

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

DRUG FORMULARY

January 1 - December 31, 2027

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. HPMS
Approved Formulary File Submission ID 00027284, Version 5.

This document contains a list of covered drugs for GlobalHealth Generations Dual Support (HMO D-SNP), Global-
Health Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO). The Drug
Formulary was updated on 09/01/2026.

For more recent information or other questions, please contact GlobalHealth Customer Care.

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

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

2027 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 00027284, Version Number 5.

This formulary was updated on 09/01/2026. For more recent information or other questions, please contact us, GlobalHealth Generation plans 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 1, 2026. *For* an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the GlobalHealth 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: https://globalhealth.com/media/lyvpwgbe/2026_web-charts_1t_snp-8126-508.pdf.

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 GlobalHealth Generations Dual Support (HMO D-SNP), GlobalHealth 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 GlobalHealth 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 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 1, 2026. 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 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 182. 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 based on specific criteria 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 GlobalHealth Generations Dual Support (HMO D-SNP), GlobalHealth Generations Dual Premier (HMO D-SNP) and Generations State of Oklahoma Retirees (HMO).’s formulary?” on page IV 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 GlobalHealth 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 GlobalHealth Generations Dual Support (HMO D-SNP), GlobalHealth 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>.

GlobalHealth Generations Dual Support (HMO D-SNP), GlobalHealth 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 182.

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.

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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.
- *** – 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)		
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: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0
Cost-Sharing Tier 2 (Generic Drugs)	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0
Cost-Sharing Tier 3 (Preferred Brand Drugs)	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0
Cost-Sharing Tier 4 (Non-Preferred Drugs)	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0
Cost-Sharing Tier 5 (Specialty Drugs)	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (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: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0
Cost-Sharing Tier 2 (Generic Drugs)	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0
Cost-Sharing Tier 3 (Preferred Brand Drugs)	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0
Cost-Sharing Tier 4 (Non-Preferred Drugs)	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (brand) Low-income subsidy Level 3: \$0
Cost-Sharing Tier 5 (Specialty Drugs)	Low-income subsidy Level 1: \$5.80 (generic), \$14.40 (brand) Low-income subsidy Level 2: \$1.65 (generic), \$5.00 (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).

List of Covered Drugs

List of Drugs by Medical Condition

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Drug Name	Reference	Drug Tier	Requirements/Limits
ANALGESICS			
Analgesics, Miscellaneous			
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		4	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>		1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		1	QL (180 per 30 days)
<i>acetaminophen-codeine solution 300-30 mg/12.5ml oral</i>		4	QL (4500 per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Butrans	4	QL (4 per 28 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		2	PA; HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	BAC (Butalbital-Acetamin-Caff)	1	PA; HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		2	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>		1	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>		1	QL (240 per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Dilaudid	1	QL (180 per 30 days)
METHADONE HCL ORAL SOLUTION 10 MG/5ML		1	QL (600 per 30 days)
METHADONE HCL ORAL SOLUTION 5 MG/5ML		1	QL (1200 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)

You can find information on what the symbols and abbreviations on this table mean by going to page VII of the introduction. Formulary ID: 27284

Effective Date: 01/01/2027
Last Updated: 09/01/2026

Drug Name	Reference	Drug Tier	Requirements/Limits
<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 extended release 15 mg, 30 mg</i>	MS Contin	1	QL (90 per 30 days)
<i>morphine sulfate er oral tablet extended release 60 mg</i>	MS Contin	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 mg</i>	Roxicodone	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 10-325 mg</i>	Endocet	1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Endocet	1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Endocet	1	QL (240 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>		1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		1	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	1	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>		1	QL (120 per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		1	

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<i>diclofenac sodium oral tablet delayed release 25 mg</i>		1	
<i>diclofenac sodium oral tablet delayed release 50 mg</i>		1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>		1	QL (60 per 30 days)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Arthrotec	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>		1	PA; HRM; AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>		1	
<i>naproxen 375 mg tablet (rx)</i>		1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>		1	
<i>sulindac oral tablet 150 mg, 200 mg</i>		1	
ANESTHETICS			
Local Anesthetics			
<i>lidocaine external ointment 5 %</i>		1	PA; QL (240 per 30 days)
<i>lidocaine external patch 5 %</i>	Lidocan	2	PA; QL (90 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)

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Drug Name	Reference	Drug Tier	Requirements/Limits
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS			
Anti-Addiction/Substance Abuse Treatment Agents			
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		2	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>		2	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		1	
<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</i>		1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		2	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>		1	
<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>	Chantix Starting Month Pak	2	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Chantix	2	QL (336 per 365 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	Chantix	2	QL (336 per 365 days)
ANTIANXIETY AGENTS			
Benzodiazepines			

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<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)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>		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, 22.5 mg, 30 mg</i>	Restoril	1	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	Restoril	1	QL (120 per 30 days)
ANTIBACTERIALS			
Aminoglycosides			
<i>amikacin sulfate injection solution 500 mg/2ml</i>		2	

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ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		5	PA; *; QL (235.2 per 28 days); NEDS
<i>gentamicin sulfate injection solution 40 mg/ml</i>		1	
<i>neomycin 500 mg tablet</i>		1	
<i>neomycin sulfate oral tablet 500 mg</i>		1	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>		5	*; NEDS
TOBI PODHALER INHALATION CAPSULE 28 MG		5	*; QL (224 per 28 days); NEDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak (w/ nebulizer)	5	PA BvD; *; NEDS
<i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak (w/ nebulizer)	5	PA BvD; *; 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</i>	Cleocin Phosphate	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	Coly-Mycin M	4	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG		4	PA BvD
<i>daptomycin intravenous solution reconstituted 500 mg</i>		4	PA BvD
<i>fosfomycin tromethamine oral packet 3 gm</i>		4	
<i>linezolid intravenous solution 600 mg/300ml</i>	Zyvox	4	PA BvD
<i>linezolid oral tablet 600 mg</i>		4	
<i>methenamine hippurate oral tablet 1 gm</i>		1	
<i>metronidazole intravenous solution 500 mg/100ml</i>		1	PA BvD

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<i>metronidazole oral tablet 250 mg, 500 mg</i>		1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>		1	QL (120 per 30 days)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	1	QL (60 per 30 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG		5	PA BvD; *, NEDS
SIVEXTRO ORAL TABLET 200 MG		5	*, NEDS
<i>trimethoprim oral tablet 100 mg</i>		1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>		4	PA BvD
<i>vancomycin hcl oral capsule 125 mg</i>	Vancocin	4	QL (77 per 28 days)
<i>vancomycin hcl oral capsule 250 mg</i>	Vancocin	4	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG		3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		3	PA; 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>cefixime oral tablet 400 mg</i>		2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
<i>ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg</i>	Teflaro	5	PA BvD; *; NEDS
<i>ceftazidime injection solution reconstituted 1 gm</i>	Tazicef	4	
<i>ceftazidime injection solution reconstituted 6 gm</i>		4	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	Tazicef	4	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		2	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>		2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>		1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>		2	PA BvD
<i>cephalexin oral capsule 250 mg, 500 mg</i>		1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		1	
<i>tazicef injection solution reconstituted 1 gm</i>	Tazicef	4	
<i>tazicef intravenous solution reconstituted 2 gm</i>	Tazicef	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM		4	
Macrolides			
<i>azithromycin intravenous solution reconstituted 500 mg</i>		2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	Zithromax	1	
<i>azithromycin oral tablet 600 mg</i>		1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		4	

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<i>clarithromycin oral tablet 250 mg, 500 mg</i>		1	
<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	*; QL (20 per 10 days); NEDS
Miscellaneous B-Lactam Antibiotics			
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>		4	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		5	PA; *; NEDS
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>		4	PA BvD
<i>ertapenem sodium injection solution reconstituted 1 gm</i>		4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>		4	PA BvD
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i>	Primaxin IV	4	PA BvD
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>		1	PA BvD
Penicillins			
<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	

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<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		1	
<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</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	
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	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>		4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>		4	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	Pfizerpen	4	
<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	

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Drug Name	Reference	Drug Tier	Requirements/Limits
<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	PA BvD
Quinolones			
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>		1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>		1	PA BvD
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>		1	PA BvD
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		1	
MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML		4	PA BvD
<i>moxifloxacin hcl oral tablet 400 mg</i>		2	
MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS		4	PA BvD
Sulfonamides			
<i>sulfadiazine oral tablet 500 mg</i>		5	*; NEDS
<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>doxy 100 intravenous solution reconstituted 100 mg</i>	Doxy 100	4	PA BvD
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	Doxy 100	4	PA BvD
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>		1	

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<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		1	
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxyme 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	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	Tygacil	4	PA BvD
ANTICANCER AGENTS			
Anticancer Agents			
<i>abiraterone acetate oral tablet 250 mg</i>	Abirtega	4	PA NSO; 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; *; QL (60 per 30 days); NEDS
ALECENSA ORAL CAPSULE 150 MG		5	PA NSO; *; QL (240 per 30 days); NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		5	PA NSO; *; NEDS
<i>anastrozole oral tablet 1 mg</i>	Arimidex	1	
AUGTYRO ORAL CAPSULE 160 MG		5	PA NSO; *; QL (60 per 30 days); NEDS

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AUGTYRO ORAL CAPSULE 40 MG		5	PA NSO; *; QL (240 per 30 days); NEDS
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG		5	PA NSO; *; QL (66 per 28 days); NEDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
<i>azacitidine injection suspension reconstituted 100 mg</i>	Vidaza	5	*; NEDS
BALVERSA ORAL TABLET 3 MG		5	PA NSO; *; QL (84 per 28 days); NEDS
BALVERSA ORAL TABLET 4 MG		5	PA NSO; *; QL (56 per 28 days); NEDS
BALVERSA ORAL TABLET 5 MG		5	PA NSO; *; QL (28 per 28 days); NEDS
<i>bendamustine hcl intravenous solution reconstituted 25 mg</i>	Treanda	4	PA NSO
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML		5	PA NSO; *; QL (1 per 28 days); NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		5	PA NSO; *; QL (2 per 28 days); NEDS
<i>bexarotene external gel 1 %</i>	Targretin	5	PA NSO; *; NEDS
<i>bexarotene oral capsule 75 mg</i>	Targretin	1	PA NSO
<i>bicalutamide oral tablet 50 mg</i>	Casodex	1	
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>		1	
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG		4	PA NSO
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 3.5 MG		5	PA NSO; *; NEDS
BOSULIF ORAL CAPSULE 100 MG		5	PA NSO; *; QL (180 per 30 days); NEDS
BOSULIF ORAL CAPSULE 50 MG		5	PA NSO; *; QL (30 per 30 days); NEDS

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BOSULIF ORAL TABLET 100 MG		5	PA NSO; *; QL (180 per 30 days); NEDS
BOSULIF ORAL TABLET 500 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
<i>bosutinib oral tablet 100 mg</i>	Bosulif	5	PA NSO; *; QL (180 per 30 days); NEDS
<i>bosutinib oral tablet 400 mg, 500 mg</i>	Bosulif	5	PA NSO; *; QL (30 per 30 days); NEDS
BRAFTOVI ORAL CAPSULE 75 MG		5	PA NSO; *; QL (180 per 30 days); NEDS
BRUKINSA ORAL CAPSULE 80 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
BRUKINSA ORAL TABLET 160 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
CABOMETYX ORAL TABLET 20 MG, 60 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
CABOMETYX ORAL TABLET 40 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
CALQUENCE ORAL TABLET 100 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG		4	PA NSO
CAPRELSA ORAL TABLET 100 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG		5	PA NSO; *; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG		5	PA NSO; *; QL (112 per 28 days); NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		5	PA NSO; *; NEDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		5	PA NSO; *; QL (56 per 28 days); NEDS
COTELLIC ORAL TABLET 20 MG		5	PA NSO; *; QL (63 per 28 days); NEDS

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<i>cyclophosphamide injection solution reconstituted 1 gm</i>		4	PA BvD
<i>cyclophosphamide injection solution reconstituted 2 gm, 500 mg</i>		5	PA BvD; *; NEDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/2.5ML		5	PA BvD; *; NEDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG		1	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg</i>		3	PA BvD; ST
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG		3	PA BvD; ST
DANZITEN ORAL TABLET 71 MG, 95 MG		5	PA NSO; *; QL (112 per 28 days); NEDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	Phyrago	5	PA NSO; *; QL (30 per 30 days); NEDS
<i>dasatinib oral tablet 20 mg</i>	Phyrago	5	PA NSO; *; QL (90 per 30 days); NEDS
DAURISMO ORAL TABLET 100 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
DAURISMO ORAL TABLET 25 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
<i>decitabine intravenous solution reconstituted 50 mg</i>		4	
<i>doxorubicin hcl liposomal intravenous suspension 2 mg/ml</i>	Doxil	5	PA BvD; *; NEDS
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG		4	PA NSO
ENSACOVE ORAL CAPSULE 100 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
ENSACOVE ORAL CAPSULE 25 MG		5	PA NSO; *; QL (270 per 30 days); NEDS
ERIVEDGE ORAL CAPSULE 150 MG		5	PA NSO; *; QL (28 per 28 days); NEDS
ERLEADA ORAL TABLET 240 MG		5	PA NSO; *; QL (30 per 30 days); NEDS

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ERLEADA ORAL TABLET 60 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
<i>erlotinib hcl oral tablet 100 mg</i>		5	PA NSO; *; QL (60 per 30 days); NEDS
<i>erlotinib hcl oral tablet 150 mg</i>		5	PA NSO; *; QL (90 per 30 days); NEDS
<i>erlotinib hcl oral tablet 25 mg</i>		4	PA NSO; QL (60 per 30 days)
<i>etoposide intravenous solution 100 mg/5ml</i>	Avopef	1	
EULEXIN ORAL CAPSULE 125 MG		5	*; NEDS
<i>everolimus oral tablet 10 mg</i>	Yulithira	5	PA NSO; *; QL (60 per 30 days); NEDS
<i>everolimus oral tablet 2.5 mg, 5 mg</i>	Yulithira	4	PA NSO; QL (30 per 30 days)
<i>everolimus oral tablet 7.5 mg</i>	Yulithira	4	PA NSO; QL (60 per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Afinitor Disperz	5	PA NSO; *; QL (112 per 28 days); NEDS
<i>exemestane oral tablet 25 mg</i>	Aromasin	1	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL		5	PA BvD; *; 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
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		5	PA NSO; *; QL (21 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 1 MG		5	PA NSO; *; QL (84 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 5 MG		5	PA NSO; *; QL (21 per 28 days); NEDS

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<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	Cligavvyx	4	
GAVRETO ORAL CAPSULE 100 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
<i>gefitinib oral tablet 250 mg</i>	Iressa	5	PA NSO; *; QL (60 per 30 days); NEDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
GOMEKLI ORAL CAPSULE 1 MG		5	PA NSO; *; QL (224 per 28 days); NEDS
GOMEKLI ORAL CAPSULE 2 MG		5	PA NSO; *; QL (112 per 28 days); NEDS
GOMEKLI ORAL TABLET SOLUBLE 1 MG		5	PA NSO; *; QL (224 per 28 days); NEDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML		5	PA NSO; *; QL (5 per 21 days); NEDS
HERNEXEOS ORAL TABLET 60 MG		5	PA NSO; *; QL (90 per 30 days); NEDS
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	1	
HYRNUO ORAL TABLET 10 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		5	PA NSO; *; QL (21 per 28 days); NEDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		5	PA NSO; *; QL (21 per 28 days); NEDS
IBTROZI ORAL CAPSULE 200 MG		5	PA NSO; *; QL (90 per 30 days); NEDS
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
IDHIFA ORAL TABLET 100 MG, 50 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>		2	
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	Ifex	2	

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<i>imatinib mesylate oral tablet 100 mg</i>	Gleevec	1	PA NSO; QL (180 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	Gleevec	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG		5	PA NSO; *; QL (28 per 28 days); NEDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML		5	PA NSO; *; QL (216 per 30 days); NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		5	PA NSO; *; QL (28 per 28 days); NEDS
IMKELDI ORAL SOLUTION 80 MG/ML		5	PA NSO; *; QL (280 per 28 days); NEDS
INLEXZO INTRAVESICAL IMPLANT 225 MG		5	PA BvD; *; NEDS
INLURIYO ORAL TABLET 200 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
INLYTA ORAL TABLET 1 MG		5	PA NSO; *; QL (180 per 30 days); NEDS
INLYTA ORAL TABLET 5 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
INQOVI ORAL TABLET 35-100 MG		5	PA NSO; *; QL (5 per 28 days); NEDS
INREBIC ORAL CAPSULE 100 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
ITOVEBI ORAL TABLET 3 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
ITOVEBI ORAL TABLET 9 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
IWILFIN ORAL TABLET 192 MG		5	PA NSO; *; QL (240 per 30 days); NEDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		5	PA NSO; *; QL (60 per 30 days); NEDS

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JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 50 MG		5	PA NSO; *; QL (90 per 30 days); NEDS
JYLAMVO ORAL SOLUTION 2 MG/ML		4	PA BvD; ST
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395-4800 MG -UNT/2.4ML, 790-9600 MG -UNT/4.8ML		5	PA NSO; *; NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA NSO; *; QL (21 per 28 days); NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA NSO; *; QL (42 per 28 days); NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA NSO; *; QL (63 per 28 days); NEDS
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA NSO; *; QL (49 per 28 days); NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA NSO; *; QL (70 per 28 days); NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG		5	PA NSO; *; QL (91 per 28 days); NEDS
KOMZIFTI ORAL CAPSULE 200 MG		5	PA NSO; *; NEDS
KOSELUGO ORAL CAPSULE 10 MG		5	PA NSO; *; QL (300 per 30 days); NEDS
KOSELUGO ORAL CAPSULE 25 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG		5	PA NSO; *; QL (600 per 30 days); NEDS
KOSELUGO ORAL CAPSULE SPRINKLE 7.5 MG		5	PA NSO; *; QL (390 per 30 days); NEDS

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KRAZATI ORAL TABLET 200 MG		5	PA NSO; *; QL (180 per 30 days); NEDS
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	5	PA NSO; *; NEDS
LAZCLUZE ORAL TABLET 240 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
LAZCLUZE ORAL TABLET 80 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Revlimid	5	PA NSO; *; QL (28 per 28 days); NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		5	PA NSO; *; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		5	PA NSO; *; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		5	PA NSO; *; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		5	PA NSO; *; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		5	PA NSO; *; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		5	PA NSO; *; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		5	PA NSO; *; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		5	PA NSO; *; NEDS
<i>letrozole oral tablet 2.5 mg</i>	Femara	1	
LEUKERAN ORAL TABLET 2 MG		5	*; NEDS
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG		4	PA NSO

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<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		4	PA NSO
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG		5	PA NSO; *; NEDS
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG		5	PA NSO; *; NEDS
<i>lomustine oral capsule 10 mg, 40 mg</i>	Gleostine	4	
<i>lomustine oral capsule 100 mg</i>	Gleostine	5	*; NEDS
LONSURF ORAL TABLET 15-6.14 MG		5	PA NSO; *; QL (100 per 28 days); NEDS
LONSURF ORAL TABLET 20-8.19 MG		5	PA NSO; *; QL (80 per 28 days); NEDS
LORBRENA ORAL TABLET 100 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
LORBRENA ORAL TABLET 25 MG		5	PA NSO; *; QL (90 per 30 days); NEDS
LUMAKRAS ORAL TABLET 120 MG		5	PA NSO; *; QL (240 per 30 days); NEDS
LUMAKRAS ORAL TABLET 240 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
LUMAKRAS ORAL TABLET 320 MG		5	PA NSO; *; QL (90 per 30 days); NEDS
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5ML		5	PA BvD; *; NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG		5	PA NSO; *; NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG		5	PA NSO; *; NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG		5	PA NSO; *; NEDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG		5	PA NSO; *; NEDS

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LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG		4	PA NSO
LYNPARZA ORAL TABLET 100 MG, 150 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
LYSODREN ORAL TABLET 500 MG		5	*; NEDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		5	PA NSO; *; QL (140 per 28 days); NEDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		5	PA NSO; *; QL (140 per 28 days); NEDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		5	PA NSO; *; QL (140 per 28 days); NEDS
MATULANE ORAL CAPSULE 50 MG		5	*; 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; *; QL (1260 per 30 days); NEDS
MEKINIST ORAL TABLET 0.5 MG		5	PA NSO; *; QL (90 per 30 days); NEDS
MEKINIST ORAL TABLET 2 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
MEKTOVI ORAL TABLET 15 MG		5	PA NSO; *; QL (180 per 30 days); NEDS
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	Purixan	5	*; NEDS
<i>mercaptopurine oral tablet 50 mg</i>		1	
<i>methotrexate (anti-rheumatic) oral tablet 2.5 mg</i>		1	PA BvD; ST
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>		1	
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML		1	

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<i>methotrexate sodium injection solution reconstituted 1 gm</i>		1	
<i>methotrexate sodium oral tablet 2.5 mg</i>		1	PA BvD; ST
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml</i>		1	
MODEYSO ORAL CAPSULE 125 MG		5	PA NSO; *; QL (20 per 28 days); NEDS
NERLYNX ORAL TABLET 40 MG		5	PA NSO; *; QL (180 per 30 days); NEDS
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	Tasigna	5	PA NSO; *; QL (112 per 28 days); NEDS
<i>nilotinib hcl oral capsule 50 mg</i>	Tasigna	5	PA NSO; *; QL (120 per 30 days); NEDS
<i>nilutamide oral tablet 150 mg</i>		5	*; NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		5	PA NSO; *; QL (3 per 28 days); NEDS
NUBEQA ORAL TABLET 300 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
ODOMZO ORAL CAPSULE 200 MG		5	PA NSO; *; NEDS
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG		5	PA NSO; *; NEDS
OGSIVEO ORAL TABLET 100 MG, 150 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
OGSIVEO ORAL TABLET 50 MG		5	PA NSO; *; QL (180 per 30 days); NEDS
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML		5	PA NSO; *; QL (96 per 28 days); NEDS
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)		5	PA NSO; *; QL (24 per 28 days); NEDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
ONUREG ORAL TABLET 200 MG, 300 MG		5	PA NSO; *; QL (14 per 28 days); NEDS

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OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML		5	PA NSO; *; NEDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300-5000 MG -UT/2.5ML, 600-10000 MG-UT/5ML		5	PA NSO; *; NEDS
ORSERDU ORAL TABLET 345 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG		5	PA NSO; *; QL (90 per 30 days); NEDS
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG		5	PA BvD; *; NEDS
<i>pazopanib hcl oral tablet 200 mg</i>	Votrient	5	PA NSO; *; QL (120 per 30 days); NEDS
<i>pazopanib hcl oral tablet 400 mg</i>		5	PA NSO; *; QL (60 per 30 days); NEDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML		5	*; NEDS
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg</i>		4	
<i>pemetrexed disodium intravenous solution reconstituted 500 mg, 750 mg</i>		5	*; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA NSO; *; QL (28 per 28 days); NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG		5	PA NSO; *; QL (56 per 28 days); NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG		5	PA NSO; *; QL (56 per 28 days); NEDS

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<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	Pomalyst	5	PA NSO; *, QL (21 per 28 days); NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		5	PA NSO; *, QL (21 per 28 days); NEDS
QINLOCK ORAL TABLET 50 MG		5	PA NSO; *, QL (90 per 30 days); NEDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG		5	PA NSO; *, QL (60 per 30 days); NEDS
RETEVMO ORAL TABLET 40 MG		5	PA NSO; *, QL (90 per 30 days); NEDS
REVUFORJ ORAL TABLET 110 MG		5	PA NSO; *, QL (120 per 30 days); NEDS
REVUFORJ ORAL TABLET 160 MG		5	PA NSO; *, QL (60 per 30 days); NEDS
REVUFORJ ORAL TABLET 25 MG		5	PA NSO; *, QL (240 per 30 days); NEDS
REZLIDHIA ORAL CAPSULE 150 MG		5	PA NSO; *, QL (60 per 30 days); NEDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG		5	PA NSO; *, QL (8 per 28 days); NEDS
ROZLYTREK ORAL CAPSULE 100 MG		5	PA NSO; *, QL (180 per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 200 MG		5	PA NSO; *, QL (90 per 30 days); NEDS
ROZLYTREK ORAL PACKET 50 MG		5	PA NSO; *, QL (360 per 30 days); NEDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		5	PA NSO; *, QL (120 per 30 days); NEDS
RYBREVA [®] FASPRO SUBCUTANEOUS SOLUTION 1600-20000 MG-UT/10ML, 2240-28000 MG-UT/14ML, 2400-30000 MG-UT/15ML, 3520-44000 MG-UT/22ML		5	PA NSO; *, NEDS
RYBREVA [®] INTRAVENOUS SOLUTION 350 MG/7ML		5	PA NSO; *, NEDS

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RYDAPT ORAL CAPSULE 25 MG		5	PA NSO; *, QL (224 per 28 days); NEDS
SCEMBLIX ORAL TABLET 100 MG		5	PA NSO; *, QL (120 per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG		5	PA NSO; *, QL (60 per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG		5	PA NSO; *, QL (300 per 30 days); NEDS
SOLTAMOX ORAL SOLUTION 10 MG/5ML		5	*, NEDS
<i>sorafenib tosylate oral tablet 200 mg</i>	NexAVAR	5	PA NSO; *, QL (120 per 30 days); NEDS
STIVARGA ORAL TABLET 40 MG		5	PA NSO; *, QL (84 per 28 days); NEDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	5	PA NSO; *, QL (28 per 28 days); NEDS
TABLOID ORAL TABLET 40 MG		5	*, NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG		5	PA NSO; *, QL (112 per 28 days); NEDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		5	PA NSO; *, QL (120 per 30 days); NEDS
TAFINLAR ORAL TABLET SOLUBLE 10 MG		5	PA NSO; *, QL (900 per 30 days); NEDS
TAGRISSO ORAL TABLET 40 MG, 80 MG		5	PA NSO; *, QL (30 per 30 days); NEDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		5	PA NSO; *, QL (30 per 30 days); NEDS
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		1	
TEPMETKO ORAL TABLET 225 MG		5	PA NSO; *, QL (60 per 30 days); NEDS
TIBSOVO ORAL TABLET 250 MG		5	PA NSO; *, QL (60 per 30 days); NEDS
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG		4	

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<i>toremifene citrate oral tablet 60 mg</i>	Fareston	4	
<i>torpenz oral tablet 10 mg</i>	Yulithira	5	PA NSO; *; QL (60 per 30 days); NEDS
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	Yulithira	5	PA NSO; *; QL (30 per 30 days); NEDS
<i>tretinoin oral capsule 10 mg</i>		5	*; NEDS
TRUQAP ORAL TABLET 200 MG		5	PA NSO; *; QL (64 per 28 days); NEDS
TRUQAP ORAL TABLET THERAPY PACK 160 MG		5	PA NSO; *; QL (64 per 28 days); NEDS
TUKYSA ORAL TABLET 150 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
TUKYSA ORAL TABLET 50 MG		5	PA NSO; *; QL (300 per 30 days); NEDS
TURALIO ORAL CAPSULE 125 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG		5	PA NSO; *; NEDS
VENCLEXTA ORAL TABLET 10 MG		3	PA NSO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG		5	PA NSO; *; QL (180 per 30 days); NEDS
VENCLEXTA ORAL TABLET 50 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		5	PA NSO; *; NEDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		5	PA NSO; *; QL (56 per 28 days); NEDS
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>		4	
VITRAKVI ORAL CAPSULE 100 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
VITRAKVI ORAL CAPSULE 25 MG		5	PA NSO; *; QL (180 per 30 days); NEDS

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VITRAKVI ORAL SOLUTION 20 MG/ML		5	PA NSO; *; QL (300 per 30 days); NEDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
VONJO ORAL CAPSULE 100 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
VORANIGO ORAL TABLET 10 MG, 40 MG		5	PA NSO; *; NEDS
WELIREG ORAL TABLET 40 MG		5	PA NSO; *; QL (90 per 30 days); NEDS
XALKORI ORAL CAPSULE 200 MG, 250 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 150 MG		5	PA NSO; *; QL (180 per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 20 MG		5	PA NSO; *; QL (240 per 30 days); NEDS
XALKORI ORAL CAPSULE SPRINKLE 50 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
XATMEP ORAL SOLUTION 2.5 MG/ML		4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG		5	PA NSO; *; QL (90 per 30 days); NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG		5	PA NSO; *; QL (8 per 28 days); NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG		5	PA NSO; *; QL (16 per 28 days); NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		5	PA NSO; *; QL (4 per 28 days); NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		5	PA NSO; *; QL (8 per 28 days); NEDS

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XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG		5	PA NSO; *; QL (4 per 28 days); NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; *; QL (24 per 28 days); NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG		5	PA NSO; *; QL (8 per 28 days); NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA NSO; *; QL (32 per 28 days); NEDS
XTANDI ORAL CAPSULE 40 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 40 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 80 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
YONSA ORAL TABLET 125 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
<i>yulithira oral tablet 10 mg, 7.5 mg</i>	Yulithira	4	PA NSO; QL (60 per 30 days)
<i>yulithira oral tablet 2.5 mg, 5 mg</i>	Yulithira	4	PA NSO; QL (30 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
ZELBORAF ORAL TABLET 240 MG		5	PA NSO; *; QL (240 per 30 days); NEDS
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML		5	PA BvD; *; NEDS
ZOLINZA ORAL CAPSULE 100 MG		5	*; NEDS
ZYDELIG ORAL TABLET 100 MG, 150 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
ZYKADIA ORAL TABLET 150 MG		5	PA NSO; *; QL (84 per 28 days); NEDS

ANTICONVULSANTS

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Anticonvulsants			
<i>brivaracetam intravenous solution 50 mg/5ml</i>	Briviact	5	*; QL (80 per 30 days); NEDS
<i>brivaracetam oral solution 10 mg/ml</i>	Briviact	4	QL (600 per 30 days)
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Briviact	5	*; QL (60 per 30 days); NEDS
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Carbatrol	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	TEGretol-XR	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGretol	4	
<i>carbamazepine oral tablet 200 mg</i>	TEGretol	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>		1	
<i>clobazam oral suspension 2.5 mg/ml</i>	Onfi	4	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Onfi	4	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		5	PA NSO; *; QL (360 per 30 days); NEDS
DIACOMIT ORAL CAPSULE 500 MG		5	PA NSO; *; QL (180 per 30 days); NEDS
DIACOMIT ORAL PACKET 250 MG		5	PA NSO; *; QL (360 per 30 days); NEDS
DIACOMIT ORAL PACKET 500 MG		5	PA NSO; *; QL (180 per 30 days); NEDS
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>		4	
DILANTIN ORAL CAPSULE 30 MG		4	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Depakote Sprinkles	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	1	

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EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA NSO; *, NEDS
<i>epitol oral tablet 200 mg</i>	TEGretol	1	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	Aptiom	4	ST; QL (30 per 30 days)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	Aptiom	4	ST; 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; *, NEDS
<i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	Cerebyx	2	
<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 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	2	QL (60 per 30 days)
<i>lamotrigine 100 mg tablet</i>	Subvenite	1	
<i>lamotrigine 150 mg tablet</i>	Subvenite	1	
<i>lamotrigine 200 mg tablet</i>	Subvenite	1	
<i>lamotrigine 25 mg tablet</i>	Subvenite	1	
<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	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Keppra XR	1	

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<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, 500 mg</i>	Spritam	4	ST
<i>methsuximide oral capsule 300 mg</i>	Celontin	4	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		4	PA NSO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	1	
<i>perampanel oral suspension 0.5 mg/ml</i>	Fycompa	5	ST; *; QL (720 per 30 days); NEDS
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg</i>	Fycompa	4	ST; QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	Fycompa	4	ST; 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	

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<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	1	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; *; NEDS
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Banzel	4	ST
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 750 MG		4	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML		4	PA NSO
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Subvenite	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG		5	PA NSO; *; QL (60 per 30 days); NEDS
SYMPAZAN ORAL FILM 5 MG		4	PA NSO; 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	PA NSO; *; QL (10 per 30 days); NEDS

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VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		5	PA NSO; *; QL (10 per 30 days); NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		5	PA NSO; *; QL (10 per 30 days); NEDS
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		5	PA NSO; *; QL (10 per 30 days); NEDS
<i>vigabatrin oral packet 500 mg</i>	Vigadrone	5	PA NSO; *; QL (180 per 30 days); NEDS
<i>vigabatrin oral tablet 500 mg</i>	Vigadrone	5	PA NSO; *; QL (180 per 30 days); NEDS
<i>vigadrone oral packet 500 mg</i>	Vigadrone	5	PA NSO; *; QL (180 per 30 days); NEDS
<i>vigadrone oral tablet 500 mg</i>	Vigadrone	5	PA NSO; *; QL (180 per 30 days); NEDS
<i>vigpoder oral packet 500 mg</i>	Vigadrone	5	PA NSO; *; QL (180 per 30 days); NEDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		5	*; QL (56 per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG		5	*; QL (56 per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		5	*; QL (30 per 30 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG		5	*; QL (60 per 30 days); NEDS
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 X 200 MG, 14 X 50 MG & 14 X 100 MG		5	*; NEDS
ZONISADE ORAL SUSPENSION 100 MG/5ML		5	*; NEDS
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	1	

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<i>zonisamide oral capsule 50 mg</i>		1	
ZTALMY ORAL SUSPENSION 50 MG/ML		5	PA NSO; *; QL (1080 per 30 days); NEDS
ANTIDEMENTIA AGENTS			
Antidementia Agents			
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	Aricept	1	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>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)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML		5	PA; *; QL (7.2 per 28 days); NEDS
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>		1	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	2	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	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG		5	*; NEDS

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AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG		5	*; NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Wellbutrin SR	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Wellbutrin XL	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		1	
<i>bupropion hcl sr 100 mg tablet f/c</i>	Wellbutrin SR	1	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		2	
<i>citalopram hydrobromide oral tablet 10 mg</i>	CeleXA	1	QL (120 per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>	CeleXA	1	QL (30 per 30 days)
<i>clomipramine hcl oral capsule 25 mg, 75 mg</i>	Anafranil	1	
<i>clomipramine hcl oral capsule 50 mg</i>	Anafranil	2	
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	Norpramin	1	
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Pristiq	1	QL (30 per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		1	
<i>doxepin hcl oral concentrate 10 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)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>		1	QL (120 per 30 days)

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<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		1	QL (90 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 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; *; QL (30 per 30 days); NEDS
<i>escitalopram 10 mg tablet f/c</i>	Lexapro	1	
<i>escitalopram 20 mg tablet f/c</i>	Lexapro	1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		4	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Lexapro	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
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, 20 mg, 40 mg</i>		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	

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<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Remeron SolTab	1	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		2	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Pamelor	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		2	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Paxil CR	1	PA NSO; HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>		4	PA NSO; HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Paxil	1	PA NSO; HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		2	
<i>phenelzine sulfate oral tablet 15 mg</i>	Nardil	1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>		4	
RALDESY ORAL SOLUTION 10 MG/ML		5	PA NSO; *; QL (1200 per 30 days); NEDS
<i>sertraline hcl 100 mg tablet f/c</i>	Zoloft	1	
<i>sertraline hcl 25 mg tablet f/c</i>	Zoloft	1	
<i>sertraline hcl 50 mg tablet f/c</i>	Zoloft	1	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Zoloft	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Zoloft	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Parnate	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>		1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>		4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		4	QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Effexor XR	1	QL (30 per 30 days)

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<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	Effexor XR	1	QL (90 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		1	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Viibryd	1	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		5	PA NSO; *; QL (28 per 14 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG		5	PA NSO; *; QL (14 per 14 days); NEDS

ANTIDIABETIC AGENTS

Antidiabetic Agents, Miscellaneous

<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		1	
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-1000 mg, 5-500 mg</i>	Xigduo XR	1	
<i>dapagliflozin oral tablet 10 mg, 5 mg</i>	Farxiga	1	QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG		3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	QL (30 per 30 days)
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)
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)

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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 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 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; *; QL (112 per 28 days); NEDS
<i>nateglinide oral tablet 120 mg, 60 mg</i>		1	QL (90 per 30 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)
<i>sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	Janumet	1	QL (60 per 30 days)
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i>	Januvia	1	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)

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SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10- 1000 MG, 25-1000 MG		3	QL (30 per 30 days)
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)
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)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		3	max \$35 copay per month supply; QL (30 per 28 days)
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 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)

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LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML		3	max \$35 copay per month supply; QL (30 per 28 days)
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 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		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		3	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		3	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		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 (15 per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		3	max \$35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		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>		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 (90 per 30 days)
<i>glipizide oral tablet 5 mg</i>		1	QL (240 per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
<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			
<i>amphotericin b intravenous solution reconstituted 50 mg</i>		4	PA BvD
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	AmBisome	5	PA BvD; *; 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>	Lasolex	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 ORAL CAPSULE 186 MG, 74.5 MG		5	PA; *; NEDS
<i>econazole nitrate external cream 1 %</i>		1	QL (170 per 30 days)
<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	

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<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>		1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Ancobon	5	*; NEDS
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		4	
<i>itraconazole oral capsule 100 mg</i>	Sporanox	2	
<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>		2	
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG		1	
<i>nyamyc external powder 100000 unit/gm</i>	Nystop	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>	Nystop	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	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		1	
<i>nystop external powder 100000 unit/gm</i>	Nystop	1	QL (60 per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>		4	PA
<i>terbinafine hcl oral tablet 250 mg</i>		1	
<i>voriconazole intravenous solution 200 mg/20ml</i>		4	PA BvD
<i>voriconazole intravenous solution reconstituted 200 mg</i>	Vfend IV	4	PA BvD
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Vfend	5	PA; *; NEDS

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Drug Name	Reference	Drug Tier	Requirements/Limits
<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 tablet 0.6 mg</i>		1	QL (120 per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		2	
<i>probenecid oral tablet 500 mg</i>		1	
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	
ANTIHYPOGLYCEMIC AGENTS			
Antihypoglycemic Agents, Miscellaneous			
<i>diazoxide oral suspension 50 mg/ml</i>	Proglycem	5	*; NEDS
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>		1	PA; 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)

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Drug Name	Reference	Drug Tier	Requirements/Limits
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)
<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	4	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	
PRETOMANID ORAL TABLET 200 MG		4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG		4	
<i>pyrazinamide oral tablet 500 mg</i>		4	
<i>rifabutin oral capsule 150 mg</i>		2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
<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; *, NEDS
ANTINAUSEA AGENTS			
Antinausea Agents			
<i>aprepitant oral capsule 125 mg</i>		4	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>		4	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	Emend BiPack	4	PA BvD; QL (8 per 28 days)
<i>aprepitant oral capsule therapy pack 80 & 125 mg</i>	Emend TriPack	4	PA BvD
<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 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 oral tablet 12.5 mg, 25 mg, 50 mg</i>		1	PA; HRM; AGE (Max 64 Years)

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Drug Name	Reference	Drug Tier	Requirements/Limits
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Transderm Scop	2	PA; HRM; QL (10 per 30 days); AGE (Max 64 Years)
ANTIPARASITE AGENTS			
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; *; QL (84 per 28 days); NEDS
<i>ivermectin oral tablet 3 mg</i>	Stromectol	1	
<i>ivermectin oral tablet 6 mg</i>		4	
<i>mefloquine hcl oral tablet 250 mg</i>		1	
<i>nitazoxanide oral tablet 500 mg</i>		5	*; QL (60 per 30 days); NEDS
<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; *; NEDS
<i>quinine sulfate oral capsule 324 mg</i>		2	PA

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<i>tinidazole oral tablet 250 mg, 500 mg</i>		2	
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>		1	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>		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>		2	
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML		5	PA; *; QL (600 per 30 days); NEDS
<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>		1	
<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	
<i>selegiline hcl oral tablet 5 mg</i>		1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		1	
ANTIPSYCHOTIC AGENTS			
Antipsychotic Agents			

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Drug Name	Reference	Drug Tier	Requirements/Limits
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML		5	*; QL (2.4 per 42 days); NEDS
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML		5	*; QL (3.2 per 42 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		5	*; QL (2 per 28 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		5	*; QL (2 per 28 days); NEDS
<i>aripiprazole oral solution 1 mg/ml</i>		4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Abilify	1	
<i>aripiprazole oral tablet dispersible 10 mg</i>		4	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>		4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML		5	*; QL (4.8 per 365 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		5	*; QL (3.9 per 14 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML		5	*; QL (1.6 per 14 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML		5	*; QL (2.4 per 14 days); NEDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML		5	*; QL (3.2 per 14 days); NEDS
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Saphris	4	QL (60 per 30 days)
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		5	ST; *; QL (60 per 30 days); NEDS

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Drug Name	Reference	Drug Tier	Requirements/Limits
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK 1 & 2 & 4 & 6 MG		4	ST
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK 1 & 2 & 6 & 8 MG		4	ST
BYSANTI TITRATION PACK C ORAL TABLET THERAPY PACK 1 & 2 & 6 MG		4	ST
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG		5	ST; *, QL (30 per 30 days); NEDS
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>		4	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		4	
<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 mg, 12.5 mg, 25 mg</i>		4	ST; QL (90 per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>		4	ST; QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>		4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		5	ST; *, QL (60 per 30 days); NEDS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG		5	ST; *, NEDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		5	ST; *, QL (60 per 30 days); NEDS
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

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<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</i>		1	
<i>fluphenazine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		4	
<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>		2	
<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	*; QL (3.5 per 166 days); NEDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML		5	*; QL (5 per 166 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML		5	*; QL (0.75 per 21 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		5	*; QL (1 per 21 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		5	*; QL (1.5 per 21 days); NEDS

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INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML		5	*; QL (0.5 per 21 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML		5	*; QL (0.88 per 70 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML		5	*; QL (1.32 per 70 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		5	*; QL (1.75 per 70 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		5	*; QL (2.63 per 70 days); NEDS
<i>loxapine succinate oral capsule 10 mg, 25 mg, 50 mg</i>		2	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Latuda	2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		5	*; QL (30 per 30 days); NEDS
<i>molindone hcl oral tablet 10 mg</i>		2	QL (120 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>		4	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG		5	PA NSO; *; QL (30 per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	ZyPREXA	4	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	ZyPREXA	1	

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<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	ZyPREXA Zydis	2	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG		5	ST; *; NEDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>		4	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i>	Invega	4	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Invega	4	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		1	
<i>pimozide oral tablet 1 mg, 2 mg</i>		2	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	SEROquel XR	1	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	SEROquel	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	*; QL (30 per 30 days); NEDS
<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	*; QL (2 per 28 days); NEDS
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	2	QL (480 per 30 days)
<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</i>		2	QL (60 per 30 days)
<i>risperidone oral tablet dispersible 3 mg</i>		4	QL (60 per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>		4	QL (120 per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG		5	*; QL (2 per 28 days); NEDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		5	ST; *; QL (30 per 30 days); NEDS
<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	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		5	ST; *; QL (540 per 30 days); NEDS
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG		3	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	1	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Geodon	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	*; QL (2 per 28 days); NEDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG		5	*; QL (1 per 28 days); NEDS
ANTIVIRALS (SYSTEMIC)			
Antiretrovirals			
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	1	
<i>abacavir sulfate oral tablet 300 mg</i>		1	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>		1	

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Drug Name	Reference	Drug Tier	Requirements/Limits
APTIVUS ORAL CAPSULE 250 MG		5	*; NEDS
<i>atazanavir sulfate oral capsule 150 mg</i>		1	
<i>atazanavir sulfate oral capsule 200 mg, 300 mg</i>	Reyataz	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		5	*; QL (30 per 30 days); NEDS
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML		5	*; NEDS
CIMDUO ORAL TABLET 300-300 MG		5	*; NEDS
<i>darunavir oral tablet 600 mg, 800 mg</i>	Prezista	4	
DELSTRIGO ORAL TABLET 100-300-300 MG		5	*; NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		5	*; NEDS
DOVATO ORAL TABLET 50-300 MG		5	*; NEDS
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG		5	*; 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	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>		2	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>		5	*; NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	Symfi	5	*; NEDS
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	4	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Truvada	4	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Truvada	1	
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	Complera	5	*; NEDS

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Drug Name	Reference	Drug Tier	Requirements/Limits
EMTRIVA ORAL SOLUTION 10 MG/ML		4	
<i>etravirine oral tablet 100 mg, 200 mg</i>	Intelence	4	
EVOTAZ ORAL TABLET 300-150 MG		5	*; NEDS
<i>fosamprenavir calcium oral tablet 700 mg</i>		4	
GENVOYA ORAL TABLET 150-150-200-10 MG		5	*; NEDS
IDVYNZO ORAL TABLET 100-0.25 MG		5	*; QL (30 per 30 days); NEDS
INTELENCE ORAL TABLET 25 MG		4	
ISENTRESS HD ORAL TABLET 600 MG		5	*; NEDS
ISENTRESS ORAL PACKET 100 MG		5	*; NEDS
ISENTRESS ORAL TABLET 400 MG		5	*; NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG		5	*; NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG		3	
JULUCA ORAL TABLET 50-25 MG		5	*; NEDS
KALETRA ORAL SOLUTION 400-100 MG/5ML		4	QL (480 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	Epivir	1	
<i>lamivudine oral tablet 100 mg</i>		1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Epivir	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		2	
<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	*; NEDS
<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)

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Drug Name	Reference	Drug Tier	Requirements/Limits
<i>nevirapine oral tablet 200 mg</i>		1	QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG		4	
ODEFSEY ORAL TABLET 200-25-25 MG		5	*; NEDS
PIFELTRO ORAL TABLET 100 MG		5	*; NEDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG		5	*; NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML		5	*; NEDS
PREZISTA ORAL TABLET 150 MG		5	*; NEDS
PREZISTA ORAL TABLET 75 MG		4	
REYATAZ ORAL PACKET 50 MG		5	*; NEDS
<i>rilpivirine hcl oral tablet 25 mg</i>	Edurant	5	*; NEDS
<i>ritonavir oral tablet 100 mg</i>	Norvir	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		5	*; NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML		5	*; NEDS
SELZENTRY ORAL TABLET 25 MG		3	
SELZENTRY ORAL TABLET 75 MG		5	*; NEDS
STRIBILD ORAL TABLET 150-150-200-300 MG		5	*; NEDS
SUNLENCA ORAL TABLET 300 MG		5	*; NEDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG		5	*; NEDS
SYMTUZA ORAL TABLET 800-150-200-10 MG		5	*; NEDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Viread	1	
TIVICAY ORAL TABLET 10 MG		4	
TIVICAY ORAL TABLET 25 MG, 50 MG		5	*; NEDS

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Drug Name	Reference	Drug Tier	Requirements/Limits
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		5	*; NEDS
TRIUMEQ ORAL TABLET 600-50-300 MG		5	*; QL (30 per 30 days); NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG		4	
VIRACEPT ORAL TABLET 250 MG, 625 MG		5	*; NEDS
VIREAD ORAL POWDER 40 MG/GM		5	*; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	*; NEDS
<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			
LIVTENCITY ORAL TABLET 200 MG		5	PA; *; NEDS
<i>oseltamivir phosphate oral capsule 30 mg</i>		1	QL (84 per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>		1	QL (48 per 180 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	Tamiflu	1	QL (42 per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	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)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		5	PA; *; NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		5	PA; *; NEDS

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Drug Name	Reference	Drug Tier	Requirements/Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG		5	PA; *; QL (28 per 28 days); NEDS
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; *; QL (28 per 28 days); NEDS
EPCLUSA ORAL PACKET 200-50 MG		5	PA; *; QL (56 per 28 days); NEDS
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG		5	PA; *; QL (28 per 28 days); NEDS
VOSEVI ORAL TABLET 400-100-100 MG		5	PA; *; QL (28 per 28 days); NEDS
Nucleosides And Nucleotides			
<i>acyclovir oral capsule 200 mg</i>		1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>		1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>		4	PA BvD
<i>adefovir dipivoxil oral tablet 10 mg</i>		4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Baraclude	4	
<i>ribavirin oral capsule 200 mg</i>		2	
<i>ribavirin oral tablet 200 mg</i>		1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Valtrex	1	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Valcyte	5	*; NEDS
<i>valganciclovir hcl oral tablet 450 mg</i>		1	
VEMLIDY ORAL TABLET 25 MG		5	*; QL (30 per 30 days); NEDS
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS			
Anticoagulants			

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<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Pradaxa	4	QL (60 per 30 days)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG		3	QL (960 per 30 days)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG		3	QL (960 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		3	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG		3	QL (120 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG		3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		3	QL (74 per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG		3	QL (960 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	Lovenox	4	QL (60 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	Lovenox	4	QL (48 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	Lovenox	4	QL (18 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	Lovenox	4	QL (24 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	Lovenox	4	QL (36 per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	Arixtra	5	*; QL (24 per 30 days); NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Arixtra	2	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	Arixtra	5	*; QL (12 per 30 days); NEDS
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	Arixtra	4	QL (18 per 30 days)

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<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>		1	
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	Xarelto	1	QL (600 per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i>	Xarelto	1	
<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>		1	
Blood Formation Modifiers			
<i>eltrombopag olamine oral packet 12.5 mg</i>	Promacta	5	PA; *; QL (90 per 30 days); NEDS
<i>eltrombopag olamine oral packet 25 mg</i>	Promacta	5	PA; *; QL (180 per 30 days); NEDS
<i>eltrombopag olamine oral tablet 12.5 mg</i>	Promacta	5	PA; *; QL (90 per 30 days); NEDS
<i>eltrombopag olamine oral tablet 25 mg</i>	Promacta	5	PA; *; QL (30 per 30 days); NEDS
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	Promacta	5	PA; *; QL (60 per 30 days); NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT		5	PA; *; QL (30 per 30 days); NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT		5	PA; *; QL (20 per 30 days); NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG		5	PA; *; NEDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		5	PA; *; NEDS
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	PA; *; NEDS

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Drug Name	Reference	Drug Tier	Requirements/Limits
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		5	PA; *; 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; *; NEDS
Hematologic Agents, Miscellaneous			
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	2	
<i>anagrelide hcl oral capsule 1 mg</i>		2	
<i>tranexamic acid oral tablet 650 mg</i>		1	
Platelet-Aggregation Inhibitors			
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>		2	
<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	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Brilinta	1	
CALORIC AGENTS			
Caloric Agents			
<i>dextrose intravenous solution 5 %</i>		1	PA BvD
<i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>		1	

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Drug Name	Reference	Drug Tier	Requirements/Limits
PROSOL INTRAVENOUS SOLUTION 20 %		4	PA BvD
CARDIOVASCULAR AGENTS			
Alpha-Adrenergic Agents			
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	2	
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	2	
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	2	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>		1	
<i>midodrine hcl oral tablet 10 mg</i>		2	
<i>midodrine hcl oral tablet 2.5 mg, 5 mg</i>		1	
Alpha-Adrenergic Blocking Agents			
<i>doxazosin mesylate 4 mg tab</i>	Cardura	1	
<i>doxazosin mesylate 8 mg tab</i>	Cardura	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Cardura	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		1	
Angiotensin II Receptor Antagonists			
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	1	
<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	

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<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</i>	Entresto	1	QL (180 per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	Entresto	1	QL (60 per 30 days)
<i>telmisartan oral tablet 20 mg, 80 mg</i>		1	
<i>telmisartan oral tablet 40 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			
<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	

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<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>		1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>		1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>		1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>		1	
Antiarrhythmic Agents			
<i>amiodarone hcl oral tablet 100 mg, 200 mg</i>	Pacerone	1	
<i>amiodarone hcl oral tablet 400 mg</i>		1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tikosyn	1	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		1	
MULTAQ ORAL TABLET 400 MG		3	
<i>pacerone oral tablet 100 mg, 200 mg</i>	Pacerone	2	

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Drug Name	Reference	Drug Tier	Requirements/Limits
<i>pacerone oral tablet 400 mg</i>		2	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>		4	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		4	
Beta-Adrenergic Blocking Agents			
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>		1	
<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, 37.5 mg, 75 mg</i>		1	
<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 solution 20 mg/5ml, 40 mg/5ml</i>		1	

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<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 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	
Calcium-Channel Blocking Agents			
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 5-10 mg</i>	Lotrel	1	
<i>amlodipine besy-benazepril hcl oral capsule 10-40 mg, 2.5-10 mg, 5-20 mg, 5-40 mg</i>		1	
<i>amlodipine besylate 10 mg tab</i>	Norvasc	1	
<i>amlodipine besylate 2.5 mg tab</i>	Norvasc	1	
<i>amlodipine besylate 5 mg tab</i>	Norvasc	1	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Norvasc	1	
<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>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Cartia XT	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	Tiadyt 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	

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<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>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</i>	Procardia XL	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>		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			
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digox	1	
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>		5	PA; *; QL (18 per 30 days); NEDS
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Firazyr	5	PA; *; QL (18 per 30 days); NEDS
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	Corlanor	4	ST; QL (60 per 30 days)
<i>metirosine oral capsule 250 mg</i>		5	PA; *; NEDS
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Nitro-Dur	1	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>		1	

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Drug Name	Reference	Drug Tier	Requirements/Limits
VYNDAMAX ORAL CAPSULE 61 MG		5	PA; *; QL (30 per 30 days); NEDS
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	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		1	
<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 15 mg, 30 mg</i>	Jynarque	5	PA; *; QL (120 per 30 days); NEDS
TOLVAPTAN ORAL TABLET THERAPY PACK 15 MG		5	PA; *; QL (56 per 28 days); NEDS
<i>tolvaptan oral tablet therapy pack 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	Jynarque	5	PA; *; QL (56 per 28 days); NEDS
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>		1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		1	

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Drug Name	Reference	Drug Tier	Requirements/Limits
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>		1	
Dyslipidemics			
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Caduet	1	
<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	
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	2	
<i>cholestyramine oral packet 4 gm</i>	Questran	2	
<i>colesevelam hcl oral tablet 625 mg</i>	Welchol	1	
<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</i>	Tricor	1	
<i>fenofibrate oral tablet 160 mg</i>		4	
<i>fenofibrate oral tablet 48 mg, 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	

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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, 750 mg</i>		1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	1	ST; QL (120 per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		1	
<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	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Zocor	1	
<i>simvastatin oral tablet 5 mg, 80 mg</i>		1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.8ML, 80 MG/0.8ML		5	PA; *; QL (0.8 per 28 days); NEDS
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>		1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		3	PA; QL (30 per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
Vasodilators			
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>		1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		1	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		4	PA; QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS			
Central Nervous System Agents			
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Adderall XR	1	QL (30 per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Adderall XR	1	QL (60 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Adderall	1	QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>		2	QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>		2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		5	PA; *; QL (120 per 30 days); NEDS
AUSTEDO ORAL TABLET 6 MG		5	PA; *; QL (60 per 30 days); NEDS

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Drug Name	Reference	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG		5	PA; *; QL (90 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG		5	PA; *; QL (60 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG		5	PA; *; QL (30 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG		5	PA; *; QL (210 per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG		5	PA; *; NEDS
<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; *; QL (30 per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG		5	PA; *; QL (30 per 30 days); NEDS
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		5	PA; *; 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>		4	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Methylin	4	QL (900 per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
<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>		2	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Xenazine	4	PA; QL (112 per 28 days)
VEOZAH ORAL TABLET 45 MG		4	PA; QL (30 per 30 days)

CONTRACEPTIVES

Contraceptives

<i>altavera oral tablet 0.15-30 mg-mcg</i>	Altavera	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Nortrel 1/35 (21)	1	
<i>amethia oral tablet 0.15-0.03 & 0.01 mg</i>	Ashlyna	1	QL (91 per 84 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>		1	
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	Ashlyna	1	QL (91 per 84 days)
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>		1	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	Aviane	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>	Blisovi 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>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	Camrese Lo	1	QL (91 per 84 days)
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	Ashlyna	1	QL (91 per 84 days)
<i>cryselle oral tablet 0.3-30 mg-mcg</i>		1	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>		1	
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	Ashlyna	1	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	Camila	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Lo-Zumandimine	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Syeda	1	

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Drug Name	Reference	Drug Tier	Requirements/Limits
<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	1	QL (1 per 28 days)
<i>enskyce oral tablet 0.15-30 mg-mcg</i>		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>falmina oral tablet 0.1-20 mg-mcg</i>	Aviane	1	
<i>feirza 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Blisovi Fe 1.5/30	1	
<i>feirza 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	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>	Blisovi Fe 1.5/30	1	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	1	
<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>		1	
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	Ashlyna	1	QL (91 per 84 days)
<i>jencycla oral tablet 0.35 mg</i>	Camila	1	
<i>juleber oral tablet 0.15-30 mg-mcg</i>		1	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Blisovi 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	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	Altavera	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG		4	
<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>	Blisovi Fe 1.5/30	1	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	Aviane	1	

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<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	Rivelsa	1	QL (91 per 84 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	Camrese Lo	1	QL (91 per 84 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg</i>	Ashlyna	1	QL (91 per 84 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Setlakin	1	QL (91 per 84 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Aviane	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		3	
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	Camrese Lo	1	QL (91 per 84 days)
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>		1	
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	Lo-Zumandimine	1	
<i>lutra oral tablet 0.1-20 mg-mcg</i>	Aviane	1	
<i>lyleq oral tablet 0.35 mg</i>	Camila	1	
<i>lyza oral tablet 0.35 mg</i>	Camila	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Altavera	1	
<i>meleya oral tablet 0.35 mg</i>	Camila	1	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	Blisovi 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 21 MCG/DAY		4	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	Estarylla	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		3	

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<i>nikki oral tablet 3-0.02 mg</i>	Lo-Zumandimine	1	
<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>	Blisovi Fe 1.5/30	1	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	1	
<i>norethindrone oral tablet 0.35 mg</i>	Camila	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tri-Lo-Estarylla	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tri-Estarylla	1	
<i>norlyroc oral tablet 0.35 mg</i>	Camila	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	Nortrel 1/35 (21)	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	Nortrel 1/35 (21)	1	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>		1	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	Nortrel 1/35 (21)	1	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>		1	
<i>orquidea oral tablet 0.35 mg</i>	Camila	1	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>		1	
<i>rivelsa oral tablet 42-21-21-7 days</i>	Rivelsa	1	QL (91 per 84 days)
<i>rosyrah oral tablet 42-21-21-7 days</i>	Rivelsa	1	QL (91 per 84 days)
<i>setlakin oral tablet 0.15-0.03 mg</i>	Setlakin	1	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	Camila	1	
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	Ashlyna	1	QL (91 per 84 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG		4	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	Estarylla	1	

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<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>		1	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	1	
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>		1	
<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>		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-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-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>vienva oral tablet 0.1-20 mg-mcg</i>	Aviane	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>		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			
Cough And Cold Products			

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Drug Name	Reference	Drug Tier	Requirements/Limits
<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>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Periogard	1	
<i>periogard mouth/throat solution 0.12 %</i>	Periogard	1	
<i>pilocarpine hcl oral tablet 5 mg</i>	Salagen	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Kourzeq	1	
DERMATOLOGICAL AGENTS			
Anti-Infectives (Skin And Mucous Membrane)			
<i>acyclovir external ointment 5 %</i>	Zovirax	1	QL (30 per 30 days)
<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	
Dermatological Agents, Other			
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		4	
ALTRENO EXTERNAL LOTION 0.05 %		4	PA
<i>ammonium lactate external cream 12 %</i>		1	
<i>ammonium lactate external lotion 12 %</i>	AL12	1	
<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)
CALCIPOTRIENE EXTERNAL SOLUTION 0.005 %		4	QL (120 per 30 days)
<i>cvs isopropyl alcohol wipes external 70 %</i>		1	PA; ST
<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)

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KLISYRI (250 MG) EXTERNAL OINTMENT 1 %		5	ST; *; QL (5 per 5 days); NEDS
<i>methoxsalen rapid oral capsule 10 mg</i>		5	*; NEDS
<i>nitroglycerin rectal ointment 0.4 %</i>	Rectiv	4	QL (30 per 30 days)
PANRETIN EXTERNAL GEL 0.1 %		5	*; QL (60 per 28 days); NEDS
<i>podofilox external solution 0.5 %</i>		2	
QC ALCOHOL EXTERNAL 70 %		1	PA; ST
<i>ra isopropyl alcohol wipes external 70 %</i>		1	PA; ST
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		4	QL (180 per 30 days)
<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	
<i>tazarotene external cream 0.1 %</i>	Tazorac	2	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Retin-A	2	PA
VALCHLOR EXTERNAL GEL 0.016 %		5	PA NSO; *; NEDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>		4	
Dermatological Antibacterials			
<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>metronidazole external cream 0.75 %</i>		1	
<i>mupirocin external ointment 2 %</i>		1	QL (220 per 30 days)
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	

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<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	2	
<i>betamethasone dipropionate external cream 0.05 %</i>		1	
<i>betamethasone dipropionate external lotion 0.05 %</i>		1	
<i>betamethasone dipropionate external ointment 0.05 %</i>		1	
<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 external cream 0.05 %</i>		1	
<i>clobetasol propionate external ointment 0.05 %</i>		1	
<i>clobetasol propionate external shampoo 0.05 %</i>	Clodan	2	
<i>clobetasol propionate external solution 0.05 %</i>		1	
<i>diclofenac sodium external solution 1.5 %</i>		1	QL (300 per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %		3	
<i>fluocinolone acetonide external cream 0.01 %</i>		2	
<i>fluocinonide external cream 0.05 %</i>		1	
<i>fluocinonide external cream 0.1 %</i>	Vanos	1	
<i>fluocinonide external ointment 0.05 %</i>		1	
<i>fluocinonide external solution 0.05 %</i>		1	
<i>halobetasol propionate external cream 0.05 %</i>		1	
<i>halobetasol propionate external ointment 0.05 %</i>		1	

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<i>hydrocortisone (perianal) external cream 2.5 %</i>	Procto-Med HC	1	
<i>hydrocortisone cream 2.5 % external</i>		1	
<i>hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	1	
<i>hydrocortisone external lotion 2.5 %</i>		1	
<i>hydrocortisone external ointment 1 %</i>	Aquaphor Itch Relief Children	1	
<i>hydrocortisone external ointment 2.5 %</i>		1	
<i>hydrocortisone valerate external cream 0.2 %</i>		1	
<i>mometasone furoate external cream 0.1 %</i>		1	
<i>mometasone furoate external ointment 0.1 %</i>		1	
<i>mometasone furoate external solution 0.1 %</i>		1	
<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>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	
Scabicides And Pediculicides			
<i>malathion external lotion 0.5 %</i>	Ovide	1	
<i>permethrin external cream 5 %</i>		1	QL (60 per 30 days)
DEVICES			
Devices			
1ST TIER UNIFINE PENTIPS 29G X 12MM		1	PA; ST

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1ST TIER UNIFINE PENTIPS 31G X 5 MM		1	PA; ST
1ST TIER UNIFINE PENTIPS 31G X 6 MM		1	PA; ST
1ST TIER UNIFINE PENTIPS 31G X 8 MM		1	PA; ST
1ST TIER UNIFINE PENTIPS 32G X 4 MM		1	PA; ST
1ST TIER UNIFINE PENTIPS 32G X 6 MM		1	PA; ST
1ST TIER UNIFINE PENTIPS 33G X 4 MM		1	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM		1	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 31G X 5 MM		1	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM		1	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 31G X 8 MM		1	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 32G X 4 MM		1	PA; ST
1ST TIER UNIFINE PENTIPS PLUS 33G X 4 MM		1	PA; ST
ABOUTTIME PEN NEEDLE 30G X 8 MM		1	PA; ST
ABOUTTIME PEN NEEDLE 31G X 5 MM		1	PA; ST
ABOUTTIME PEN NEEDLE 31G X 8 MM		1	PA; ST
ABOUTTIME PEN NEEDLE 32G X 4 MM		1	PA; ST
ADVOCATE ALCOHOL PREP PADS PAD 70 %		1	PA; ST
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM		1	PA; ST

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ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM		1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM		1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM		1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM		1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
ALCOHOL PADS PAD 70 %		1	PA; ST
ALCOHOL PREP PAD		1	PA; ST
ALCOHOL PREP PAD 70 %		1	PA; ST
ALCOHOL PREP PADS PAD 70 %		1	PA; ST
ALCOHOL SWABS PAD		1	PA; ST
ALCOHOL SWABS PAD 70 %		1	PA; ST
AQ INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST

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AQ INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
AQ INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
AQINJECT PEN NEEDLE 31G X 5 MM		1	PA; ST
AQINJECT PEN NEEDLE 32G X 4 MM		1	PA; ST
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM		1	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML		1	PA; ST
ASSURE ID PRO PEN NEEDLES 30G X 5 MM		1	PA; ST
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM		1	PA; ST
AUM ALCOHOL PREP PADS PAD 70 %		1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM		1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM		1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM		1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM		1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM		1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM		1	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 4 MM		1	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 5 MM		1	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 6 MM		1	PA; ST
AUM PEN NEEDLE 32G X 4 MM		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
AUM PEN NEEDLE 32G X 5 MM		1	PA; ST
AUM PEN NEEDLE 32G X 6 MM		1	PA; ST
AUM PEN NEEDLE 33G X 4 MM		1	PA; ST
AUM PEN NEEDLE 33G X 5 MM		1	PA; ST
AUM PEN NEEDLE 33G X 6 MM		1	PA; ST
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM		1	PA; ST
AUM SAFETY PEN NEEDLE 31G X 4 MM		1	PA; ST
AUM SAFETY PEN NEEDLE 31G X 5 MM		1	PA; ST
AURORA PEN NEEDLES 29G X 12MM		1	PA; ST
AURORA PEN NEEDLES 31G X 6 MM		1	PA; ST
AURORA PEN NEEDLES 31G X 8 MM		1	PA; ST
BD AUTOSHIELD DUO 30G X 5 MM		1	PA; ST
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML		1	PA; ST
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML		1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML		1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML		1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML		1	PA; ST
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML		1	PA; ST
BD INSULIN SYRINGE 27G X 1/2" 1 ML		1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC)		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (RX)		1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)		1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (RX)		1	PA; ST
BD INSULIN SYRINGE HALF-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 MICROFINE 28G X 1/2" 0.5 ML		1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (OTC)		1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX)		1	PA; ST
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML		1	PA; ST
BD INSULIN SYRINGE U-100 1 ML		1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML		1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML		1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML		1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML		1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML		1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML		1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML		1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM		1	PA; ST
BD PEN NEEDLE MINI U/F 31G X 5 MM		1	PA; ST
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM		1	PA; ST
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM		1	PA; ST
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM		1	PA; ST
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM		1	PA; ST
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM		1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML		1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML		1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML		1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML		1	PA; ST
BD SWAB SINGLE USE REGULAR PAD		1	PA; ST
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML		1	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML		1	PA; ST
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML		1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML		1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML		1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML		1	PA; ST
CAREFINE PEN NEEDLES 29G X 12MM		1	PA; ST
CAREFINE PEN NEEDLES 30G X 8 MM		1	PA; ST
CAREFINE PEN NEEDLES 31G X 6 MM		1	PA; ST
CAREFINE PEN NEEDLES 31G X 8 MM		1	PA; ST
CAREFINE PEN NEEDLES 32G X 4 MM		1	PA; ST
CAREFINE PEN NEEDLES 32G X 5 MM		1	PA; ST
CAREFINE PEN NEEDLES 32G X 6 MM		1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML		1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
CAREONE UNIFINE PENTIPS PLUS 29G X 12MM		1	PA; ST
CAREONE UNIFINE PENTIPS PLUS 31G X 5 MM		1	PA; ST
CAREONE UNIFINE PENTIPS PLUS 31G X 6 MM		1	PA; ST
CAREONE UNIFINE PENTIPS PLUS 31G X 8 MM		1	PA; ST
CAREONE UNIFINE PENTIPS PLUS 32G X 4 MM		1	PA; ST
CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM		1	PA; ST
CARETOUCH ALCOHOL PREP PAD 70 %		1	PA; ST
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML		1	PA; ST
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML		1	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
CARETOUCH PEN NEEDLES 29G X 12MM		1	PA; ST
CARETOUCH PEN NEEDLES 31G X 5 MM		1	PA; ST
CARETOUCH PEN NEEDLES 31G X 6 MM		1	PA; ST
CARETOUCH PEN NEEDLES 31G X 8 MM		1	PA; ST

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CARETOUCH PEN NEEDLES 32G X 4 MM		1	PA; ST
CARETOUCH PEN NEEDLES 32G X 5 MM		1	PA; ST
CARETOUCH PEN NEEDLES 33G X 4 MM		1	PA; ST
CLEVER CHOICE COMFORT EZ 29G X 12MM		1	PA; ST
CLEVER CHOICE COMFORT EZ 33G X 4 MM		1	PA; ST
CLICKFINE PEN NEEDLES 31G X 5 MM		1	PA; ST
CLICKFINE PEN NEEDLES 31G X 6 MM		1	PA; ST
CLICKFINE PEN NEEDLES 31G X 8 MM		1	PA; ST
CLICKFINE PEN NEEDLES 32G X 4 MM		1	PA; ST
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM		1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 5 MM		1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 6 MM		1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 8 MM		1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 4 MM		1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 5 MM		1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 6 MM		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
COMFORT EZ PEN NEEDLES 32G X 8 MM		1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 4 MM		1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 5 MM		1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 6 MM		1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 8 MM		1	PA; ST
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM		1	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM		1	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM		1	PA; ST
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM		1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM		1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM		1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM		1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM		1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM		1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM		1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM		1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM		1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
COMFORT TOUCH INSULIN PEN NEED 33G X 5 MM		1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 33G X 6 MM		1	PA; ST
CURITY ALCOHOL PREPS PAD 70 %		1	PA; ST
CURITY ALL PURPOSE SPONGES PAD 2"X2"		1	PA; ST
CURITY GAUZE PAD 2"X2"		1	PA; ST
CURITY GAUZE SPONGE PAD 2"X2"		1	PA; ST
CURITY SPONGES PAD 2"X2"		1	PA; ST
CVS ALCOHOL PREP PADS PAD 70 %		1	PA; ST
CVS GAUZE PAD 2"X2"		1	PA; ST
CVS GAUZE STERILE PAD 2"X2"		1	PA; ST
CVS PREP PAD 70 %		1	PA; ST
DERMACEA GAUZE SPONGE PAD 2"X2"		1	PA; ST
DERMACEA IV DRAIN SPONGES PAD 2"X2"		1	PA; ST
DERMACEA NON-WOVEN SPONGES PAD 2"X2"		1	PA; ST
DERMACEA TYPE VII GAUZE PAD 2"X2"		1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 5 MM		1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 6 MM		1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 8 MM		1	PA; ST
DIATHRIVE PEN NEEDLE 32G X 4 MM		1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML		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		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML		1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML		1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML		1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
DROPLET MICRON 34G X 3.5 MM		1	PA; ST
DROPLET PEN NEEDLES 29G X 10MM		1	PA; ST

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DROPLET PEN NEEDLES 29G X 12MM		1	PA; ST
DROPLET PEN NEEDLES 30G X 8 MM		1	PA; ST
DROPLET PEN NEEDLES 31G X 5 MM		1	PA; ST
DROPLET PEN NEEDLES 31G X 6 MM		1	PA; ST
DROPLET PEN NEEDLES 31G X 8 MM		1	PA; ST
DROPLET PEN NEEDLES 32G X 4 MM		1	PA; ST
DROPLET PEN NEEDLES 32G X 5 MM		1	PA; ST
DROPLET PEN NEEDLES 32G X 6 MM		1	PA; ST
DROPLET PEN NEEDLES 32G X 8 MM		1	PA; ST
DROPSAFE ALCOHOL PREP PAD 70 %		1	PA; ST
DROPSAFE AUTOPROTECT DUO 31G X 4 MM		1	PA; ST
DROPSAFE AUTOPROTECT DUO 31G X 5 MM		1	PA; ST
DROPSAFE AUTOPROTECT DUO 31G X 8 MM		1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM		1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM		1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM		1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML		1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML		1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML		1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML		1	PA; ST

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DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML		1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML		1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML		1	PA; ST
DRUG MART UNIFINE PENTIPS 29G X 12MM		1	PA; ST
DRUG MART UNIFINE PENTIPS 31G X 6 MM		1	PA; ST
DRUG MART UNIFINE PENTIPS 31G X 8 MM		1	PA; ST
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM		1	PA; ST
EASY COMFORT ALCOHOL PADS PAD		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		1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML		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		1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST

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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		1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 5 MM		1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 6 MM		1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 8 MM		1	PA; ST
EASY COMFORT PEN NEEDLES 32G X 4 MM		1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 4 MM		1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 5 MM		1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 6 MM		1	PA; ST
EASY GLIDE PEN NEEDLES 33G X 4 MM		1	PA; ST
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %		1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML		1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML		1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML		1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML		1	PA; ST
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML		1	PA; ST

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EASY TOUCH INSULIN BARRELS U-100 1 ML		1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML		1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML		1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML		1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML		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		1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
EASY TOUCH PEN NEEDLES 29G X 12MM		1	PA; ST
EASY TOUCH PEN NEEDLES 30G X 5 MM		1	PA; ST
EASY TOUCH PEN NEEDLES 30G X 6 MM		1	PA; ST
EASY TOUCH PEN NEEDLES 30G X 8 MM		1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 5 MM		1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 6 MM		1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 8 MM		1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 4 MM		1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 5 MM		1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 6 MM		1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM		1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM		1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM		1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML		1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML		1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML		1	PA; ST
EMBECTA AUTOSHIELD DUO 30G X 5 MM		1	PA; ST
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML		1	PA; ST
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML		1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML		1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML		1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML		1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML		1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML		1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML		1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML		1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML		1	PA; ST
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML		1	PA; ST
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML		1	PA; ST
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)		1	PA; ST
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML (RX)		1	PA; ST
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM		1	PA; ST
EMBECTA PEN NEEDLE NANO 32G X 4 MM		1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM		1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM		1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM		1	PA; ST
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM		1	PA; ST
EMBRACE PEN NEEDLES 29G X 12MM		1	PA; ST
EMBRACE PEN NEEDLES 30G X 5 MM		1	PA; ST
EMBRACE PEN NEEDLES 30G X 8 MM		1	PA; ST
EMBRACE PEN NEEDLES 31G X 5 MM		1	PA; ST
EMBRACE PEN NEEDLES 31G X 6 MM		1	PA; ST
EMBRACE PEN NEEDLES 31G X 8 MM		1	PA; ST
EMBRACE PEN NEEDLES 32G X 4 MM		1	PA; ST
EQL ALCOHOL SWABS PAD 70 %		1	PA; ST
EQL GAUZE PAD 2"X2"		1	PA; ST
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
EQL INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
EQL INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
EQL INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
EQL INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM		1	PA; ST
FIFTY50 ALCOHOL PREP PAD 70 %		1	PA; ST
FIFTY50 PEN NEEDLES 31G X 5 MM		1	PA; ST
FIFTY50 PEN NEEDLES 31G X 8 MM		1	PA; ST
FIFTY50 PEN NEEDLES 32G X 4 MM		1	PA; ST
FIFTY50 PEN NEEDLES 32G X 6 MM		1	PA; ST
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML		1	PA; ST
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML		1	PA; ST
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML		1	PA; ST
GAUZE PADS PAD 2"X2"		1	PA; ST
GAUZE TYPE VII MEDI-PAK PAD 2"X2"		1	PA; ST
GLOBAL ALCOHOL PREP EASE PAD 70 %		1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM		1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM		1	PA; ST

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GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM		1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM		1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML		1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML		1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML		1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML		1	PA; ST
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM		1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML		1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML		1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.3 ML		1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML		1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML		1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.3 ML		1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML		1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML		1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.3 ML		1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML		1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML		1	PA; ST

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GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.3 ML		1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.5 ML		1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML		1	PA; ST
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML		1	PA; ST
GLOBAL INSULIN SYRINGES 30G X 5/16" 0.3 ML		1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML		1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
GNP ALCOHOL SWABS PAD 70 %		1	PA; ST
GNP CLICKFINE PEN NEEDLES 31G X 6 MM		1	PA; ST
GNP CLICKFINE PEN NEEDLES 31G X 8 MM		1	PA; ST
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML		1	PA; ST

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GNP INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
GNP INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
GNP INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML		1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML		1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML		1	PA; ST
GNP INSULIN SYRINGES 30G X 5/16" 1 ML		1	PA; ST
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML		1	PA; ST
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML		1	PA; ST
GNP PEN NEEDLES 31G X 5 MM		1	PA; ST
GNP PEN NEEDLES 31G X 8 MM		1	PA; ST
GNP PEN NEEDLES 32G X 4 MM		1	PA; ST
GNP PEN NEEDLES 32G X 6 MM		1	PA; ST
GNP STERILE GAUZE PAD 2"X2"		1	PA; ST

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GNP ULTICARE PEN NEEDLES 31G X 5 MM		1	PA; ST
GNP ULTICARE PEN NEEDLES 31G X 8 MM		1	PA; ST
GNP ULTICARE PEN NEEDLES 32G X 4 MM		1	PA; ST
GNP ULTICARE PEN NEEDLES 32G X 6 MM		1	PA; ST
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM		1	PA; ST
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 8 MM		1	PA; ST
GNP ULTIGUARD SAFEPAK NEEDLE 32G X 4 MM		1	PA; ST
GNP ULTIGUARD SAFEPAK NEEDLE 32G X 6 MM		1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML		1	PA; ST
GOODSENSE ALCOHOL SWABS PAD 70 %		1	PA; ST
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM		1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM		1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM		1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM		1	PA; ST
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM		1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML		1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML		1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML		1	PA; ST

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HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML		1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML		1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML		1	PA; ST
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM		1	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM		1	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM		1	PA; ST
H-E-B INCONTROL ALCOHOL PAD		1	PA; ST
H-E-B INCONTROL PEN NEEDLES 29G X 12MM		1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM		1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM		1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM		1	PA; ST
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM		1	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM		1	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM		1	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM		1	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM		1	PA; ST
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM		1	PA; ST
HM STERILE PADS PAD 2"X2"		1	PA; ST

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HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM		1	PA; ST
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM		1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM		1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM		1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM		1	PA; ST
INPEN 100-BLUE-LILLY-HUMALOG DEVICE		3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE		3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE		3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE		3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE		3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE		3	
INSULIN SYRINGE 28G X 1/2" 0.5 ML		1	PA; ST
INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST

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INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (OTC)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (OTC)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (OTC)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (OTC)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML (OTC)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML (RX)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML (OTC)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML (RX)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML (OTC)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML (RX)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.3 ML		1	PA; ST

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INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML (OTC)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML (RX)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.3 ML		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (OTC)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (RX)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML (OTC)		1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML (RX)		1	PA; ST
INSUPEN PEN NEEDLES 29G X 12MM		1	PA; ST
INSUPEN PEN NEEDLES 31G X 5 MM		1	PA; ST
INSUPEN PEN NEEDLES 31G X 8 MM		1	PA; ST
INSUPEN PEN NEEDLES 32G X 4 MM		1	PA; ST
INSUPEN PEN NEEDLES 33G X 4 MM		1	PA; ST
INSUPEN SENSITIVE 32G X 6 MM		1	PA; ST
INSUPEN SENSITIVE 32G X 8 MM		1	PA; ST
INSUPEN ULTRAFIN 30G X 8 MM		1	PA; ST
INSUPEN ULTRAFIN 31G X 6 MM		1	PA; ST
INSUPEN ULTRAFIN 31G X 8 MM		1	PA; ST
INSUPEN32G EXTR3ME 32G X 6 MM		1	PA; ST
J & J GAUZE PAD 2"X2"		1	PA; ST

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KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"		1	PA; ST
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"		1	PA; ST
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
KINRAY INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
KINRAY INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML		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 0.5 ML		1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 1 ML		1	PA; ST
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
KROGER INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
KROGER INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
KROGER INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
KROGER INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST

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KROGER INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
KROGER INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
KROGER PEN NEEDLES 29G X 12MM		1	PA; ST
KROGER PEN NEEDLES 31G X 5 MM		1	PA; ST
KROGER PEN NEEDLES 31G X 6 MM		1	PA; ST
KROGER PEN NEEDLES 31G X 8 MM		1	PA; ST
KROGER PEN NEEDLES 32G X 4 MM		1	PA; ST
KROGER PEN NEEDLES 33G X 4 MM		1	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML		1	PA; ST
LEADER INSULIN SYRINGE 28G X 1/2" 1 ML		1	PA; ST
LEADER INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
LEADER INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
LEADER INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
LEADER INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
LEADER INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
LEADER INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
LEADER INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
LEADER UNIFINE PENTIPS 31G X 5 MM		1	PA; ST

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LEADER UNIFINE PENTIPS 32G X 4 MM		1	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM		1	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM		1	PA; ST
LEADER UNIFINE PENTIPS PLUS 32G X 4 MM		1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML		1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML		1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
LITETOUCH PEN NEEDLES 29G X 12.7MM		1	PA; ST
LITETOUCH PEN NEEDLES 31G X 5 MM		1	PA; ST
LITETOUCH PEN NEEDLES 31G X 6 MM		1	PA; ST

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LITETOUCH PEN NEEDLES 31G X 8 MM		1	PA; ST
LITETOUCH PEN NEEDLES 32G X 4 MM		1	PA; ST
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML		1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML		1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML		1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML		1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML		1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML		1	PA; ST
MARATHON MEDICAL PENTIPS 29G X 12MM		1	PA; ST
MARATHON MEDICAL PENTIPS 31G X 5 MM		1	PA; ST
MARATHON MEDICAL PENTIPS 31G X 8 MM		1	PA; ST
MARATHON MEDICAL PENTIPS 32G X 4 MM		1	PA; ST
MAXICOMFORT II PEN NEEDLE 31G X 6 MM		1	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML		1	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML		1	PA; ST
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM		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		1	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML		1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM		1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM		1	PA; ST
MEDPURA ALCOHOL PADS 70 % EXTERNAL		1	PA; ST
MEIJER ALCOHOL SWABS PAD 70 %		1	PA; ST
MEIJER PEN NEEDLES 29G X 12MM		1	PA; ST
MEIJER PEN NEEDLES 31G X 6 MM		1	PA; ST
MEIJER PEN NEEDLES 31G X 8 MM		1	PA; ST
MICRODOT PEN NEEDLE 31G X 6 MM		1	PA; ST
MICRODOT PEN NEEDLE 32G X 4 MM		1	PA; ST
MICRODOT PEN NEEDLE 33G X 4 MM		1	PA; ST
MIRASORB SPONGES 2"X2"		1	PA; ST
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML		1	PA; ST
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML		1	PA; ST
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML		1	PA; ST
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.3 ML		1	PA; ST
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.5 ML		1	PA; ST

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MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML		1	PA; ST
MM PEN NEEDLES 31G X 5 MM		1	PA; ST
MM PEN NEEDLES 31G X 6 MM		1	PA; ST
MM PEN NEEDLES 31G X 8 MM		1	PA; ST
MM PEN NEEDLES 32G X 4 MM		1	PA; ST
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML		1	PA; ST
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)		1	PA; ST
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (RX)		1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)		1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)		1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)		1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)		1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)		1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (OTC)		1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)		1	PA; ST
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST

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MONOJECT INSULIN SYRINGE U-100 1 ML		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (RX)		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (OTC)		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
MS INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM		1	PA; ST

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NOVOFINE PEN NEEDLE 32G X 6 MM		1	PA; ST
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM		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 LIBRE INTRO KIT		3	QL (1 per 365 days)
OMNIPOD 5 LIBRE PODS		3	QL (10 per 30 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		1	PA; ST
PC UNIFINE PENTIPS 31G X 6 MM		1	PA; ST
PC UNIFINE PENTIPS 31G X 8 MM		1	PA; ST
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM		1	PA; ST
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM		1	PA; ST
PEN NEEDLES 29G X 12MM		1	PA; ST
PEN NEEDLES 30G X 5 MM (OTC)		1	PA; ST
PEN NEEDLES 30G X 5 MM (RX)		1	PA; ST
PEN NEEDLES 30G X 8 MM		1	PA; ST
PEN NEEDLES 31G X 5 MM (OTC)		1	PA; ST
PEN NEEDLES 31G X 5 MM (RX)		1	PA; ST
PEN NEEDLES 31G X 6 MM		1	PA; ST
PEN NEEDLES 31G X 8 MM (OTC)		1	PA; ST
PEN NEEDLES 31G X 8 MM (RX)		1	PA; ST
PEN NEEDLES 32G X 4 MM (OTC)		1	PA; ST
PEN NEEDLES 32G X 4 MM (RX)		1	PA; ST

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PEN NEEDLES 32G X 5 MM		1	PA; ST
PEN NEEDLES 32G X 6 MM		1	PA; ST
PEN NEEDLES 33G X 4 MM		1	PA; ST
PEN NEEDLES 5/16" 31G X 8 MM		1	PA; ST
PENTIPS 29G X 12MM (OTC)		1	PA; ST
PENTIPS 29G X 12MM (RX)		1	PA; ST
PENTIPS 31G X 5 MM (OTC)		1	PA; ST
PENTIPS 31G X 5 MM (RX)		1	PA; ST
PENTIPS 31G X 6 MM		1	PA; ST
PENTIPS 31G X 8 MM (OTC)		1	PA; ST
PENTIPS 31G X 8 MM (RX)		1	PA; ST
PENTIPS 32G X 4 MM (OTC)		1	PA; ST
PENTIPS 32G X 4 MM (RX)		1	PA; ST
PENTIPS 32G X 6 MM		1	PA; ST
PENTIPS GENERIC PEN NEEDLES 29G X 12MM		1	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 5 MM		1	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM		1	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 8 MM		1	PA; ST
PENTIPS GENERIC PEN NEEDLES 32G X 4 MM		1	PA; ST
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM		1	PA; ST
PHARMACIST CHOICE ALCOHOL PAD		1	PA; ST
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM		1	PA; ST
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM		1	PA; ST
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST

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PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML		1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 1 ML		1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM		1	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM		1	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM		1	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 6 MM		1	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 8 MM		1	PA; ST
PRO COMFORT ALCOHOL PAD 70 %		1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST

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PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 4 MM		1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 5 MM		1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 6 MM		1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 8 MM		1	PA; ST
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML		1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
PURE COMFORT ALCOHOL PREP PAD		1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 4 MM		1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 5 MM		1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 6 MM		1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 8 MM		1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM		1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM		1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM		1	PA; ST
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM		1	PA; ST

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PX INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
PX MINI PEN NEEDLES 31G X 5 MM		1	PA; ST
PX PEN NEEDLE 29G X 12MM		1	PA; ST
PX PEN NEEDLE 31G X 8 MM		1	PA; ST
QC ALCOHOL SWABS PAD 70 %		1	PA; ST
QC BORDER ISLAND GAUZE PAD 2"X2"		1	PA; ST
QC PEN NEEDLES 29G X 12MM		1	PA; ST
QC PEN NEEDLES 31G X 6 MM		1	PA; ST
QC PEN NEEDLES 31G X 8 MM		1	PA; ST
QC UNIFINE PENTIPS 32G X 4 MM		1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM		1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM		1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM		1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM		1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM		1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM		1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM		1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM		1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM		1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM		1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM		1	PA; ST

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QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM		1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM		1	PA; ST
RA ALCOHOL SWABS PAD 70 %		1	PA; ST
RA INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
RA INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
RA PEN NEEDLES 31G X 5 MM		1	PA; ST
RA PEN NEEDLES 31G X 8 MM		1	PA; ST
RA STERILE PAD 2"X2"		1	PA; ST
RAYA SURE PEN NEEDLE 29G X 12MM		1	PA; ST
RAYA SURE PEN NEEDLE 31G X 4 MM		1	PA; ST
RAYA SURE PEN NEEDLE 31G X 5 MM		1	PA; ST
RAYA SURE PEN NEEDLE 31G X 6 MM		1	PA; ST
RAYA SURE PEN NEEDLE 31G X 8 MM		1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML		1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML		1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
REALITY SWABS PAD		1	PA; ST

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RELION ALCOHOL SWABS PAD		1	PA; ST
RELION ALCOHOL SWABS PAD 70 %		1	PA; ST
RELI-ON INSULIN SYRINGE 29G 0.3 ML		1	PA; ST
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML		1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML		1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 1 ML		1	PA; ST
RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
RELION INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
RELION MINI PEN NEEDLES 31G X 6 MM		1	PA; ST
RELION PEN NEEDLES 29G X 12MM		1	PA; ST
RELION PEN NEEDLES 31G X 6 MM		1	PA; ST
RELION PEN NEEDLES 31G X 8 MM		1	PA; ST
RELION PEN NEEDLES 32G X 4 MM		1	PA; ST
RELION SHORT PEN NEEDLES 31G X 8 MM		1	PA; ST
RESTORE CONTACT LAYER PAD 2"X2"		1	PA; ST
SAFETY PEN NEEDLES 30G X 5 MM		1	PA; ST
SAFETY PEN NEEDLES 30G X 8 MM		1	PA; ST
SAPS CARE ALCOHOL PREP PAD 70 %		1	PA; ST
SAPS HEALTH ALCOHOL PREP PAD 70 %		1	PA; ST

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SAPS HEALTH CARE ALCOHOL PREP PAD 70 %		1	PA; ST
SB ALCOHOL PREP PAD 70 %		1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
SB INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM		1	PA; ST
SECURESAFE SAFETY PEN NEEDLES 31G X 5 MM		1	PA; ST
SM STERILE PAD 2"X2"		1	PA; ST
STERILE GAUZE PAD 2"X2"		1	PA; ST
STERILE PAD 2"X2"		1	PA; ST
SURE COMFORT ALCOHOL PREP PAD 70 %		1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
SURE COMFORT PEN NEEDLES 29G X 12.7MM		1	PA; ST
SURE COMFORT PEN NEEDLES 30G X 8 MM		1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 5 MM		1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 6 MM		1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 8 MM		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)		1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (RX)		1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 6 MM		1	PA; ST
SURGICAL GAUZE SPONGE PAD 2"X2"		1	PA; ST
TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.3 ML		1	PA; ST
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML		1	PA; ST
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML		1	PA; ST
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
TECHLITE INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
TECHLITE PEN NEEDLES 29G X 12MM		1	PA; ST
TECHLITE PEN NEEDLES 31G X 5 MM		1	PA; ST
TECHLITE PEN NEEDLES 31G X 8 MM		1	PA; ST
TECHLITE PEN NEEDLES 32G X 4 MM		1	PA; ST
TECHLITE PEN NEEDLES 32G X 6 MM		1	PA; ST
TECHLITE PLUS PEN NEEDLES 32G X 4 MM		1	PA; ST
TEGADERM FOAM PAD 2"X2"		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
TODAYS HEALTH PEN NEEDLES 29G X 12MM		1	PA; ST
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM		1	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM		1	PA; ST
TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM		1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML		1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML		1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML		1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML		1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML		1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML		1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML		1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML		1	PA; ST
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML		1	PA; ST
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %		1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML		1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 5 MM		1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 6 MM		1	PA; ST
TRUE COMFORT PEN NEEDLES 32G X 4 MM		1	PA; ST
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %		1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML		1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML		1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML		1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML		1	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML		1	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML		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		1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM		1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM		1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM		1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM		1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM		1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM		1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM		1	PA; ST
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM		1	PA; ST
TRUE COMFORT SAFETY PEN NEEDLE 31G X 6 MM		1	PA; ST
TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM		1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM		1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM		1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM		1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM		1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM		1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML		1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML		1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
TRUEPLUS PEN NEEDLES 29G X 12MM		1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 5 MM		1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 6 MM		1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 8 MM		1	PA; ST
TRUEPLUS PEN NEEDLES 32G X 4 MM		1	PA; ST
ULTICARE ALCOHOL SWABS PAD		1	PA; ST
ULTICARE ALCOHOL SWABS PAD 70 %		1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML		1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML		1	PA; ST
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML		1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML		1	PA; ST

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ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML		1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML		1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC)		1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)		1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML		1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML		1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML		1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC)		1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (RX)		1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC)		1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (RX)		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
ULTICARE MICRO PEN NEEDLES 31G X 6 MM		1	PA; ST
ULTICARE MICRO PEN NEEDLES 31G X 8 MM		1	PA; ST
ULTICARE MICRO PEN NEEDLES 32G X 4 MM		1	PA; ST
ULTICARE MINI PEN NEEDLES 30G X 5 MM		1	PA; ST
ULTICARE MINI PEN NEEDLES 31G X 6 MM		1	PA; ST
ULTICARE MINI PEN NEEDLES 32G X 6 MM		1	PA; ST
ULTICARE PEN NEEDLES 29G X 12.7MM (OTC)		1	PA; ST
ULTICARE PEN NEEDLES 29G X 12.7MM (RX)		1	PA; ST
ULTICARE PEN NEEDLES 31G X 5 MM		1	PA; ST
ULTICARE SHORT PEN NEEDLES 30G X 8 MM		1	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC)		1	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (RX)		1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM		1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM		1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM		1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM		1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPAK PEN NEEDLE 32G X 6 MM		1	PA; ST
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ML		1	PA; ST
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.5 ML		1	PA; ST
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 1 ML		1	PA; ST
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.3 ML		1	PA; ST
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.5 ML		1	PA; ST
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 1 ML		1	PA; ST
ULTILET ALCOHOL SWABS PAD		1	PA; ST
ULTILET PEN NEEDLE 29G X 12.7MM		1	PA; ST
ULTILET PEN NEEDLE 31G X 5 MM		1	PA; ST
ULTILET PEN NEEDLE 31G X 8 MM		1	PA; ST
ULTILET PEN NEEDLE 32G X 4 MM		1	PA; ST
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM		1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM		1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM		1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM		1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM		1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML		1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML		1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML		1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
ULTRA THIN PEN NEEDLES 32G X 4 MM		1	PA; ST
ULTRA-CARE ALCOHOL PREP PADS PAD 70 %		1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
ULTRACARE PEN NEEDLES 31G X 5 MM		1	PA; ST
ULTRACARE PEN NEEDLES 31G X 6 MM		1	PA; ST
ULTRACARE PEN NEEDLES 31G X 8 MM		1	PA; ST
ULTRACARE PEN NEEDLES 32G X 4 MM		1	PA; ST
ULTRACARE PEN NEEDLES 32G X 5 MM		1	PA; ST
ULTRACARE PEN NEEDLES 32G X 6 MM		1	PA; ST
ULTRACARE PEN NEEDLES 33G X 4 MM		1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML		1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML		1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML		1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML		1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML		1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM		1	PA; ST
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM		1	PA; ST
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM		1	PA; ST
UNIFINE OTC PEN NEEDLES 31G X 5 MM		1	PA; ST
UNIFINE OTC PEN NEEDLES 32G X 4 MM		1	PA; ST
UNIFINE PENTIPS 29G X 12MM		1	PA; ST
UNIFINE PENTIPS 30G X 5 MM		1	PA; ST
UNIFINE PENTIPS 31G X 5 MM		1	PA; ST
UNIFINE PENTIPS 31G X 6 MM		1	PA; ST
UNIFINE PENTIPS 31G X 8 MM		1	PA; ST
UNIFINE PENTIPS 32G X 4 MM		1	PA; ST
UNIFINE PENTIPS 32G X 6 MM		1	PA; ST
UNIFINE PENTIPS 33G X 4 MM		1	PA; ST
UNIFINE PENTIPS PLUS 29G X 12MM		1	PA; ST
UNIFINE PENTIPS PLUS 30G X 5 MM		1	PA; ST
UNIFINE PENTIPS PLUS 31G X 5 MM		1	PA; ST
UNIFINE PENTIPS PLUS 31G X 6 MM		1	PA; ST
UNIFINE PENTIPS PLUS 31G X 8 MM		1	PA; ST
UNIFINE PENTIPS PLUS 32G X 4 MM		1	PA; ST
UNIFINE PENTIPS PLUS 33G X 4 MM		1	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM		1	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM		1	PA; ST

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UNIFINE PROTECT PEN NEEDLE 32G X 4 MM		1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM		1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM		1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM		1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM		1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM		1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM		1	PA; ST
UNIFINE ULTRA PEN NEEDLE 29G X 12MM		1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM		1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM		1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM		1	PA; ST
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM		1	PA; ST
UNIFINE ULTRA PEN NEEDLE 32G X 6 MM		1	PA; ST
UNIFINE ULTRA PEN NEEDLE 34G X 3.5 MM		1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML		1	PA; ST

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VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML		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		1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
VERIFINE INSULIN PEN NEEDLE 29G X 12MM		1	PA; ST
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM		1	PA; ST
VERIFINE INSULIN PEN NEEDLE 31G X 8 MM		1	PA; ST
VERIFINE INSULIN PEN NEEDLE 32G X 4 MM		1	PA; ST
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM		1	PA; ST
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML		1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML		1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML		1	PA; ST
VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML		1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML		1	PA; ST

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VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML		1	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 5 MM		1	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 8 MM		1	PA; ST
VERIFINE PLUS PEN NEEDLE 32G X 4 MM		1	PA; ST
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML		1	PA; ST
WEBCOL ALCOHOL PREP LARGE PAD 70 %		1	PA; ST
WEBCOL ALCOHOL PREP MEDIUM PAD 70 %		1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM		1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 6 MM		1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM		1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 32G X 4 MM		1	PA; ST
ZEVRX INSULIN SYRINGE 30G X 1/2" 0.5 ML		1	PA; ST
ZEVRX INSULIN SYRINGE 30G X 1/2" 1 ML		1	PA; ST
ZEVRX INSULIN SYRINGE 30G X 5/16" 0.5 ML		1	PA; ST
ZEVRX INSULIN SYRINGE 30G X 5/16" 1 ML		1	PA; ST
ZEVRX PEN NEEDLES 31G X 5 MM		1	PA; ST
ZEVRX PEN NEEDLES 31G X 6 MM		1	PA; ST
ZEVRX PEN NEEDLES 31G X 8 MM		1	PA; ST
ZEVRX PEN NEEDLES 32G X 4 MM		1	PA; ST

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Drug Name	Reference	Drug Tier	Requirements/Limits
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %		1	PA; ST
ENZYME REPLACEMENT/MODIFIERS			
Enzyme Replacement/Modifiers			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		3	
<i>javygtor oral tablet 100 mg</i>	Javygtor	5	PA; *; NEDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML		5	PA; *; NEDS
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Javygtor	5	PA; *; 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 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	
<i>ipratropium bromide nasal solution 0.03 %</i>		1	QL (30 per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>		1	QL (15 per 10 days)

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Eye, Ear, Nose, Throat Anti-Infectives Agents			
<i>acetic acid otic solution 2 %</i>		1	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>		4	QL (7.5 per 7 days)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		1	QL (3.5 per 4 days)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		2	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Vigamox	1	
NATACYN OPHTHALMIC SUSPENSION 5 %		4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>		1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>		2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		2	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>		1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	1	
<i>ofloxacin otic solution 0.3 %</i>		1	

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Drug Name	Reference	Drug Tier	Requirements/Limits
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>		1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		1	
<i>tobramycin ophthalmic solution 0.3 %</i>		1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>		1	
<i>trifluridine ophthalmic solution 1 %</i>		2	
XDEM VY OPHTHALMIC SOLUTION 0.25 %		5	PA; *; QL (10 per 42 days); NEDS
ZIRGAN OPHTHALMIC GEL 0.15 %		4	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
<i>cyclosporine (pf) ophthalmic emulsion 0.05 %</i>	Restasis	4	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		1	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %		3	QL (8.3 per 14 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	DermOtic	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Flonase Allergy Rel Childrens	1	QL (16 per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	1	QL (10 per 25 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML		3	QL (12 per 28 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Nasonex 24HR	1	QL (34 per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		1	
XIIDRA OPHTHALMIC SOLUTION 5 %		3	QL (60 per 30 days)

GASTROINTESTINAL AGENTS

Antiulcer Agents And Acid Suppressants

<i>cimetidine hcl oral solution 300 mg/5ml</i>		4	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	1	
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NexIUM	1	
<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, 40 mg</i>	Protonix	1	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	1	

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Drug Name	Reference	Drug Tier	Requirements/Limits
<i>sucralfate oral tablet 1 gm</i>	Carafate	1	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG		4	QL (168 per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG		4	PA
Gastrointestinal Agents, Other			
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	Pylera	4	QL (168 per 14 days)
<i>calcium acetate (phos binder) oral capsule 667 mg</i>		1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Calphron	1	
<i>calcium acetate tablet 667 mg oral</i>	Calphron	1	
<i>carglumic acid oral tablet soluble 200 mg</i>	Carbaglu	5	PA; *; 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>	Kionex	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		3	QL (34 per 30 days)
LOKELMA ORAL PACKET 5 GM		3	QL (30 per 30 days)
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	1	
<i>lubiprostone oral capsule 24 mcg</i>	Amitiza	1	QL (60 per 30 days)

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<i>lubiprostone oral capsule 8 mcg</i>	Amitiza	1	QL (120 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)
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	Renvela	2	
<i>sevelamer carbonate oral tablet 800 mg</i>	Renvela	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>		2	
<i>sodium polystyrene sulfonate combination suspension 15 gm/60ml</i>	Kionex	2	
<i>sodium polystyrene sulfonate oral powder</i>		2	
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>	Kionex	2	
TRULANCE ORAL TABLET 3 MG		3	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>		1	
<i>ursodiol oral tablet 250 mg</i>		1	
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	1	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM		3	
VOWST ORAL CAPSULE		5	PA; *; QL (12 per 30 days); NEDS
XERMELO ORAL TABLET 250 MG		5	PA; *; QL (84 per 28 days); NEDS
Inflammatory Bowel Disease Agents			
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Lotronex	4	
<i>balsalazide disodium oral capsule 750 mg</i>		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	

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Drug Name	Reference	Drug Tier	Requirements/Limits
<i>mesalamine er oral capsule extended release 500 mg</i>	Pentasa	4	
<i>mesalamine rectal enema 4 gm</i>		4	
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	2	
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	4	
Laxatives			
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		1	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	GaviLyte-G	1	
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	1	
<i>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)</i>	Suprep Bowel Prep Kit	2	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	1	
GENITOURINARY AGENTS			
Antispasmodics, Urinary			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		1	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>		1	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Toviaz	1	
<i>flavoxate hcl oral tablet 100 mg</i>		2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG		2	

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<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>		1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>		1	
<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	
HEAVY METAL ANTAGONISTS			
Heavy Metal Antagonists			
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	Jadenu Sprinkle	5	PA; *; NEDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Jadenu	1	PA
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	5	PA; *; NEDS
<i>trientine hcl oral capsule 250 mg</i>	Syprine	5	PA; *; QL (240 per 30 days); NEDS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING			
Androgens			

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Drug Name	Reference	Drug Tier	Requirements/Limits
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		4	
<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)
Estrogens And Antiestrogens			
<i>abigale lo oral tablet 0.5-0.1 mg</i>	Abigale Lo	1	
<i>abigale oral tablet 1-0.5 mg</i>	Abigale	1	PA; HRM; AGE (Max 64 Years)
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Dotti	2	QL (8 per 28 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 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 0.01 %</i>	Estrace	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	Abigale Lo	1	PA; HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Abigale	1	PA; HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i>	Abigale	1	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)

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<i>raloxifene hcl oral tablet 60 mg</i>	Evista	1	
Glucocorticoids/Mineralocorticoids			
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 4 mg/ml</i>		1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	1	
ISTURISA ORAL TABLET 1 MG		5	PA; *; QL (240 per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG		5	PA; *; QL (360 per 30 days); NEDS
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Medrol	1	
<i>methylprednisolone oral tablet 32 mg</i>		1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Medrol	1	
<i>prednisolone oral solution 15 mg/5ml</i>		2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>		2	
<i>prednisolone sodium phosphate solution 15 mg/5ml oral</i>		2	
<i>prednisone oral solution 5 mg/5ml</i>		2	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		1	PA BvD
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG		5	PA; *; QL (120 per 30 days); NEDS
Incretin Mimetics			

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Drug Name	Reference	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)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 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)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG		3	PA; QL (30 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)
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)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG		3	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML		3	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML		3	PA; QL (3 per 28 days)
Pituitary			
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	1	

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INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		5	PA; *; NEDS
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML		5	PA NSO; *; QL (0.5 per 28 days); NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG		5	PA NSO; *; NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG		5	PA NSO; *; NEDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG		5	PA; *; NEDS
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG		5	PA; *; NEDS
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML		5	PA; *; NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Sando	2	
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>	STATIN	2	
ORGOVYX ORAL TABLET 120 MG		5	PA NSO; *; NEDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG		5	PA; *; NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		5	PA; *; QL (60 per 30 days); NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML		5	PA NSO; *; QL (0.2 per 28 days); NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML		5	PA NSO; *; QL (0.3 per 28 days); NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; *; NEDS

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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 intramuscular suspension 150 mg/ml</i>	Depo-Provera	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Depo-Provera	1	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>		1	PA; HRM; AGE (Max 64 Years)
<i>megestrol acetate oral suspension 625 mg/5ml</i>		4	PA; HRM; AGE (Max 64 Years)
<i>megestrol acetate suspension 400 mg/10ml oral</i>		1	PA; HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i>	Gallifrey	1	
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	1	
Thyroid And Antithyroid Agents			
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Levoxyl	1	
<i>levothyroxine sodium oral tablet 300 mcg</i>	Synthroid	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Cytomel	1	
<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; *; NEDS
IMMUNOLOGICAL AGENTS			

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Immunological Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML		5	PA; *; NEDS
<i>adalimumab-aaty (1 pen) auto-injector kit 40 mg/0.4ml subcutaneous</i>	Yuflyma (1 Pen)	5	PA; *; NEDS
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	Yuflyma (1 Pen)	5	PA; *; NEDS
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Yuflyma (1 Pen)	5	PA; *; NEDS
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml</i>		5	PA; *; NEDS
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	Yuflyma (2 Syringe)	5	PA; *; NEDS
<i>adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml</i>	Yuflyma (1 Pen)	5	PA; *; NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		5	PA; *; 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; *; QL (8 per 28 days); NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		5	PA; *; QL (8 per 28 days); NEDS
BETASERON SUBCUTANEOUS KIT 0.3 MG		5	PA; *; QL (15 per 30 days); NEDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		5	PA; *; NEDS

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COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		5	PA; *, NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		5	PA; *, NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		5	PA; *, 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>	Neoral	4	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	4	PA BvD
<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	4	PA; QL (60 per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tecfidera	4	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML		5	PA; *, NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML		5	PA; *, NEDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		5	PA; *, NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		5	PA; *, NEDS

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ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		5	PA; *; NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		5	PA; *; NEDS
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		5	PA; *; NEDS
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML		5	PA; *; NEDS
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG		4	PA BvD
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Zortress	4	PA BvD
<i>everolimus oral tablet 1 mg</i>	Zortress	5	PA BvD; *; NEDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML		5	PA; *; QL (1 per 28 days); NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML		5	PA; *; QL (1 per 28 days); NEDS
<i> fingolimod hcl oral capsule 0.5 mg</i>	Gilenya	4	PA; QL (30 per 30 days)
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML		5	PA BvD; *; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	Gengraf	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	Neoral	4	PA BvD
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Glatopa	5	PA; *; QL (30 per 30 days); NEDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Glatopa	5	PA; *; QL (12 per 28 days); NEDS
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	Glatopa	5	PA; *; QL (30 per 30 days); NEDS

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<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	Glatopa	5	PA; *; QL (12 per 28 days); NEDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML		5	PA; *; NEDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML		5	PA; *; NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML		5	PA; *; Only NDCs starting with 00074; NEDS
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; *; Only NDCs starting with 00074; NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		5	PA; *; Only NDCs starting with 00074; NEDS
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		5	PA; *; Only NDCs starting with 00074; NEDS
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML		5	PA; *; Only NDCs starting with 00074; NEDS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML		5	PA; *; NEDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML		5	PA; *; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		5	PA; *; NEDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	1	

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<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	CellCept Intravenous	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	1	PA BvD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CellCept	4	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	1	PA BvD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Myfortic	1	PA BvD
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		5	PA; *; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		5	PA; *; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML		5	PA; *; QL (0.4 per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG		5	PA; *; QL (3 per 28 days); NEDS
OTEZLA ORAL TABLET 20 MG, 30 MG		5	PA; *; NEDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG		5	PA; *; NEDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG		5	PA; *; NEDS
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG		5	PA; *; NEDS
OTULFI INTRAVENOUS SOLUTION 130 MG/26ML		5	PA; *; NEDS
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML		3	PA

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OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML		3	PA
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML		5	PA; *; NEDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG		4	PA BvD
REZUROCK ORAL TABLET 200 MG		5	PA NSO; *; NEDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML		5	PA; *; QL (360 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG		5	PA; *; NEDS
SAPHNELO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/0.8ML		5	PA; *; QL (3.2 per 28 days); NEDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML		5	PA; *; NEDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML		3	PA
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML		3	PA
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML		5	PA; *; 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; *; NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		5	PA; *; NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML		5	PA; *; NEDS

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SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 55 MG/0.37ML		5	PA; *; NEDS
<i>tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg</i>	Astagraf XL	2	PA BvD
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>		2	QL (100 per 30 days)
<i>tacrolimus intravenous solution 5 mg/ml</i>	Prograf	4	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	4	PA BvD
TAVNEOS ORAL CAPSULE 10 MG		5	PA; *; QL (180 per 30 days); NEDS
THALOMID ORAL CAPSULE 100 MG		5	PA NSO; *; QL (120 per 30 days); NEDS
THALOMID ORAL CAPSULE 150 MG, 200 MG		5	PA NSO; *; QL (56 per 28 days); NEDS
THALOMID ORAL CAPSULE 50 MG		5	PA NSO; *; QL (224 per 28 days); NEDS
<i>tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg</i>	Xeljanz XR	5	PA; *; NEDS
<i>tofacitinib citrate oral solution 1 mg/ml</i>	Xeljanz	5	PA; *; NEDS
<i>tofacitinib citrate oral tablet 10 mg, 5 mg</i>	Xeljanz	5	PA; *; NEDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML		5	PA; *; NEDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML		5	PA; *; NEDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		5	PA; *; NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML		5	PA; *; NEDS
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		5	PA; *; NEDS

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Drug Name	Reference	Drug Tier	Requirements/Limits
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML		5	PA; *; NEDS
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		5	PA; *; NEDS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		5	PA; *; NEDS
VELSIPITY ORAL TABLET 2 MG		5	PA; *; QL (30 per 30 days); NEDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML		5	PA; *; 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; *; NEDS
ZYMFENTRA (1 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS		5	PA; *; NEDS
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML		5	PA; *; NEDS
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML		5	PA; *; NEDS
Vaccines			
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML		3	\$0 copay
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		3	

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Drug Name	Reference	Drug Tier	Requirements/Limits
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5		3	\$0 copay
ADACEL INTRAMUSCULAR SUSPENSION 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	
DENGVAXIA 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
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 720 EL U/0.5ML		3	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML		3	\$0 copay

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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 SUSPENSION		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	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML		3	\$0 copay
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	
PEDVAXHIB SUSPENSION 7.5 MCG/0.5ML INTRAMUSCULAR		3	

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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
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 PREFILLED SYRINGE 50 MCG/0.5ML		3	\$0 copay; QL (2 per 365 days)
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

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TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)		3	\$0 copay
TENIVAC SUSPENSION 5-2 LF/0.5ML INTRAMUSCULAR		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		3	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML		3	\$0 copay
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML		3	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML		3	\$0 copay
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML		3	\$0 copay
VAXCHORA ORAL SUSPENSION RECONSTITUTED		3	\$0 copay

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VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML		3	\$0 copay
VIVOTIF ORAL CAPSULE DELAYED RELEASE		3	\$0 copay
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED		3	\$0 copay
METABOLIC BONE DISEASE AGENTS			
Metabolic Bone Disease Agents			
<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>		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	4	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; *; NEDS
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG		5	*; QL (60 per 30 days); NEDS
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		3	QL (1 per 180 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	Bonsity	5	PA; *; QL (2.24 per 28 days); NEDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		5	PA; *; QL (1.56 per 30 days); NEDS
MISCELLANEOUS THERAPEUTIC AGENTS			
Miscellaneous Therapeutic Agents			

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Drug Name	Reference	Drug Tier	Requirements/Limits
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>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Ampyra	1	PA; QL (60 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG		5	PA; *; QL (30 per 30 days); NEDS
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</i>		1	
<i>leucovorin calcium oral tablet 5 mg</i>	Lederle Leucovorin	1	
<i>l-glutamine oral packet 5 gm</i>	Endari	5	PA; *; QL (180 per 30 days); NEDS
<i>mesna oral tablet 400 mg</i>	Mesnex	4	
OPHTHALMIC AGENTS			
Antiglaucoma Agents			
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>		1	
<i>bimatoprost ophthalmic solution 0.01 %</i>	Lumigan	4	

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Drug Name	Reference	Drug Tier	Requirements/Limits
<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)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		1	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		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 solution 0.5 %</i>	Betimol	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)			
Parasympathomimetic (Cholinergic Agents)			
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	1	
REPLACEMENT PREPARATIONS			
Replacement Preparations			

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Drug Name	Reference	Drug Tier	Requirements/Limits
<i>klor-con m10 oral tablet extended release 10 meq</i>	Klor-Con M10	1	
<i>klor-con m15 oral tablet extended release 15 meq</i>	Klor-Con M15	1	
<i>klor-con m20 oral tablet extended release 20 meq</i>	Klor-Con M20	1	
MAGNESIUM SULFATE INJECTION SOLUTION 50 %		2	
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>		1	
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	1	
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	Klor-Con M15	1	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		1	
<i>potassium chloride er oral tablet extended release 10 meq</i>	Klor-Con 10	1	
<i>potassium chloride er oral tablet extended release 15 meq, 20 meq</i>		1	
<i>potassium chloride er oral tablet extended release 8 meq</i>	Klor-Con	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>		1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	1	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Urocit-K 15	2	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>		1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>		1	

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Drug Name	Reference	Drug Tier	Requirements/Limits
RESPIRATORY TRACT AGENTS			
Anti-Inflammatories, Inhaled Corticosteroids			
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		3	QL (30 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>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>		4	QL (12 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>		4	QL (24 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>		4	QL (21.2 per 30 days)
Antileukotrienes			
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>		2	
Bronchodilators			
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT		3	QL (12 per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT		3	QL (32.1 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Ventolin HFA	1	QL (17 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	Ventolin HFA	1	QL (13.4 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	Ventolin HFA	1	QL (36 per 30 days)

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Drug Name	Reference	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>		1	PA BvD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT		3	QL (60 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH		3	QL (60 per 30 days)
<i>breynga inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>		4	QL (30.9 per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT, 160-9-4.8 MCG/ACT		3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		3	QL (8 per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	Breo Ellipta	3	QL (60 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)
<i>ipratropium bromide hfa inhalation aerosol solution 17 mcg/act</i>	Atrovent HFA	4	QL (25.8 per 28 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)

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Drug Name	Reference	Drug Tier	Requirements/Limits
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</i>		2	
<i>theophylline er oral tablet extended release 12 hour 200 mg</i>		1	
<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 inhalation capsule 18 mcg</i>	Spiriva HandiHaler	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)
<i>wixela inhub 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)
Respiratory Tract Agents, Other			
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		1	PA BvD
JASCAYD ORAL TABLET 18 MG, 9 MG		5	PA; *; QL (60 per 30 days); NEDS
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG		5	PA; *; QL (56 per 28 days); NEDS
KALYDECO ORAL TABLET 150 MG		5	PA; *; QL (56 per 28 days); NEDS
<i>nintedanib esylate oral capsule 100 mg, 150 mg</i>	Ofev	5	PA; *; QL (60 per 30 days); NEDS
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA; *; QL (60 per 30 days); NEDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		5	PA; *; QL (112 per 28 days); NEDS

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Drug Name	Reference	Drug Tier	Requirements/Limits
<i>pirfenidone oral capsule 267 mg</i>		1	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	Esbriet	5	PA; *; QL (270 per 30 days); NEDS
<i>pirfenidone oral tablet 534 mg</i>		5	PA; *; QL (90 per 30 days); NEDS
<i>pirfenidone oral tablet 801 mg</i>	Esbriet	1	PA; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML		5	PA BvD; *; NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		5	PA BvD; *; 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; *; QL (84 per 28 days); NEDS
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG		5	PA; *; QL (56 per 28 days); NEDS
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		5	PA; *; QL (1 per 21 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		5	PA; *; NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		5	PA; *; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		5	PA; *; 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	Reference	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		1	
<i>tizanidine hcl oral tablet 2 mg</i>		1	
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	1	
SLEEP DISORDER AGENTS			
Sleep Disorder Agents			
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Nuvigil	1	PA; QL (30 per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Silenor	2	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Lunesta	1	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	Provigil	1	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	Provigil	1	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	Xyrem	5	PA; *; QL (540 per 30 days); NEDS
<i>zaleplon oral capsule 10 mg, 5 mg</i>		1	QL (30 per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Ambien	1	QL (30 per 30 days)
SYMPATHOMIMETIC (ADRENERGIC) AGENTS			
Sympathomimetic (Adrenergic) Agents			
<i>droxidopa oral capsule 100 mg</i>	Northera	2	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 200 mg</i>	Northera	5	PA; *; QL (180 per 30 days); NEDS
<i>droxidopa oral capsule 300 mg</i>	Northera	4	PA; QL (180 per 30 days)
<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)

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<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	4	QL (4 per 30 days)
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	Auvi-Q	4	QL (4 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; *; QL (90 per 30 days); NEDS
<i>alyq oral tablet 20 mg</i>		1	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg</i>	Letairis	4	PA; QL (30 per 30 days)
<i>ambrisentan oral tablet 5 mg</i>	Letairis	5	PA; *; QL (30 per 30 days); NEDS
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Viagra	2	EXCL; QL (6 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	1	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>		2	PA; QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	Cialis	2	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG		5	PA; *; QL (60 per 30 days); NEDS
UPTRAVI ORAL TABLET 200 MCG		5	PA; *; QL (240 per 30 days); NEDS
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG		5	PA; *; NEDS
VITAMINS AND MINERALS			
Vitamins And Minerals			
<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)

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Drug Name	Reference	Drug Tier	Requirements/Limits
FOLIVANE-OB CAPSULE 85-1 MG ORAL		1	
NIVA-PLUS TABLET 27-1 MG ORAL		1	
PNV 27-CA/FE/FA TABLET 60-1 MG ORAL		1	
PNV-SELECT TABLET 27-0.6-0.4 MG ORAL		1	
PRENA1 TABLET CHEWABLE 1.4 MG ORAL		1	
PRENATAL ORAL TABLET 27-1 MG		1	
PRENATAL-U CAPSULE 106.5-1 MG ORAL		1	
PRENATE MAX ORAL TABLET 15-0.4-0.6 MG		1	
TARON-C DHA CAPSULE 35-1 MG ORAL		1	
TRINATE TABLET ORAL		1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>		1	EXCL

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