no pagará más de \$35 por un suplido de un mes de cada producto de insulina cubierto por nuestro plan, no importa el nivel de costo compartido.

Nota para los miembros existentes: Esta lista de medicamentos cambió desde el año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que toma.

Cuando en esta lista de medicamentos (Formulario) se hace referencia a "nosotros", "nos" o "nuestro", se hace referencia a GlobalHealth, Inc. Cuando se hace referencia a "plan" o "nuestro plan", se hace referencia a Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO).

Este documento incluye una lista de medicamentos (formulario) para nuestro plan que está actualizada a partir de 2 de septiembre de 2025. Para obtener una lista de medicamentos actualizada (formulario), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez la lista de medicamentos (formulario), aparece en la portada y la contraportada.

Por lo general, debe usar las farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el Formulario, la red de farmacias o los copagos y coseguros pueden cambiar el 1 de enero de 2026 y de manera periódica durante el año.

¿Qué es el Formulario de Medicamentos de Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO)?

En este documento, usamos los términos Lista de medicamentos y formulario para referirnos a lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por nuestro plan en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas consideradas como una parte necesaria de un programa de tratamiento de calidad. Nuestro plan, por lo general, cubrirá los medicamentos que figuran en nuestro Formulario, siempre y cuando el medicamento sea médicamente necesario, la receta sea surtida en una farmacia de la red del plan y se cumplan otras normas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su *Evidencia de Cobertura*.

¿Puede cambiar la Lista (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos se producen el 1 de enero, pero podemos agregar o eliminar medicamentos en el Formulario durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos cumplir con las normas de Medicare para realizar estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web aquí: www.globalhealth.com.

Cambios que pueden afectarle este año: En los siguientes casos, usted se verá afectado por los cambios en la cobertura durante el año:

- **Sustituciones inmediatas de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Es posible que eliminemos inmediatamente un medicamento de nuestro formulario si lo estamos reemplazando con una nueva versión determinada de ese medicamento que aparecerá en el mismo nivel de costo compartido o en el más bajo y con las mismas o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero moverlo inmediatamente a un nivel de costo compartido diferente o agregar nuevas restricciones.

Podemos hacer estos cambios inmediatos solo si estamos agregando una nueva versión genérica de un medicamento de marca, o agregando ciertas nuevas versiones biosimilares de un producto biológico original, que ya estaba en el formulario (por ejemplo, agregando un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una nueva receta).

Si actualmente está tomando el medicamento de marca o el producto biológico original, es posible que no le informemos con anticipación antes de realizar un cambio inmediato, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.

Si hacemos un cambio de este tipo, usted o su médico pueden pedirnos que hagamos una excepción y que continuemos cubriéndole el medicamento que se está cambiando. Para obtener más información, consulte la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO)?"

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección titulada ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?”

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) determina que se retira por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro formulario y luego notificar a los miembros que toman el medicamento.
- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del formulario al agregar un equivalente genérico o eliminar un producto biológico original al agregar un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o moverlo a un nivel diferente de costos compartidos, o ambos. Es posible que realicemos cambios en función de las nuevas directrices clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos autorización previa, límites de cantidad y/o restricciones de terapia escalonada en un medicamento, o cambiamos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia. Alternativamente, cuando un miembro solicita una reposición del medicamento, puede recibir un suministro de 30 días del medicamento y un aviso del cambio.

Si hacemos estos otros cambios, usted o su médico pueden pedirnos que hagamos una excepción para usted y que continuemos cubriendo el medicamento que ha estado tomando. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO)?

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si usted está tomando un medicamento de nuestro Formulario 2026 que estaba cubierto al comienzo del año, no interrumpiremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, salvo lo descrito anteriormente. Esto significa que estos medicamentos seguirán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. Este año no se le notificarán directamente sobre los cambios que no lo afecten. Sin embargo, el 1 de enero del año siguiente, dichos cambios pueden afectarlo, y es importante revisar formulario del nuevo año de beneficios para ver si hay cambios en los medicamentos.

El Formulario adjunto entra en vigor a partir del 2 de septiembre de 2025. Para obtener información actualizada sobre los medicamentos cubiertos por Generations Dual Support (HMO D-SNP), ¿Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO), comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada. En caso de que se produzcan cambios a mediados de año en el Formulario que no sean de mantenimiento, el Formulario se actualizarán mensualmente y se publicarán en nuestro sitio web.

¿Cómo utilizo el Formulario?

Existen dos maneras de encontrar su medicamento en la lista de medicamentos:

Afección Médica

El Formulario comienza en la página 3. Los medicamentos de esta lista de medicamentos están agrupados en categorías según el tipo de afección médica para la que se utilizan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría “Cardiovascular”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 3. Luego busque su medicamento en el nombre de la categoría.

Listado Alfabético

Si no está seguro en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 195. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca registrada como los medicamentos genéricos figuran en el Índice. Busque en el Índice para encontrar su medicamento. Junto con su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Nuestro plan cubre tanto medicamentos de marca registrada como medicamentos genéricos. Un medicamento genérico es uno aprobado por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) que contiene el mismo ingrediente activo que el medicamento de marca registrada. Por lo general, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los medicamentos de marca. Hay sustitutos de medicamentos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden ser sustituidos por el medicamento de marca en la farmacia sin necesidad de una nueva receta, según las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden ser sustituidos por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden ser sustituidos por medicamentos de marca.

- Para hablar sobre los tipos de medicamentos, consulte la Evidencia de Cobertura, Capítulo 5, Sección 3.1, "La 'Lista de Medicamentos' indica qué medicamentos de la Parte D están cubiertos."

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización Previa:** Nuestro plan necesita que usted o su prescriptor obtengan una autorización previa para obtener ciertos medicamentos. Esto significa que necesitará obtener una aprobación de nuestro plan antes de obtener los medicamentos con receta médica. Si no obtiene la aprobación, es posible que no cubramos el medicamento.
- **Límites de Cantidades:** Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubrirá nuestro plan. Por ejemplo, nuestro plan proporciona 30 tabletas por receta para rosuvastatina. Esto puede ser adicional a un suministro estándar para un mes o tres meses.
- **Terapia Escalonada:** En algunos casos, nuestro plan requiere que primero pruebe otros medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan una condición médica, podemos no cubrir el medicamento B a menos que pruebe con el medicamento A primero. Si el medicamento A no funciona, le cubriremos el medicamento B.
- Puede averiguar si su medicamento tiene requisitos o límites adicionales consultando el Formulario que comienza en la página 3. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en la portada y en la contraportada.
- Puede solicitar a nuestro plan que haga una excepción a estas restricciones o límites o una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción al Formulario de Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO)?” en la página XIII para obtener información sobre cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con el Servicio de Atención al Cliente y preguntar si su medicamento está cubierto.

Si se entera de que nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Servicio de Atención al Cliente una lista de medicamentos similares que estén cubiertos por nuestro plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por nuestro plan.
- Puede solicitar que nuestro plan haga una excepción para que cubra su medicamento. Consulte la siguiente sección para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO)?

Puede solicitar a nuestro plan que haga una excepción a nuestras normas de cobertura. Existen varios tipos de excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos un medicamento incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede pedirnos que renunciemos a una restricción de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad en su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que le eximamos del límite y cubramos una cantidad mayor.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, a menos que el medicamento esté en el nivel de especialidad. Si se aprueba, esto reduciría el monto que debe pagar por su medicamento.

Por lo general, nuestro plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o la aplicación de la restricción no serían tan efectivos para usted y/o le causarían efectos adversos.

Usted o su médico deben comunicarse con nosotros para solicitar una excepción de nivel o de formulario, incluida una excepción a una restricción de cobertura. **Cuando solicite una excepción, su médico deberá explicar las razones médicas por las que necesita la excepción.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de su médico. Puede solicitar una decisión acelerada (rápida) si cree, y estamos de acuerdo, que su salud podría verse seriamente perjudicada si espera hasta 72 horas para recibir una decisión. Si estamos de acuerdo, o si su médico solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de recibir la declaración de respaldo de su médico.

¿Qué puedo hacer si mi medicamento no está en el formulario o tiene una restricción?

Como miembro nuevo o continuo de nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O bien, es posible que esté tomando un medicamento que está en nuestro formulario pero que tiene una restricción de cobertura, como una autorización previa. Debe hablar con su médico sobre la posibilidad de solicitar una decisión de cobertura para demostrar que cumple con los criterios para la aprobación, cambiar a un medicamento alternativo que cubrimos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan el curso de acción correcto para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no estén en nuestro formulario o que tenga una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta está escrita para menos días, permitiremos que los resurtidos proporcionen un suministro máximo de medicamentos para 30 días. Si no se

aprueba la cobertura, después de su primer suministro de 30 días, no pagaremos estos medicamentos, incluso si ha sido miembro del plan menos de 90 días.

Si usted es residente de un centro de atención médica a largo plazo y necesita un medicamento que no está en nuestra lista de medicamentos, o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia por 31 días de ese medicamento mientras usted busca una excepción a la lista.

Si usted es un miembro actual de nuestro plan, también cubriremos un suministro de transición temporal si sus medicamentos cambian debido a un cambio en el nivel de atención. Esto puede incluir cambios no planificados en los entornos de tratamiento, como ser dado de alta de un centro de cuidados intensivos (hospital) o ser hospitalizado o dado de alta de un centro de atención médica a largo plazo. Por cada medicamento que no esté en nuestro Formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal por 30 días (un suministro por hasta 31 días si usted es residente de un centro de atención médica a largo plazo) cuando vaya a una farmacia de la red.

Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO, revise su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en la portada y en la contraportada.

Si tiene preguntas generales acerca de la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY/TDD deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

Formulario de Generations Dual Support (HMO D-SNP), Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO)

El Formulario que comienza en la página siguiente proporciona información de cobertura sobre los medicamentos cubiertos por nuestro plan. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 195.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos de marca registrada están en mayúscula (p. ej., SYNTHROID) y los medicamentos genéricos están en minúscula cursiva (p. ej., *levotiroxina*).

La información en la columna Requisitos/Límites le indica si nuestro plan tiene algún requisito especial para la cobertura de su medicamento.

Nivel de Medicamento

Nivel 1 = Genérico preferido

Nivel 2 = Genérico

Nivel 3 = Marca preferida

Nivel 4 = Medicamentos no preferidos

Nivel 5 = Nivel de especialidad

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla:

- **PA - Autorización Previa.** El plan necesita que usted o su proveedor obtengan una autorización previa para ciertos medicamentos. Esto significa que necesitará obtener nuestra aprobación antes de obtener los medicamentos con receta médica. Si no obtiene la aprobación, es posible que no cubramos el medicamento.
- **QL - El medicamento tiene un límite de cantidad.** Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan proporciona 30 tabletas por 30 días por receta de rosuvastatina.
- **ST - Terapia Escalonada.** En algunos casos, nuestro plan requiere que primero pruebe otros medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan una condición médica, podemos no cubrir el medicamento B a menos que pruebe con el medicamento A primero. Si el medicamento A no funciona, le cubriremos el medicamento B.
- **NM - No está disponible en nuestras farmacias de pedidos por correo.**
- **LA - Acceso Limitado.** Esta receta puede estar disponible solo en ciertas farmacias. Para obtener más información, consulte su Directorio de Proveedores y Farmacias o llame a nuestro Centro de Llamadas de Servicio al Cliente al 1-866-494-3927, las 24 horas del día, los siete días de la semana. Los usuarios de TTY deben llamar al 711 o visite www.globalhealth.com.
- **B/D - Este medicamento puede estar cubierto por Medicare Parte B o Parte D, según las circunstancias.** Es posible que sea necesario presentar información que describa el uso y el entorno del medicamento para tomar la decisión.
- **ED - Medicamento Excluido (Excluded Drug).** Este medicamento recetado generalmente no está cubierto por un Plan de Medicamentos Recetados de Medicare. El monto que usted paga cuando le dispensan una receta de este medicamento no cuenta entre los costos de medicamentos totales (es decir, el monto que paga no lo ayuda a reunir los requisitos para la cobertura catastrófica). Además, si recibe ayuda adicional para pagar sus recetas, no obtendrá ayuda adicional para pagar este medicamento.

Generations Dual Support (HMO D-SNP)		
Tier	Retail in-network cost-sharing (up to a 30-days supply)	Retail cost sharing (in-network) (up to a 100-days supply)
D-SNP plan members will have their copays based on their LIS Level.		
Cost-Sharing Tier 1 (Preferred Generic Drugs)	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low-income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low-income subsidy Level 3: \$0
Cost-Sharing Tier 2 (Generic Drugs)	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low-income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low-income subsidy Level 3: \$0
Cost-Sharing Tier 3 (Preferred Brand Drugs)	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low-income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low-income subsidy Level 3: \$0
Cost-Sharing Tier 4 (Non-Preferred Drugs)	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low-income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low-income subsidy Level 3: \$0
Cost-Sharing Tier 5 (Specialty Drugs)	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low-income subsidy Level 3: \$0	A long-term supply isn't available for drugs in Tier 5 (Specialty Drugs).

Generations Dual Premier (HMO D-SNP)		
Tier	Retail in-network cost-sharing (up to a 30-days supply)	Retail cost sharing (in-network) (up to a 100-days supply)
D-SNP plan members will have their copays based on their LIS Level.		
Cost-Sharing Tier 1 (Preferred Generic Drugs)	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low income subsidy Level 3: \$0
Cost-Sharing Tier 2 (Generic Drugs)	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low income subsidy Level 3: \$0
Cost-Sharing Tier 3 (Preferred Brand Drugs)	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low income subsidy Level 3: \$0
Cost-Sharing Tier 4 (Non-Preferred Drugs)	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low income subsidy Level 3: \$0
Cost-Sharing Tier 5 (Specialty Drugs)	Low-income subsidy Level 1: \$5.10 (generic), \$12.65 (brand) Low-income subsidy Level 2: \$1.60 (generic), \$4.90 (brand) Low income subsidy Level 3: \$0	A long-term supply isn't available for drugs in Tier 5 (Specialty Drugs).

Generations State of Oklahoma Retirees (HMO)

Tier	Retail in-network cost-sharing (up to a 30-days supply)	Retail cost sharing (in-network) (up to a 90-days supply)
Cost-Sharing Tier 1 (Preferred Generic Drugs)	\$0	\$0
Cost-Sharing Tier 2 (Generic Drugs)	\$15	\$0
Cost-Sharing Tier 3 (Preferred Brand Drugs)	\$42	\$84
Cost-Sharing Tier 4 (Non-Preferred Drugs)	\$95	\$190
Cost-Sharing Tier 5 (Specialty Drugs)	33% coinsurance	A long-term supply isn't available for drugs in Tier 5 (Specialty Drugs).

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Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution</i> 120-12 mg/5ml	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-15 mg, 300-30 mg	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-60 mg	1	QL (180 per 30 days)
<i>buprenorphine transdermal patch</i> (Butrans) weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	4	QL (4 per 28 days)
<i>butalbital-apap-caff-cod oral capsule</i> 50-325-40-30 mg	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-apap-caffeine oral capsule</i> (Fioricet) 50-300-40 mg	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-apap-caffeine oral capsule</i> 50-325-40 mg	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet</i> (BAC (Butalbital- 50-325-40 mg Acetamin-Caff))	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>fentanyl citrate buccal lozenge on a</i> <i>handle</i> 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; NM; NEDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a</i> <i>handle</i> 200 mcg	2	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour</i> 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral</i> <i>tablet</i> 10-325 mg, 7.5-325 mg	1	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral</i> <i>tablet</i> 5-325 mg	1	QL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 26380

Effective Date: 01/01/2026
Updated: 09/02/2025

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl oral tablet 2 mg, (Dilaudid) 4 mg, 8 mg</i>	1	QL (180 per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	1	QL (180 per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	PA; QL (180 per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg</i>	1	QL (60 per 30 days)
<i>morphine sulfate er oral tablet (MS Contin) extended release 15 mg, 30 mg</i>	1	QL (90 per 30 days)
<i>morphine sulfate er oral tablet extended release 200 mg</i>	2	QL (60 per 30 days)
<i>morphine sulfate er oral tablet (MS Contin) extended release 60 mg</i>	1	QL (60 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML	1	QL (700 per 30 days)
MORPHINE SULFATE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE SULFATE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	1	QL (180 per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	1	QL (180 per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 30 (Roxicodone) mg</i>	1	QL (120 per 30 days)
<i>oxycodone hcl oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet (Endocet) 10-325 mg</i>	1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet (Endocet) 5-325 mg</i>	1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet (Endocet) 7.5-325 mg</i>	1	QL (240 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 26380

Effective Date: 01/01/2026

Updated: 09/02/2025

Drug Name	Drug Tier	Requirements/Limits
tramadol-acetaminophen oral tablet 37.5-325 mg	1	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg (CeleBREX)	1	QL (60 per 30 days)
diclofenac epolamine external patch 1.3 % (Flector)	4	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	1	QL (120 per 30 days)
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium external gel 1 % (Aspercreme Arthritis Pain)	1	QL (1000 per 30 days)
diclofenac sodium external solution 1.5 %	4	QL (300 per 30 days)
diclofenac sodium external solution 2 % (Pennsaid)	5	PA; NM; NEDS; QL (224 per 28 days)
diclofenac sodium oral tablet delayed release 25 mg	1	
diclofenac sodium oral tablet delayed release 50 mg	1	QL (120 per 30 days)
diclofenac sodium oral tablet delayed release 75 mg	1	QL (60 per 30 days)
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg (Arthrotec)	2	
ibu oral tablet 400 mg (IBU)	1	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg (IBU)	1	
ibuprofen oral tablet 400 mg (IBU)	1	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg (IBU)	1	
indomethacin oral capsule 25 mg, 50 mg	1	PA-HRM; AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
ANESTHETICS		
Local Anesthetics		
<i>glydo external prefilled syringe 2 %</i> (Glydo)	1	QL (30 per 30 days)
<i>lidocaine external ointment 5 %</i>	2	PA; QL (240 per 30 days)
<i>lidocaine external patch 5 %</i> (Lidocan)	4	PA; QL (90 per 30 days)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i> (Glydo)	1	QL (30 per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	PA; QL (30 per 30 days)
<i>lidocan external patch 5 %</i> (Lidocan)	4	PA; QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	4	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	2	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	

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<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	QL (4 per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	2	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i> (Narcan)	2	QL (4 per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	4	
<i>varenicline tartrate oral tablet 0.5 mg</i>	4	QL (336 per 365 days)
<i>varenicline tartrate oral tablet 1 mg,</i> (Chantix) <i>1 mg (56 pack)</i>	4	QL (336 per 365 days)
ANTI-ANXIETY AGENTS		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (KlonoPIN)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (KlonoPIN)	1	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 per 30 days)

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<i>clorazepate dipotassium oral tablet</i> 15 mg, 3.75 mg, 7.5 mg	2	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>diazepam solution 5 mg/ml injection</i>	4	
<i>lorazepam concentrate 2 mg/ml oral</i> (LORazepam Intensol)	1	QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (LORazepam Intensol)	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	2	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	2	QL (120 per 30 days)
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA; NM; NEDS; QL (235.2 per 28 days)
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	5	NM; NEDS
TOBI PODHALER INHALATION CAPSULE 28 MG	5	NM; NEDS; QL (224 per 28 days)

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<i>tobramycin inhalation nebulization solution 300 mg/5ml</i> (Kitabis Pak (w/ nebulizer))	5	PA BvD; NM; NEDS
<i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i> (Kitabis Pak (w/ nebulizer))	5	PA BvD; NM; NEDS
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin)	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i> (Cleocin Phosphate)	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i> (Coly-Mycin M)	5	NM; NEDS
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	5	NM; NEDS
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	NM; NEDS
<i>fosfomycin tromethamine oral packet 3 gm</i>	2	
<i>linezolid intravenous solution 600 mg/300ml</i> (Zyvox)	4	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	4	
<i>methenamine hippurate oral tablet 1 gm</i> (Hiprex)	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	1	QL (120 per 30 days)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i> (Macrobid)	1	QL (60 per 30 days)
<i>trimethoprim oral tablet 100 mg</i>	1	

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<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	4	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM	4	
<i>vancomycin hcl oral capsule 125 mg (Vancocin)</i>	4	QL (56 per 14 days)
<i>vancomycin hcl oral capsule 250 mg (Vancocin)</i>	4	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NM; NEDS; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	4	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	4	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefloxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm</i> (Tazicef)	4	
<i>ceftazidime injection solution reconstituted 6 gm</i>	4	

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<i>ceftazidime intravenous solution</i> (Tazicef) <i>reconstituted 2 gm</i>	4	
<i>ceftriaxone sodium injection solution</i> <i>reconstituted 1 gm, 2 gm, 250 mg,</i> <i>500 mg</i>	2	
<i>ceftriaxone sodium intravenous</i> <i>solution reconstituted 10 gm</i>	2	
<i>cefuroxime axetil oral tablet 250 mg,</i> <i>500 mg</i>	1	
<i>cefuroxime sodium injection solution</i> <i>reconstituted 750 mg</i>	1	
<i>cefuroxime sodium intravenous</i> <i>solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500</i> <i>mg</i>	1	
<i>cephalexin oral suspension</i> <i>reconstituted 125 mg/5ml, 250</i> <i>mg/5ml</i>	1	
<i>tazicef injection solution</i> (Tazicef) <i>reconstituted 1 gm</i>	4	
<i>tazicef intravenous solution</i> (Tazicef) <i>reconstituted 2 gm</i>	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	NM; NEDS
Macrolides		
<i>azithromycin intravenous solution</i> (Zithromax) <i>reconstituted 500 mg</i>	2	
<i>azithromycin oral tablet 250 mg, 250</i> (Zithromax) <i>mg (6 pack), 500 mg, 500 mg (3</i> <i>pack)</i>	1	
<i>azithromycin oral tablet 600 mg</i>	1	

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<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG (fidaxomicin)	5	NM; NEDS; QL (20 per 10 days)
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i> (EryPed 400)	2	
<i>fidaxomicin oral tablet 200 mg</i> (Dificid)	5	NM; NEDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i> (Azactam)	4	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NM; NEDS
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i> (Primaxin IV)	4	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
MEROPENEM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	4	
Penicillins		

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<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i> (Unasyn)	4	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i> (Unasyn)	4	

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	4	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	4	
<i>naftillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>naftillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>penicillin g potassium injection (Pfizerpen) solution reconstituted 20000000 unit</i>	4	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	2	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	

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<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML	4	
<i>moxifloxacin hcl oral tablet 400 mg</i>	2	
MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS	4	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> (Sulfatrim Pediatric)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	2	
<i>doxy 100 intravenous solution reconstituted 100 mg</i> (Doxy 100)	4	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i> (Doxy 100)	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	

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<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	
ANTICANCER AGENTS		
Anticancer Agents		
<i>abiraterone acetate oral tablet 250 mg</i> (Abirtega)	5	PA NSO; NM; NEDS; QL (120 per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i> (Zytiga)	5	PA NSO; NM; NEDS; QL (120 per 30 days)
<i>abirtega oral tablet 250 mg</i> (Abirtega)	2	PA NSO; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; NEDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA NSO; NM; NEDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	

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Drug Name	Drug Tier	Requirements/Limits
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML	5	PA NSO; NM; NEDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; NM; NEDS; QL (240 per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	5	PA NSO; NM; NEDS; QL (66 per 28 days)
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (pemetrexed dipotassium)	5	NM; NEDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
<i>azacitidine injection suspension reconstituted 100 mg</i> (Vidaza)	5	NM; NEDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NM; NEDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NEDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NM; NEDS; QL (28 per 28 days)
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML (bendamustine hcl)	5	PA NSO; NM; NEDS
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i> (Treanda)	5	PA NSO; NM; NEDS
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML (bendamustine hcl)	5	PA NSO; NM; NEDS
<i>bexarotene external gel 1 %</i> (Targretin)	5	PA NSO; NM; NEDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NM; NEDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	

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BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML	5	PA NSO; NM; NEDS; QL (75 per 28 days)
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	1	
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i>	4	PA NSO
<i>bortezomib injection solution</i> (Velcade) <i>reconstituted 3.5 mg</i>	5	PA NSO; NM; NEDS
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML	4	PA NSO
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)

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CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA NSO; NM; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA NSO; NM; NEDS; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA NSO; NM; NEDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NEDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; NEDS; QL (63 per 28 days)
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	5	PA BvD; NM; NEDS
<i>cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml</i> (Frindovyx)	5	PA BvD; NM; NEDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	5	PA BvD; NM; NEDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	4	PA BvD; ST
<i>cyclophosphamide oral capsule 50 mg</i>	4	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg</i>	3	PA BvD; ST
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	5	PA NSO; NM; NEDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; NM; NEDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	5	PA NSO; NM; NEDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	5	PA NSO; NM; NEDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA NSO; NM; NEDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
<i>decitabine intravenous solution reconstituted 50 mg</i>	5	NM; NEDS
<i>doxorubicin hcl liposomal</i> (Doxil) <i>intravenous suspension 2 mg/ml</i>	5	PA BvD; NM; NEDS
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	5	PA NSO; NM; NEDS
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML	5	PA NSO; NM; NEDS
ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML	5	PA NSO; NM; NEDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	NM; NEDS
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 20 MG	5	PA NSO; NM; NEDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	5	PA NSO; NM; NEDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	5	PA NSO; NM; NEDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NEDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NEDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl oral tablet 100 mg</i> (Tarceva)	5	PA NSO; NM; NEDS; QL (60 per 30 days)
<i>erlotinib hcl oral tablet 150 mg</i>	5	PA NSO; NM; NEDS; QL (90 per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA NSO; NM; NEDS; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
<i>etoposide intravenous solution 100 mg/5ml</i>	1	
EULEXIN ORAL CAPSULE 125 MG	5	NM; NEDS
<i>everolimus oral tablet 10 mg</i> (Torpenz)	5	PA NSO; NM; NEDS; QL (56 per 28 days)
<i>everolimus oral tablet 2.5 mg</i> (Torpenz)	5	PA NSO; NM; NEDS; QL (28 per 28 days)
<i>everolimus oral tablet 5 mg, 7.5 mg</i> (Torpenz)	5	PA NSO; NM; NEDS; QL (30 per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	PA NSO; NM; NEDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA BvD; NM; NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA BvD
<i>floxuridine injection solution reconstituted 0.5 gm</i>	1	PA BvD
<i>fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml</i>	2	PA BvD
FLUTAMIDE ORAL CAPSULE 125 MG	4	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NM; NEDS; QL (21 per 28 days)

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FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; NM; NEDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; NM; NEDS; QL (21 per 28 days)
<i>fulvestrant intramuscular solution</i> (Faslodex) <i>prefilled syringe 250 mg/5ml</i>	5	NM; NEDS
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	PA NSO; NM; NEDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	PA NSO; NM; NEDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5	NM; NEDS
GOMEKLI ORAL CAPSULE 1 MG	5	PA NSO; NM; NEDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA NSO; NM; NEDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET SOLUBLE 1 MG	5	PA NSO; NM; NEDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	5	PA NSO; NM; NEDS; QL (5 per 21 days)
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NEDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NEDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	PA NSO; NM; NEDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	2	
<i>ifosfamide intravenous solution</i> (Ifex) <i>reconstituted 1 gm</i>	2	
<i>imatinib mesylate oral tablet 100 mg</i> (Gleevec)	2	PA NSO; QL (180 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i> (Gleevec)	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NEDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; NM; NEDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NEDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	5	PA NSO; NM; NEDS
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	5	PA NSO; NM; NEDS
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA NSO; NM; NEDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NEDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; NM; NEDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; NM; NEDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	5	PA NSO; NM; NEDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5	PA NSO; NM; NEDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	5	PA NSO; NM; NEDS; QL (2 per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NM; NEDS; QL (21 per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NM; NEDS; QL (42 per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NM; NEDS; QL (63 per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NM; NEDS; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NM; NEDS; QL (70 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; NM; NEDS; QL (91 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NEDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NM; NEDS
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	PA NSO; NM; NEDS; QL (28 per 28 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA NSO; NM; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA NSO; NM; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA NSO; NM; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA NSO; NM; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA NSO; NM; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA NSO; NM; NEDS

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA NSO; NM; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA NSO; NM; NEDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	5	NM; NEDS
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	4	PA NSO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NM; NEDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; NEDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	5	PA NSO; NM; NEDS
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NEDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NEDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; NM; NEDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	5	PA NSO; NM; NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA NSO; NM; NEDS

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	5	PA NSO; NM; NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA NSO; NM; NEDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA NSO; NM; NEDS
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	4	PA NSO
LYNOZYFIC INTRAVENOUS SOLUTION 200 MG/10ML	5	PA NSO; NM; NEDS; QL (40 per 28 days)
LYNOZYFIC INTRAVENOUS SOLUTION 5 MG/2.5ML	5	PA NSO; NM; NEDS; QL (15 per 8 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NEDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NM; NEDS; QL (140 per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NM; NEDS; QL (140 per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; NM; NEDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	5	PA NSO; NM; NEDS
MATULANE ORAL CAPSULE 50 MG	5	NM; NEDS
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA NSO; NM; NEDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NEDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
<i>mercaptopurine oral suspension</i> (Purixan) 2000 mg/100ml	5	NM; NEDS
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection</i> solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML	1	
<i>methotrexate sodium injection</i> solution reconstituted 1 gm	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	PA BvD; ST
<i>mitoxantrone hcl intravenous</i> concentrate 20 mg/10ml	1	
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NM; NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NEDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; NEDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO; NM; NEDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA NSO; NM; NEDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA NSO; NM; NEDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NEDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	5	PA NSO; NM; NEDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	5	PA NSO; NM; NEDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	5	PA NSO; NM; NEDS
ORSERDU ORAL TABLET 345 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; NM; NEDS; QL (90 per 30 days)
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	PA BvD; NM; NEDS
<i>pazopanib hcl oral tablet 200 mg</i> (Votrient)	5	PA NSO; NM; NEDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	5	NM; NEDS

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<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg</i> (Alimta)	5	NM; NEDS
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	5	NM; NEDS
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	NM; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; NM; NEDS; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA NSO; NM; NEDS; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA NSO; NM; NEDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NEDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NEDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; NM; NEDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)

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REVUFORJ ORAL TABLET 25 MG	5	PA NSO; NM; NEDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600- 26800 MG -UT/13.4ML	5	PA NSO; NM; NEDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; NM; NEDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NEDS; QL (90 per 30 days)
ROZLYTREK ORAL PACKET 50 MG	5	PA NSO; NM; NEDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
RYBREVAANT INTRAVENOUS SOLUTION 350 MG/7ML	5	PA NSO; NM; NEDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NEDS; QL (224 per 28 days)
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	5	PA NSO; NM; NEDS
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; NM; NEDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	NM; NEDS
<i>sorafenib tosylate oral tablet 200 mg</i> (NexAVAR)	5	PA NSO; NM; NEDS; QL (120 per 30 days)

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STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NEDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	PA NSO; NM; NEDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA NSO; NM; NEDS
TABLOID ORAL TABLET 40 MG	5	NM; NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NEDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA NSO; NM; NEDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML	5	PA NSO; NM; NEDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)	5	PA NSO; NM; NEDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)	5	PA NSO; NM; NEDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NM; NEDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	5	PA NSO; NM; NEDS
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML	5	PA NSO; NM; NEDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	4	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	5	PA NSO; NM; NEDS; QL (5 per 21 days)
<i>toposar intravenous solution 100 mg/5ml</i>	1	
<i>toremifene citrate oral tablet 60 mg</i> (Fareston)	5	NM; NEDS
<i>torpenz oral tablet 10 mg</i> (Torpenz)	5	PA NSO; NM; NEDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	5	PA NSO; NM; NEDS; QL (30 per 30 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
<i>tretinoin oral capsule 10 mg</i>	5	NM; NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; NM; NEDS; QL (64 per 28 days)
TRUQAP TABLET THERAPY PACK 160 MG ORAL	5	PA NSO; NM; NEDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NSO; NM; NEDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NM; NEDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)

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VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO; NM; NEDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA NSO; NM; NEDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NEDS; QL (56 per 28 days)
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	4	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NEDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 100 MG/4ML (bendamustine hcl)	5	PA NSO; NM; NEDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO; NM; NEDS
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 300 MG	5	PA NSO; NM; NEDS
WELIREG ORAL TABLET 40 MG	5	PA NSO; NM; NEDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA NSO; NM; NEDS; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NEDS; QL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA NSO; NM; NEDS; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA NSO; NM; NEDS; QL (16 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NM; NEDS; QL (4 per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NM; NEDS; QL (8 per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA NSO; NM; NEDS; QL (4 per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NSO; NM; NEDS; QL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; NM; NEDS; QL (8 per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NSO; NM; NEDS; QL (32 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	5	PA NSO; NM; NEDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NEDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NEDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	5	PA NSO; NM; NEDS
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO; NM; NEDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NEDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NEDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	5	PA NSO; NM; NEDS

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ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	5	PA NSO; NM; NEDS; QL (20 per 28 days)
ANTICONVULSANTS		
Anticonvulsants		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	5	NM; NEDS; QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	NM; NEDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	NM; NEDS; QL (60 per 30 days)
carbamazepine er oral capsule (Carbatrol) extended release 12 hour 100 mg, 200 mg, 300 mg	2	
carbamazepine er oral tablet (TEGretol-XR) extended release 12 hour 100 mg, 200 mg, 400 mg	2	
carbamazepine oral suspension 100 mg/5ml (TEGretol)	2	
carbamazepine oral tablet 200 mg (TEGretol)	1	
carbamazepine oral tablet chewable 100 mg	1	
carbamazepine oral tablet chewable 200 mg	2	
clobazam oral suspension 2.5 mg/ml (Onfi)	4	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg (Onfi)	4	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; NM; NEDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG	5	PA NSO; NM; NEDS; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG	5	PA NSO; NM; NEDS; QL (180 per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	4	

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DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex sodium er oral tablet</i> (Depakote ER) <i>extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule</i> (Depakote Sprinkles) <i>delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet</i> (Depakote) <i>delayed release 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NM; NEDS
<i>epitol oral tablet 200 mg</i> (TEGretol)	1	
EPRONTIA ORAL SOLUTION 25 MG/ML (topiramate)	4	ST
<i>eslicarbazepine acetate oral tablet</i> (Aptiom) <i>200 mg, 400 mg</i>	5	ST; NM; NEDS; QL (30 per 30 days)
<i>eslicarbazepine acetate oral tablet</i> (Aptiom) <i>600 mg, 800 mg</i>	5	ST; NM; NEDS; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5ml</i> (Zarontin)	1	
<i>felbamate oral suspension 600 mg/5ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NM; NEDS
<i>fosphenytoin sodium injection</i> (Cerebyx) <i>solution 100 mg pe/2ml, 500 mg pe/10ml</i>	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NM; NEDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	5	ST; NM; NEDS; QL (30 per 30 days)

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FYCOMPA ORAL TABLET 2 MG (perampanel)	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	5	ST; NM; NEDS; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	1	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20ml</i> (Vimpat)	1	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	4	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	4	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i> (LaMICtal)	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i> (Keppra XR)	2	
<i>levetiracetam intravenous solution 500 mg/5ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i> (Spritam)	4	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	4	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	QL (10 per 30 days)

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<i>oxcarbazepine oral suspension 300 mg/5ml</i> (Trileptal)	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i> (Fycompa)	5	ST; NM; NEDS; QL (30 per 30 days)
<i>perampanel oral tablet 2 mg</i> (Fycompa)	4	ST; QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)	5	ST; NM; NEDS; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytek oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<i>phenytoin oral suspension 125 mg/5ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<i>phenytoin sodium injection solution 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	1	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	1	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	4	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NM; NEDS
<i>rufinamide oral tablet 200 mg</i> (Banzel)	4	ST

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<i>rufinamide oral tablet 400 mg</i> (Banzel)	5	ST; NM; NEDS
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA NSO-HRM; NM; NEDS; AGE (Max 64 Years)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG	4	ST
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG (levetiracetam)	4	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	PA NSO; NM; NEDS; QL (60 per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i> (Topamax Sprinkle)	2	
<i>topiramate oral capsule sprinkle 50 mg</i>	4	
<i>topiramate oral solution 25 mg/ml</i> (Eprontia)	4	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 100 mg/ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	5	NM; NEDS; QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	5	NM; NEDS; QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	5	NM; NEDS; QL (10 per 30 days)

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VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	5	NM; NEDS; QL (10 per 30 days)
<i>vigabatrin oral packet 500 mg</i> (Vigadrone)	5	PA NSO; NM; NEDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NM; NEDS; QL (180 per 30 days)
<i>vigadrone oral packet 500 mg</i> (Vigadrone)	5	PA NSO; NM; NEDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (Vigadrone)	5	PA NSO; NM; NEDS; QL (180 per 30 days)
<i>vigpoder oral packet 500 mg</i> (Vigadrone)	5	PA NSO; NM; NEDS; QL (180 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	NM; NEDS; QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5	NM; NEDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	NM; NEDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	NM; NEDS; QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	NM; NEDS
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	

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ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; NM; NEDS; QL (1080 per 30 days)
ANTIDEMENTIA AGENTS		
Antidementia Agents		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil hcl oral tablet 23 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	QL (30 per 30 days)
<i>ergoloid mesylates oral tablet 1 mg</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	2	ST; QL (30 per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i> (Exelon)	4	QL (30 per 30 days)
ANTIDEPRESSANTS		
Antidepressants		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	

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AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	5	ST; NM; NEDS
<i>bupropion hcl er (sr) oral tablet</i> (Wellbutrin SR) <i>extended release 12 hour 100 mg,</i> <i>150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet</i> (Wellbutrin XL) <i>extended release 24 hour 150 mg,</i> <i>300 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75</i> <i>mg</i>	1	
<i>citalopram hydrobromide oral</i> <i>solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet</i> (CeleXA) <i>10 mg</i>	1	QL (120 per 30 days)
<i>citalopram hydrobromide oral tablet</i> (CeleXA) <i>20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>clomipramine hcl oral capsule 25</i> (Anafranil) <i>mg, 50 mg, 75 mg</i>	2	
<i>desipramine hcl oral tablet 10 mg, 25</i> (Norpramin) <i>mg</i>	2	
<i>desipramine hcl oral tablet 100 mg,</i> <i>150 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate er oral</i> (Pristiq) <i>tablet extended release 24 hour 100</i> <i>mg, 25 mg, 50 mg</i>	2	QL (30 per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100</i> <i>mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral concentrate 10</i> <i>mg/ml</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	ST; QL (30 per 30 days)

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<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	ST; NM; NEDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	4	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST
<i>fluoxetine hcl oral capsule 10 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule 20 mg</i> (PROzac)	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	
<i>nefazodone hcl oral tablet 100 mg, 250 mg, 50 mg</i>	2	
NEFAZODONE HCL ORAL TABLET 150 MG, 200 MG	2	
<i>nefazodone hcl tablet 150 mg oral</i>	2	

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nefazodone hcl tablet 200 mg oral	2	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1	
nortriptyline hcl oral solution 10 mg/5ml	2	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	2	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral suspension 10 mg/5ml	2	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)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	2	
phenelzine sulfate oral tablet 15 mg (Nardil)	1	
protriptyline hcl oral tablet 10 mg, 5 mg	2	
RALDESY ORAL SOLUTION 10 MG/ML	5	PA NSO; NM; NEDS; QL (1200 per 30 days)
sertraline hcl 100 mg tablet f/c (Zoloft)	1	
sertraline hcl 25 mg tablet f/c (Zoloft)	1	
sertraline hcl 50 mg tablet f/c (Zoloft)	1	
sertraline hcl oral concentrate 20 mg/ml (Zoloft)	2	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	5	PA NSO; NM; NEDS
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	5	PA NSO; NM; NEDS

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tranylcypromine sulfate oral tablet (Parnate) 10 mg	2	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
venlafaxine hcl er oral capsule (Effexor XR) extended release 24 hour 150 mg	1	QL (30 per 30 days)
venlafaxine hcl er oral capsule (Effexor XR) extended release 24 hour 37.5 mg, 75 mg	1	QL (90 per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg (Viibryd)	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; NM; NEDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; NM; NEDS; QL (14 per 14 days)
ANTIDIABETIC AGENTS		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
dapagliflozin propanediol oral tablet (Farxiga) 10 mg, 5 mg	3	QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 per 30 days)

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JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral solution 500</i> (Riomet) <i>mg/5ml</i>	2	QL (765 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin hcl oral tablet 750 mg, 850 mg</i>	1	QL (90 per 30 days)
<i>metformin hcl tablet 1000 mg oral</i>	1	QL (75 per 30 days)
<i>metformin hcl tablet 500 mg oral</i>	1	QL (150 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	PA; NM; NEDS; QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg</i>	1	QL (90 per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-850 mg</i> (Actoplus Met)	1	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	3	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 per 30 days)

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SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET (dapagliflozin pro- EXTENDED RELEASE 24 HOUR metformin er) 10-1000 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-500 MG	3	QL (60 per 30 days)
XIGDUO XR ORAL TABLET (dapagliflozin pro- EXTENDED RELEASE 24 HOUR metformin er) 5-1000 MG	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)

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FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		3	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		3	max \$35 copay per month supply
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		3	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		3	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen- injector (70-30) 100 unit/ml</i>	(NovoLOG Mix 70/30 FlexPen)	3	max \$35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	(insulin aspart flexpen)	3	max \$35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	(insulin aspart)	3	max \$35 copay per month supply; QL (40 per 28 days)
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	(insulin aspart penfill)	3	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	(NovoLOG Mix 70/30)	3	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	(Semglee (yfgn))	3	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	(Semglee (yfgn))	3	max \$35 copay per month supply; QL (30 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		3	max \$35 copay per month supply; QL (30 per 28 days)

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LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN- INJECTOR 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLOG FLEXPEN (insulin aspart flexpen) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	max \$35 copay per month supply; QL (30 per 28 days)

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NOVOLOG INJECTION SOLUTION 100 UNIT/ML	(insulin aspart)	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	(insulin asp prot & asp flexpen)	3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	(insulin aspart prot & aspart)	3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	(insulin aspart penfill)	3	max \$35 copay per month supply; QL (30 per 28 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100- 33 UNT-MCG/ML		3	max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	(insulin glargine max solostar)	3	max \$35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	(insulin glargine solostar)	3	max \$35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100- 3.6 UNIT-MG/ML		3	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas			
<i>glimepiride oral tablet 1 mg, 2 mg</i>		1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>		1	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	(Glucotrol XL)	1	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>		1	QL (30 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	(Glucotrol XL)	1	QL (30 per 30 days)
<i>glipizide oral tablet 10 mg</i>		1	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>		1	QL (60 per 30 days)

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<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA-HRM; AGE (Max 64 Years)
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	PA BvD
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i> (AmBisome)	5	PA BvD; NM; NEDS
<i>ciclopirox external solution 8 %</i> (Ciclodan)	1	QL (19.8 per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	1	QL (180 per 30 days)
<i>clotrimazole external cream 1 %</i> (Lotrimin AF)	1	
<i>clotrimazole external solution 1 %</i>	1	
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	QL (90 per 30 days)
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	5	NM; NEDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA; NM; NEDS
<i>econazole nitrate external cream 1 %</i>	1	QL (170 per 30 days)

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<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	2	
<i>fluconazole oral suspension reconstituted 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i> (Diflucan)	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NM; NEDS
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	4	
<i>ketoconazole external cream 2 %</i>	1	QL (180 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	1	QL (360 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i> (Mycamine)	2	
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG	1	
<i>nyamyc external powder 100000 unit/gm</i> (Nyamyc)	1	QL (60 per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	1	QL (60 per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (60 per 30 days)
<i>nystatin external powder 100000 unit/gm</i> (Nyamyc)	1	QL (60 per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	

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<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>nystop external powder 100000 unit/gm</i> (Nyamyc)	1	QL (60 per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i> (Noxafil)	5	PA; NM; NEDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i> (Vfend IV)	5	PA BvD; NM; NEDS
<i>voriconazole oral suspension reconstituted 40 mg/ml</i> (Vfend)	5	PA; NM; NEDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	
ANTIGOUT AGENTS		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	4	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	2	QL (120 per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
ANTI-HISTAMINES		
Antihistamines		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i> (Xyzal Allergy 24HR)	1	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		

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Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
ANTIMIGRAINE AGENTS		
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	ST; NM; NEDS; QL (8 per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i> (Maxalt)	1	QL (18 per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i> (Maxalt-MLT)	1	QL (18 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	1	QL (18 per 30 days)

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<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	4	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (5 per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i> (Imitrex STATdose System)	2	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
ANTIMYCOBACTERIALS		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	4	
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin intravenous solution reconstituted 600 mg</i> (Rifadin)	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NEDS
TRECTOR ORAL TABLET 250 MG	4	
ANTINAUSEA AGENTS		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	4	PA BvD; QL (2 per 28 days)

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<i>aprepitant oral capsule 40 mg</i>	4	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i> (Emend TriPack)	4	PA BvD
<i>aprepitant oral capsule 80 mg</i> (Emend BiPack)	4	PA BvD; QL (4 per 28 days)
<i>compro rectal suppository 25 mg</i> (Compro)	4	
<i>dronabinol oral capsule 10 mg, 5 mg</i>	2	PA; QL (60 per 30 days)
<i>dronabinol oral capsule 2.5 mg</i> (Marinol)	2	PA; QL (60 per 30 days)
<i>meclizine hcl oral tablet 12.5 mg</i>	1	
<i>meclizine hcl oral tablet 25 mg</i> (Dramamine)	1	
<i>ondansetron hcl oral tablet 24 mg</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA BvD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	4	
<i>promethazine hcl injection solution 25 mg/ml</i> (Phenergan)	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine hcl rectal suppository 25 mg</i> (Promethegan)	2	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 25 mg</i> (Promethegan)	2	PA-HRM; AGE (Max 64 Years)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	2	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)

ANTIPARASITE AGENTS

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Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	4	
<i>atovaquone oral suspension 750 mg/5ml</i> (Mepron)	4	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i> (Malarone)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg</i>	1	QL (180 per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i> (Plaquenil)	1	QL (90 per 30 days)
<i>hydroxychloroquine sulfate oral tablet 300 mg</i> (Sovuna)	1	QL (60 per 30 days)
<i>hydroxychloroquine sulfate oral tablet 400 mg</i>	1	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NM; NEDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	1	
<i>ivermectin oral tablet 6 mg</i>	1	
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	5	NM; NEDS; QL (60 per 30 days)
<i>pentamidine isethionate injection solution reconstituted 300 mg</i> (Pentam)	4	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	4	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	4	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	PA; NM; NEDS
<i>quinine sulfate oral capsule 324 mg</i>	2	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	

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ANTIPARKINSONIAN AGENTS		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	4	
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	5	PA; NM; NEDS; QL (600 per 30 days)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	5	PA; NM; NEDS; QL (560 per 28 days)
ANTIPSYCHOTIC AGENTS		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	NM; NEDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	NM; NEDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NM; NEDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NM; NEDS; QL (2 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	
<i>aripiprazole oral tablet dispersible 10 mg</i>	2	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	2	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	NM; NEDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	NM; NEDS; QL (3.9 per 14 days)

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ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	NM; NEDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	NM; NEDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	NM; NEDS; QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet</i> (Saphris) <i>sublingual 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; NM; NEDS; QL (30 per 30 days)
<i>chlorpromazine hcl injection solution</i> <i>25 mg/ml, 50 mg/2ml</i>	2	
<i>chlorpromazine hcl oral concentrate</i> <i>100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine hcl oral tablet 10</i> <i>mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg, 25 mg</i> (Clozaril)	1	
<i>clozapine oral tablet 200 mg, 50 mg</i>	1	
<i>clozapine oral tablet dispersible 100</i> <i>mg, 12.5 mg, 25 mg</i>	2	ST; QL (90 per 30 days)
<i>clozapine oral tablet dispersible 150</i> <i>mg</i>	2	ST; QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200</i> <i>mg</i>	2	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100- 20 MG, 125-30 MG, 50-20 MG	5	ST; NM; NEDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	5	ST; NM; NEDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	NM; NEDS; QL (0.75 per 21 days)

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ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	NM; NEDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	NM; NEDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	5	NM; NEDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	5	NM; NEDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	NM; NEDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; NM; NEDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	4	ST
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	

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<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol lactate solution 5 mg/ml injection</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	NM; NEDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	NM; NEDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	NM; NEDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	NM; NEDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	NM; NEDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 21 days)

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INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	NM; NEDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	NM; NEDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	NM; NEDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	NM; NEDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	NM; NEDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone hcl oral tablet 120 mg</i> (Latuda)	2	QL (30 per 30 days)
<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg</i> (Latuda)	4	QL (30 per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i> (Latuda)	4	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	NM; NEDS; QL (30 per 30 days)
<i>molindone hcl oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone hcl oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone hcl oral tablet 5 mg</i>	5	NM; NEDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)

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NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; NEDS; QL (30 per 30 days)
<i>olanzapine intramuscular solution</i> (ZyPREXA) <i>reconstituted 10 mg</i>	4	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (ZyPREXA)	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	4	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	5	ST; NM; NEDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>	2	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i> (Invega)	2	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i> (Invega)	2	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	NM; NEDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>prochlorperazine edisylate solution 10 mg/2ml injection</i>	1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (SEROquel XR)	2	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (SEROquel)	1	
<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (30 per 30 days)

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REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NM; NEDS; QL (30 per 30 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i> (RisperDAL Consta)	2	QL (2 per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i> (RisperDAL Consta)	5	NM; NEDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (RisperDAL)	2	
<i>risperidone oral tablet 0.25 mg</i>	1	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (RisperDAL)	1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	NM; NEDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	ST; NM; NEDS; QL (30 per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	NM; NEDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	NM; NEDS; QL (0.35 per 28 days)

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UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	NM; NEDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	NM; NEDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	NM; NEDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	NM; NEDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	NM; NEDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NEDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NM; NEDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	ST
<i>ziprasidone hcl oral capsule 20 mg,</i> (Geodon) <i>40 mg, 60 mg, 80 mg</i>	2	
<i>ziprasidone mesylate intramuscular</i> (Geodon) <i>solution reconstituted 20 mg</i>	4	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	5	NM; NEDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	NM; NEDS; QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)		
Antiretrovirals		

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<i>abacavir sulfate oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir sulfate oral tablet 300 mg</i>	2	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	
APTIVUS ORAL CAPSULE 250 MG	5	NM; NEDS
<i>atazanavir sulfate oral capsule 150 mg</i>	2	
<i>atazanavir sulfate oral capsule 200 mg, 300 mg</i> (Reyataz)	2	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; NEDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	5	NM; NEDS
CIMDUO ORAL TABLET 300-300 MG	5	NM; NEDS
<i>darunavir oral tablet 600 mg</i> (Prezista)	4	
<i>darunavir oral tablet 800 mg</i> (Prezista)	5	NM; NEDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NM; NEDS
DOVATO ORAL TABLET 50-300 MG	5	NM; NEDS
EDURANT ORAL TABLET 25 MG	5	NM; NEDS
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	5	NM; NEDS
<i>efavirenz oral capsule 200 mg</i>	4	
<i>efavirenz oral capsule 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	4	

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<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>	5	NM; NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i> (Symfi)	5	NM; NEDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	4	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg</i> (Truvada)	4	
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i> (Truvada)	5	NM; NEDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i> (Truvada)	2	
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i> (Complera)	5	NM; NEDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelligence)	5	NM; NEDS
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NEDS
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	NM; NEDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NM; NEDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NEDS
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NEDS
ISENTRESS ORAL PACKET 100 MG	5	NM; NEDS

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ISENTRESS ORAL TABLET 400 MG	5	NM; NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	NM; NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NM; NEDS
KALETRA ORAL SOLUTION 400-100 MG/5ML	4	QL (480 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	4	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	4	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	5	NM; NEDS
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	QL (90 per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	4	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG	4	

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NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NEDS
PIFELTRO ORAL TABLET 100 MG	5	NM; NEDS
PREZCOBIX ORAL TABLET 800-150 MG	5	NM; NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NEDS
PREZISTA ORAL TABLET 150 MG	5	NM; NEDS
PREZISTA ORAL TABLET 75 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL PACKET 50 MG	5	NM; NEDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NM; NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NM; NEDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NM; NEDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NEDS
SUNLENCA ORAL TABLET 300 MG	5	NM; NEDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	5	NM; NEDS

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SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	5	PA BvD; NM; NEDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NEDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NEDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	5	NM; NEDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NEDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NM; NEDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	5	NM; NEDS
VEMLIDY ORAL TABLET 25 MG	5	NM; NEDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NEDS
VIREAD ORAL POWDER 40 MG/GM	5	NM; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NEDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 50 mg/5ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	1	
Antivirals, Miscellaneous		

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LIVTENCITY ORAL TABLET 200 MG	5	PA; NM; NEDS
oseltamivir phosphate oral capsule 30 mg (Tamiflu)	1	QL (84 per 180 days)
oseltamivir phosphate oral capsule 45 mg (Tamiflu)	1	QL (48 per 180 days)
oseltamivir phosphate oral capsule 75 mg (Tamiflu)	1	QL (42 per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	QL (20 per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	1	QL (11 per 28 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NEDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; NM; NEDS; QL (28 per 28 days)
EPCLUSA ORAL PACKET 200-50 MG	5	PA; NM; NEDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; NM; NEDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	5	PA; NM; NEDS; QL (28 per 28 days)
HARVONI ORAL PACKET 33.75-150 MG	5	PA; NM; NEDS; QL (28 per 28 days)

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HARVONI ORAL PACKET 45-200 MG	5	PA; NM; NEDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; NM; NEDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	5	PA; NM; NEDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NEDS; QL (28 per 28 days)
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NM; NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; NM; NEDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	4	PA BvD
adefovir dipivoxil oral tablet 10 mg	4	
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	4	
ribavirin oral tablet 200 mg	2	
valacyclovir hcl oral tablet 1 gm, 500 mg (Valtrex)	1	
valganciclovir hcl oral tablet 450 mg (Valcyte)	2	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
Anticoagulants		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg (Pradaxa)	3	QL (60 per 30 days)

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ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin sodium injection solution</i> (Lovenox) <i>prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (60 per 30 days)
<i>enoxaparin sodium injection solution</i> (Lovenox) <i>prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (48 per 30 days)
<i>enoxaparin sodium injection solution</i> (Lovenox) <i>prefilled syringe 30 mg/0.3ml</i>	4	QL (18 per 30 days)
<i>enoxaparin sodium injection solution</i> (Lovenox) <i>prefilled syringe 40 mg/0.4ml</i>	4	QL (24 per 30 days)
<i>enoxaparin sodium injection solution</i> (Lovenox) <i>prefilled syringe 60 mg/0.6ml</i>	4	QL (36 per 30 days)
<i>fondaparinux sodium subcutaneous</i> (Arixtra) <i>solution 10 mg/0.8ml</i>	5	NM; NEDS; QL (24 per 30 days)
<i>fondaparinux sodium subcutaneous</i> (Arixtra) <i>solution 2.5 mg/0.5ml</i>	2	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous</i> (Arixtra) <i>solution 5 mg/0.4ml</i>	5	NM; NEDS; QL (12 per 30 days)
<i>fondaparinux sodium subcutaneous</i> (Arixtra) <i>solution 7.5 mg/0.6ml</i>	5	NM; NEDS; QL (18 per 30 days)
<i>heparin sodium (porcine) injection</i> <i>solution 1000 unit/ml, 10000 unit/ml,</i> <i>20000 unit/ml, 5000 unit/ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2</i> (Jantoven) <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i>	1	
<i>rivaroxaban oral suspension</i> (Xarelto) <i>reconstituted 1 mg/ml</i>	2	QL (600 per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)	4	

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<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (rivaroxaban)	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	3	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	3	ST; QL (60 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NM; NEDS; QL (60 per 30 days)
<i>eltrombopag olamine oral packet 12.5 mg</i> (Promacta)	5	PA; NM; NEDS; QL (90 per 30 days)
<i>eltrombopag olamine oral packet 25 mg</i> (Promacta)	5	PA; NM; NEDS; QL (180 per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg</i> (Promacta)	5	PA; NM; NEDS; QL (90 per 30 days)
<i>eltrombopag olamine oral tablet 25 mg</i> (Promacta)	5	PA; NM; NEDS; QL (30 per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i> (Promacta)	5	PA; NM; NEDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5	PA; NM; NEDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5	PA; NM; NEDS; QL (20 per 30 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NM; NEDS

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NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NM; NEDS
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NM; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	3	PA; QL (4 per 28 days)
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NM; NEDS
Hematologic Agents, Miscellaneous		
<i>anagrelide hcl oral capsule 0.5 mg</i> (Agrylin)	4	
<i>anagrelide hcl oral capsule 1 mg</i>	4	
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	4	
BRILINTA ORAL TABLET 90 MG (ticagrelor)	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	1	QL (30 per 30 days)
<i>ticagrelor oral tablet 60 mg</i> (Brilinta)	2	

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ticagrelor oral tablet 90 mg (Brilinta)	4	
CALORIC AGENTS		
Caloric Agents		
dextrose intravenous solution 5 %	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/24hr (Catapres-TTS-1)	2	
clonidine transdermal patch weekly 0.2 mg/24hr (Catapres-TTS-2)	2	
clonidine transdermal patch weekly 0.3 mg/24hr (Catapres-TTS-3)	2	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1	
droxidopa oral capsule 100 mg (Northera)	2	PA; QL (180 per 30 days)
droxidopa oral capsule 200 mg, 300 mg (Northera)	5	PA; NM; NEDS; QL (180 per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg	1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT)	1	

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
ENTRESTO ORAL TABLET 24-26 (sacubitril-valsartan) MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	1	
<i>irbesartan oral tablet 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	1	
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i> (Entresto)	2	
<i>telmisartan oral tablet 20 mg</i>	1	
<i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		

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<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril hcl oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> (Accuretic)	1	
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>	1	

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ramipril oral capsule 1.25 mg, 10 mg, 5 mg	1	
ramipril oral capsule 2.5 mg (Altace)	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
Antiarrhythmic Agents		
amiodarone hcl oral tablet 100 mg, 200 mg (Pacerone)	1	
amiodarone hcl oral tablet 400 mg	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	4	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
MULTAQ ORAL TABLET 400 MG	3	
pacerone oral tablet 100 mg, 200 mg (Pacerone)	2	
pacerone oral tablet 400 mg	2	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	4	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	4	
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)	1	
atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)	1	

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<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 50-25 mg</i>	2	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i> (Betapace)	1	
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i> (Betapace AF)	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i> (Betapace)	1	
<i>sotalol hcl oral tablet 240 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	

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Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	
<i>diltiazem 90 mg tablet</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> (Tiadylt ER)	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 360 mg</i> (Tiadylt ER)	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 360 mg, 420 mg</i> (Tiadylt ER)	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Miscellaneous		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NM; NEDS; QL (30 per 30 days)

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

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<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	4	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	
Diuretics		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg</i> (Bumex)	1	
<i>bumetanide oral tablet 1 mg, 2 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

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<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)	5	PA; NM; NEDS; QL (120 per 30 days)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i> (Jynarque)	5	PA; NM; NEDS; QL (56 per 28 days)
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	1	
<i>toremide oral tablet 20 mg</i> (Soaanz)	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet)	1	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	1	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	QL (30 per 30 days)
<i>cholestyramine light oral packet 4 gm</i> (Prevalite)	2	
<i>cholestyramine oral packet 4 gm</i> (Questran)	2	
<i>colesevelam hcl oral packet 3.75 gm</i> (Welchol)	2	

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<i>colesevelam hcl oral tablet 625 mg</i> (Welchol)	4	
<i>colestipol hcl oral tablet 1 gm</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> (Vytorin)	1	QL (30 per 30 days)
<i>fenofibrate capsule 134 mg oral</i>	1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 48 mg</i> (Tricor)	1	
<i>fenofibrate oral tablet 160 mg</i>	4	
<i>fenofibrate oral tablet 54 mg</i>	1	
<i>fenofibrate tablet 160 mg oral</i>	1	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i> (Lescol XL)	1	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	QL (60 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
<i>icosapent ethyl oral capsule 0.5 gm</i> (Vascepa)	4	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i> (Vascepa)	4	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	3	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	ST; QL (30 per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg</i>	1	
<i>niacin er (antihyperlipidemic) oral tablet extended release 750 mg</i>	2	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i> (Lovaza)	1	ST; QL (120 per 30 days)

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<i>pravastatin sodium oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin sodium oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral packet 4 gm</i> (Prevalite)	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	ST; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	ST; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	ST; QL (6 per 28 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i> (Tekturna)	4	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	

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isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
nitroglycerin sublingual tablet (Nitrostat) sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur)	1	
CENTRAL NERVOUS SYSTEM AGENTS		
Central Nervous System Agents		
amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg (Adderall XR)	2	QL (30 per 30 days)
amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg (Adderall XR)	2	QL (60 per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg (Adderall)	1	QL (60 per 30 days)
atomoxetine hcl oral capsule 10 mg	4	QL (60 per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	2	QL (30 per 30 days)
atomoxetine hcl oral capsule 18 mg, 25 mg, 40 mg	2	QL (60 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NM; NEDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NM; NEDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	5	PA; NM; NEDS; QL (90 per 30 days)

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AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG	5	PA; NM; NEDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NM; NEDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; NM; NEDS; QL (210 per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG	5	PA; NM; NEDS
AVONEX PEN INTRAMUSCULAR AUTO- INJECTOR KIT 30 MCG/0.5ML	5	PA; NM; NEDS; QL (1 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NM; NEDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NEDS; QL (15 per 30 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i> (Ampyra)	2	PA; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i> (Tecfidera)	4	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i> (Tecfidera)	5	PA; NM; NEDS; QL (60 per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i> (Tecfidera)	4	PA
<i>fingolimod hcl oral capsule 0.5 mg</i> (Gilenya)	5	PA; NM; NEDS; QL (30 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i> (Glatopa)	5	PA; NM; NEDS; QL (30 per 30 days)

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<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> (Glatopa)	5	PA; NM; NEDS; QL (12 per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i> (Glatopa)	5	PA; NM; NEDS; QL (30 per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i> (Glatopa)	5	PA; NM; NEDS; QL (12 per 28 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv)	1	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; NM; NEDS; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; NM; NEDS; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA; NM; NEDS
<i>lithium carbonate er oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate er oral tablet extended release 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	
LITHIUM CARBONATE ORAL CAPSULE 600 MG	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	2	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i> (Methylin)	4	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (90 per 30 days)
<i>riluzole oral tablet 50 mg</i>	4	
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	4	PA; QL (112 per 28 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	5	PA; NM; NEDS; QL (112 per 28 days)

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VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5	PA; NM; NEDS; QL (120 per 30 days)
CONTRACEPTIVES		
Contraceptives		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35 (28))	1	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7)	1	
<i>apri oral tablet 0.15-30 mg-mcg</i> (Apri)	1	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>camila oral tablet 0.35 mg</i> (Camila)	1	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i> (Apri)	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> (Dasetta 1/35 (28))	1	
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7)	1	
<i>deblitane oral tablet 0.35 mg</i> (Camila)	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i> (Apri)	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	

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<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i> (EluRyng)	1	QL (1 per 28 days)
<i>emzahh oral tablet 0.35 mg</i> (Camila)	1	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i> (EluRyng)	2	QL (1 per 28 days)
<i>enskyce oral tablet 0.15-30 mg-mcg</i> (Apri)	1	
<i>errin oral tablet 0.35 mg</i> (Camila)	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i> (EluRyng)	1	QL (1 per 28 days)
<i>feirza 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	
<i>feirza 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i> (EluRyng)	1	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i> (Camila)	1	
<i>incassia oral tablet 0.35 mg</i> (Camila)	1	
<i>isibloom oral tablet 0.15-30 mg-mcg</i> (Apri)	1	
<i>jencycla oral tablet 0.35 mg</i> (Camila)	1	
<i>juleber oral tablet 0.15-30 mg-mcg</i> (Apri)	1	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	4	

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<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i> (Balcoltra)	4	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i> (Camila)	1	
<i>lyza oral tablet 0.35 mg</i> (Camila)	1	
<i>meleya oral tablet 0.35 mg</i> (Camila)	1	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>mili oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	4	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i> (Xulane)	1	QL (3 per 28 days)
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	

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norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg (Aurovela FE 1/20)	1	
norethindrone oral tablet 0.35 mg (Camila)	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg (Tilia Fe)	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg (Estarylla)	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarylla)	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg (Tri-Estarylla)	1	
norlyroc oral tablet 0.35 mg (Camila)	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (Dasetta 1/35 (28))	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg (Dasetta 1/35 (28))	1	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg (Dasetta 7/7/7)	1	
nylia 1/35 oral tablet 1-35 mg-mcg (Dasetta 1/35 (28))	1	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg (Dasetta 7/7/7)	1	
nymyo oral tablet 0.25-35 mg-mcg (Estarylla)	1	
orquidea oral tablet 0.35 mg (Camila)	1	
reclipsen oral tablet 0.15-30 mg-mcg (Apri)	1	
sharobel oral tablet 0.35 mg (Camila)	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	4	
sprintec 28 oral tablet 0.25-35 mg-mcg (Estarylla)	1	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg (Aurovela FE 1/20)	1	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg (Tilia Fe)	1	

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<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri-Estarylla)	1	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe)	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri-Estarylla)	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri-Estarylla)	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri-Estarylla)	1	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri-Estarylla)	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri-Estarylla)	1	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>xarah fe oral tablet 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe)	1	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i> (Xulane)	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i> (Xulane)	2	QL (3 per 28 days)

COUGH AND COLD PRODUCTS

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Drug Name	Drug Tier	Requirements/Limits
Cough And Cold Products		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	2	EXCL; QL (30 per 10 days)
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i> (Evoxac)	2	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i> (Periogard)	1	
<i>denta 5000 plus dental cream 1.1 %</i> (Denta 5000 Plus)	1	
<i>dentagel dental gel 1.1 %</i> (DentaGel)	1	
<i>periogard mouth/throat solution 0.12 %</i> (Periogard)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen)	2	
<i>sf 5000 plus dental cream 1.1 %</i> (Denta 5000 Plus)	1	
SODIUM FLUORIDE 5000 SENSITIVE DENTAL GEL 1.1-5 %	1	
<i>sodium fluoride dental gel 1.1 %</i> (DentaGel)	1	
<i>sodium fluoride mouth/throat solution 0.2 %</i> (PreviDent)	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i> (Kourzeq)	1	
DERMATOLOGICAL AGENTS		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>acyclovir external ointment 5 %</i> (Zovirax)	2	QL (30 per 30 days)
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i> (AL12)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene external cream 0.005 %</i>	4	QL (120 per 30 days)
<i>calcipotriene external ointment 0.005 %</i> (Calcitrene)	4	QL (120 per 30 days)
<i>calcipotriene external solution 0.005 %</i>	2	QL (120 per 30 days)
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution 2 %, 5 %</i>	2	
<i>imiquimod external cream 5 %</i>	1	QL (24 per 30 days)
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	5	ST; NM; NEDS; QL (5 per 5 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	5	NM; NEDS
PANRETIN EXTERNAL GEL 0.1 %	5	NM; NEDS; QL (60 per 28 days)
<i>podofilox external solution 0.5 %</i>	2	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	QL (180 per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	5	PA NSO; NM; NEDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
Dermatological Antibacterials		
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	2	
<i>clindamycin phosphate external solution 1 %</i>	1	QL (180 per 30 days)
<i>clindamycin phosphate external swab 1 %</i> (Clindacin ETZ)	1	
<i>erythromycin external solution 2 %</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (90 per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole external cream 0.75 %</i> (MetroCream)	2	
<i>metronidazole external gel 0.75 %</i>	2	
<i>metronidazole external gel 1 %</i> (Metrogel)	2	
<i>mupirocin external ointment 2 %</i>	1	QL (220 per 30 days)
<i>rosadan external cream 0.75 %</i> (MetroCream)	2	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>silver sulfadiazine external cream 1 %</i> (SSD)	1	
<i>ssd external cream 1 %</i> (SSD)	4	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort external cream 1 %</i> (Aveeno Anti-Itch Max St)	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i> (Diprolene)	2	
<i>betamethasone dipropionate external cream 0.05 %</i>	2	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	
<i>betamethasone valerate external cream 0.1 %</i>	1	
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>clobetasol propionate emulsion external foam 0.05 %</i> (Tovet)	2	
<i>clobetasol propionate external cream 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate external lotion</i> (Clobex) 0.05 %	2	
<i>clobetasol propionate external ointment</i> 0.05 %	2	
<i>clobetasol propionate external shampoo</i> 0.05 % (Clobex)	2	
<i>clobetasol propionate external solution</i> 0.05 %	2	
EUCRISA EXTERNAL OINTMENT 2 %	3	
<i>fluocinolone acetonide external cream</i> 0.01 %	2	
<i>fluocinonide external cream</i> 0.05 %	2	
<i>fluocinonide external ointment</i> 0.05 %	2	
<i>fluocinonide external solution</i> 0.05 %	2	
<i>halobetasol propionate external cream</i> 0.05 %	2	
<i>halobetasol propionate external ointment</i> 0.05 %	2	
<i>hydrocortisone (perianal) external cream</i> 2.5 % (Procto-Med HC)	1	
<i>hydrocortisone cream</i> 2.5 % external	1	
<i>hydrocortisone external cream</i> 1 % (Aveeno Anti-Itch Max St)	1	
<i>hydrocortisone external lotion</i> 2.5 %	1	
<i>hydrocortisone external ointment</i> 1 % (Aquaphor Itch Relief Children)	1	
<i>hydrocortisone external ointment</i> 2.5 %	1	
<i>hydrocortisone valerate external cream</i> 0.2 %	2	
<i>mometasone furoate external cream</i> 0.1 %	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>pimecrolimus external cream 1 %</i> (Elidel)	2	QL (100 per 30 days)
<i>procto-med hc external cream 2.5 %</i> (Procto-Med HC)	1	
<i>proctosol hc external cream 2.5 %</i> (Procto-Med HC)	1	
<i>proctozone-hc external cream 2.5 %</i> (Procto-Med HC)	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	QL (100 per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external cream 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
Dermatological Retinoids		
<i>adapalene external cream 0.1 %</i> (Differin)	2	
ALTRENO EXTERNAL LOTION 0.05 %	4	PA
<i>tazarotene external cream 0.1 %</i> (Tazorac)	2	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i> (Retin-A)	2	PA
Scabicides And Pediculicides		
<i>malathion external lotion 0.5 %</i> (Ovide)	2	
<i>permethrin external cream 5 %</i> (Elimite)	1	QL (60 per 30 days)
DEVICES		
Devices		
ABOUTTIME PEN NEEDLE 30G X 8 MM (pen needles)	1	PA; ST
ABOUTTIME PEN NEEDLE 31G X 5 MM (aqinject pen needle)	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
ABOUTTIME PEN NEEDLE 31G X 8 MM (dropsafe safety pen needles)	1	PA; ST
ABOUTTIME PEN NEEDLE 32G X 4 MM (aqinject pen needle)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM (aqinject pen needle)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM (sure comfort pen needles)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM (aqinject pen needle)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM (dropsafe safety pen needles)	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM (aum mini insulin pen needle)	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML (insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML (gnp insulin syringes 29gx1/2")	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML (gnp insulin syringes 29gx1/2")	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML (gnp insulin syringes 30gx5/16")	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML (careone insulin syringe)	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML (aq insulin syringe)	1	PA; ST
ALCOHOL PADS PAD 70 % (alcohol pads)	1	PA; ST
ALCOHOL PREP PAD (alcohol pads)	1	PA; ST

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ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	1	PA; ST
ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
AQ INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
AQINJECT PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
AQINJECT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
AUM ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST

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

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE 25G X 5/8" 1 ML	1	PA; ST
BD INSULIN SYRINGE 26G X 1/2" 1 ML	1	PA; ST
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	1	PA; ST
BD INSULIN SYRINGE 27G X 1/2" (insulin syringe-needle 1 ML u-100)	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" (gnp insulin syringes 0.5 ML (OTC) 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" (gnp insulin syringes 0.5 ML (RX) 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" (gnp insulin syringes 1 ML (OTC) 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" (gnp insulin syringes 1 ML (RX) 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE HALF- (careone insulin syringe) UNIT 31G X 5/16" 0.3 ML	1	PA; ST
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	1	PA; ST
BD INSULIN SYRINGE (insulin syringe-needle MICROFINE 28G X 1/2" 1 ML u-100) (OTC)	1	PA; ST
BD INSULIN SYRINGE (insulin syringe-needle MICROFINE 28G X 1/2" 1 ML u-100) (RX)	1	PA; ST
BD INSULIN SYRINGE U-100 1 ML	1	PA; ST
BD INSULIN SYRINGE (insulin syringe) ULTRAFINE 29G X 1/2" 0.3 ML	1	PA; ST
BD INSULIN SYRINGE (gnp insulin syringes ULTRAFINE 29G X 1/2" 0.5 ML 29gx1/2")	1	PA; ST
BD INSULIN SYRINGE (careone insulin syringe) ULTRAFINE 30G X 1/2" 0.3 ML	1	PA; ST
BD INSULIN SYRINGE (careone insulin syringe) ULTRAFINE 30G X 1/2" 0.5 ML	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
BD PEN NEEDLE MINI U/F 31G X 5 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML		1	PA; ST
BD SWABS SINGLE USE BUTTERFLY PAD	(alcohol pads)	1	PA; ST
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
CAREFINE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
CAREFINE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
CAREFINE PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
CAREFINE PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
CARETOUCH ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML		1	PA; ST
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
CARETOUCH PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
CARETOUCH PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
CARETOUCH PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
CARETOUCH PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST

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

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

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

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DERMACEA NON-WOVEN SPONGES PAD 2"X2"	(cvs gauze)	1	PA; ST
DERMACEA TYPE VII GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
DIATHRIVE PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST

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DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
DROPLET MICRON 34G X 3.5 MM		1	PA; ST
DROPLET PEN NEEDLES 29G X 10MM		1	PA; ST
DROPLET PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
DROPLET PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
DROPLET PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
DROPLET PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
DROPLET PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST

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

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

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Drug Name		Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML		1	PA; ST
EASY COMFORT PEN NEEDLES 29G X 4MM		1	PA; ST
EASY COMFORT PEN NEEDLES 29G X 5MM	(easy comfort pen needles)	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
EASY COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
EASY GLIDE PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML	(syringe luer slip)	1	PA; ST

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN BARRELS U-100 1 ML	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML (gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML (careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML (easy comfort insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML (insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML (insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML (insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML (insulin syringe-needle u-100)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML (gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML (gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML (careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML (careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML (careone insulin syringe)	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML (gnp insulin syringes 30gx5/16")	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe)	1	PA; ST

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

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EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EMBECTA AUTOSHIELD DUO 30G X 5 MM	(pen needles)	1	PA; ST
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML		1	PA; ST
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		1	PA; ST
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	(aqinject pen needle)	1	PA; ST

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EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
EMBRACE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
EMBRACE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
EMBRACE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
EQL ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
EQL GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST
GAUZE PADS PAD 2"X2"	(cvs gauze)	1	PA; ST
GAUZE TYPE VII MEDI-PAK PAD 2"X2"	(cvs gauze)	1	PA; ST
GLOBAL ALCOHOL PREP EASE PAD 70 %	(alcohol pads)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST

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GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
GNP CLICKFINE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST

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GNP CLICKFINE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
GNP INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP INSULIN SYRINGES 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
GNP STERILE GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
GOODSENSE ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST

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GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM	(global ease inject pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM	(aqinject pen needle)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM	(aqinject pen needle)	1	PA; ST
H-E-B INCONTROL ALCOHOL PAD	(alcohol pads)	1	PA; ST

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H-E-B INCONTROL PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
HM STERILE ALCOHOL PREP PAD	(alcohol pads)	1	PA; ST
HM STERILE PADS PAD 2"X2"	(cvs gauze)	1	PA; ST
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	(autopen)	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	(autopen)	3	
INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

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INSULIN SYRINGE 30G X 5/16" 1 ML (easy comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.3 ML (careone insulin syringe)	1	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.5 ML (careone insulin syringe)	1	PA; ST
INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML (insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML (insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML (insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX) (insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX) (insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX) (insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX) (insulin syringe-needle u-100)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML (easy comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML (sure comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML (sure comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML (sure comfort insulin syringe)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (OTC) (careone insulin syringe)	1	PA; ST
INSUPEN PEN NEEDLES 31G X 5 MM (aqinject pen needle)	1	PA; ST
INSUPEN PEN NEEDLES 31G X 8 MM (dropsafe safety pen needles)	1	PA; ST

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INSUPEN PEN NEEDLES 32G X 4 MM (aqinject pen needle)	1	PA; ST
INSUPEN PEN NEEDLES 33G X 4 MM (aum mini insulin pen needle)	1	PA; ST
INSUPEN SENSITIVE 32G X 6 MM (aum mini insulin pen needle)	1	PA; ST
INSUPEN SENSITIVE 32G X 8 MM (aum mini insulin pen needle)	1	PA; ST
INSUPEN ULTRAFIN 29G X 12MM (global ease inject pen needles)	1	PA; ST
INSUPEN ULTRAFIN 30G X 8 MM (pen needles)	1	PA; ST
INSUPEN ULTRAFIN 31G X 6 MM (dropsafe safety pen needles)	1	PA; ST
INSUPEN ULTRAFIN 31G X 8 MM (dropsafe safety pen needles)	1	PA; ST
INSUPEN32G EXTR3ME 32G X 6 MM (aum mini insulin pen needle)	1	PA; ST
J & J GAUZE PAD 2"X2" (cvs gauze)	1	PA; ST
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2" (cvs gauze)	1	PA; ST
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2" (cvs gauze)	1	PA; ST
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML (gnp insulin syringes 29gx1/2")	1	PA; ST
KMART VALU INSULIN SYRINGE 29G U-100 1 ML	1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML	1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 1 ML	1	PA; ST
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML (easy comfort insulin syringe)	1	PA; ST
KROGER PEN NEEDLES 29G X 12MM (global ease inject pen needles)	1	PA; ST

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KROGER PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
LEADER UNIFINE PENTIPS 31G X 5 MM	(aqinject pen needle)	1	PA; ST
LEADER UNIFINE PENTIPS 32G X 4 MM	(aqinject pen needle)	1	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	(aqinject pen needle)	1	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST

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

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MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
MEDPURA ALCOHOL PADS 70 % EXTERNAL		1	PA; ST
MEIJER ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
MEIJER PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
MEIJER PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MEIJER PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
MICRODOT PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MICRODOT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
MICRODOT PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
MIRASORB SPONGES 2"X2"	(cvs gauze)	1	PA; ST
MM PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
MM PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML		1	PA; ST

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MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
MONOJECT INSULIN SYRINGE U-100 1 ML		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	(insulin syringe-needle u-100)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

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MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)	(gnp insulin syringes 30gx5/16")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	(gnp insulin syringes 30gx5/16")	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	(easy comfort insulin syringe)	1	PA; ST
MS INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
NOVOFINE AUTOCOVER 30G X 8 MM	(pen needles)	1	PA; ST
NOVOFINE PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
NOVOTWIST PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT		3	QL (1 per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5		3	QL (10 per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT		3	QL (1 per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)		3	QL (10 per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT		3	QL (1 per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS		3	QL (10 per 30 days)

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OMNIPOD CLASSIC PDM (GEN 3) KIT	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (10 per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 31G X 5 MM (aqinject pen needle)	1	PA; ST
PC UNIFINE PENTIPS 31G X 6 MM (dropsafe safety pen needles)	1	PA; ST
PC UNIFINE PENTIPS 31G X 8 MM (dropsafe safety pen needles)	1	PA; ST
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM (aqinject pen needle)	1	PA; ST
PEN NEEDLES 30G X 5 MM (OTC) (pen needles)	1	PA; ST
PEN NEEDLES 30G X 8 MM (pen needles)	1	PA; ST
PEN NEEDLES 32G X 5 MM (aum mini insulin pen needle)	1	PA; ST
PENTIPS 29G X 12MM (RX) (global ease inject pen needles)	1	PA; ST
PENTIPS 31G X 5 MM (RX) (aqinject pen needle)	1	PA; ST
PENTIPS 31G X 8 MM (RX) (dropsafe safety pen needles)	1	PA; ST
PENTIPS 32G X 4 MM (RX) (aqinject pen needle)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 29G X 12MM (global ease inject pen needles)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM (dropsafe safety pen needles)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM (aum mini insulin pen needle)	1	PA; ST

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PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	(aqinject pen needle)	1	PA; ST
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	(global ease inject pen needles)	1	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
PRO COMFORT ALCOHOL PAD 70 %	(alcohol pads)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST

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PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
PURE COMFORT ALCOHOL PREP PAD	(alcohol pads)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST

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PX SHORTLENGTH PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
QC ALCOHOL EXTERNAL 70 %		1	PA; ST
QC ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
QC BORDER ISLAND GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM		1	PA; ST
RA ALCOHOL SWABS PAD 70 %	(alcohol pads)	1	PA; ST
RA INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
<i>ra isopropyl alcohol wipes external 70 %</i>		1	PA; ST
RA PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
RA PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
RA STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
RAYA SURE PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 4 MM	(aum insulin safety pen needle)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
REALITY SWABS PAD	(alcohol pads)	1	PA; ST
RELION ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
RELI-ON INSULIN SYRINGE 29G 0.3 ML		1	PA; ST
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML	(global easy glide insulin syr)	1	PA; ST

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RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML	(global easy glide insulin syr)	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	(global easy glide insulin syr)	1	PA; ST
RELION MINI PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
RELION PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST
RELION PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
RELION PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
RESTORE CONTACT LAYER PAD 2"X2"	(cvs gauze)	1	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
SAFETY PEN NEEDLES 30G X 5 MM	(pen needles)	1	PA; ST
SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
SB ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST

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SB INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
SM ALCOHOL PREP PAD	(alcohol pads)	1	PA; ST
SM ALCOHOL PREP PAD 6-70 % EXTERNAL		1	PA; ST
SM ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
SM GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
STERILE GAUZE PAD 2"X2"	(cvs gauze)	1	PA; ST
STERILE PAD 2"X2"	(cvs gauze)	1	PA; ST
SURE COMFORT ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST

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SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML	(sure comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML	(sure comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML	(sure comfort insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
SURE COMFORT PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 30G X 8 MM	(pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)	(aqinject pen needle)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (RX)	(aqinject pen needle)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST

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

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TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %	(alcohol pads)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML		1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUE COMFORT PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %	(alcohol pads)	1	PA; ST

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TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML		1	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML		1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM	(aum mini insulin pen needle)	1	PA; ST

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TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
TRUEPLUS PEN NEEDLES 29G X 12MM	(global ease inject pen needles)	1	PA; ST

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TRUEPLUS PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
TRUEPLUS PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML	(insulin syringe-needle u-100)	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC)	(easy comfort insulin syringe)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	(easy comfort insulin syringe)	1	PA; ST

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

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ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC)	(dropsafe safety pen needles)	1	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (RX)	(dropsafe safety pen needles)	1	PA; ST
ULTIGUARD SAFEPAK PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTIGUARD SAFEPAK PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTIGUARD SAFEPAK PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 1 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTILET ALCOHOL SWABS PAD	(alcohol pads)	1	PA; ST
ULTILET PEN NEEDLE 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
ULTILET PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST

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

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

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ULTRACARE PEN NEEDLES 32G X 4 MM	(aqinject pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 5 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRACARE PEN NEEDLES 33G X 4 MM	(aum mini insulin pen needle)	1	PA; ST
ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML	(gnp insulin syringes 30gx5/16")	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	(sure comfort pen needles)	1	PA; ST
UNIFINE OTC PEN NEEDLES 31G X 5 MM	(aqinject pen needle)	1	PA; ST

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UNIFINE OTC PEN NEEDLES 32G X 4 MM (aqinject pen needle)	1	PA; ST
UNIFINE PEN NEEDLES 32G X 4 MM (aqinject pen needle)	1	PA; ST
UNIFINE PENTIPS 29G X 12MM (global ease inject pen needles)	1	PA; ST
UNIFINE PENTIPS 31G X 6 MM (dropsafe safety pen needles)	1	PA; ST
UNIFINE PENTIPS 31G X 8 MM (dropsafe safety pen needles)	1	PA; ST
UNIFINE PENTIPS 32G X 4 MM (aqinject pen needle)	1	PA; ST
UNIFINE PENTIPS PLUS 29G X 12MM (global ease inject pen needles)	1	PA; ST
UNIFINE PENTIPS PLUS 31G X 6 MM (dropsafe safety pen needles)	1	PA; ST
UNIFINE PENTIPS PLUS 32G X 4 MM (aqinject pen needle)	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM (pen needles)	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM (pen needles)	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM (aqinject pen needle)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM (pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM (pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM (aqinject pen needle)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM (dropsafe safety pen needles)	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM (dropsafe safety pen needles)	1	PA; ST

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UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML		1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML		1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML	(easy comfort insulin syringe)	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML	(easy comfort insulin syringe)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	(global ease inject pen needles)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM	(aum mini insulin pen needle)	1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	(gnp insulin syringes 29gx1/2")	1	PA; ST

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Drug Name		Drug Tier	Requirements/Limits
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML	(careone insulin syringe)	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML	(careone insulin syringe)	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML	(aq insulin syringe)	1	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 5 MM	(aqinject pen needle)	1	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
VERIFINE PLUS PEN NEEDLE 32G X 4 MM	(aqinject pen needle)	1	PA; ST
V-GO 20 KIT 20 UNIT/24HR		3	QL (30 per 30 days)
V-GO 30 KIT 30 UNIT/24HR		3	QL (30 per 30 days)
V-GO 40 KIT 40 UNIT/24HR		3	QL (30 per 30 days)
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML	(insulin syringe)	1	PA; ST
WEBCOL ALCOHOL PREP LARGE PAD 70 %	(alcohol pads)	1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM	(dropsafe safety pen needles)	1	PA; ST
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %	(alcohol pads)	1	PA; ST

ENZYME

COFACTORS/CHAPERONES

Enzyme Cofactors/Chaperones

MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	5	PA; NM; NEDS; QL (90 per 30 days)
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ENZYME

REPLACEMENT/MODIFIERS

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Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000- 114000 UNIT, 6000-19000 UNIT	3	
<i>javygtor oral tablet 100 mg</i> (Javygtor)	5	PA; NM; NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA BvD; NM; NEDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	5	PA; NM; NEDS
<i>sapropterin dihydrochloride oral tablet 100 mg</i> (Javygtor)	5	PA; NM; NEDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000- 79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	
EYE, EAR, NOSE, THROAT AGENTS		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>azelastine hcl nasal solution 0.1 %</i>	1	QL (60 per 30 days)
<i>azelastine hcl nasal solution 0.15 %</i> (Astepro)	1	QL (30 per 25 days)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>azelastine hcl solution 137 mcg/spray nasal</i>	1	QL (60 per 30 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	

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<i>epinastine hcl ophthalmic solution</i> 0.05 %	2	
<i>ipratropium bromide nasal solution</i> 0.03 %	1	QL (30 per 28 days)
<i>ipratropium bromide nasal solution</i> 0.06 %	1	QL (15 per 10 days)
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	3	QL (12 per 28 days)
<i>olopatadine hcl ophthalmic solution</i> (Pataday) 0.1 %	1	
<i>olopatadine hcl ophthalmic solution</i> (Advanced Eye Relief) 0.2 %	1	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic solution</i> 2 %	1	
<i>bacitracin ophthalmic ointment</i> 500 unit/gm	2	
<i>bacitracin-polymyxin b ophthalmic</i> (Polycin) <i>ointment</i> 500-10000 unit/gm	1	
<i>ciprofloxacin hcl ophthalmic solution</i> 0.3 %	1	
<i>ciprofloxacin-dexamethasone otic</i> <i>suspension</i> 0.3-0.1 %	4	QL (7.5 per 7 days)
<i>erythromycin ophthalmic ointment</i> 5 mg/gm	1	QL (3.5 per 4 days)
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	
<i>gentamicin sulfate ophthalmic</i> <i>solution</i> 0.3 %	1	
<i>hydrocortisone-acetic acid otic</i> <i>solution</i> 1-2 %	2	
<i>moxifloxacin hcl ophthalmic solution</i> (Vigamox) 0.5 %	1	

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Drug Name	Drug Tier	Requirements/Limits
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000 (Neo-Polycin)	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1 (Maxitrol)	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (Maxitrol)	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc otic solution 1 %	2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	2	
neo-polycin ophthalmic ointment 3.5- 400-10000 (Neo-Polycin)	1	
ofloxacin ophthalmic solution 0.3 % (Ocuflox)	1	
ofloxacin otic solution 0.3 %	1	
polycin ophthalmic ointment 500- 10000 unit/gm (Polycin)	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide sodium ophthalmic ointment 10 %	2	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	
trifluridine ophthalmic solution 1 %	2	

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Drug Name	Drug Tier	Requirements/Limits
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	5	PA; NM; NEDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>cyclosporine ophthalmic emulsion</i> (Restasis) 0.05 %	4	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic solution</i> 0.1 %	1	
<i>diclofenac sodium ophthalmic solution</i> 0.1 %	1	
<i>difluprednate ophthalmic emulsion</i> (Durezol) 0.05 %	2	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>fluocinolone acetonide otic oil</i> 0.01 % (DermOtic)	2	
<i>fluorometholone ophthalmic suspension</i> 0.1 % (FML Liquifilm)	2	
<i>flurbiprofen sodium ophthalmic solution</i> 0.03 %	1	
<i>fluticasone propionate nasal suspension</i> 50 mcg/act (Flonase Allergy Rel Childrens)	1	QL (16 per 30 days)
<i>ketorolac tromethamine ophthalmic solution</i> 0.5 % (Acular)	1	QL (10 per 25 days)
<i>loteprednol etabonate ophthalmic gel</i> 0.5 % (Lotemax)	2	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic suspension</i> 0.5 % (Lotemax)	2	QL (15 per 19 days)
<i>mometasone furoate nasal suspension</i> 50 mcg/act (Nasonex 24HR)	2	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic suspension</i> 1 % (Pred Forte)	4	

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Drug Name	Drug Tier	Requirements/Limits
XIIDRA OPHTHALMIC SOLUTION 5 %	3	QL (60 per 30 days)
GASTROINTESTINAL AGENTS		
Antiulcer Agents And Acid Suppressants		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	2	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i> (GoodSense Esomeprazole)	1	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i> (NexIUM)	1	QL (60 per 30 days)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg</i> (NexIUM)	2	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral packet 40 mg</i> (NexIUM)	2	ST; QL (60 per 30 days)
<i>famotidine oral tablet 20 mg</i> (MM Acid-Pep Maximum Strength)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule delayed release 15 mg</i> (Prevacid 24HR)	1	QL (30 per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i> (Prevacid)	1	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole sodium oral tablet delayed release 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i> (Aciphex)	1	QL (30 per 30 days)

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<i>sucralfate oral tablet 1 gm</i> (Carafate)	1	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet soluble 200 mg</i> (Carbaglu)	5	PA; NM; NEDS
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i> (Gastrocrom)	4	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>kionex combination suspension 15 gm/60ml</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM, 5 GM	3	
<i>loperamide hcl oral capsule 2 mg</i> (Imodium A-D)	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	1	QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
sodium polystyrene sulfonate oral powder	2	
sps (sodium polystyrene sulf) combination suspension 15 gm/60ml	2	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	5	NM; NEDS
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet 250 mg	2	
ursodiol oral tablet 500 mg (Urso Forte)	2	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	3	
XERMELO ORAL TABLET 250 MG	5	PA; NM; NEDS; QL (84 per 28 days)
Laxatives		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
gavilyte-g oral solution reconstituted 236 gm (GaviLyte-G)	1	
gavilyte-n with flavor pack oral solution reconstituted 420 gm (GaviLyte-N with Flavor Pack)	1	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml) (Suprep Bowel Prep Kit)	2	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm (GaviLyte-N with Flavor Pack)	1	
peg-3350/electrolytes oral solution reconstituted 236 gm (GaviLyte-G)	1	
Phosphate Binders		
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate oral tablet 667 mg (Calphron)	1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm (Renvela)	4	

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

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HEAVY METAL ANTAGONISTS		
Heavy Metal Antagonists		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	PA; NM; NEDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	2	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NM; NEDS
<i>trientine hcl oral capsule 250 mg</i> (Syprine)	5	PA; NM; NEDS; QL (240 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	4	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i> (Depo-Testosterone)	1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA; QL (5 per 28 days)
<i>testosterone gel 1.62 % transdermal</i> (AndroGel Pump)	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i> (Vogelxo Pump)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i> (AndroGel Pump)	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i> (Testim)	2	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		

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<i>abigale lo oral tablet 0.5-0.1 mg</i> (Abigale Lo)	1	
<i>abigale oral tablet 1-0.5 mg</i> (Abigale)	2	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> (Alora)	2	QL (8 per 28 days)
<i>estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr</i> (Dotti)	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> (Climara)	2	QL (4 per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i> (Estrace)	1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	2	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Abigale Lo)	2	PA-HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Abigale)	2	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i> (Abigale)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPHASE ORAL TABLET 0.625-5 MG	3	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	3	PA-HRM; AGE (Max 64 Years)
<i>raloxifene hcl oral tablet 60 mg</i> (Evista)	1	
<i>yuvaferm vaginal tablet 10 mcg</i> (Yuvaferm)	2	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		

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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, 120 mg/30ml, 4 mg/ml	1	
fludrocortisone acetate oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)	1	
methylprednisolone acetate injection suspension 40 mg/ml (Depo-Medrol)	1	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg (Medrol)	1	
methylprednisolone oral tablet 32 mg	1	
methylprednisolone oral tablet therapy pack 4 mg (Medrol)	1	
prednisolone oral solution 15 mg/5ml	1	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5ml	2	PA BvD
prednisolone sodium phosphate oral solution 5 mg/5ml (Pediapred)	2	PA BvD
prednisolone sodium phosphate solution 15 mg/5ml oral	1	PA BvD
prednisone oral solution 5 mg/5ml	2	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	PA BvD
triamcinolone acetonide injection suspension 40 mg/ml (Kenalog-40)	1	
Pituitary		
desmopressin ace spray refrig nasal solution 0.01 %	4	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg (DDAVP)	1	

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<i>desmopressin acetate spray solution</i> <i>0.01 % nasal</i>	4	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; NM; NEDS
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5	PA NSO; NM; NEDS; QL (0.5 per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	PA NSO; NM; NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA NSO; NM; NEDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	5	PA; NM; NEDS
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NM; NEDS
NORDITROPIN FLEXP SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA; NM; NEDS
<i>octreotide acetate injection solution</i> (SandoSTATIN) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	
<i>octreotide acetate injection solution</i> <i>1000 mcg/ml</i>	5	NM; NEDS
<i>octreotide acetate injection solution</i> <i>200 mcg/ml</i>	2	
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NEDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; NM; NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; NM; NEDS; QL (60 per 30 days)

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SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	5	PA NSO; NM; NEDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	5	PA NSO; NM; NEDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NEDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (Gallifrey)	1	
<i>medroxyprogesterone acetate</i> (Depo-Provera) <i>intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate</i> (Depo-Provera) <i>intramuscular suspension prefilled</i> <i>syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate oral</i> (Provera) <i>tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40</i> <i>mg/ml, 625 mg/5ml</i>	4	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5</i> (Gallifrey) <i>mg</i>	1	
<i>progesterone oral capsule 100 mg,</i> (Prometrium) <i>200 mg</i>	1	
Thyroid And Antithyroid Agents		
<i>levothyroxine sodium oral tablet 100</i> (Levo-T) <i>mcg, 112 mcg, 125 mcg, 137 mcg,</i> <i>150 mcg, 175 mcg, 200 mcg, 25 mcg,</i> <i>300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium oral tablet 25</i> (Cytomel) <i>mcg, 5 mcg, 50 mcg</i>	1	

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<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; NM; NEDS
IMMUNOLOGICAL AGENTS		
Immunological Agents		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; NM; NEDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	PA BvD
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	PA BvD; NM; NEDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	PA BvD
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	1	PA BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NM; NEDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NM; NEDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA NSO; NM; NEDS; QL (2 per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA; NM; NEDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; NM; NEDS

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COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NM; NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NM; NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NM; NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; NM; NEDS
<i>cyclosporine intravenous solution 50 mg/ml</i> (SandIMMUNE)	2	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	4	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (SandIMMUNE)	4	PA BvD
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (adalimumab-adbm (2 pen))	5	PA; NM; NEDS
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (adalimumab-adbm (2 syringe))	5	PA; NM; NEDS
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (adalimumab-adbm (2 pen))	5	PA; NM; NEDS

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CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NM; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA; NM; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	5	PA; NM; NEDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NM; NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; NM; NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NM; NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NM; NEDS
<i>everolimus oral tablet 0.25 mg</i> (Zortress)	4	PA BvD
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	5	PA BvD; NM; NEDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA BvD; NM; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (Gengraf)	4	PA BvD
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NM; NEDS; Only NDCs starting with 00074

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HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NM; NEDS; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NM; NEDS; Only NDCs starting with 00074
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NM; NEDS; Only NDCs starting with 00074
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; NM; NEDS; Only NDCs starting with 00074
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; NM; NEDS; Only NDCs starting with 00074
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	5	PA; NM; NEDS; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NM; NEDS; Only NDCs starting with 00074
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NM; NEDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
<i>mycophenolate mofetil hcl</i> (CellCept Intravenous) <i>intravenous solution reconstituted</i> <i>500 mg</i>	2	PA BvD

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<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i> (CellCept)	5	PA BvD; NM; NEDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i> (Myfortic)	2	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML	5	PA NSO; NM; NEDS
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA BvD; NM; NEDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; NM; NEDS
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA; NM; NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	5	PA; NM; NEDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NM; NEDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	5	PA; NM; NEDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	PA BvD

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RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	ST
REZUROCK ORAL TABLET 200 MG	5	PA NSO; NM; NEDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NM; NEDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; NM; NEDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	5	PA; NM; NEDS
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA
SELARSDI SUBCUTANEOUS (ustekinumab-aekn) SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; NM; NEDS
<i>sirolimus oral solution 1 mg/ml</i>	4	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	5	PA; NM; NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NM; NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	5	PA; NM; NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NM; NEDS

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STELARA INTRAVENOUS SOLUTION 130 MG/26ML (ustekinumab)	5	PA; NM; NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (ustekinumab)	5	PA; NM; NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (ustekinumab)	5	PA; NM; NEDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	4	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NM; NEDS; QL (180 per 30 days)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; NM; NEDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	5	PA; NM; NEDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NM; NEDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; NM; NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	5	PA; NM; NEDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	5	PA; NM; NEDS
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA; NM; NEDS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; NM; NEDS

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<i>ustekinumab subcutaneous solution</i> (Stelara) 45 mg/0.5ml	5	PA; NM; NEDS
<i>ustekinumab subcutaneous solution</i> (Stelara) <i>prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	5	PA; NM; NEDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NM; NEDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; NM; NEDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	5	PA; NM; NEDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; NM; NEDS
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (adalimumab-aaty (1 pen))	5	PA; NM; NEDS
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (adalimumab-aaty (2 syringe))	5	PA; NM; NEDS
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (adalimumab-aaty (1 pen))	5	PA; NM; NEDS
Vaccines		

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ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	3	\$0 copay
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	\$0 copay
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	3	\$0 copay
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	3	\$0 copay
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	\$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF- MCG/0.5	3	\$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	\$0 copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
DENG VAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	QL (3 per 365 days)
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	3	PA BvD; \$0 copay
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	PA BvD; \$0 copay

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GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	3	\$0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	\$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	3	\$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	3	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	PA BvD; \$0 copay
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	PA BvD; \$0 copay
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION INJECTABLE	3	\$0 copay
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0 copay
IXIARO INTRAMUSCULAR SUSPENSION	3	\$0 copay
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	\$0 copay
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	\$0 copay
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	3	\$0 copay

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MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0 copay
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	\$0 copay
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	3	\$0 copay
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	\$0 copay
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	\$0 copay
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	\$0 copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA BvD; \$0 copay
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	PA BvD; \$0 copay

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RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	\$0 copay
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	\$0 copay
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	3	\$0 copay
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	\$0 copay
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	\$0 copay
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	3	

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VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	3	\$0 copay
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	3	\$0 copay
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	\$0 copay
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	3	\$0 copay
VIVOTIF ORAL CAPSULE DELAYED RELEASE	3	\$0 copay
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	\$0 copay
INFLAMMATORY BOWEL DISEASE AGENTS		
Inflammatory Bowel Disease Agents		
<i>alosetron hcl oral tablet 0.5 mg</i> (Lotronex)	4	
<i>alosetron hcl oral tablet 1 mg</i> (Lotronex)	5	NM; NEDS
<i>balsalazide disodium oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule delayed release particles 3 mg</i>	2	
<i>budesonide rectal foam 2 mg</i> (Uceris)	4	
<i>hydrocortisone rectal enema 100 mg/60ml</i> (Cortenema)	4	
<i>mesalamine er oral capsule extended release 500 mg</i> (Pentasa)	4	
<i>mesalamine oral tablet delayed release 1.2 gm</i> (Lialda)	2	QL (120 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	

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<i>sulfasalazine oral tablet delayed release 500 mg</i> (Azulfidine EN-tabs)	4	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution 70 mg/75ml</i>	2	QL (300 per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate sodium oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i> (Sensipar)	4	QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i> (Sensipar)	2	QL (120 per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NM; NEDS
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	5	NM; NEDS; QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	QL (1 per 180 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	5	PA; NM; NEDS; QL (2.24 per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; NM; NEDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NM; NEDS

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MISCELLANEOUS THERAPEUTIC AGENTS		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA; NM; NEDS
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	3	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	5	NM; NEDS
<i>glucagon emergency injection kit 1 mg</i>	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>l-glutamine oral packet 5 gm</i> (Endari)	5	PA; NM; NEDS; QL (180 per 30 days)
<i>mesna oral tablet 400 mg</i> (Mesnex)	5	NM; NEDS
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv)	4	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	

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Drug Name	Drug Tier	Requirements/Limits
THALOMID ORAL CAPSULE 100 MG	5	PA NSO; NM; NEDS; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NM; NEDS; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	PA NSO; NM; NEDS; QL (224 per 28 days)
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	5	PA; NM; NEDS; QL (12 per 30 days)
OPHTHALMIC AGENTS		
Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i> (Alphagan P)	2	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i> (Alphagan P)	1	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i> (Combigan)	2	
<i>brinzolamide ophthalmic suspension 1 %</i> (Azopt)	4	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i> (Cosopt)	1	
<i>latanoprost ophthalmic solution 0.005 %</i> (Xalatan)	1	QL (2.5 per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl ophthalmic solution</i> 0.5 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	QL (2.5 per 25 days)
<i>pilocarpine hcl ophthalmic solution</i> 1 %, 2 %, 4 %	1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
<i>timolol hemihydrate ophthalmic</i> (Betimol) <i>solution</i> 0.5 %	1	
<i>timolol maleate ophthalmic solution</i> 0.25 %, 0.5 %	1	
<i>travoprost (bak free) ophthalmic</i> (Travatan Z) <i>solution</i> 0.004 %	2	QL (2.5 per 25 days)
REPLACEMENT PREPARATIONS		
Replacement Preparations		
<i>dextrose-nacl intravenous solution</i> 5- 0.9 %	1	
<i>dextrose-sodium chloride intravenous</i> <i>solution</i> 5-0.45 %, 5-0.9 %	1	
<i>klor-con m10 oral tablet extended</i> (Klor-Con M10) <i>release</i> 10 meq	1	
<i>klor-con m15 oral tablet extended</i> (Klor-Con M15) <i>release</i> 15 meq	1	
<i>klor-con m20 oral tablet extended</i> (Klor-Con M20) <i>release</i> 20 meq	1	
MAGNESIUM SULFATE INJECTION SOLUTION 50 %	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>	1	
<i>potassium chloride crys er oral tablet (Klor-Con M10) extended release 10 meq</i>	1	
<i>potassium chloride crys er oral tablet (Klor-Con M15) extended release 15 meq</i>	1	
<i>potassium chloride crys er oral tablet (Klor-Con M20) extended release 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet (Klor-Con 10) extended release 10 meq</i>	1	
<i>potassium chloride er oral tablet extended release 15 meq</i>	4	
<i>potassium chloride er oral tablet extended release 20 meq</i>	1	
<i>potassium chloride er oral tablet (Klor-Con) extended release 8 meq</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate er oral tablet (Urocit-K 10) extended release 10 meq (1080 mg)</i>	2	
<i>potassium citrate er oral tablet (Urocit-K 15) extended release 15 meq (1620 mg)</i>	2	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	1	
RESPIRATORY TRACT AGENTS		
Anti-Inflammatories, Inhaled Corticosteroids		

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Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	3	QL (12 per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (fluticasone furoate ellipta)	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (fluticasone furoate-vilanterol)	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	3	QL (60 per 30 days)
<i>breyina inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i> (Breyna)	2	QL (30.9 per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i> (Pulmicort)	4	PA BvD; QL (120 per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i> (Breyna)	2	QL (30.6 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (21.2 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> (Wixela Inhub)	1	QL (60 per 30 days)

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wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Wixela Inhub)	1	QL (60 per 30 days)
Antileukotrienes		
montelukast sodium oral tablet 10 mg (Singulair)	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg (Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	2	
Bronchodilators		
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION	3	QL (32.1 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (Ventolin HFA)	1	QL (17 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503) (Ventolin HFA)	1	QL (13.4 per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983) (Ventolin HFA)	4	QL (36 per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	PA BvD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (umeclidinium-vilanterol)	3	QL (60 per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (10.7 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	QL (4 per 28 days)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	4	
<i>tiotropium bromide monohydrate</i> (Spiriva HandiHaler) <i>inhalation capsule 18 mcg</i>	4	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 per 30 days)

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Respiratory Tract Agents, Other		
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	5	NM; NEDS; QL (560 per 28 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	PA BvD
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; NM; NEDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	5	PA; NM; NEDS; QL (1 per 28 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NM; NEDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NEDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NM; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NM; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; NM; NEDS; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NM; NEDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NEDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NEDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	PA; NM; NEDS; QL (270 per 30 days)

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<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	PA; NM; NEDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	PA; NM; NEDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	PA; NM; NEDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA BvD; NM; NEDS
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	4	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	4	QL (30 per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; NM; NEDS; QL (84 per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	PA; NM; NEDS; QL (56 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	5	PA; NM; NEDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; NM; NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; NM; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; NM; NEDS
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine hcl oral tablet 2 mg	1	
tizanidine hcl oral tablet 4 mg (Zanaflex)	1	
SLEEP DISORDER AGENTS		
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)	2	PA; 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)	2	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg (Provigil)	2	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml (Xyrem)	5	PA; NM; NEDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg	1	QL (30 per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg (Ambien)	1	QL (30 per 30 days)
VASODILATING AGENTS		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; NEDS; QL (90 per 30 days)
alyq oral tablet 20 mg	1	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg (Tracleer)	5	PA; NM; NEDS; QL (60 per 30 days)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg (Viagra)	2	EXCL
sildenafil citrate oral tablet 20 mg (Revatio)	2	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg	2	PA; QL (30 per 30 days)
tadalafil oral tablet 5 mg (Cialis)	2	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM; NEDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NM; NEDS; QL (240 per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA; NM; NEDS
VITAMINS AND MINERALS		
Vitamins And Minerals		
C-NATE DHA CAPSULE 28-1-200 MG ORAL	1	
COMPLETENATE TABLET CHEWABLE 29-1 MG ORAL	1	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	EXCL
<i>folic acid oral tablet 1 mg</i>	1	EXCL; QL (30 per 30 days)
FOLIVANE-OB CAPSULE 85-1 MG ORAL	1	
KOSHER PRENATAL PLUS IRON TABLET 30-1 MG ORAL	1	
M-NATAL PLUS TABLET 27-1 MG ORAL (m-natal plus)	1	
NIVA-PLUS TABLET 27-1 MG ORAL (m-natal plus)	1	
OBSTETRIX DHA 29-1 & 350 MG ORAL	1	
PNV 27-CA/FE/FA TABLET 60-1 MG ORAL	1	
PNV TABS 29-1 TABLET 29-1 MG ORAL	1	

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

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Drug Name	Drug Tier	Requirements/Limits
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VITAFOL GUMMIES TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL	1	
VITAFOL-OB+DHA 65-1 & 250 MG ORAL	1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i> (Drisdol)	1	EXCL
VP-PNV-DHA CAPSULE 28-1-215.8 MG ORAL	1	
ZATEAN-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL (pnv-dha)	1	
ZATEAN-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL (pnv-omega)	1	

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Notice of availability of language assistance services and auxiliary aids and services

English: 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 1-866-627-8183 (TTY 1-866-627-8182).

Español: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-866-627-8183 (TTY 1-866-627-8182).

Chinese: 如果您會說中文，我們可以為您提供免費語言幫助服務。也免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打 1-866-627-8183 (TTY 1-866-627-8182)。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang naaangkop na mga pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-627-8183 (TTY 1-866-627-8182).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-627-8183 (TTY 1-866-627-8182).

Vietnamese: Nếu bạn nói tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi 1-866-627-8183 (TTY 1-866-627-8182).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Auch entsprechende Hilfsmittel und Services zur Bereitstellung von Informationen in barrierefreien Formaten stehen kostenlos zur Verfügung. Rufen Sie 1-866-627-8183 (TTY 1-866-627-8182) an.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 적절한 보조 지원 및 서비스도 무료로 제공됩니다. 1-866-627-8183 (TTY 1-866-627-8182) 로 전화하세요.



Russian: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по номеру 1-866-627-8183 (TTY 1-866-627-8182).

Arabic: لتوفير المناسبة المساعدات والخدمات المساعدات تتوفر لك متاحة المجانية اللغوية المساعدة خدمات فإن ، العربية تتحدث كنت إذا ،
مجانًا إليها الوصول يمكن بتنسيقات المعلومات 1-866-627-8183 (TTY 1-866-627-8182) بالرقم اتصل.

Italian: Se parli italiano, sono a tua disposizione servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-866-627-8183 (TTY 1-866-627-8182).

Portuguese: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-866-627-8183 (TTY 1-866-627-8182).

French Creole: Si w pale kreyòl franse, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib tou gratis. Rele 1-866-627-8183 (TTY 1-866-627-8182).

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Odpowiednie pomoce pomocnicze i usługi umożliwiające dostarczanie informacji w przystępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-627-8183 (TTY 1-866-627-8182).

Hindi: यदि आप हिंदी बोलते हैं, तो मुफ्त भाषा सहायता सेवाएँ आपके लिए उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्राप्त करने के लिए उपयुक्त सहायक एड्स और सेवाएँ भी दान: शुल्क उपलब्ध हैं। कॉल 1-866-627-8183 (TTY 1-866-627-8182)।

Japanese: 日本語を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助援助やサービスも無料で利用できます。 1-866-627-8183 (TTY 1-866-627-8182) に電話します。

GlobalHealth is an HMO plan offered by GlobalHealth, Inc.

This formulary was updated on 09/02/2025. For more recent information or other questions, please contact Customer Care at 1-866-494-3927 (TTY users should call 711), 24 hours a day, seven days a week, or visit www.globalhealth.com.

GlobalHealth es un plan HMO ofrecido por GlobalHealth, Inc.

Esta lista se actualizó el 09/02/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con el Servicio de Atención al Cliente al 1-866-494-3927 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los siete días de la semana, o visite www.globalhealth.com.



Customer Care: 1-844-280-5555 (Toll free) (TTY:711)

From 8 a.m. to 8 p.m., 7 days a week (October 1 – March 31),
and 8 a.m. to 8 p.m. from Monday to Friday (April 1 – September 30)

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De 8 a.m. a 8 p.m. los 7 días de la semana (del 1 de octubre al 31 de marzo) y de
8 a.m. a 8 p.m. de lunes a viernes (del 1 de abril al 30 de septiembre)

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