

Comprehensive Formulary

HealthTeam Advantage Plan I (PPO) H9808-004

HealthTeam Advantage Plan II (PPO) H9808-005

HealthTeam Advantage Vitality Plan (PPO) H9808-10

HealthTeam Advantage Cardinal Plan (HMO) H2624-004





HealthTeam Advantage Plan I (PPO)
HealthTeam Advantage Plan II (PPO)
HealthTeam Advantage Vitality Plan (PPO)
HealthTeam Advantage Cardinal Plan (HMO)

2025 Formulary

(List of Covered Drugs or “Drug List”)

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

Formulary ID: 25417, Version Number 20

This formulary was updated on 09/23/2025. For more recent information or other questions, please contact HealthTeam Advantage Healthcare Concierge at 888-965-1965 (TTY users should call 711), October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday, or visit healthteamadvantage.com.

HealthTeam Advantage, a product of Care N’ Care Insurance Company of North Carolina, Inc., is a PPO and HMO Medicare Advantage plan with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

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Last Updated: 09/23/2025

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 Care N’ Care Insurance Company of North Carolina. When it refers to “plan” or “our plan,” it means HealthTeam Advantage.

This document includes Drug List (formulary) for our plan which is current as of 10/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the HealthTeam Advantage 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 HealthTeam Advantage 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. HealthTeam Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthTeam Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by HealthTeam Advantage, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.healthteamadvantage.com.

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

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

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was

already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the HealthTeam Advantage’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 add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may 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 (31-day if resides in long term care) 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 HealthTeam Advantage’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you.

However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2025. To get updated information about the drugs covered by HealthTeam Advantage please contact us. Our contact information appears on the front and back cover pages. In addition, each month the plan posts an updated Comprehensive formulary and a Formulary Addendum that has all of the changes on the website.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 105. 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?

HealthTeam Advantage 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:** HealthTeam Advantage requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from HealthTeam Advantage before you fill your prescriptions. If you don’t get approval, HealthTeam Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthTeam Advantage limits the amount of the drug that HealthTeam Advantage will cover. For example, HealthTeam Advantage provides 60 tablets per prescription for Entresto. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HealthTeam Advantage 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, HealthTeam Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthTeam Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains 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 HealthTeam Advantage 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 HealthTeam Advantage’s formulary?” on page vi for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, 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 learn that HealthTeam Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by HealthTeam Advantage. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by HealthTeam Advantage.

- You can ask HealthTeam Advantage 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 HealthTeam Advantage's Formulary?

You can ask HealthTeam Advantage 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, HealthTeam Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level. 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, HealthTeam Advantage 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 (31-day if resides in long term care). If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply (31-day if resides in long term care) of medication. If coverage is not approved, after your first 30-day supply (31-day if resides in long term care), 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.

In addition, if you experience a change in your treatment setting due to the level of care you require, we will allow an emergency transition or level of care fill. Such transitions include:

- If you are discharged from a hospital or skilled nursing facility to a home setting.
- If you are admitted to a hospital or skilled nursing facility from a home setting.
- If you transfer from one skilled nursing facility to another and that new facility is serviced by a different pharmacy.
- If you end your skilled nursing facility Medicare Part A stay – where payments include all pharmacy charges – and now you need to use your Part D plan benefit.
- If you give up Hospice status and revert back to standard Medicare Part A and B coverage.

For more information

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

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

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

HealthTeam Advantage Formulary

The formulary that begins on the page 1 provides coverage information about the drugs covered by HealthTeam Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 105.

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

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

All drugs on this formulary available via mail-order benefit. Contact your Healthcare Concierge for details. Our contact information appears on the front and back cover pages.

KEY:

- **BD** = Part B versus Part D – This drug may be covered under Medicare Part B or Part D depending upon the circumstances.
- **EX** = Excluded Drugs - 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.
- **INS** = Insulin – You won't pay more than \$35 for one-month supply of insulin products.
- **PA** = Prior Authorization – You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** = Quantity Limits – There is a limit on the amount of drug that is covered per prescription, or within a specific time frame.
- **ST** = Step Therapy – In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- **VAC** = Vaccine – Vaccine recommended by the Advisory Committee on Immunization Practices (ACIP) available at \$0 cost-share

Every drug on HealthTeam Advantage's Drug List is in one of five cost-sharing tiers. The second column of the Drug List contains the tier for each drug.

- **Tier 1 – Preferred Generics:** Generic drugs that are available at the lowest cost-share for this plan.
- **Tier 2 – Generics:** Generics that are available at a higher cost to you than drugs in Tier 1.
- **Tier 3 – Preferred Brands:** Generic or brand drugs that are available at a lower cost to you than drugs in Tier 4. Vaccines in this tier are available at no cost to you. In addition, you won't pay more than \$35 for a one-month supply of insulin products in this tier.
- **Tier 4 – Non-Preferred Drugs:** Generic or brand drugs that are available at a higher cost to you than drugs that are in Tier 3.
- **Tier 5 – Specialty Drugs:** This is the highest cost tier. Includes some injectables and other high-cost drugs. During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. For more information on Copayment and Coinsurance, please review your Evidence of Coverage.

During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. For more information on Copayment and Coinsurance, please review your Evidence of Coverage.

Drug Name	Tier	Restrictions/Limits
ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	2	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	4	QL (4 EA per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	3	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	3	
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	4	PA
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium transdermal gel 1 %</i>	2	QL (1000 GM per 30 days)
<i>diflunisal oral tablet 500 mg</i>	3	
<i>ec-naproxen oral tablet delayed release 375 mg</i>	2	
<i>ec-naproxen oral tablet delayed release 500 mg</i>	4	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 7.5-325 MG	3	
ENDOCET ORAL TABLET 5-325 MG	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	3	
<i>etodolac oral tablet 400 mg, 500 mg</i>	3	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 800 mcg</i>	5	PA
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	3	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>hydromorphone hcl injection solution 2 mg/ml, 4 mg/ml</i>	4	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	
<i>hydromorphone hcl oral tablet 8 mg</i>	4	
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
JOURNAVX ORAL TABLET 50 MG	4	QL (30 EA per 90 days)
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	4	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	4	
<i>ketorolac tromethamine oral tablet 10 mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	3	
<i>methadone hcl oral concentrate 10 mg/ml</i>	3	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	3	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	3	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml</i>	2	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	3	
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml</i>	2	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	3	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	3	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen dr oral tablet delayed release 500 mg</i>	4	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>oxaprozin oral tablet 600 mg</i>	3	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	3	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	2	
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	3	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	3	
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tramadol hcl oral tablet 50 mg</i>	1	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	
ANESTHETICS		
<i>lidocaine external ointment 5 %</i>	3	PA; QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	4	PA
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	PA; QL (30 GM per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	4	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	3	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	2	QL (60 EA per 30 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	3	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	3	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	3	
<i>naltrexone hcl oral tablet 50 mg</i>	2	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	QL (360 ML per 365 days)
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	3	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	4	QL (8.4 ML per 30 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	4	QL (504 EA per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	
ANTIBACTERIALS		
ADVOCATE ALCOHOL PREP PADS PAD 70 %	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
ALCOH-GLOVE CONTOURED WIPE PAD	3	
<i>alcohol pads pad 70 %</i>	3	
<i>alcohol prep pad 70 %</i>	3	
<i>alcohol swabs pad , 70 %</i>	3	
<i>alcohol swabstick pad</i>	3	
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	4	
<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>	2	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	3	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	3	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	3	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	3	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
<i>aum alcohol prep pads pad 70 %</i>	3	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	3	
<i>azithromycin oral packet 1 gm</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	3	
<i>aztreonam injection solution reconstituted 1 gm</i>	4	
<i>aztreonam injection solution reconstituted 2 gm</i>	5	
BD SWAB SINGLE USE REGULAR PAD	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
CARETOUCH ALCOHOL PREP PAD 70 %	3	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 3 gm</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	4	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	4	
<i>cefepime hcl intravenous solution reconstituted 100 gm, 2 gm</i>	4	
<i>cefepime-dextrose intravenous solution reconstituted 2-5 gm-%(50ml)</i>	4	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	3	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	3	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	3	
<i>ceftazidime and dextrose intravenous solution reconstituted 2-5 gm-%(50ml)</i>	3	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	3	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	3	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	3	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	3	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	3	
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	4	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	4	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	3	
CLINDACIN ETZ EXTERNAL SWAB 1 %	3	
CLINDACIN-P EXTERNAL SWAB 1 %	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	4	
<i>clindamycin phosphate external swab 1 %</i>	3	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	4	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	5	
COMFORT TOUCH ALCOHOL PREP PAD 70 %	3	
CURITY ALCOHOL PREPS PAD 70 %	3	
<i>cvs alcohol prep pads pad 70 %</i>	3	
<i>cvs prep pad 70 %</i>	3	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>daptomycin-sodium chloride intravenous solution 1000-0.9 mg/100ml-%, 350-0.9 mg/50ml-%, 500-0.9 mg/50ml-%, 700-0.9 mg/100ml-%</i>	4	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	3	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
DROPSAFE ALCOHOL PREP PAD 70 %	3	
<i>easy comfort alcohol pads pad</i>	3	
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	3	
<i>eq1 alcohol swabs pad 70 %</i>	3	
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	
<i>fidaxomicin oral tablet 200 mg</i>	5	
FIFTY50 ALCOHOL PREP PAD 70 %	3	
<i>gentamicin sulfate external cream 0.1 %</i>	3	
<i>gentamicin sulfate external ointment 0.1 %</i>	3	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	3	
<i>gnp alcohol swabs pad 70 %</i>	3	
<i>h-e-b incontroll alcohol pad</i>	3	
<i>hm sterile alcohol prep pad</i>	3	
HUMATIN ORAL CAPSULE 250 MG	5	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	3	
IMPAVIDO ORAL CAPSULE 50 MG	5	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	
<i>levofloxacin oral solution 25 mg/ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	QL (1800 ML per 28 days)
<i>linezolid oral tablet 600 mg</i>	4	QL (56 EA per 28 days)
<i>meijer alcohol swabs pad 70 %</i>	3	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	3	
<i>meropenem intravenous solution reconstituted 2 gm</i>	4	
<i>methenamine hippurate oral tablet 1 gm</i>	4	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	3	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	3	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4	
<i>moxifloxacin hcl oral tablet 400 mg</i>	3	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	5	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
PHARMACIST CHOICE ALCOHOL PAD	3	
<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	
<i>pro comfort alcohol pad 70 %</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>pure comfort alcohol prep pad</i>	3	
<i>qc alcohol swabs pad 70 %</i>	3	
<i>ra alcohol swabs pad 70 %</i>	3	
<i>reality swabs pad</i>	3	
RELION ALCOHOL SWABS PAD , 70 %	3	
<i>saps care alcohol prep pad 70 %</i>	3	
<i>saps health alcohol prep pad , 70 %</i>	3	
<i>saps health care alcohol prep pad 70 %</i>	3	
<i>sb alcohol prep pad 70 %</i>	3	
<i>sm alcohol prep pad , 70 %</i>	3	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	5	
<i>sulfadiazine oral tablet 500 mg</i>	5	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sure comfort alcohol prep pad 70 %</i>	3	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	3	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	3	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	4	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	4	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	4	
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>true comfort alcohol prep pads pad 70 %</i>	3	
<i>true comfort pro alcohol prep pad 70 %</i>	3	
ULTICARE ALCOHOL SWABS PAD , 70 %	3	
<i>ultilet alcohol swabs pad</i>	3	
<i>ultra-care alcohol prep pads pad 70 %</i>	3	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 10 gm, 2 gm, 500 mg, 750 mg</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>vancomycin hcl oral capsule 125 mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	4	QL (240 EA per 30 days)
WEBCOL ALCOHOL PREP LARGE PAD 70 %	3	
WEBCOL ALCOHOL PREP MEDIUM PAD 70 %	3	
<i>zevrx sterile alcohol prep pad pad 70 %</i>	3	
ANTICONVULSANTS		
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	
BRIVIACT ORAL SOLUTION 10 MG/ML	5	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	4	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	3	
<i>carbamazepine oral suspension 100 mg/5ml</i>	3	
<i>carbamazepine oral tablet 200 mg</i>	3	
<i>carbamazepine oral tablet chewable 100 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	4	
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	4	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	5	PA
<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>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA
EPITOL ORAL TABLET 200 MG	3	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	4	
<i>ethosuximide oral capsule 250 mg</i>	3	
<i>ethosuximide oral solution 250 mg/5ml</i>	3	
<i>felbamate oral suspension 600 mg/5ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	
FYCOMPA ORAL TABLET 2 MG	4	
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	4	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (150 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet dispersible 200 mg</i>	4	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	4	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	4	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	4	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	3	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	4	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 EA per 30 days)
<i>methsuximide oral capsule 300 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	5	
<i>perampanel oral tablet 2 mg</i>	4	
<i>phenobarbital oral elixir 20 mg/5ml</i>	4	
<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>	4	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	4	QL (900 ML per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	2	
ROWEEPRAL ORAL TABLET 500 MG	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	
<i>rufinamide oral tablet 200 mg</i>	4	
<i>rufinamide oral tablet 400 mg</i>	5	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	1	
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG	4	
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG	4	
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	
SYMPAZAN ORAL FILM 5 MG	4	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	3	
<i>topiramate oral solution 25 mg/ml</i>	4	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>valproic acid oral solution 250 mg/5ml</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML, 7.5 MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 2 X 10 MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	5	QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	5	PA
<i>vigabatrin oral tablet 500 mg</i>	5	PA
VIGADRONE ORAL PACKET 500 MG	5	PA
VIGADRONE ORAL TABLET 500 MG	5	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML	3	PA
VIGPODER ORAL PACKET 500 MG	5	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	5	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	PA
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	ST
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA
ANTIDEMENTIA AGENTS		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	4	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	4	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	4	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	4	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	2	
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	3	QL (30 EA per 30 days); ST
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	QL (30 EA per 30 days); ST
<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>	4	
ANTIDEPRESSANTS		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	QL (60 EA per 30 days); ST
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	4	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	4	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	QL (30 EA per 30 days); ST
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	3	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	QL (30 EA per 30 days); ST
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	QL (56 EA per 365 days); ST
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	4	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	3	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>phenelzine sulfate oral tablet 15 mg</i>	3	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
RALDESY ORAL SOLUTION 10 MG/ML	5	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	3	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	5	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	5	PA
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>trazodone hcl oral tablet 100 mg, 150 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 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	4	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (14 EA per 14 days)
ANTIEMETICS		
<i>aprepitant oral capsule 125 mg</i>	4	BD; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	4	BD; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	BD; QL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	4	BD; QL (8 EA per 30 days)
COMPRO RECTAL SUPPOSITORY 25 MG	4	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; QL (60 EA per 30 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	4	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	4	BD; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BD
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	3	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	4	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	BD
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	BD

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	4	
<i>clotrimazole external cream 1 %</i>	2	QL (90 GM per 30 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	3	
<i>econazole nitrate external cream 1 %</i>	2	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	3	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	3	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	PA
JUBLIA EXTERNAL SOLUTION 10 %	5	
<i>ketoconazole external cream 2 %</i>	2	QL (90 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	2	
<i>ketoconazole oral tablet 200 mg</i>	2	
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	2	QL (120 GM per 30 days)
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	QL (120 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	2	
<i>nystatin external ointment 100000 unit/gm</i>	2	
<i>nystatin external powder 100000 unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	3	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	QL (120 GM per 30 days)
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	5	PA
<i>terbinafine hcl oral tablet 250 mg</i>	2	QL (84 EA per 180 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	3	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	3	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	4	
<i>probenecid oral tablet 500 mg</i>	2	
ANTIMIGRAINE AGENTS		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 28 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 ML per 28 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	4	PA; QL (8 ML per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3	QL (24 EA per 28 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	3	QL (9 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	5	PA; QL (30 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	3	QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	4	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	3	
UBRELVY ORAL TABLET 100 MG, 50 MG	5	PA; QL (16 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	3	QL (12 EA per 30 days)
ANTIMYASTHENIC AGENTS		
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
ANTIMYCOBACTERIALS		
<i>cycloserine oral capsule 250 mg</i>	5	
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid injection solution 100 mg/ml</i>	4	
<i>isoniazid oral syrup 50 mg/5ml</i>	4	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	3	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	3	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	
TRECTOR ORAL TABLET 250 MG	4	
ANTINEOPLASTICS		
<i>abiraterone acetate oral tablet 250 mg</i>	4	PA
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA
ABIRTEGA ORAL TABLET 250 MG	4	PA
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA
ALECENSA ORAL CAPSULE 150 MG	5	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (120 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; QL (60 EA per 365 days)
<i>anastrozole oral tablet 1 mg</i>	1	
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	5	PA
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	5	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA
<i>bexarotene external gel 1 %</i>	5	PA
<i>bexarotene oral capsule 75 mg</i>	5	PA
<i>bicalutamide oral tablet 50 mg</i>	2	
BOSULIF ORAL CAPSULE 100 MG, 50 MG	5	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
BRUKINSA ORAL CAPSULE 80 MG	5	PA
BRUKINSA ORAL TABLET 160 MG	5	PA
CABOMETYX ORAL TABLET 20 MG	5	PA; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PA
CALQUENCE ORAL TABLET 100 MG	5	PA
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA
<i>cisplatin intravenous solution 100 mg/100ml</i>	4	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA
COTELLIC ORAL TABLET 20 MG	5	PA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	BD
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	5	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	5	PA
ERIVEDGE ORAL CAPSULE 150 MG	5	PA
ERLEADA ORAL TABLET 240 MG, 60 MG	5	PA
<i>erlotinib hcl oral tablet 100 mg, 25 mg</i>	4	PA
<i>erlotinib hcl oral tablet 150 mg</i>	5	PA
EULEXIN ORAL CAPSULE 125 MG	4	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA
<i>exemestane oral tablet 25 mg</i>	4	
<i>flutamide oral capsule 125 mg</i>	3	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	5	PA
GAVRETO ORAL CAPSULE 100 MG	5	PA
<i>gefitinib oral tablet 250 mg</i>	5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	5	
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	5	PA
GOMEKLI ORAL TABLET SOLUBLE 1 MG	5	PA
HERNEXEOS ORAL TABLET 60 MG	5	PA
<i>hydroxyurea oral capsule 500 mg</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA
IBTROZI ORAL CAPSULE 200 MG	5	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 30 MG, 45 MG	5	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	3	PA
<i>imatinib mesylate oral tablet 400 mg</i>	4	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA
<i>imkeldi oral solution 80 mg/ml</i>	5	PA
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA
INQOVI ORAL TABLET 35-100 MG	5	PA
INREBIC ORAL CAPSULE 100 MG	5	PA
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA
IWILFIN ORAL TABLET 192 MG	5	PA
JAKAFI ORAL TABLET 10 MG	5	PA; QL (60 EA per 30 days)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	5	PA
JAYPIRCA ORAL TABLET 100 MG	5	PA
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA
KRAZATI ORAL TABLET 200 MG	5	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA
LAZCLUZE ORAL TABLET 240 MG	5	PA
LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (60 EA per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA
<i>letrozole oral tablet 2.5 mg</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	3	
LEUKERAN ORAL TABLET 2 MG	5	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA
LYSODREN ORAL TABLET 500 MG	5	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
MATULANE ORAL CAPSULE 50 MG	5	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA
MEKTOVI ORAL TABLET 15 MG	5	PA
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	5	
<i>mercaptopurine oral tablet 50 mg</i>	3	
<i>mesna oral tablet 400 mg</i>	5	
MESNEX ORAL TABLET 400 MG	5	
MODEYSO ORAL CAPSULE 125 MG	5	PA
NERLYNX ORAL TABLET 40 MG	5	PA; QL (180 EA per 30 days)
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg</i>	5	PA
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	5	PA
<i>nilutamide oral tablet 150 mg</i>	5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA
NUBEQA ORAL TABLET 300 MG	5	PA
ODOMZO ORAL CAPSULE 200 MG	5	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	5	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA
ORSERDU ORAL TABLET 345 MG, 86 MG	5	PA
PANRETIN EXTERNAL GEL 0.1 %	5	
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; QL (30 EA per 30 days)
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML	5	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	
QINLOCK ORAL TABLET 50 MG	5	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	5	PA
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA
RETEVMO ORAL TABLET 40 MG	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA; QL (60 EA per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	5	PA
REZLIDHIA ORAL CAPSULE 150 MG	5	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA
ROZLYTREK ORAL PACKET 50 MG	5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA
RYDAPT ORAL CAPSULE 25 MG	5	PA
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA
STIVARGA ORAL TABLET 40 MG	5	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA
TABLOID ORAL TABLET 40 MG	5	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA
TAGRISSO ORAL TABLET 40 MG	5	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
TAGRISSO ORAL TABLET 80 MG	5	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA
TAZVERIK ORAL TABLET 200 MG	5	PA
TEPMETKO ORAL TABLET 225 MG	5	PA
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML	5	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA
TIBSOVO ORAL TABLET 250 MG	5	PA
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	5	
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	5	
<i>toremifene citrate oral tablet 60 mg</i>	5	
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA; QL (30 EA per 30 days)
<i>tretinoin oral capsule 10 mg</i>	5	
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	5	PA
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA
VALCHLOR EXTERNAL GEL 0.016 %	5	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA
VENCLEXTA ORAL TABLET 10 MG	4	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA
VONJO ORAL CAPSULE 100 MG	5	PA
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	5	PA
XOSPATA ORAL TABLET 40 MG	5	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	5	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA
XTANDI ORAL CAPSULE 40 MG	5	PA
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA
ZEJULA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA
ZELBORAF ORAL TABLET 240 MG	5	PA
ZOLINZA ORAL CAPSULE 100 MG	5	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA
ZYKADIA ORAL TABLET 150 MG	5	PA
ANTIPARASITICS		
<i>albendazole oral tablet 200 mg</i>	4	
<i>atovaquone oral suspension 750 mg/5ml</i>	4	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	3	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	3	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg</i>	2	
<i>ivermectin oral tablet 3 mg, 6 mg</i>	2	PA
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	3	BD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	3	
<i>praziquantel oral tablet 600 mg</i>	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	3	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA
<i>quinine sulfate oral capsule 324 mg</i>	3	PA
ANTIPARKINSON AGENTS		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine mesylate oral capsule 5 mg</i>	4	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	4	
<i>carbidopa oral tablet 25 mg</i>	4	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	3	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	3	
INBRIJA INHALATION CAPSULE 42 MG	5	PA
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG	4	PA
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST
<i>selegiline hcl oral capsule 5 mg</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>selegiline hcl oral tablet 5 mg</i>	3	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	4	
ANTIPSYCHOTICS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	5	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	PA; QL (30 EA per 30 days)
<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</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg</i>	3	QL (270 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	3	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	4	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	QL (60 EA per 30 days); ST
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	4	QL (16 EA per 365 days); ST
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	4	QL (24 EA per 365 days); ST

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	4	QL (16 EA per 365 days); ST
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	QL (16 EA per 365 days); ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	3	
<i>haloperidol lactate injection solution 5 mg/ml</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>haloperidol oral tablet 20 mg</i>	3	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	ST
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	QL (30 EA per 30 days); ST
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	
NUPLAZID ORAL CAPSULE 34 MG	5	PA
NUPLAZID ORAL TABLET 10 MG	5	PA
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	3	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	QL (30 EA per 30 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	4	
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	5	
<i>risperidone oral solution 1 mg/ml</i>	2	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	QL (30 EA per 30 days); ST
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg</i>	3	
<i>trifluoperazine hcl oral tablet 10 mg</i>	4	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	QL (540 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	5	
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>baclofen oral tablet 5 mg</i>	3	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	
ANTIVIRALS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	3	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	BD
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg</i>	4	
<i>atazanavir sulfate oral capsule 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	QL (600 ML per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	5	
CIMDUO ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	5	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	5	QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	3	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	2	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (850 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	4	QL (60 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 EA per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	3	
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	QL (120 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	2	BD
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	2	BD
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (180 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)
KALETRA ORAL SOLUTION 400-100 MG/5ML	4	
LAGEVRIO ORAL CAPSULE 200 MG	3	QL (40 EA per 5 days)
<i>lamivudine oral solution 10 mg/ml</i>	3	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i>	3	
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	3	QL (60 EA per 30 days)
LIVTENCITY ORAL TABLET 200 MG	5	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	4	
<i>maraviroc oral tablet 150 mg</i>	5	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	5	QL (120 EA per 30 days)
MAVYRET ORAL PACKET 50-20 MG	5	PA; QL (560 EA per 365 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (336 EA per 365 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	3	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (480 ML per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	3	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	3	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	3	QL (1080 ML per 365 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	3	QL (20 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	3	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	3	QL (30 EA per 5 days)
PIFELTRO ORAL TABLET 100 MG	5	QL (30 EA per 30 days)
PREVYMIS ORAL PACKET 120 MG	5	
PREVYMIS ORAL PACKET 20 MG	4	
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (240 EA per 365 days)
REYATAZ ORAL PACKET 50 MG	5	QL (180 EA per 30 days)
<i>ribavirin oral tablet 200 mg</i>	3	
<i>ritonavir oral tablet 100 mg</i>	3	QL (360 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; QL (84 EA per 365 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET 300 MG	5	QL (24 EA per 168 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	5	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 EA per 30 days)
<i>trimeq pd oral tablet soluble 60-5-30 mg</i>	4	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	3	QL (120 EA per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	
<i>valganciclovir hcl oral tablet 450 mg</i>	3	
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	QL (240 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
VOCABRIA ORAL TABLET 30 MG	5	
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL (84 EA per 365 days)
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML	5	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
<i>zidovudine oral capsule 100 mg</i>	3	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	3	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	3	QL (60 EA per 30 days)
ANXIOLYTICS		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	1	
<i>buspirone hcl oral tablet 30 mg, 7.5 mg</i>	4	
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	
<i>diazepam oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet 10 mg</i>	2	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	3	
<i>lorazepam oral concentrate 2 mg/ml</i>	3	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
BIPOLAR AGENTS		
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	4	PA
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	2	
BLOOD GLUCOSE REGULATORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	4	PA; QL (2.4 ML per 28 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	4	PA; QL (4.8 ML per 28 days)
<i>diazoxide oral suspension 50 mg/ml</i>	5	
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml</i>	4	PA; QL (2.4 ML per 28 days)
<i>exenatide subcutaneous solution pen-injector 5 mcg/0.02ml</i>	4	PA; QL (4.8 ML per 28 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glucagon emergency injection kit 1 mg</i>	3	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	3	INS
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	INS

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	INS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	3	INS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	INS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	INS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	INS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	INS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	INS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	INS
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	INS
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	3	INS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	INS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	INS
<i>insulin lispro injection solution 100 unit/ml</i>	3	INS
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	INS
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	INS

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	3	INS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	INS
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
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 ML per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-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 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	INS
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	INS
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	INS
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	INS
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	INS
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	INS
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	INS
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	INS
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	INS
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	INS
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	INS
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	INS

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	INS
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	INS
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	INS
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	INS
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	INS
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	INS
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	INS
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	INS
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	INS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	PA; QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG	3	PA; QL (60 EA per 365 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 EA per 365 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	INS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	INS
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	INS
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	INS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	3	
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 ML per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	
BLOOD PRODUCTS AND MODIFIERS		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	3	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	4	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; QL (30 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5	PA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
<i>eltrombopag olamine oral packet 12.5 mg, 25 mg</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i>	5	PA
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	4	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML	4	
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	3	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
PROMACTA ORAL PACKET 12.5 MG, 25 MG	5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML	5	PA
<i>tranexamic acid oral tablet 650 mg</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	5	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
<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	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG	3	QL (60 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	QL (360 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (102 EA per 365 days)
XOLREMDI ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	
CARDIOVASCULAR AGENTS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	2	
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	3	
<i>amiodarone hcl oral tablet 200 mg</i>	1	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>cholestyramine light oral packet 4 gm</i>	4	
<i>cholestyramine light oral powder 4 gm/dose</i>	4	
<i>cholestyramine oral packet 4 gm</i>	3	
<i>cholestyramine oral powder 4 gm/dose</i>	3	
<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, 0.2 mg/24hr, 0.3 mg/24hr</i>	4	
<i>colesevelam hcl oral tablet 625 mg</i>	4	
<i>colestipol hcl oral granules 5 gm</i>	4	
<i>colestipol hcl oral packet 5 gm</i>	4	
<i>colestipol hcl oral tablet 1 gm</i>	3	
DIGITEK ORAL TABLET 250 MCG	2	
<i>digoxin oral solution 0.05 mg/ml</i>	4	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	
<i>digoxin oral tablet 62.5 mcg</i>	4	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	4	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA
EDARBI ORAL TABLET 40 MG, 80 MG	4	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	3	
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	3	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	4	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	4	
<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>	2	
<i>furosemide injection solution 10 mg/ml</i>	3	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>gemfibrozil oral tablet 600 mg</i>	2	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	4	
<i>hydralazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydralazine hcl oral tablet 100 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	4	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<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>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	4	
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	4	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA; QL (30 EA per 30 days)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	4	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	4	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>mexiletine hcl oral capsule 150 mg</i>	3	
<i>mexiletine hcl oral capsule 200 mg, 250 mg</i>	4	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	
NEXLETOL ORAL TABLET 180 MG	4	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	4	PA; QL (30 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	3	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	4	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	4	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	3	
PACERONE ORAL TABLET 100 MG	3	
PACERONE ORAL TABLET 200 MG	2	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	3	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	4	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL (2 ML per 28 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	
PREVALITE ORAL PACKET 4 GM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
PREVALITE ORAL POWDER 4 GM/DOSE	4	
<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>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<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>quinidine sulfate oral tablet 200 mg, 300 mg</i>	4	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	3	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (3 ML per 28 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	
<i>triamterene oral capsule 100 mg, 50 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	5	PA; QL (0.8 ML per 28 days)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	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>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	3	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; QL (30 EA per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	3	QL (60 EA 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>	3	QL (90 EA per 30 days)
<i>atomoxetine hcl oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (210 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (56 EA per 365 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; QL (84 EA per 365 days)
AVONEX PEN INTRAMUSCULAR AUTO- INJECTOR KIT 30 MCG/0.5ML	5	PA; QL (4 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QL (15 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	PA; QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	5	PA; QL (112 EA per 365 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	3	PA; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	3	QL (90 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	4	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	4	PA; QL (120 EA per 365 days)
<i>fingolimod hcl oral capsule 0.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	3	
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA; QL (56 EA per 365 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; QL (0.4 ML per 28 days)
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; QL (14 EA per 365 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	4	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	5	PA; QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	PA; QL (8.4 ML per 365 days)
<i>riluzole oral tablet 50 mg</i>	4	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	QL (110 EA per 365 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA
VEOZAH ORAL TABLET 45 MG	4	PA; QL (30 EA per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5	PA; QL (120 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	5	PA; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	5	PA; QL (74 EA per 365 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	5	PA; QL (56 EA per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
DENTAL AND ORAL AGENTS		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	3	
KOURZEQ MOUTH/THROAT PASTE 0.1 %	3	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
ORALONE MOUTH/THROAT PASTE 0.1 %	3	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	4	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	3	
DERMATOLOGICAL AGENTS		
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	
<i>acyclovir external ointment 5 %</i>	4	QL (60 GM per 30 days)
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (6 ML per 28 days)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (6 ML per 28 days)
<i>alclometasone dipropionate external cream 0.05 %</i>	3	
<i>alclometasone dipropionate external ointment 0.05 %</i>	3	
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>azelaic acid external gel 15 %</i>	4	QL (100 GM per 30 days)
BAND-AID GAUZE SMALL PAD 2"X2"	3	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	4	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	4	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	3	
<i>betamethasone dipropionate external cream 0.05 %</i>	3	
<i>betamethasone dipropionate external lotion 0.05 %</i>	3	
<i>betamethasone dipropionate external ointment 0.05 %</i>	4	
<i>betamethasone valerate external cream 0.1 %</i>	3	
<i>betamethasone valerate external lotion 0.1 %</i>	3	
<i>betamethasone valerate external ointment 0.1 %</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>calcipotriene external cream 0.005 %</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	3	QL (60 ML per 30 days)
CICLODAN EXTERNAL SOLUTION 8 %	2	PA
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	3	
<i>ciclopirox external solution 8 %</i>	2	PA
<i>ciclopirox olamine external cream 0.77 %</i>	2	
<i>ciclopirox olamine external suspension 0.77 %</i>	3	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>clindamycin phosphate external lotion 1 %</i>	4	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	2	QL (60 ML per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	4	
<i>clobetasol propionate external cream 0.05 %</i>	2	
<i>clobetasol propionate external gel 0.05 %</i>	3	
<i>clobetasol propionate external ointment 0.05 %</i>	2	
<i>clobetasol propionate external shampoo 0.05 %</i>	4	
<i>clobetasol propionate external solution 0.05 %</i>	3	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	QL (90 GM per 30 days)
CURITY ALL PURPOSE SPONGES PAD 2"X2"	3	
CURITY AMD ANTIMICROBIAL SPNGE PAD 2"X2"	3	
CURITY GAUZE SPONGE PAD 2"X2"	3	
CURITY SPONGES PAD 2"X2"	3	
<i>cvs antibacterial gauze pad 2"x2"</i>	3	
<i>cvs gauze pad 2"x2"</i>	3	
DERMACEA GAUZE SPONGE PAD 2"X2"	3	
DERMACEA IV DRAIN SPONGES PAD 2"X2"	3	
DERMACEA IV SPONGES PAD 2"X2"	3	
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	3	
DERMACEA TYPE VII GAUZE PAD 2"X2"	3	
<i>desonide external cream 0.05 %</i>	3	
<i>desonide external ointment 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desoximetasone external cream 0.25 %</i>	3	QL (100 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	3	
<i>diclofenac sodium external gel 3 %</i>	4	QL (300 GM per 30 days); ST
<i>eql gauze pad 2"x2"</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>ery external pad 2 %</i>	3	
<i>erythromycin external gel 2 %</i>	3	
<i>erythromycin external solution 2 %</i>	2	
EUCRISA EXTERNAL OINTMENT 2 %	4	PA
EXCILON IV SPONGES PAD 2"X2"	3	
FINACEA EXTERNAL FOAM 15 %	3	QL (50 GM per 30 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	3	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	3	
<i>fluocinolone acetonide external ointment 0.025 %</i>	3	
<i>fluocinolone acetonide external solution 0.01 %</i>	3	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	3	
<i>fluocinonide external cream 0.05 %</i>	3	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	3	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	3	QL (60 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	3	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	3	QL (60 ML per 30 days)
<i>fluorouracil external cream 5 %</i>	2	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	3	
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>fluticasone propionate external ointment 0.005 %</i>	2	
<i>gauze pads pad 2"x2"</i>	3	
<i>gauze type vii medi-pak pad 2"x2"</i>	3	
<i>gnp sterile gauze pad 2"x2"</i>	3	
<i>halobetasol propionate external cream 0.05 %</i>	3	
<i>halobetasol propionate external ointment 0.05 %</i>	4	
<i>hm sterile pads pad 2"x2"</i>	3	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone valerate external cream 0.2 %</i>	3	QL (60 GM per 30 days)
<i>imiquimod external cream 5 %</i>	3	QL (48 EA per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
J & J GAUZE PAD 2"X2"	3	
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	3	
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>malathion external lotion 0.5 %</i>	4	
<i>metronidazole external cream 0.75 %</i>	3	
<i>metronidazole external gel 0.75 %</i>	3	
<i>metronidazole external gel 1 %</i>	4	
MIRASORB SPONGES 2"X2"	3	
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
<i>mupirocin calcium external cream 2 %</i>	3	
<i>mupirocin external ointment 2 %</i>	2	QL (110 GM per 30 days)
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	3	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	3	
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)
<i>permethrin external cream 5 %</i>	3	
<i>pimecrolimus external cream 1 %</i>	4	
<i>podofilox external solution 0.5 %</i>	3	
<i>qc border island gauze pad 2"x2"</i>	3	
<i>qc sterile pads pad 2"x2"</i>	3	
<i>ra sterile pad 2"x2"</i>	3	
RESTORE CONTACT LAYER PAD 2"X2"	3	
ROSADAN EXTERNAL CREAM 0.75 %	3	
ROSADAN EXTERNAL GEL 0.75 %	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
<i>selenium sulfide external lotion 2.5 %</i>	2	
SILIGENTLE FOAM DRESSING PAD 2"X2"	3	
<i>silver sulfadiazine external cream 1 %</i>	2	
<i>sm gauze pad 2"x2"</i>	3	
<i>sm sterile pad 2"x2"</i>	3	
SOTYKTU ORAL TABLET 6 MG	5	PA; QL (30 EA per 30 days)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (4 ML per 28 days)
SSD EXTERNAL CREAM 1 %	2	
<i>sterile gauze pad 2"x2"</i>	3	
<i>sterile pad 2"x2"</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>surgical gauze sponge pad 2"x2"</i>	3	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	
<i>tazarotene external cream 0.1 %</i>	4	QL (60 GM per 30 days)
TEGADERM FOAM PAD 2"X2"	3	
THERAGAUZE PAD 2"X2"	3	
<i>tretinoin external cream 0.025 %</i>	3	PA
<i>tretinoin external cream 0.05 %</i>	4	PA
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external lotion 0.025 %</i>	3	
<i>triamcinolone acetonide external lotion 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
TRIDERM EXTERNAL CREAM 0.5 %	2	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	4	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	4	BD
<i>carglumic acid oral tablet soluble 200 mg</i>	5	
CHEMET ORAL CAPSULE 100 MG	5	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA
<i>dextrose intravenous solution 5 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>	4	
KIONEX COMBINATION SUSPENSION 15 GM/60ML	3	
KIONEX ORAL SUSPENSION 15 GM/60ML	3	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	2	
KLOR-CON ORAL PACKET 20 MEQ	4	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
LOKELMA ORAL PACKET 10 GM, 5 GM	4	QL (90 EA per 30 days)
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	3	
<i>penicillamine oral tablet 250 mg</i>	5	
PLENAMINE INTRAVENOUS SOLUTION 15 %	4	BD
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral packet 20 meq</i>	4	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	4	
<i>prenatal oral tablet 27-1 mg</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	3	
<i>sodium polystyrene sulfonate oral powder</i>	3	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	3	
SPS ORAL SUSPENSION 15 GM/60ML	3	
<i>trientine hcl oral capsule 250 mg</i>	5	PA
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	4	
GASTROINTESTINAL AGENTS		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	PA
<i>alosetron hcl oral tablet 1 mg</i>	5	PA
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML, 10-3.5-12 MG-GM -GM/175ML	3	
<i>constulose oral solution 10 gm/15ml</i>	2	
CTEXLI ORAL TABLET 250 MG	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>dicyclomine hcl oral capsule 10 mg</i>	2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	4	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	2	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
<i>glycopyrrolate injection solution 0.4 mg/2ml</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	PA
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	2	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	QL (60 EA per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML	5	PA; QL (60 ML per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; QL (90 ML per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG	5	PA; QL (60 EA per 30 days)
LIVMARLI ORAL TABLET 30 MG	5	PA; QL (30 EA per 30 days)
<i>loperamide hcl oral capsule 2 mg</i>	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	4	QL (60 EA per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	3	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	QL (30 EA per 30 days)
<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>	3	
<i>nitroglycerin rectal ointment 0.4 %</i>	4	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	3	QL (30 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	3	QL (60 EA per 30 days)
RELISTOR ORAL TABLET 150 MG	5	QL (90 EA per 30 days); ST
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	QL (18 ML per 30 days); ST
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	QL (12 ML per 30 days); ST
<i>sucralfate oral suspension 1 gm/10ml</i>	4	
<i>sucralfate oral tablet 1 gm</i>	2	
SUTAB ORAL TABLET 1479-225-188 MG	3	
<i>ursodiol oral capsule 300 mg</i>	4	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	3	
VOWST ORAL CAPSULE	5	PA
XERMELO ORAL TABLET 250 MG	5	PA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	PA
XIFAXAN ORAL TABLET 550 MG	5	PA
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine oral powder</i>	5	
CERDELGA ORAL CAPSULE 84 MG	5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; QL (240 ML per 30 days)
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	5	PA
<i>l-glutamine oral packet 5 gm</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>miglustat oral capsule 100 mg</i>	5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG	5	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 50 MG	5	PA; QL (120 EA per 30 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; QL (30 EA per 30 days)
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	5	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA
WELIREG ORAL TABLET 40 MG	5	PA
YARGESA ORAL CAPSULE 100 MG	5	PA
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	
GENITOURINARY AGENTS		
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>dutasteride oral capsule 0.5 mg</i>	2	
ELMIRON ORAL CAPSULE 100 MG	5	
<i>finasteride oral tablet 5 mg</i>	1	
GEMTESA ORAL TABLET 75 MG	4	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>silodosin oral capsule 4 mg, 8 mg</i>	4	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; QL (30 EA per 30 days)
<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	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	3	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	3	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	4	
<i>tropium chloride oral tablet 20 mg</i>	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>cortisone acetate oral tablet 25 mg</i>	3	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	4	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	4	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	3	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	4	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	5	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; QL (360 EA per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	4	
ABIGALE ORAL TABLET 1-0.5 MG	4	
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	3	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	3	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	3	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	3	
AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG	4	QL (91 EA per 91 days)
AMETHYST ORAL TABLET 90-20 MCG	3	
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	4	QL (91 EA per 91 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	3	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG- MCG	3	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	3	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG- MCG	3	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG- MCG	3	
AVIANE ORAL TABLET 0.1-20 MG-MCG	3	
AYUNA ORAL TABLET 0.15-30 MG-MCG	3	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
BALZIVA ORAL TABLET 0.4-35 MG-MCG	3	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
<i>brIELlyn oral tablet 0.4-35 mg-mcg</i>	3	
CAMILA ORAL TABLET 0.35 MG	1	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	4	QL (91 EA per 91 days)
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	4	QL (91 EA per 91 days)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	3	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	4	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	3	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	4	QL (91 EA per 91 days)
DEBLITANE ORAL TABLET 0.35 MG	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	QL (0.65 ML per 90 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3	
DOLISHALE ORAL TABLET 90-20 MCG	3	
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	4	
ELINEST ORAL TABLET 0.3-30 MG-MCG	3	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	
EMZAHH ORAL TABLET 0.35 MG	1	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	4	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	3	
ERRIN ORAL TABLET 0.35 MG	1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	4	
<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>	4	
<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>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	4	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	4	
ESTRING VAGINAL RING 7.5 MCG/24HR	4	QL (1 EA per 90 days)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	3	
FALMINA ORAL TABLET 0.1-20 MG-MCG	3	
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	3	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	3	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	4	
GALLIFREY ORAL TABLET 5 MG	2	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	4	
HEATHER ORAL TABLET 0.35 MG	1	
ICLEVIA ORAL TABLET 0.15-0.03 MG	4	QL (91 EA per 91 days)
INCASSIA ORAL TABLET 0.35 MG	1	
INTROVALE ORAL TABLET 0.15-0.03 MG	4	QL (91 EA per 91 days)
JAIMESS ORAL TABLET 0.15-0.03 & 0.01 MG	4	QL (91 EA per 91 days)
JENCYCLA ORAL TABLET 0.35 MG	1	
JINTELI ORAL TABLET 1-5 MG-MCG	4	
JOLESSA ORAL TABLET 0.15-0.03 MG	4	QL (91 EA per 91 days)
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	3	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	3	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	3	
KURVELO ORAL TABLET 0.15-30 MG-MCG	3	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	3	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
LESSINA ORAL TABLET 0.1-20 MG-MCG	3	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	3	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	4	QL (91 EA per 91 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	4	QL (91 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	3	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	3	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	4	QL (91 EA per 91 days)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	3	
LUTERA ORAL TABLET 0.1-20 MG-MCG	3	
LYLEQ ORAL TABLET 0.35 MG	1	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	4	
LYZA ORAL TABLET 0.35 MG	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	3	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	3	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	
MELEYA ORAL TABLET 0.35 MG	1	
MENEST ORAL TABLET 2.5 MG	4	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	3	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
MILI ORAL TABLET 0.25-35 MG-MCG	3	
MIMVEY ORAL TABLET 1-0.5 MG	4	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	3	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
NORA-BE ORAL TABLET 0.35 MG	1	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	4	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	3	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	3	
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	3	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	3	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
ORQUIDEA ORAL TABLET 0.35 MG	1	
OSPHENA ORAL TABLET 60 MG	3	PA; QL (30 EA per 30 days)
PHILITH ORAL TABLET 0.4-35 MG-MCG	3	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	
PREMARIN VAGINAL CREAM 0.625 MG/GM	4	
PREMPHASE ORAL TABLET 0.625-5 MG	4	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	4	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
<i>raloxifene hcl oral tablet 60 mg</i>	2	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	4	QL (91 EA per 91 days)
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	4	QL (91 EA per 91 days)
SETLAKIN ORAL TABLET 0.15-0.03 MG	4	QL (91 EA per 91 days)
SHAROBEL ORAL TABLET 0.35 MG	1	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	4	QL (91 EA per 91 days)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	3	
SRONYX ORAL TABLET 0.1-20 MG-MCG	3	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	3	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	3	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	3	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TURQOZ ORAL TABLET 0.3-30 MG-MCG	3	
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	3	
VIENVA ORAL TABLET 0.1-20 MG-MCG	3	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	3	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	3	
WERA ORAL TABLET 0.5-35 MG-MCG	3	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	3	
YUVAFEM VAGINAL TABLET 10 MCG	4	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	4	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline oral tablet 0.5 mg</i>	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA; QL (4 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA; QL (1 EA per 28 days)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; QL (1 EA per 168 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	5	PA; QL (1 EA per 28 days)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	5	PA; QL (1 EA per 84 days)
<i>mifepristone oral tablet 200 mg</i>	4	
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120 EA per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA
ORGOVYX ORAL TABLET 120 MG	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	PA; QL (1 EA per 84 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	4	PA; QL (1 EA per 168 days)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
IMMUNOLOGICAL AGENTS		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	1	QL (1 EA per 252 days); VAC
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	VAC
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	VAC
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	5	PA; QL (3 EA per 28 days)
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	5	PA; QL (6 EA per 28 days)
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml</i>	5	PA; QL (1 EA per 28 days)
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	5	PA; QL (3 EA per 28 days)
<i>adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml</i>	5	PA; QL (3 EA per 28 days)
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	5	PA; QL (6 EA per 28 days)
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml</i>	5	PA; QL (2 EA per 28 days)
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml, 40 mg/0.8ml</i>	5	PA; QL (6 EA per 28 days)
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	5	PA; QL (6 EA per 28 days)
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	5	PA; QL (6 EA per 28 days)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	QL (1 EA per 999 days); VAC
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	4	BD
<i>azathioprine oral tablet 50 mg</i>	2	BD
<i>bcg vaccine injection solution reconstituted 50 mg</i>	1	VAC

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	VAC
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	5	PA
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	VAC
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	VAC
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; QL (10 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (10 ML per 28 days)
CUVITRU SUBCUTANEOUS SOLUTION 8 GM/40ML	5	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	4	BD
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	BD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	BD
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	VAC
DENGVAIXA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	VAC
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 28 days)
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	5	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	BD; VAC
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	BD; VAC
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	BD
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	BD
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	BD
GAMASTAN INTRAMUSCULAR INJECTABLE	3	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	1	VAC
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	VAC
GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	BD
GENGRAF ORAL SOLUTION 100 MG/ML	4	BD

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	1	VAC
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	3	VAC
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	3	VAC
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	BD; VAC
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	VAC
HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML, 4 GM/20ML	5	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	5	PA
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (6 EA per 365 days)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (6 EA per 365 days)
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML	4	BD
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	BD; VAC
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	VAC
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA
<i>infliximab intravenous solution reconstituted 100 mg</i>	5	PA
IPOLE INJECTION INJECTABLE	1	VAC
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	VAC
JYLAMVO ORAL SOLUTION 2 MG/ML	5	PA
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	VAC
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	VAC
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
MENACTRA INTRAMUSCULAR SOLUTION	1	VAC
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	1	VAC
MENVEO INTRAMUSCULAR SOLUTION	1	VAC
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	VAC
<i>methotrexate sodium (pf) injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	VAC
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	QL (0.5 ML per 999 days); VAC
<i>mycophenolate mofetil oral capsule 250 mg</i>	4	BD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil oral tablet 500 mg</i>	4	BD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	4	BD
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	5	PA; QL (110 EA per 365 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	VAC
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	VAC
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	VAC
<i>penmenvy intramuscular suspension reconstituted</i>	1	VAC
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	VAC
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	VAC
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BD

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	VAC
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	3	VAC
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	VAC
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BD; VAC
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	BD; VAC
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	BD; VAC
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA
REZUROCK ORAL TABLET 200 MG	5	PA; QL (60 EA per 30 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
ROTARIX ORAL SUSPENSION	3	VAC
ROTATEQ ORAL SOLUTION	3	VAC
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	5	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	BD
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	VAC
<i>sirolimus oral solution 1 mg/ml</i>	4	BD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	BD
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	5	PA; QL (30 ML per 365 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (1 ML per 28 days)
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	5	PA; QL (104 ML per 365 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	4	PA; QL (3 ML per 84 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (3 ML per 84 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	BD
TAVNEOS ORAL CAPSULE 10 MG	5	PA; QL (180 EA per 30 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	VAC
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	3	VAC
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	VAC
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	VAC
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	VAC
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	VAC
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	VAC
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	3	VAC
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	1	VAC
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	1	VAC
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	VAC
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	VAC
VAXELIS INTRAMUSCULAR SUSPENSION	3	VAC
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	VAC
VEOPOZ INJECTION SOLUTION 400 MG/2ML	5	PA
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	1	VAC
VIVOTIF ORAL CAPSULE DELAYED RELEASE	1	VAC
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML	5	PA; QL (20 ML per 28 days)
WEZLANA INTRAVENOUS SOLUTION 130 MG/26ML	5	PA; QL (104 ML per 365 days)
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (3 ML per 84 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; QL (3 ML per 84 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	VAC
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>balsalazide disodium oral capsule 750 mg</i>	4	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	5	
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	
<i>mesalamine er oral capsule extended release 500 mg</i>	4	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	
<i>mesalamine rectal enema 4 gm</i>	4	
<i>mesalamine rectal suppository 1000 mg</i>	4	
<i>mesalamine-cleanser rectal kit 4 gm</i>	4	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	
SFROWASA RECTAL ENEMA 4 GM/60ML	4	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium oral tablet 10 mg, 35 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>alendronate sodium oral tablet 70 mg</i>	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	5	PA
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	3	QL (3.7 ML per 30 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	4	BD
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML, 600 MCG/2.4ML	5	PA
<i>ibandronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (2 ML per 365 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	3	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	5	
<i>risedronate sodium oral tablet 150 mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	4	
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	QL (4 EA per 28 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 600 mcg/2.4ml, 620 mcg/2.48ml</i>	5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>1st choice pen needles 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	2	QL (200 EA per 30 days)
ABOUTTIME PEN NEEDLE 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
ACCUSURE INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	2	QL (200 EA per 30 days)
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
<i>aq insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>aqinject pen needle 31g x 5 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	2	QL (200 EA per 30 days)
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	2	QL (200 EA per 30 days)
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	2	QL (200 EA per 30 days)
ASSURE ID SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM	2	QL (200 EA per 30 days)
<i>aum insulin safety pen needle 31g x 4 mm , 31g x 5 mm</i>	2	QL (200 EA per 30 days)
<i>aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	2	QL (200 EA per 30 days)
<i>aum mini pen needles 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	2	QL (200 EA per 30 days)
<i>aum pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	2	QL (200 EA per 30 days)
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	2	QL (200 EA per 30 days)
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	2	QL (200 EA per 30 days)
<i>aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>aurora unifine pentips 31g x 5 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
BD AUTOSHIELD DUO 30G X 5 MM	2	QL (200 EA per 30 days)
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	2	QL (200 EA per 30 days)
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, U-100 1 ML	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO U/F 32G X 6 MM	2	QL (200 EA per 30 days)
BD PEN NEEDLE MINI U/F 31G X 5 MM	2	QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	2	QL (200 EA per 30 days)
BD PEN NEEDLE NANO U/F 32G X 4 MM	2	QL (200 EA per 30 days)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	2	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT U/F 31G X 8 MM	2	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	2	QL (200 EA per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	2	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	2	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	2	QL (200 EA per 30 days)
<i>careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>careone unfine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>careone unfine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	2	QL (200 EA per 30 days)
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	2	QL (200 EA per 30 days)
CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
<i>clickfine pen needles 31g x 8 mm</i>	2	QL (200 EA per 30 days)
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM	2	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	2	QL (200 EA per 30 days)
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM	2	QL (200 EA per 30 days)
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM	2	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	QL (200 EA per 30 days)
CURITY GAUZE PAD 2"X2"	3	
<i>cvs gauze sterile pad 2"x2"</i>	3	
<i>cvs insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml</i>	2	QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
DROPLET MICRON 34G X 3.5 MM	2	QL (200 EA per 30 days)
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	2	QL (200 EA per 30 days)
<i>dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
<i>drug mart ultra comfort syr 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>	2	QL (200 EA per 30 days)
<i>drug mart unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>drug mart unifine pentips plus 32g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>duane reade unifine pentips 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>easy comfort insulin syringe 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>easy comfort pen needles 29g x 4mm , 29g x 5mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	2	QL (200 EA per 30 days)
<i>easy glide pen needles 33g x 4 mm</i>	2	QL (200 EA per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML	2	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	2	QL (200 EA per 30 days)
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
<i>elite-thin insulin syringe 28g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
ELLA ORAL TABLET 30 MG	3	
EMBECTA AUTOSHIELD DUO 30G X 5 MM	2	QL (200 EA per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML	2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO 32G X 4 MM	2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	2	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
<i>eqi insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>eqi short pen needle 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>eqi ultra comfort insulin syr 31g x 5/16" 0.3 ml</i>	2	QL (200 EA per 30 days)
EXCEL COMFORT POINT PEN NEEDLE 31G X 8 MM	2	QL (200 EA per 30 days)
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 1 ML	2	QL (200 EA per 30 days)
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM , 31G X 8 MM	2	QL (200 EA per 30 days)
<i>exel insulin syringe 28g x 1/2" 1 ml</i>	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
EXEL PEN NEEDLES 1/3" 31G X 8 MM	2	QL (200 EA per 30 days)
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	QL (200 EA per 30 days)
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
<i>first choice insulin syringe 28g x 1/2" 1 ml</i>	2	QL (200 EA per 30 days)
<i>fp insulin syringe 28g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>freds pharmacy unifine pentip+ 31g x 5 mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>freds pharmacy unifine pentips 32g x 4 mm</i>	2	QL (200 EA per 30 days)
FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
<i>gentle touch insulin syringe 28g x 1/2" 1 ml</i>	2	QL (200 EA per 30 days)
<i>global alcohol prep ease pad 70 %</i>	3	
<i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml</i>	2	QL (200 EA per 30 days)
<i>global easy glide pen needles 32g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml</i>	2	QL (200 EA per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
<i>gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>gnp insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml</i>	2	QL (200 EA per 30 days)
<i>gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>gnp insulin syringes 30g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml</i>	2	QL (200 EA per 30 days)
<i>gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml</i>	2	QL (200 EA per 30 days)
<i>gnp pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	2	QL (200 EA per 30 days)
<i>gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	2	QL (200 EA per 30 days)
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	QL (200 EA per 30 days)
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>goodsense clickfine pen needle 31g x 5 mm</i>	2	QL (200 EA per 30 days)
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	QL (200 EA per 30 days)
<i>healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>healthwise micron pen needles 32g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>healthwise mini pen needles 31g x 6 mm</i>	2	QL (200 EA per 30 days)
<i>healthwise pen needles 29g x 12mm</i>	2	QL (200 EA per 30 days)
<i>healthwise short pen needles 31g x 5 mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>healthwise unifine pentips 32g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>healthy accents unifine pentip 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	2	QL (200 EA per 30 days)
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML	2	QL (200 EA per 30 days)
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM	2	QL (200 EA per 30 days)
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	2	QL (200 EA per 30 days)
<i>hy-vee insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml</i>	2	QL (200 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>insulin syringe/needle 28g x 1/2" 1 ml</i>	2	QL (200 EA per 30 days)
<i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>insulin syringes 31g x 5/16" 0.5 ml</i>	2	QL (200 EA per 30 days)
<i>insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	2	QL (200 EA per 30 days)
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM	2	QL (200 EA per 30 days)
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM	2	QL (200 EA per 30 days)
INSUPEN32G EXTR3ME 32G X 6 MM	2	QL (200 EA per 30 days)
<i>kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml</i>	2	QL (200 EA per 30 days)
<i>kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml</i>	2	QL (200 EA per 30 days)
<i>kroger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>kroger pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>leader insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
LITE TOUCH PEN NEEDLES 31G X 5 MM	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
<i>live better pen needles 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>longs insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.5 ml</i>	2	QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	2	QL (200 EA per 30 days)
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	2	QL (200 EA per 30 days)
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	QL (200 EA per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM	2	QL (200 EA per 30 days)
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML	2	QL (200 EA per 30 days)
<i>medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml</i>	2	QL (200 EA per 30 days)
<i>medicine shoppe pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)
MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM	2	QL (200 EA per 30 days)
<i>mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML, U-100 1 ML	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	2	QL (200 EA per 30 days)
MOORE MONO INSULIN SYRINGE 28G X 1/2" 1 ML	2	QL (200 EA per 30 days)
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
NOVOFINE 32G X 6 MM	2	QL (200 EA per 30 days)
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL (200 EA per 30 days)
NOVOFINE PEN NEEDLE 32G X 6 MM	2	QL (200 EA per 30 days)
NOVOFINE PLUS 32G X 4 MM	2	QL (200 EA per 30 days)
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	QL (200 EA per 30 days)
NOVOTWIST 32G X 5 MM	2	QL (200 EA per 30 days)
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	QL (200 EA per 30 days)
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BD
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	QL (30 EA per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL (30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	3	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (30 EA per 30 days)
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	3	QL (10 EA per 30 days)
<i>pc unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>pen needle/5-bevel tip 31g x 8 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>pen needles 3/16" 31g x 5 mm</i>	2	QL (200 EA per 30 days)
<i>pen needles 5/16" 31g x 8 mm</i>	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	QL (200 EA per 30 days)
PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	QL (200 EA per 30 days)
<i>pip pen needles 31g x 5mm 31g x 5 mm</i>	2	QL (200 EA per 30 days)
<i>pip pen needles 32g x 4mm 32g x 4 mm</i>	2	QL (200 EA per 30 days)
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML	2	QL (200 EA per 30 days)
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>preferred plus unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM	2	QL (200 EA per 30 days)
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM	2	QL (200 EA per 30 days)
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
<i>pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	2	QL (200 EA per 30 days)
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	2	QL (200 EA per 30 days)
PRODIGY MINI PEN NEEDLES 31G X 5 MM	2	QL (200 EA per 30 days)
PRODIGY SHORT PEN NEEDLES 31G X 8 MM	2	QL (200 EA per 30 days)
<i>pure comfort pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>px extra short pen needles 31g x 6 mm</i>	2	QL (200 EA per 30 days)
<i>px insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>px mini pen needles 31g x 5 mm</i>	2	QL (200 EA per 30 days)
<i>px pen needle 29g x 12mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>px shortlength pen needles 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>qc insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>qc unifine pentips 32g x 4 mm</i>	2	QL (200 EA per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	2	QL (200 EA per 30 days)
<i>ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>ra pen needles 31g x 5 mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	2	QL (200 EA per 30 days)
RELI-ON INSULIN SYRINGE 29G 0.3 ML	2	QL (200 EA per 30 days)
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
RELION MINI PEN NEEDLES 31G X 6 MM	2	QL (200 EA per 30 days)
RELION PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
RELION SHORT PEN NEEDLES 31G X 8 MM	2	QL (200 EA per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	5	PA; QL (1 ML per 28 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	5	PA; QL (0.8 ML per 28 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	PA; QL (1 ML per 28 days)
SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 ML	2	QL (200 EA per 30 days)
<i>safety insulin syringes 30g x 1/2" 1 ml</i>	2	QL (200 EA per 30 days)
<i>safety pen needles 30g x 5 mm , 30g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	2	QL (200 EA per 30 days)
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	2	QL (200 EA per 30 days)
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG	5	PA; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>sm insulin syringe 28g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	2	QL (200 EA per 30 days)
SURE-FINE PEN NEEDLES 31G X 5 MM , 31G X 8 MM	2	QL (200 EA per 30 days)
SURE-JECT INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
<i>techlite insulin syringe 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM	2	QL (200 EA per 30 days)
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	2	QL (200 EA per 30 days)
TERUMO INSULIN SYRINGE 28G X 1/2" 1 ML	2	QL (200 EA per 30 days)
TERUMO SURGUARD INSULIN SYR 28G X 1/2" 1 ML	2	QL (200 EA per 30 days)
THINPRO INSULIN SYRINGE 28G X 1/2" 1 ML	2	QL (200 EA per 30 days)
<i>todays health mini pen needles 31g x 6 mm</i>	2	QL (200 EA per 30 days)
<i>todays health pen needles 29g x 12mm</i>	2	QL (200 EA per 30 days)
<i>todays health short pen needle 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)
<i>topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>topco insulin syringe 28g x 1/2" 1 ml</i>	2	QL (200 EA per 30 days)
<i>true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	2	QL (200 EA per 30 days)
<i>true comfort safety pen needle 31g x 5 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	2	QL (200 EA per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML	2	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM	2	QL (200 EA per 30 days)
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	2	QL (200 EA per 30 days)
ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
ULTIGUARD INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
ULTIGUARD SAFEPAK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	QL (200 EA per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
<i>ultra comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	2	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML	2	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
ULTRA THIN PEN NEEDLES 32G X 4 MM	2	QL (200 EA per 30 days)
<i>ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>ultra-comfort insulin syringe 28g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	2	QL (200 EA per 30 days)
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	2	QL (200 EA per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	2	QL (200 EA per 30 days)
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	2	QL (200 EA per 30 days)
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
UNIFINE PEN NEEDLES 32G X 4 MM	2	QL (200 EA per 30 days)
UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM	2	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	2	QL (200 EA per 30 days)
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
<i>value health insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	2	QL (200 EA per 30 days)
<i>valumark pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	2	QL (200 EA per 30 days)
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	2	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	QL (200 EA per 30 days)
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
V-GO 20 KIT 20 UNIT/24HR	3	
V-GO 30 KIT 30 UNIT/24HR	3	
V-GO 40 KIT 40 UNIT/24HR	3	
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (200 EA per 30 days)
VISTOGARD ORAL PACKET 10 GM	5	
<i>vp insulin syringe 29g x 1/2" 0.3 ml</i>	2	QL (200 EA per 30 days)
V-R MONO INSULIN SYRINGE 28G X 1/2" 1 ML	2	QL (200 EA per 30 days)
<i>wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
<i>zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	2	QL (200 EA per 30 days)
<i>zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	2	QL (200 EA per 30 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; QL (120 EA per 30 days)
OPHTHALMIC AGENTS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	3	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	4	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	3	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	
<i>brinzolamide ophthalmic suspension 1 %</i>	4	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	4	QL (12 ML per 365 days)
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	QL (60 ML per 28 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	3	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	4	
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	QL (4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	3	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>levofloxacin ophthalmic solution 0.5 %</i>	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	4	QL (20 GM per 365 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	QL (2.5 ML per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	3	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	3	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	3	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	3	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	QL (2.5 ML per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	3	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	4	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	4	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	4	
<i>trifluridine ophthalmic solution 1 %</i>	4	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	QL (5 ML per 25 days)
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	5	QL (10 ML per 42 days)
XIIDRA OPHTHALMIC SOLUTION 5 %	4	QL (60 EA per 30 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	4	
OTIC AGENTS		
<i>acetic acid otic solution 2 %</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	4	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	4	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	3	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	3	
<i>ofloxacin otic solution 0.3 %</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
RESPIRATORY TRACT/PULMONARY AGENTS		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (24 GM per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	3	QL (32.1 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	2	BD; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	2	BD; QL (100 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	4	BD; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	2	BD; QL (100 EA per 30 days)
ALYQ ORAL TABLET 20 MG	4	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	4	PA; QL (120 ML per 30 days)
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	4	QL (1 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	4	QL (13 GM per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)
<i>azelastine hcl nasal solution 0.1 %</i>	2	QL (60 ML per 30 days)
BENADRYL INJECTION SOLUTION 50 MG/ML	4	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (23.6 GM per 28 days)
BRONCHITOL INHALATION CAPSULE 40 MG	5	PA; QL (560 EA per 28 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BD; QL (120 ML per 30 days)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	QL (8 GM per 30 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	BD
<i>cypheptadine hcl oral tablet 4 mg</i>	4	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	4	PA; QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	4	PA; QL (13 GM per 30 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	4	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	4	BD; QL (120 ML per 30 days)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	4	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	3	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BD; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BD; QL (540 ML per 30 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	4	BD; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	4	BD; QL (90 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	4	BD; QL (270 ML per 30 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	3	QL (30 GM per 30 days)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	4	QL (34 GM per 30 days)
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; QL (3 EA per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA; QL (336 EA per 365 days)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA; QL (672 EA per 365 days)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25	5	PA; QL (504 EA per 365 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (112 EA per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	5	PA
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	5	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	QL (2 EA per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	3	QL (21.2 GM per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	4	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	3	QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (24 GM per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; QL (60 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	4	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
TOBI PODHALER INHALATION CAPSULE 28 MG	5	QL (224 EA per 56 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BD
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA; QL (84 EA per 28 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	PA; QL (270 ML per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 EA per 30 days)
YUPELRI INHALATION SOLUTION 175 MCG/3ML	5	BD; QL (90 ML per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	
SKELETAL MUSCLE RELAXANTS		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	3	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	4	
SLEEP DISORDER AGENTS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	4	PA; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	3	PA; QL (30 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	4	QL (30 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; QL (540 ML per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
SUPPLEMENTAL		
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	1	EX
<i>folic acid oral tablet 1 mg</i>	1	QL (30 EA per 30 days); EX

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Drug Name	Tier	Restrictions/Limits
<i>kp folic acid oral tablet 1 mg</i>	1	QL (30 EA per 30 days); EX
<i>sildenafil citrate oral tablet 25 mg, 50 mg</i>	1	QL (4 EA per 30 days); EX
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	EX
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES		
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	2	
<i>pnv 27-ca/fe/fa oral tablet 60-1 mg</i>	2	
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	2	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	2	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	2	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	2	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	2	
<i>prenatal 19 oral tablet 29-1 mg</i>	2	
<i>prenatal 19 oral tablet chewable</i>	2	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	2	
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

You can find information on what the symbols and abbreviations on this table mean by going to page viii of the introduction.

Index of Drugs

<i>1st choice pen needles</i>	78	ALCOH-GLOVE CONTOURED		ARIKAYCE.....	4
<i>1st tier unifine pentips</i>	78	WIPE.....	4	<i>aripiprazole</i>	28
<i>1st tier unifine pentips plus</i>	78	<i>alcohol pads</i>	4	ARISTADA.....	28
<i>abacavir sulfate</i>	31	<i>alcohol prep</i>	4	ARISTADA INITIO.....	28
<i>abacavir sulfate-lamivudine</i>	31	<i>alcohol swabs</i>	4	<i>armodafinil</i>	102
ABELCET.....	16	<i>alcohol swabstick</i>	4	ARNUITY ELLIPTA.....	98
ABIGALE.....	61	ALECENSA.....	19	<i>asenapine maleate</i>	28
ABIGALE LO.....	61	<i>alendronate sodium</i>	77, 78	ASHLYNA.....	61
ABILIFY MAINTENA.....	28	<i>alfuzosin hcl er</i>	59	ASMANEX (120 METERED	
<i>abiraterone acetate</i>	19	<i>aliskiren fumarate</i>	42	DOSES).....	98
ABIRTEGA.....	19	<i>allopurinol</i>	18	ASMANEX (14 METERED	
ABOUTTIME PEN NEEDLE.....	78	<i>alosetron hcl</i>	56	DOSES).....	98
ABRYSVO.....	69	<i>alprazolam</i>	35	ASMANEX (30 METERED	
<i>acamprosate calcium</i>	3	ALTAVERA.....	61	DOSES).....	98
<i>acarbose</i>	36	ALUNBRIG.....	19	ASMANEX (60 METERED	
ACCUSURE INSULIN SYRINGE.....	78	<i>alyacen 1/35</i>	61	DOSES).....	99
AC CUTANE.....	51	<i>alyacen 7/7/7</i>	61	ASMANEX HFA.....	99
<i>acebutolol hcl</i>	42	ALYQ.....	98	<i>aspirin-dipyridamole er</i>	40
<i>acetaminophen-codeine</i>	1	<i>amantadine hcl</i>	31	ASSURE ID DUO PRO PEN	
<i>acetazolamide</i>	95	<i>ambrisentan</i>	98	NEEDLES.....	79
<i>acetazolamide er</i>	95	AMETHIA.....	61	ASSURE ID INSULIN SAFETY	
<i>acetic acid</i>	59, 97	AMETHYST.....	61	SYR.....	79
<i>acitretin</i>	51	<i>amikacin sulfate</i>	4	ASSURE ID PRO PEN NEEDLES.....	79
ACTHIB.....	69	<i>amiloride hcl</i>	42	ASSURE ID SAFETY PEN	
ACTIMMUNE.....	69	<i>amiloride-hydrochlorothiazide</i>	42	NEEDLES.....	79
<i>acyclovir</i>	31, 51	AMINOSYN II.....	55	ASTAGRAF XL.....	69
<i>acyclovir sodium</i>	31	AMINOSYN-PF.....	55	<i>atazanavir sulfate</i>	31
ADACEL.....	69	<i>amiodarone hcl</i>	42	<i>atenolol</i>	42
<i>adalimumab-aaty (1 pen)</i>	69	<i>amitriptyline hcl</i>	14	<i>atenolol-chlorthalidone</i>	42
<i>adalimumab-aaty (2 pen)</i>	69	<i>amlodipine besy-benazepril hcl</i>	42	<i>atomoxetine hcl</i>	48
<i>adalimumab-aaty (2 syringe)</i>	69	<i>amlodipine besylate</i>	42	<i>atorvastatin calcium</i>	42
<i>adalimumab-aaty cd/uc/hs start</i>	69	<i>amlodipine besylate-valsartan</i>	42	<i>atovaquone</i>	26
<i>adalimumab-adbm (2 pen)</i>	69	<i>amlodipine-olmesartan</i>	42	<i>atovaquone-proguanil hcl</i>	26
<i>adalimumab-adbm (2 syringe)</i>	69	<i>ammonium lactate</i>	51	<i>atropine sulfate</i>	95
<i>adalimumab-adbm(cd/uc/hs strt)</i>	69	AMNESTEEM.....	51	ATROVENT HFA.....	99
<i>adalimumab-adbm(ps/uv starter)</i>	69	<i>amoxapine</i>	14	AUBRA EQ.....	61
ADBRY.....	51	<i>amoxicillin</i>	4	AUGMENTIN.....	4
<i>adefovir dipivoxil</i>	31	<i>amoxicillin-pot clavulanate</i>	4	AUGTYRO.....	19
ADEMPAS.....	98	<i>amoxicillin-pot clavulanate er</i>	4	<i>aum alcohol prep pads</i>	4
ADV AIR HFA.....	98	<i>amphetamine-dextroamphet er</i>	48	<i>aum insulin safety pen needle</i>	79
ADVOCATE ALCOHOL PREP		<i>amphetamine-dextroamphetamine</i> ... 48		<i>aum mini insulin pen needle</i>	79
PADS.....	3	<i>amphotericin b</i>	16	<i>aum mini pen needles</i>	79
ADVOCATE INSULIN PEN		<i>amphotericin b liposome</i>	16	<i>aum pen needle</i>	79
NEEDLE.....	78	<i>ampicillin</i>	4	AUM READYGARD DUO PEN	
ADVOCATE INSULIN PEN		<i>ampicillin sodium</i>	4	NEEDLE.....	79
NEEDLES.....	78	<i>ampicillin-sulbactam sodium</i>	4	AUM SAFETY PEN NEEDLE.....	79
ADVOCATE INSULIN SYRINGE.....	79	<i>anagrelide hcl</i>	40	<i>aurora pen needles</i>	79
AFIRMELLE.....	61	<i>anastrozole</i>	19	<i>aurora unifine pentips</i>	79
AIMOVIG.....	18	ANORO ELLIPTA.....	98	AUROVELA 1.5/30.....	61
AIRSUPRA.....	98	<i>aprepitant</i>	16	AUROVELA 1/20.....	61
AKEEGA.....	19	APTOM.....	10	AUROVELA FE 1.5/30.....	61
<i>albendazole</i>	26	APTIVUS.....	31	AUROVELA FE 1/20.....	61
<i>albuterol sulfate</i>	98	<i>aq insulin syringe</i>	79	AUSTEDO.....	48
<i>albuterol sulfate hfa</i>	98	<i>aqinject pen needle</i>	79	AUSTEDO XR.....	48
<i>alclometasone dipropionate</i>	51	AREXVY.....	69	AUSTEDO XR PATIENT	
		<i>arformoterol tartrate</i>	98	TITRATION.....	48

AUVELITY.....	14	<i>benazepril hcl</i>	42	<i>cabergoline</i>	68
AVIANE.....	61	<i>benazepril-hydrochlorothiazide</i>	42	CABLIVI.....	40
AVMAPKI FAKZYNJA CO- PACK.....	19	BENLYSTA.....	70	CABOMETYX.....	20
AVONEX PEN.....	48	<i>benznidazole</i>	26	<i>calcipotriene</i>	52
AVONEX PREFILLED.....	49	<i>benzoyl peroxide-erythromycin</i>	51	<i>calcitonin (salmon)</i>	78
AYUNA.....	61	<i>benztropine mesylate</i>	27	<i>calcitriol</i>	78
AYVAKIT.....	19	BESIVANCE.....	95	CALQUENCE.....	20
<i>azathioprine</i>	69	BESREMI.....	70	CAMILA.....	62
<i>azelaic acid</i>	51	<i>betaine</i>	58	CAMRESE.....	62
<i>azelastine hcl</i>	95, 99	<i>betamethasone dipropionate</i>	51	CAMRESE LO.....	62
<i>azithromycin</i>	4, 5	<i>betamethasone dipropionate aug</i>	51	<i>candesartan cilexetil</i>	43
<i>aztreonam</i>	5	<i>betamethasone valerate</i>	51	<i>candesartan cilexetil-hctz</i>	43
AZURETTE.....	61	BETASERON.....	49	CAPLYTA.....	28
<i>bacitracin</i>	95	<i>betaxolol hcl</i>	42, 95	CAPRELSA.....	20
<i>bacitracin-polymyxin b</i>	95	<i>bethanechol chloride</i>	59	<i>captopril</i>	43
<i>bacitra-neomycin-polymyxin-hc</i>	95	<i>bexarotene</i>	19	<i>captopril-hydrochlorothiazide</i>	43
<i>baclofen</i>	31	BEXSERO.....	70	<i>carbamazepine</i>	10
<i>balsalazide disodium</i>	77	<i>bicalutamide</i>	19	<i>carbamazepine er</i>	10
BALVERSA.....	19	BICILLIN L-A.....	5	<i>carbidopa</i>	27
BALZIVA.....	62	BIKTARVY.....	31	<i>carbidopa-levodopa</i>	27
BAND-AID GAUZE SMALL.....	51	<i>bisoprolol fumarate</i>	42	<i>carbidopa-levodopa er</i>	27
BAQSIMI ONE PACK.....	36	<i>bisoprolol-hydrochlorothiazide</i>	43	CAREFINE PEN NEEDLES.....	80
BAQSIMI TWO PACK.....	36	BIVIGAM.....	70	<i>careone insulin syringe</i>	80
BARACLUDE.....	31	BLISOVI FE 1.5/30.....	62	<i>careone unifine pentips</i>	80
<i>bcg vaccine</i>	69	BLISOVI FE 1/20.....	62	<i>careone unifine pentips plus</i>	80
BD AUTOSHIELD DUO.....	79	BONSITY.....	78	CARETOUCH ALCOHOL PREP.....	5
BD INS SYR ULTRAFINE 1/2UNIT.....	79	BOOSTRIX.....	70	CARETOUCH INSULIN SYRINGE.....	80
BD INSULIN SYR ULTRAFINE II.....	79	BOSULIF.....	19	CARETOUCH PEN NEEDLES.....	80
BD INSULIN SYRINGE.....	79	BRAFTOVI.....	19	<i>carglumic acid</i>	55
BD INSULIN SYRINGE HALF- UNIT.....	79	BREO ELLIPTA.....	99	<i>carteolol hcl</i>	95
BD INSULIN SYRINGE MICROFINE.....	80	BREYNA.....	99	CARTIA XT.....	43
BD INSULIN SYRINGE U/F.....	80	BREZTRI AEROSPHERE.....	99	<i>carvedilol</i>	43
BD INSULIN SYRINGE U-500.....	80	<i>briellyn</i>	62	<i>caspofungin acetate</i>	17
BD INSULIN SYRINGE ULTRAFINE.....	80	BRILINTA.....	40	CAYSTON.....	99
BD PEN NEEDLE MICRO U/F.....	80	<i>brimonidine tartrate</i>	95	<i>cefaclor</i>	5
BD PEN NEEDLE MINI U/F.....	80	<i>brimonidine tartrate-timolol</i>	95	<i>cefadroxil</i>	5
BD PEN NEEDLE NANO 2ND GEN.....	80	BRIVIACT.....	10	<i>cefazolin sodium</i>	5
BD PEN NEEDLE NANO U/F.....	80	<i>bromfenac sodium</i>	95	<i>cefdinir</i>	5
BD PEN NEEDLE ORIGINAL U/F.....	80	<i>bromocriptine mesylate</i>	27	<i>cefepime hcl</i>	5
BD PEN NEEDLE SHORT U/F.....	80	BRONCHITOL.....	99	<i>cefepime-dextrose</i>	5
BD SAFETYGLIDE INSULIN SYRINGE.....	80	BRUKINSA.....	20	<i>cefixime</i>	5
BD SWAB SINGLE USE REGULAR.....	5	<i>budesonide</i>	77, 99	<i>cefotetan disodium</i>	5
BD VEO INSULIN SYR U/F 1/2UNIT.....	80	<i>budesonide er</i>	77	<i>cefoxitin sodium</i>	5
BD VEO INSULIN SYRINGE U/F.....	80	<i>bumetanide</i>	43	<i>cefpodoxime proxetil</i>	5
BELSOMRA.....	102	<i>buprenorphine</i>	1	<i>cefprozil</i>	5
BENADRYL.....	99	<i>buprenorphine hcl</i>	3	<i>ceftazidime</i>	5, 6
		<i>buprenorphine hcl-naloxone hcl</i>	3	<i>ceftazidime and dextrose</i>	5
		<i>bupropion hcl</i>	14	<i>ceftriaxone sodium</i>	6
		<i>bupropion hcl er (smoking det)</i>	3	<i>cefuroxime axetil</i>	6
		<i>bupropion hcl er (sr)</i>	14	<i>cefuroxime sodium</i>	6
		<i>bupropion hcl er (xl)</i>	14	<i>celecoxib</i>	1
		<i>buspirone hcl</i>	35	<i>cephalexin</i>	6
		<i>butalbital-apap-cafeine</i>	49	CERDELGA.....	58
		BYETTA 10 MCG PEN.....	36	CHATEAL.....	62
		BYETTA 5 MCG PEN.....	36	CHATEAL EQ.....	62
		CABENUVA.....	31	CHEMET.....	55

<i>chlorhexidine gluconate</i>	51	COMETRIQ (100 MG DAILY DOSE).....	20	<i>cypheptadine hcl</i>	99
<i>chloroquine phosphate</i>	26	COMETRIQ (140 MG DAILY DOSE).....	20	CYSTAGON.....	58
<i>chlorpromazine hcl</i>	28	COMETRIQ (60 MG DAILY DOSE).....	20	CYSTARAN.....	96
<i>chlorthalidone</i>	43	COMFORT ASSIST INSULIN SYRINGE.....	81	<i>dalfampridine er</i>	49
CHOLBAM.....	58	COMFORT EZ INSULIN SYRINGE.....	81	<i>danazol</i>	62
<i>cholestyramine</i>	43	COMFORT EZ MICRO PEN NEEDLES.....	81	<i>dantrolene sodium</i>	31
<i>cholestyramine light</i>	43	COMFORT EZ PEN NEEDLES.....	81	DANZITEN.....	20
CICLODAN.....	52	COMFORT EZ PRO PEN NEEDLES.....	81	<i>dapsone</i>	19
<i>ciclopirox</i>	52	COMFORT EZ SHORT PEN NEEDLES.....	81	DAPTACEL.....	70
<i>ciclopirox olamine</i>	52	COMFORT TOUCH ALCOHOL PREP.....	6	<i>daptomycin</i>	6
<i>cilostazol</i>	40	COMFORT TOUCH INSULIN PEN NEED.....	81	<i>daptomycin-sodium chloride</i>	7
CIMDUO.....	31	COMPLERA.....	32	<i>darunavir</i>	32
<i>cinacalcet hcl</i>	78	COMPRO.....	16	<i>dasatinib</i>	20
CINRYZE.....	70	<i>constulose</i>	56	DASETTA 1/35 (28).....	62
<i>ciprofloxacin</i>	6	COPIKTRA.....	20	DASETTA 7/7/7.....	62
<i>ciprofloxacin hcl</i>	6, 95	<i>cortisone acetate</i>	60	DAURISMO.....	20
<i>ciprofloxacin in d5w</i>	6	COSENTYX.....	70	DAYSEE.....	62
<i>ciprofloxacin-dexamethasone</i>	97	COSENTYX (300 MG DOSE).....	70	DEBLITANE.....	62
<i>cisplatin</i>	20	COSENTYX SENSOREADY (300 MG).....	70	<i>deferasirox</i>	55
<i>citalopram hydrobromide</i>	14	COSENTYX SENSOREADY PEN.....	70	<i>deferasirox granules</i>	55
CLARAVIS.....	52	COSENTYX UNOREADY.....	70	DELSTRIGO.....	32
<i>clarithromycin</i>	6	COTELLIC.....	20	<i>demeclocycline hcl</i>	7
<i>clarithromycin er</i>	6	CREON.....	58	DENG VAXIA.....	70
CLENPIQ.....	56	<i>cromolyn sodium</i>	58, 95, 99	DEPO-SUBQ PROVERA 104.....	62
CLEVER CHOICE COMFORT EZ.....	81	CRYSELLE-28.....	62	DERMACEA GAUZE SPONGE.....	52
CLICKFINE PEN NEEDLES.....	81	CTEXLI.....	56	DERMACEA IV DRAIN SPONGES.....	52
<i>clickfine pen needles</i>	81	CURITY ALCOHOL PREPS.....	6	DERMACEA IV SPONGES.....	52
CLIMARA PRO.....	62	CURITY ALL PURPOSE SPONGES.....	52	DERMACEA NON-WOVEN SPONGES.....	52
CLINDACIN ETZ.....	6	CURITY AMD.....		DERMACEA TYPE VII GAUZE.....	52
CLINDACIN-P.....	6	ANTIMICROBIAL SPNGE.....	52	DESCOVY.....	32
<i>clindamycin hcl</i>	6	CURITY GAUZE.....	81	<i>desipramine hcl</i>	14
<i>clindamycin palmitate hcl</i>	6	CURITY GAUZE SPONGE.....	52	<i>desmopressin ace spray refrig</i>	61
<i>clindamycin phosphate</i>	6, 52	CURITY SPONGES.....	52	<i>desmopressin acetate</i>	61
<i>clobazam</i>	10	CUVITRU.....	70	<i>desmopressin acetate spray</i>	61
<i>clobetasol propionate</i>	52	<i>cvs alcohol prep pads</i>	6	<i>desogestrel-ethinyl estradiol</i>	62
<i>clobetasol propionate e</i>	52	<i>cvs antibacterial gauze</i>	52	<i>desonide</i>	52
<i>clomipramine hcl</i>	14	<i>cvs gauze</i>	52	<i>desoximetasone</i>	52
<i>clonazepam</i>	10	<i>cvs gauze sterile</i>	81	<i>desvenlafaxine succinate er</i>	14
<i>clonidine</i>	43	<i>cvs insulin syringe</i>	81	<i>dexamethasone</i>	60
<i>clonidine hcl</i>	43	<i>cvs prep</i>	6	<i>dexamethasone sodium phosphate</i>	96
<i>clopidogrel bisulfate</i>	40	<i>cyclobenzaprine hcl</i>	102	<i>dextroamphetamine sulfate</i>	49
<i>clorazepate dipotassium</i>	35	<i>cyclophosphamide</i>	20	<i>dextroamphetamine sulfate er</i>	49
<i>clotrimazole</i>	17	<i>cycloserine</i>	19	<i>dextrose</i>	55
<i>clotrimazole-betamethasone</i>	52	<i>cyclosporine</i>	70, 95	<i>dextrose-sodium chloride</i>	55
<i>clozapine</i>	28	<i>cyclosporine modified</i>	70	DIACOMIT.....	10
COARTEM.....	27			DIATHRIVE PEN NEEDLE.....	81
COBENFY.....	49			<i>diazepam</i>	10, 35
COBENFY STARTER PACK.....	49			DIAZEPAM INTENSOL.....	35
<i>colchicine</i>	18			<i>diazoxide</i>	36
<i>colchicine-probenecid</i>	18			<i>diclofenac potassium</i>	1
<i>colesevelam hcl</i>	43			<i>diclofenac sodium</i>	1, 52, 96
<i>colestipol hcl</i>	43			<i>diclofenac sodium er</i>	1
<i>colistimethate sodium (cba)</i>	6			<i>dicloxacillin sodium</i>	7
COMBIGAN.....	95			<i>dicyclomine hcl</i>	57
COMBIVENT RESPIMAT.....	99			DIFICID.....	7

<i>diflunisal</i>	1	EASY TOUCH INSULIN		ENDOCET.....	1
DIGITEK.....	43	SAFETY SYR.....	82	ENGERIX-B.....	71
<i>digoxin</i>	43	EASY TOUCH INSULIN		ENILLORING.....	62
<i>dihydroergotamine mesylate</i>	18	SYRINGE.....	82	<i>enoxaparin sodium</i>	41
DILANTIN.....	10	EASY TOUCH PEN NEEDLES.....	82	ENPRESSE-28.....	62
<i>diltiazem hcl</i>	44	EASY TOUCH SAFETY PEN		ENSACOVE.....	20
<i>diltiazem hcl er</i>	43, 44	NEEDLES.....	82	<i>entacapone</i>	27
<i>diltiazem hcl er beads</i>	43	EASY TOUCH SHEATHLOCK		<i>entecavir</i>	32
<i>diltiazem hcl er coated beads</i>	43	SYRINGE.....	83	ENTRESTO.....	44
<i>dilt-xr</i>	44	<i>ec-naproxen</i>	1	<i>enulose</i>	57
<i>dimethyl fumarate</i>	49	<i>econazole nitrate</i>	17	ENVARBUS XR.....	71
<i>dimethyl fumarate starter pack</i>	49	EDARBI.....	44	EPIDIOLEX.....	10
<i>diphenhydramine hcl</i>	99	EDARBYCLOR.....	44	<i>epinephrine</i>	99
<i>diphenoxylate-atropine</i>	57	EDURANT.....	32	EPITOL.....	10
<i>disulfiram</i>	3	EDURANT PED.....	32	<i>eplerenone</i>	44
<i>divalproex sodium</i>	10	<i>efavirenz</i>	32	EPRONTIA.....	10
<i>divalproex sodium er</i>	10	<i>efavirenz-emtricitab-tenofo df</i>	32	<i>eql alcohol swabs</i>	7
<i>dofetilide</i>	44	<i>efavirenz-lamivudine-tenofovir</i>	32	<i>eql gauze</i>	52
DOLISHALE.....	62	ELINEST.....	62	<i>eql insulin syringe</i>	83
<i>donepezil hcl</i>	13	ELIQUIS.....	40	<i>eql short pen needle</i>	83
DOPTelet.....	40	ELIQUIS DVT/PE STARTER		<i>eql ultra comfort insulin syr</i>	83
<i>dorzolamide hcl</i>	96	PACK.....	40	<i>ergocalciferol</i>	102
<i>dorzolamide hcl-timolol mal</i>	96	<i>elite-thin insulin syringe</i>	83	<i>ergotamine-caffeine</i>	18
DOTTI.....	62	ELLA.....	83	ERIVEDGE.....	20
DOVATO.....	32	ELMIRON.....	59	ERLEADA.....	20
<i>doxazosin mesylate</i>	59	<i>eltrombopag olamine</i>	40, 41	<i>erlotinib hcl</i>	20
<i>doxepin hcl</i>	14	ELURYNG.....	62	ERRIN.....	62
DOXY 100.....	7	EMBECTA AUTOSHIELD DUO...83		<i>ertapenem sodium</i>	7
<i>doxycycline hyclate</i>	7, 51	EMBECTA INS SYR U/F 1/2		<i>ery</i>	53
<i>doxycycline monohydrate</i>	7	UNIT.....	83	<i>erythromycin</i>	7, 53, 96
DRIZALMA SPRINKLE.....	14, 15	EMBECTA INSULIN SYR		<i>escitalopram oxalate</i>	15
<i>dronabinol</i>	16	ULTRAFINE.....	83	<i>eslicarbazepine acetate</i>	11
DROPLET INSULIN SYRINGE...81		EMBECTA INSULIN SYRINGE...83		<i>esomeprazole magnesium</i>	57
DROPLET MICRON.....	82	EMBECTA INSULIN SYRINGE		ESTARYLLA.....	62
DROPLET PEN NEEDLES.....	82	U-100.....	83	<i>estradiol</i>	62, 63
DROPSAFE ALCOHOL PREP.....7		EMBECTA INSULIN SYRINGE		<i>estradiol-norethindrone acet</i>	63
<i>dropsafe safety pen needles</i>	82	U-500.....	83	ESTRING.....	63
DROPSAFE SAFETY		EMBECTA PEN NEEDLE NANO.83		<i>eszopiclone</i>	102
SYRINGE/NEEDLE.....	82	EMBECTA PEN NEEDLE NANO		<i>ethambutol hcl</i>	19
DROXIA.....	20	2 GEN.....	83	<i>ethosuximide</i>	11
<i>droxidopa</i>	44	EMBECTA PEN NEEDLE		<i>ethynodiol diac-eth estradiol</i>	63
<i>drug mart ultra comfort syr</i>	82	ULTRAFINE.....	83	<i>etodolac</i>	1
<i>drug mart unifine pentips</i>	82	EMBRACE PEN NEEDLES.....	83	<i>etonogestrel-ethinyl estradiol</i>	63
<i>drug mart unifine pentips plus</i>	82	EMGALITY.....	18	<i>etravirine</i>	32
<i>duane reade unifine pentips</i>	82	EMGALITY (300 MG DOSE).....	18	EUCRISA.....	53
DULERA.....	99	EMPAVELI.....	71	EULEXIN.....	20
<i>duloxetine hcl</i>	15	EMSAM.....	15	<i>everolimus</i>	20, 71
DUPIXENT.....	70, 71	<i>emtricitabine</i>	32	EVOTAZ.....	32
<i>dutasteride</i>	59	<i>emtricitabine-tenofovir df</i>	32	EVRYSDI.....	58
<i>easy comfort alcohol pads</i>	7	<i>emtricitab- rilpivir-tenofov df</i>	32	EXCEL COMFORT POINT PEN	
<i>easy comfort insulin syringe</i>	82	EMTRIVA.....	32	NEEDLE.....	83
<i>easy comfort pen needles</i>	82	EMZAHH.....	62	EXCILON IV SPONGES.....	53
<i>easy glide pen needles</i>	82	<i>enalapril maleate</i>	44	EXEL COMFORT POINT	
EASY TOUCH ALCOHOL PREP		<i>enalapril-hydrochlorothiazide</i>	44	INSULIN SYR.....	83
MEDIUM.....	7	ENBREL.....	71	EXEL COMFORT POINT PEN	
EASY TOUCH FLIPLOCK		ENBREL MINI.....	71	NEEDLE.....	83
INSULIN SY.....	82	ENBREL SURECLICK.....	71	<i>exel insulin syringe</i>	83

EXEL PEN NEEDLES 1/3"	84	<i>fluphenazine hcl</i>	29	<i>glimepiride</i>	36
<i>exemestane</i>	20	<i>flurbiprofen</i>	1	<i>glipizide</i>	36
<i>exenatide</i>	36	<i>flurbiprofen sodium</i>	96	<i>glipizide er</i>	36
<i>ezetimibe</i>	44	<i>flutamide</i>	20	<i>glipizide-metformin hcl</i>	36
<i>ezetimibe-simvastatin</i>	44	<i>fluticasone propionate</i>	53, 99	<i>global alcohol prep ease</i>	84
FABRAZYME	58	<i>fluticasone-salmeterol</i>	100	<i>global ease inject pen needles</i>	84
FALMINA	63	<i>fluvastatin sodium</i>	44	<i>global easy glide insulin syr</i>	84
<i>famciclovir</i>	32	<i>fluvastatin sodium er</i>	44	<i>global easy glide pen needles</i>	84
<i>famotidine</i>	57	<i>fluvoxamine maleate</i>	15	<i>global inject ease insulin syr</i>	84
FANAPT	28	<i>folic acid</i>	102	<i>global insulin syringes</i>	84
FANAPT TITRATION PACK	29	<i>fondaparinux sodium</i>	41	<i>glucagon emergency</i>	36
FANAPT TITRATION PACK A ...	28	<i>formoterol fumarate</i>	100	GLUCOPRO INSULIN SYRINGE	84
FANAPT TITRATION PACK B ...	28	FORTEO	78	<i>glyburide</i>	36
FANAPT TITRATION PACK C ...	29	<i>fosamprenavir calcium</i>	32	<i>glyburide-metformin</i>	36
FARXIGA	44	<i>fosinopril sodium</i>	44	<i>glycopyrrolate</i>	57
FASENRA	99	<i>fosinopril sodium-hctz</i>	44	GLYXAMBI	36
FASENRA PEN	99	FOTIVDA	20	<i>gnp alcohol swabs</i>	7
<i>febuxostat</i>	18	<i>fp insulin syringe</i>	84	<i>gnp clickfine pen needles</i>	84
FEIRZA 1.5/30	63	FRAGMIN	41	<i>gnp insulin syringe</i>	84
FEIRZA 1/20	63	<i>freds pharmacy unifine pentip+</i>	84	<i>gnp insulin syringes</i>	85
<i>felbamate</i>	11	<i>freds pharmacy unifine pentips</i>	84	<i>gnp insulin syringes 28gx1/2"</i>	84
<i>felodipine er</i>	44	FREESTYLE PRECISION INS		<i>gnp insulin syringes 29gx1/2"</i>	84
FEMYNOR	63	SYR	84	<i>gnp insulin syringes 30gx5/16"</i>	85
<i>fenofibrate</i>	44	FRUZAQLA	20	<i>gnp insulin syringes 31gx5/16"</i>	85
<i>fenofibrate micronized</i>	44	<i>furosemide</i>	44	<i>gnp pen needles</i>	85
<i>fenofibric acid</i>	44	FUZEON	32	<i>gnp sterile gauze</i>	53
<i>fentanyl</i>	1	FYAVOLV	63	<i>gnp ulticare pen needles</i>	85
<i>fentanyl citrate</i>	1	FYCOMPA	11	GNP ULTIGUARD SAFEPAK	
FETZIMA	15	<i>gabapentin</i>	11	NEEDLE	85
FETZIMA TITRATION	15	<i>galantamine hydrobromide</i>	13	<i>gnp ultra com insulin syringe</i>	85
<i>fidaxomicin</i>	7	<i>galantamine hydrobromide er</i>	13	GOMEKLI	21
FIFTY50 ALCOHOL PREP	7	GALLIFREY	63	<i>goodsense clickfine pen needle</i>	85
FIFTY50 PEN NEEDLES	84	GAMASTAN	71	GOODSENSE PEN NEEDLE	
FIFTY50 SUPERIOR COMFORT		<i>ganciclovir sodium</i>	32	PENFINE	85
SYR	84	GARDASIL 9	71	<i>griseofulvin microsize</i>	17
FINACEA	53	<i>gatifloxacin</i>	96	<i>griseofulvin ultramicrosize</i>	17
<i>finasteride</i>	59	<i>gauze pads</i>	53	<i>guanfacine hcl</i>	45
<i>fin golimod hcl</i>	49	<i>gauze type vii medi-pak</i>	53	<i>guanfacine hcl er</i>	49
FINTEPLA	11	GAVILYTE-C	57	GVOKE HYPOPEN 1-PACK	36
FIRMAGON	68	GAVILYTE-G	57	GVOKE HYPOPEN 2-PACK	36
FIRMAGON (240 MG DOSE)	68	GAVILYTE-N WITH FLAVOR		GVOKE KIT	36
<i>first choice insulin syringe</i>	84	PACK	57	GVOKE PFS	36
FLAREX	96	GAVRETO	20	HAILEY 1.5/30	63
<i>flecainide acetate</i>	44	<i>gefitinib</i>	20	HAILEY FE 1.5/30	63
<i>fluconazole</i>	17	<i>gemfibrozil</i>	45	HAILEY FE 1/20	63
<i>fluconazole in sodium chloride</i>	17	GEMTESA	59	<i>halobetasol propionate</i>	53
<i>flucytosine</i>	17	<i>generlac</i>	57	HALOETTE	63
<i>fludrocortisone acetate</i>	60	GENGRAF	71	<i>haloperidol</i>	29
<i>flunisolide</i>	99	GENOTROPIN	61	<i>haloperidol decanoate</i>	29
<i>fluocinolone acetonide</i>	53	GENOTROPIN MINISQUICK	61	<i>haloperidol lactate</i>	29
<i>fluocinolone acetonide body</i>	53	GENTAK	96	HAVRIX	72
<i>fluocinolone acetonide scalp</i>	53	<i>gentamicin sulfate</i>	7, 96	<i>healthwise insulin syr/needle</i>	85
<i>fluocinonide</i>	53	<i>gentle touch insulin syringe</i>	84	<i>healthwise micron pen needles</i>	85
<i>fluorometholone</i>	96	GENVOYA	32	<i>healthwise mini pen needles</i>	85
<i>fluorouracil</i>	53	GILOTTRIF	20	<i>healthwise pen needles</i>	85
<i>fluoxetine hcl</i>	15	<i>glatiramer acetate</i>	49	<i>healthwise short pen needles</i>	85
<i>fluphenazine decanoate</i>	29	GLEOSTINE	21	<i>healthwise unifine pentips</i>	85

<i>healthy accents unifine pentip</i>	85	<i>hydroxyzine hcl</i>	100	<i>irbesartan</i>	45
HEATHER.....	63	<i>hydroxyzine pamoate</i>	100	<i>irbesartan-hydrochlorothiazide</i>	45
<i>h-e-b incontrol alcohol</i>	7	HYPERHEP B.....	73	ISENTRESS.....	32, 33
<i>h-e-b incontrol pen needles</i>	85	<i>hy-vee insulin syringe</i>	85	ISENTRESS HD.....	32
H-E-B INCONTROL UNIFINE		<i>ibandronate sodium</i>	78	<i>isoniazid</i>	19
PENTIP.....	85	IBRANCE.....	21	<i>isosorb dinitrate-hydralazine</i>	45
<i>heparin sodium (porcine)</i>	41	IBTROZI.....	21	<i>isosorbide dinitrate</i>	45
HEPLISAV-B.....	72	IBU.....	2	<i>isosorbide mononitrate</i>	45
HERNEXEOS.....	21	<i>ibuprofen</i>	2	<i>isosorbide mononitrate er</i>	45
HIBERIX.....	72	<i>icatibant acetate</i>	73	<i>isotretinoin</i>	53
HIZENTRA.....	72	ICLEVIA.....	63	<i>isradipine</i>	45
<i>hm sterile alcohol prep</i>	7	ICLUSIG.....	21	ISTURISA.....	61
<i>hm sterile pads</i>	53	<i>icosapent ethyl</i>	45	ITOVEBI.....	21
HM ULTICARE INSULIN		IDHIFA.....	21	<i>itraconazole</i>	17
SYRINGE.....	85	IGALMI.....	35	<i>ivabradine hcl</i>	45
HM ULTICARE MINI PEN		ILEVRO.....	96	<i>ivermectin</i>	27
NEEDLES.....	85	<i>imatinib mesylate</i>	21	IWILFIN.....	21
HM ULTICARE SHORT PEN		IMBRUVICA.....	21	IXCHIQ.....	73
NEEDLES.....	85	<i>imipenem-cilastatin</i>	7	IXIARO.....	73
HUMALOG.....	36, 37	<i>imipramine hcl</i>	15	J & J GAUZE.....	53
HUMALOG JUNIOR KWIKPEN...36		<i>imiquimod</i>	53	JAIMESS.....	63
HUMALOG KWIKPEN.....	37	<i>imkeldi</i>	21	JAKAFI.....	21
HUMALOG MIX 50/50		IMOVAX RABIES.....	73	JANTOVEN.....	41
KWIKPEN.....	37	IMPAVIDO.....	7	JANUMET.....	37
HUMALOG MIX 75/25.....	37	INBRIJA.....	27	JANUMET XR.....	37
HUMALOG MIX 75/25		INCASSIA.....	63	JANUVIA.....	37
KWIKPEN.....	37	INCONTROL ULTICARE PEN		JARDIANCE.....	45
HUMATIN.....	7	NEEDLES.....	85	JAYPIRCA.....	21
HUMIRA (1 PEN).....	72	INCRELEX.....	61	JENCYCLA.....	63
HUMIRA (2 PEN).....	72	INCRUSE ELLIPTA.....	100	JENTADUETO.....	37
HUMIRA (2 SYRINGE).....	72	<i>indapamide</i>	45	JENTADUETO XR.....	37
HUMIRA-CD/UC/HS STARTER...72		<i>indomethacin</i>	2	JINTELI.....	63
HUMIRA-PED>=40KG UC		<i>indomethacin er</i>	2	JOLESSA.....	63
STARTER.....	72	INFANRIX.....	73	JOURNAVX.....	2
HUMIRA-PS/UV/ADOL HS		INFLECTRA.....	73	JUBBONTI.....	78
STARTER.....	72	<i>infliximab</i>	73	JUBLIA.....	17
HUMIRA-PSORIASIS/UEVIT		INGREZZA.....	49	JULUCA.....	33
STARTER.....	73	INLYTA.....	21	JUNEL 1.5/30.....	63
HUMULIN 70/30.....	37	INQOVI.....	21	JUNEL 1/20.....	63
HUMULIN 70/30 KWIKPEN.....	37	INREBIC.....	21	JUNEL FE 1.5/30.....	63
HUMULIN N.....	37	<i>insulin lispro</i>	37	JUNEL FE 1/20.....	64
HUMULIN N KWIKPEN.....	37	<i>insulin syringe</i>	86	JYLAMVO.....	73
HUMULIN R.....	37	<i>insulin syringe/needle</i>	86	JYNNEOS.....	73
HUMULIN R U-500		<i>insulin syringe-needle u-100</i>	86	KALETRA.....	33
(CONCENTRATED).....	37	<i>insulin syringes</i>	86	KALYDECO.....	100
HUMULIN R U-500 KWIKPEN...37		<i>insupen pen needles</i>	86	KARIVA.....	64
<i>hydralazine hcl</i>	45	INSUPEN SENSITIVE.....	86	KELNOR 1/35.....	64
<i>hydrochlorothiazide</i>	45	INSUPEN ULTRAFIN.....	86	KELNOR 1/50.....	64
<i>hydrocodone-acetaminophen</i>	1	INSUPEN32G EXTR3ME.....	86	KENDALL HYDROPHILIC	
<i>hydrocortisone</i>	53, 60, 77	INTELENCE.....	32	FOAM DRESS.....	53
<i>hydrocortisone (perianal)</i>	77	INTROVALE.....	63	KENDALL HYDROPHILIC	
<i>hydrocortisone valerate</i>	53	INVEGA HAFYERA.....	29	FOAM PLUS.....	53
<i>hydrocortisone-acetic acid</i>	97	INVEGA SUSTENNA.....	29	KERENDIA.....	45
<i>hydromorphone hcl</i>	1	INVEGA TRINZA.....	29	KESIMPTA.....	49
<i>hydromorphone hcl pf</i>	1	IPOL.....	73	<i>ketoconazole</i>	17
<i>hydroxychloroquine sulfate</i>	27	<i>ipratropium bromide</i>	100	<i>ketorolac tromethamine</i>	2, 96
<i>hydroxyurea</i>	21	<i>ipratropium-albuterol</i>	100	KINERET.....	73

<i>kinray insulin syringe</i>	86	LENVIMA (10 MG DAILY DOSE).....	22	LOJAIMIESS.....	64
KINRIX.....	73	LENVIMA (12 MG DAILY DOSE).....	22	LOKELMA.....	56
KIONEX.....	55	LENVIMA (14 MG DAILY DOSE).....	22	<i>longs insulin syringe</i>	87
KISQALI (200 MG DOSE).....	21	LENVIMA (18 MG DAILY DOSE).....	22	LONSURF.....	22
KISQALI (400 MG DOSE).....	21	LENVIMA (20 MG DAILY DOSE).....	22	<i>loperamide hcl</i>	57
KISQALI (600 MG DOSE).....	21	LENVIMA (24 MG DAILY DOSE).....	22	<i>lopinavir-ritonavir</i>	33
KISQALI FEMARA (200 MG DOSE).....	21	LENVIMA (4 MG DAILY DOSE).....	22	<i>lorazepam</i>	35
KISQALI FEMARA (400 MG DOSE).....	22	LENVIMA (8 MG DAILY DOSE).....	22	LORAZEPAM INTENSOL.....	35
KISQALI FEMARA (600 MG DOSE).....	22	LESSINA.....	64	LORBRENA.....	22
KLAYESTA.....	17	<i>letrozole</i>	22	<i>losartan potassium</i>	45
KLOR-CON.....	56	<i>leucovorin calcium</i>	22	<i>losartan potassium-hctz</i>	45
KLOR-CON 10.....	55	LEUKERAN.....	22	LOTEMAS SM.....	96
KLOR-CON M10.....	55	<i>leuprolide acetate</i>	68	<i>lovastatin</i>	45
KLOR-CON M15.....	56	<i>levabuterol hcl</i>	100	LOW-OGESTREL.....	64
KLOR-CON M20.....	56	<i>levabuterol tartrate</i>	100	<i>loxapine succinate</i>	29
<i>kmart valu insulin syringe 29g</i>	86	<i>levetiracetam</i>	11	<i>lubiprostone</i>	57
<i>kmart valu insulin syringe 30g</i>	86	<i>levetiracetam er</i>	11	LUMAKRAS.....	22
KOSELUGO.....	22	<i>levobunolol hcl</i>	96	LUMIGAN.....	96
<i>kosher prenatal plus iron</i>	103	<i>levocetirizine dihydrochloride</i>	100	LUPRON DEPOT (1-MONTH).....	68
KOURZEQ.....	51	<i>levofloxacin</i>	8, 96	LUPRON DEPOT (3-MONTH).....	68
<i>kp folic acid</i>	103	<i>levofloxacin in d5w</i>	7	LUPRON DEPOT (4-MONTH).....	68
KRAZATI.....	22	LEVONEST.....	64	LUPRON DEPOT (6-MONTH).....	68
<i>kroger insulin syringe</i>	86	<i>levonorgest-eth est & eth est</i>	64	LUPRON DEPOT-PED (1-MONTH).....	68
<i>kroger pen needles</i>	86	<i>levonorgest-eth estrad 91-day</i>	64	LUPRON DEPOT-PED (3-MONTH).....	68
KURVELO.....	64	<i>levonorgestrel-ethinyl estrad</i>	64	<i>lurasidone hcl</i>	29
<i>labetalol hcl</i>	45	<i>levonorg-eth estrad triphasic</i>	64	LUTERA.....	64
<i>lacosamide</i>	11	LEVORA 0.15/30 (28).....	64	LYBALVI.....	29
<i>lactulose</i>	57	LEVO-T.....	67	LYLEQ.....	64
<i>lactulose encephalopathy</i>	57	<i>levothyroxine sodium</i>	67	LYLLANA.....	64
LAGEVRIO.....	33	LEVOXYL.....	67	LYNPARZA.....	22
<i>lamivudine</i>	33	<i>l-glutamine</i>	58	LYSODREN.....	22
<i>lamivudine-zidovudine</i>	33	LIBERVANT.....	11	LYTGOBI (12 MG DAILY DOSE).....	22
<i>lamotrigine</i>	11	<i>lidocaine</i>	3	LYTGOBI (16 MG DAILY DOSE).....	23
<i>lamotrigine er</i>	11	<i>lidocaine viscous hcl</i>	51	LYTGOBI (20 MG DAILY DOSE).....	23
<i>lamotrigine starter kit-blue</i>	11	<i>lidocaine-prilocaine</i>	3	LYUMJEV.....	38
<i>lamotrigine starter kit-green</i>	11	LILETTA (52 MG).....	64	LYUMJEV KWIKPEN.....	38
<i>lamotrigine starter kit-orange</i>	11	<i>linezolid</i>	8	LYZA.....	64
<i>lansoprazole</i>	57	LINZESS.....	57	MAGELLAN INSULIN SAFETY SYR.....	87
LANTUS.....	37	<i>liothyronine sodium</i>	67	<i>magnesium sulfate</i>	56
LANTUS SOLOSTAR.....	37	<i>lisinopril</i>	45	<i>malathion</i>	54
<i>lapatinib ditosylate</i>	22	<i>lisinopril-hydrochlorothiazide</i>	45	MARATHON MEDICAL PENTIPS.....	87
LARIN 1.5/30.....	64	LITE TOUCH PEN NEEDLES.....	86	<i>maraviroc</i>	33
LARIN 1/20.....	64	LITETOUCH INSULIN SYRINGE.....	87	<i>marlissa</i>	64
LARIN FE 1.5/30.....	64	LITETOUCH PEN NEEDLES.....	87	MARPLAN.....	15
LARIN FE 1/20.....	64	<i>lithium</i>	36	MATULANE.....	23
<i>latanoprost</i>	96	<i>lithium carbonate</i>	35, 36	MATZIM LA.....	45
LAZCLUZE.....	22	<i>lithium carbonate er</i>	35	MAVYRET.....	33
<i>leader insulin syringe</i>	86	<i>live better pen needles</i>	87	MAXICOMFORT II PEN NEEDLE.....	87
LEADER UNIFINE PENTIPS.....	86	LIVMARLI.....	57		
LEADER UNIFINE PENTIPS PLUS.....	86	LIVTENCITY.....	33		
<i>leflunomide</i>	73				
<i>lenalidomide</i>	22				

MAXI-COMFORT INSULIN SYRINGE.....	87	MICRODOT PEN NEEDLE.....	87	<i>naratriptan hcl</i>	18
MAXI-COMFORT SAFETY PEN NEEDLE.....	87	MICROGESTIN 1.5/30.....	65	NATACYN.....	96
MAXICOMFORT SYR 27G X 1/2".....	87	MICROGESTIN 1/20.....	65	<i>nateglinide</i>	38
MAYZENT.....	49	MICROGESTIN FE 1.5/30.....	65	NAYZILAM.....	12
MAYZENT STARTER PACK.....	50	MICROGESTIN FE 1/20.....	65	<i>nebivolol hcl</i>	46
<i>meclizine hcl</i>	16	<i>midodrine hcl</i>	46	NECON 0.5/35 (28).....	65
<i>medic insulin syringe</i>	87	<i>mifepristone</i>	68	<i>nefazodone hcl</i>	15
<i>medicine shoppe pen needles</i>	87	<i>miglustat</i>	59	<i>neomycin sulfate</i>	8
<i>medroxyprogesterone acetate</i>	64	MILI.....	65	<i>neomycin-bacitracin zn-polymyx</i>	96
<i>mefloquine hcl</i>	27	MIMVEY.....	65	<i>neomycin-polymyxin-dexameth</i>	96
<i>megestrol acetate</i>	65	<i>minocycline hcl</i>	8	<i>neomycin-polymyxin-gramicidin</i>	96
<i>meijer alcohol swabs</i>	8	<i>minoxidil</i>	46	<i>neomycin-polymyxin-hc</i>	97
<i>meijer pen needles</i>	87	MIRASORB SPONGES.....	54	NEO-POLYCIN.....	96
MEKINIST.....	23	<i>mirtazapine</i>	15	NEO-POLYCIN HC.....	96
MEKTOVI.....	23	<i>misoprostol</i>	57	NERLYNX.....	23
MELEYA.....	65	<i>mm insulin syringe/needle</i>	87	NEULASTA.....	41
<i>meloxicam</i>	2	MM PEN NEEDLES.....	87	NEULASTA ONPRO.....	41
<i>memantine hcl</i>	14	M-M-R II.....	74	<i>nevirapine</i>	33
<i>memantine hcl er</i>	13	<i>modafinil</i>	102	<i>nevirapine er</i>	33
<i>memantine hcl-donepezil hcl</i>	14	MODEYSO.....	23	NEXLETOL.....	46
MENACTRA.....	73	<i>moexipril hcl</i>	46	NEXLIZET.....	46
MENEST.....	65	<i>molindone hcl</i>	29	NEXPLANON.....	65
MENQUADFI.....	73	<i>mometasone furoate</i>	54, 100	<i>niacin er (antihyperlipidemic)</i>	46
MENVEO.....	73	MONOJECT INSULIN SYRINGE.....	87	NICOTROL NS.....	3
<i>mercaptapurine</i>	23	MONOJECT ULTRA COMFORT SYRINGE.....	88	<i>nifedipine er</i>	46
<i>meropenem</i>	8	MONO-LINYAH.....	65	<i>nifedipine er osmotic release</i>	46
<i>mesalamine</i>	77	<i>montelukast sodium</i>	100	<i>nilotinib d-tartrate</i>	23
<i>mesalamine-er</i>	77	MOORE MONO INSULIN SYRINGE.....	88	<i>nilotinib hcl</i>	23
<i>mesalamine-cleanser</i>	77	<i>morphine sulfate</i>	2	<i>nilutamide</i>	23
<i>mesna</i>	23	<i>morphine sulfate (concentrate)</i>	2	<i>nimodipine</i>	46
MESNEX.....	23	<i>morphine sulfate (pf)</i>	2	NINLARO.....	23
<i>metformin hcl</i>	38	<i>morphine sulfate er</i>	2	<i>nitazoxanide</i>	27
<i>metformin hcl er</i>	38	MOTEGRITY.....	57	<i>nitisinone</i>	59
<i>methadone hcl</i>	2	MOUNJARO.....	38	NITRO-BID.....	46
METHADONE HCL INTENSOL.....	2	<i>moxifloxacin hcl</i>	8, 96	<i>nitrofurantoin macrocrystal</i>	8
<i>methazolamide</i>	96	<i>moxifloxacin hcl in nacl</i>	8	<i>nitrofurantoin monohyd macro</i>	8
<i>methenamine hippurate</i>	8	MRESVIA.....	74	<i>nitroglycerin</i>	46, 57
<i>methimazole</i>	69	<i>ms insulin syringe</i>	88	<i>nizatidine</i>	57
<i>methocarbamol</i>	102	MULTAQ.....	46	NORA-BE.....	65
<i>methotrexate sodium</i>	73	<i>mupirocin</i>	54	<i>norelgestromin-eth estradiol</i>	65
<i>methotrexate sodium (pf)</i>	73	<i>mupirocin calcium</i>	54	<i>norethin ace-eth estrad-fe</i>	65
<i>methsuximide</i>	11	<i>mycophenolate mofetil</i>	74	<i>norethindrone</i>	65
<i>methyldopa</i>	45	<i>mycophenolate sodium</i>	74	<i>norethindrone acetate</i>	65
<i>methylphenidate hcl</i>	50	MYORISAN.....	54	<i>norethindrone acet-ethinyl est</i>	65
<i>methylphenidate hcl er</i>	50	MYRBETRIQ.....	59, 60	<i>norethindrone-eth estradiol</i>	65
<i>methylphenidate hcl er (osm)</i>	50	<i>na sulfate-k sulfate-mg sulf</i>	57	<i>norgestimate-eth estradiol</i>	65
<i>methylprednisolone</i>	60	<i>nabumetone</i>	2	<i>norgestim-eth estrad triphasic</i>	65
<i>metoclopramide hcl</i>	57	<i>nadolol</i>	46	NORTREL 0.5/35 (28).....	65
<i>metolazone</i>	45	<i>nafcillin sodium</i>	8	NORTREL 1/35 (21).....	65
<i>metoprolol succinate er</i>	45	<i>naloxone hcl</i>	3	NORTREL 1/35 (28).....	66
<i>metoprolol tartrate</i>	45	<i>naltrexone hcl</i>	3	NORTREL 7/7/7.....	66
<i>metronidazole</i>	8, 54	NAMZARIC.....	14	<i>nortriptyline hcl</i>	15
<i>metyrosine</i>	45	<i>naproxen</i>	2	NORVIR.....	33
<i>mexiletine hcl</i>	46	<i>naproxen dr</i>	2	NOVOFINE.....	88
		<i>naproxen sodium</i>	2	NOVOFINE AUTOCOVER PEN NEEDLE.....	88
				NOVOFINE PEN NEEDLE.....	88

NOVOFINE PLUS.....	88	OMNIPOD 5 G7 PODS (GEN 5)....	88	<i>pc unifine pentips</i>	88
NOVOFINE PLUS PEN NEEDLE.	88	OMNIPOD 5 LIBRE2 PLUS G6.....	88	PEDIARIX.....	74
NOVOLIN 70/30.....	38	OMNIPOD 5 LIBRE2 PLUS G6		PEDVAX HIB.....	74
NOVOLIN 70/30 FLEXPEN.....	38	PODS.....	88	<i>peg 3350-kcl-na bicarb-nacl</i>	58
NOVOLIN 70/30 FLEXPEN		OMNIPOD CLASSIC PDM (GEN		<i>peg-3350/electrolytes</i>	58
RELION.....	38	3).....	88	PEGASYS.....	74
NOVOLIN 70/30 RELION.....	38	OMNIPOD CLASSIC PODS		PEMAZYRE.....	23
NOVOLIN N.....	38	(GEN 3).....	88	<i>pen needle/5-bevel tip</i>	88
NOVOLIN N FLEXPEN.....	38	OMNIPOD DASH INTRO (GEN		<i>pen needles</i>	88
NOVOLIN N FLEXPEN RELION.	38	4).....	88	<i>pen needles 3/16"</i>	88
NOVOLIN N RELION.....	38	OMNIPOD DASH PDM (GEN 4)...	88	<i>pen needles 5/16"</i>	88
NOVOLIN R.....	38	OMNIPOD DASH PODS (GEN 4).	88	PENBRAYA.....	74
NOVOLIN R FLEXPEN.....	38	OMNIPOD GO.....	88	<i>penicillamine</i>	56
NOVOLIN R FLEXPEN RELION..	38	<i>ondansetron</i>	16	<i>penicillin g sodium</i>	8
NOVOLIN R RELION.....	38	<i>ondansetron hcl</i>	16	<i>penicillin v potassium</i>	8
NOVOLOG.....	39	ONPATTRO.....	59	<i>penmenvy</i>	74
NOVOLOG 70/30 FLEXPEN		ONUREG.....	23	PENTACEL.....	74
RELION.....	39	OPIPZA.....	30	<i>pentamidine isethionate</i>	27
NOVOLOG FLEXPEN.....	39	OPSUMIT.....	100	PENTIPS.....	89
NOVOLOG FLEXPEN RELION....	39	OPVEE.....	3	PENTIPS GENERIC PEN	
NOVOLOG MIX 70/30.....	39	ORALONE.....	51	NEEDLES.....	89
NOVOLOG MIX 70/30 FLEXPEN	39	ORENCIA.....	74	<i>pentoxifylline er</i>	46
NOVOLOG MIX 70/30 RELION..	39	ORENCIA CLICKJECT.....	74	<i>perampanel</i>	12
NOVOLOG PENFILL.....	39	ORENITRAM.....	101	<i>perindopril erbumine</i>	46
NOVOLOG RELION.....	39	ORENITRAM MONTH 1.....	101	PERIOGARD.....	51
NOVOTWIST.....	88	ORENITRAM MONTH 2.....	101	<i>permethrin</i>	54
NOVOTWIST PEN NEEDLE.....	88	ORENITRAM MONTH 3.....	101	<i>perphenazine</i>	30
NUBEQA.....	23	ORGOVYX.....	68	PERSERIS.....	30
NUCALA.....	100	ORKAMBI.....	101	PHARMACIST CHOICE	
NUEDEXTA.....	50	<i>orphenadrine citrate er</i>	102	ALCOHOL.....	8
NUPLAZID.....	29	ORQUIDEA.....	66	<i>phenelzine sulfate</i>	15
NUTRILIPID.....	88	ORSERDU.....	23	<i>phenobarbital</i>	12
NYAMYC.....	17	<i>oseltamivir phosphate</i>	33	PHENYTEK.....	12
NYLIA 1/35.....	66	OSMOLEX ER.....	27	<i>phenytoin</i>	12
NYLIA 7/7/7.....	66	OSPHERA.....	66	<i>phenytoin sodium extended</i>	12
<i>nystatin</i>	17	OTEZLA.....	54, 74	PHESGO.....	23
<i>nystatin-triamcinolone</i>	54	<i>oxacillin sodium</i>	8	PHILITH.....	66
NYSTOP.....	17	<i>oxaprozin</i>	2	PIFELTRO.....	33
<i>octreotide acetate</i>	68	<i>oxcarbazepine</i>	12	<i>pilocarpine hcl</i>	51, 97
ODEFSEY.....	33	<i>oxybutynin chloride</i>	60	<i>pimecrolimus</i>	54
ODOMZO.....	23	<i>oxybutynin chloride er</i>	60	<i>pimozide</i>	30
OFEV.....	100	<i>oxycodone hcl</i>	2	PIMTREA.....	66
<i>ofloxacin</i>	96, 97	<i>oxycodone-acetaminophen</i>	2	<i>pindolol</i>	46
OGSIVEO.....	23	OZEMPIC (0.25 OR 0.5		<i>pioglitazone hcl</i>	39
OJEMDA.....	23	MG/DOSE).....	39	<i>pioglitazone hcl-metformin hcl</i>	39
OJJAARA.....	23	OZEMPIC (1 MG/DOSE).....	39	<i>pip pen needles 31g x 5mm</i>	89
<i>olanzapine</i>	29, 30	OZEMPIC (2 MG/DOSE).....	39	<i>pip pen needles 32g x 4mm</i>	89
<i>olmesartan medoxomil</i>	46	PACERONE.....	46	<i>piperacillin sod-tazobactam so</i>	8
<i>olmesartan medoxomil-hctz</i>	46	<i>paliperidone er</i>	30	PIQRAY (200 MG DAILY DOSE).23	
<i>olopatadine hcl</i>	96	PANRETIN.....	23	PIQRAY (250 MG DAILY DOSE).24	
<i>omega-3-acid ethyl esters</i>	46	<i>pantoprazole sodium</i>	58	PIQRAY (300 MG DAILY DOSE).24	
<i>omeprazole</i>	58	<i>paricalcitol</i>	78	<i>pirfenidone</i>	101
OMNIPOD 5 DEXG7G6 INTRO		<i>paroxetine hcl</i>	15	<i>piroxicam</i>	2
GEN 5.....	88	PAXLOVID (150/100).....	33	<i>pitavastatin calcium</i>	46
OMNIPOD 5 DEXG7G6 PODS		PAXLOVID (300/100 & 150/100)..	33	PLENAMINE.....	56
GEN 5.....	88	PAXLOVID (300/100).....	33	<i>pnv 27-ca/fe/fa</i>	103
OMNIPOD 5 G7 INTRO (GEN 5)..	88	<i>pazopanib hcl</i>	23	<i>pnv prenatal plus multivit+dha</i>	103

<i>pnv-dha</i>	103	PROCTO-MED HC.....	77	<i>ra sterile</i>	54
<i>pnv-dha+docusate</i>	103	PROCTOSOL HC.....	77	RABAVERT.....	75
<i>pnv-omega</i>	103	PROCTOZONE-HC.....	77	<i>rabeprazole sodium</i>	58
<i>pnv-select</i>	103	PRODIGY INSULIN SYRINGE.....	89	RALDESY.....	15
<i>podofilox</i>	54	PRODIGY MINI PEN NEEDLES..	89	<i>raloxifene hcl</i>	66
POLYCIN.....	97	PRODIGY SHORT PEN		<i>ramelteon</i>	102
<i>polymyxin b-trimethoprim</i>	97	NEEDLES.....	89	<i>ramipril</i>	47
POMALYST.....	24	<i>progesterone</i>	66	<i>ranolazine er</i>	47
PORTIA-28.....	66	PROGRAF.....	74	<i>rasagiline mesylate</i>	27
<i>posaconazole</i>	17	PROLASTIN-C.....	59	<i>raya sure pen needle</i>	90
<i>potassium chloride</i>	56	PROMACTA.....	41	RAYALDEE.....	78
<i>potassium chloride crys er</i>	56	<i>promethazine hcl</i>	16	<i>reality insulin syringe</i>	90
<i>potassium chloride er</i>	56	PROMETHEGAN.....	16	<i>reality swabs</i>	9
<i>potassium citrate er</i>	56	<i>propafenone hcl</i>	47	REBIF.....	50
PRALUENT.....	46	<i>propafenone hcl er</i>	47	REBIF REBIDOSE.....	50
<i>pramipexole dihydrochloride</i>	27	<i>propranolol hcl</i>	47	REBIF REBIDOSE TITRATION	
<i>prasugrel hcl</i>	41	<i>propranolol hcl er</i>	47	PACK.....	50
<i>pravastatin sodium</i>	46	<i>propylthiouracil</i>	69	REBIF TITRATION PACK.....	50
<i>praziquantel</i>	27	PROQUAD.....	75	RECOMBIVAX HB.....	75
<i>prazosin hcl</i>	46	<i>protriptyline hcl</i>	15	RELENZA DISKHALER.....	34
PRECISION SURE-DOSE		<i>prucalopride succinate</i>	58	RELION ALCOHOL SWABS.....	9
SYRINGE.....	89	PULMOZYME.....	101	RELION INSULIN SYRINGE.....	90
<i>prednisolone</i>	60	<i>pure comfort alcohol prep</i>	9	RELI-ON INSULIN SYRINGE.....	90
<i>prednisolone acetate</i>	97	<i>pure comfort pen needle</i>	89	RELION MINI PEN NEEDLES.....	90
<i>prednisolone sodium phosphate</i>	60	<i>pure comfort safety pen needle</i>	89	RELION PEN NEEDLES.....	90
<i>prednisone</i>	60	PURIXAN.....	24	RELION SHORT PEN NEEDLES..	90
<i>preferred plus insulin syringe</i>	89	<i>px extra short pen needles</i>	89	RELISTOR.....	58
<i>preferred plus unifine pentips</i>	89	<i>px insulin syringe</i>	89	RENFLEXIS.....	75
<i>pregabalin</i>	12	<i>px mini pen needles</i>	89	<i>repaglinide</i>	39
PREMARIN.....	66	<i>px pen needle</i>	89	REPATHA.....	47
PREMPHASE.....	66	<i>px shortlength pen needles</i>	89	REPATHA PUSHTRONEX	
PREMPRO.....	66	<i>pyrazinamide</i>	19	SYSTEM.....	47
<i>prenatal</i>	56	<i>pyridostigmine bromide</i>	18	REPATHA SURECLICK.....	47
<i>prenatal 19</i>	103	<i>pyrimethamine</i>	27	RESTASIS.....	97
<i>prenatal plus vitamin/mineral</i>	103	PYRUKYND.....	59	RESTASIS MULTIDOSE.....	97
PREVALITE.....	46, 47	PYRUKYND TAPER PACK.....	59	RESTORE CONTACT LAYER.....	54
PREVENT DROPSAFE PEN		<i>qc alcohol swabs</i>	9	RETACRIT.....	41
NEEDLES.....	89	<i>qc border island gauze</i>	54	RETEVMO.....	24
PREVENT SAFETY PEN		<i>qc insulin syringe</i>	89	REVCovi.....	59
NEEDLES.....	89	<i>qc pen needles</i>	89	REVLIMID.....	24
PREVYMIS.....	33	<i>qc sterile pads</i>	54	REVUFORJ.....	24
PREZCOBIX.....	34	<i>qc unifine pentips</i>	90	REXULTI.....	30
PREZISTA.....	34	QINLOCK.....	24	REYATAZ.....	34
PRIFTIN.....	19	QUADRACEL.....	75	REZLIDHIA.....	24
<i>primaquine phosphate</i>	27	<i>quetiapine fumarate</i>	30	REZUROCK.....	75
<i>primidone</i>	12	<i>quetiapine fumarate er</i>	30	RHOPRESSA.....	97
PRIORIX.....	74	QUICK TOUCH INSULIN PEN		<i>ribavirin</i>	34
PRIVIGEN.....	74	NEEDLE.....	90	<i>rifabutin</i>	19
<i>pro comfort alcohol</i>	8	<i>quinapril hcl</i>	47	<i>rifampin</i>	19
PRO COMFORT INSULIN		<i>quinapril-hydrochlorothiazide</i>	47	<i>riluzole</i>	50
SYRINGE.....	89	<i>quinidine sulfate</i>	47	RINVOQ.....	75
<i>pro comfort pen needles</i>	89	<i>quinine sulfate</i>	27	RINVOQ LQ.....	75
PROAIR RESPICLICK.....	101	QULIPTA.....	18	<i>risedronate sodium</i>	78
<i>probenecid</i>	18	QVAR REDIHALER.....	101	<i>risperidone</i>	30
<i>prochlorperazine</i>	16	<i>ra alcohol swabs</i>	9	<i>risperidone microspheres er</i>	30
<i>prochlorperazine maleate</i>	16	<i>ra insulin syringe</i>	90	<i>ritonavir</i>	34
PROCRT.....	41	<i>ra pen needles</i>	90	<i>rivastigmine</i>	14

<i>rivastigmine tartrate</i>	14	SHOPKO UNIFINE PENTIPS		SUBVENITE STARTER KIT-	
RIVELSA	66	PLUS	90	GREEN	12
RIVFLOZA	90	SIGNIFOR	68	SUBVENITE STARTER KIT-	
<i>rizatriptan benzoate</i>	18	<i>sildenafil citrate</i>	101, 103	ORANGE	12
ROCKLATAN	97	SILIGENTLE FOAM DRESSING ..	54	SUCRAID	59
<i>roflumilast</i>	101	<i>silodosin</i>	60	<i>sucralfate</i>	58
ROLVEDON	41	<i>silver sulfadiazine</i>	54	<i>sulfacetamide sodium</i>	97
ROMVIMZA	24	SIMBRINZA	97	<i>sulfacetamide-prednisolone</i>	97
<i>ropinirole hcl</i>	27	SIMLIYA	66	<i>sulfadiazine</i>	9
<i>ropinirole hcl er</i>	27	SIMPESSE	66	<i>sulfamethoxazole-trimethoprim</i>	9
ROSADAN	54	<i>simvastatin</i>	47	<i>sulfasalazine</i>	77
<i>rosuvastatin calcium</i>	47	<i>sirolimus</i>	75	<i>sulindac</i>	3
ROSYRAH	66	SIRTURO	19	<i>sumatriptan</i>	18
ROTARIX	75	SKYCLARYS	90	<i>sumatriptan succinate</i>	18
ROTATEQ	75	SKYRIZI	75	<i>sumatriptan succinate refill</i>	18
ROWEEPRA	12	SKYRIZI PEN	75	<i>sunitinib malate</i>	24
ROZLYTREK	24	<i>sm alcohol prep</i>	9	SUNLENCA	34
RUBRACA	24	<i>sm gauze</i>	54	<i>sure comfort alcohol prep</i>	9
<i>rufinamide</i>	12	<i>sm insulin syringe</i>	91	<i>sure comfort insulin syringe</i>	91
RUKOBIA	34	<i>sm sterile</i>	54	<i>sure comfort pen needles</i>	91
RYBELSUS	39	<i>sodium chloride</i>	56, 91	SURE-FINE PEN NEEDLES	91
RYBELSUS (FORMULATION		<i>sodium oxybate</i>	102	SURE-JECT INSULIN SYRINGE ..	91
R2)	39	<i>sodium phenylbutyrate</i>	59	<i>surgical gauze sponge</i>	55
RYDAPT	24	<i>sodium polystyrene sulfonate</i>	56	SUTAB	58
RYTARY	27	<i>sofosbuvir-velpatasvir</i>	34	SYMPAZAN	12
SAFESNAP INSULIN SYRINGE ..	90	<i>solifenacin succinate</i>	60	SYMTUZA	34
<i>safety insulin syringes</i>	90	SOLQUA	39	SYNJARDY	39
<i>safety pen needles</i>	90	SOLTAMOX	24	SYNJARDY XR	40
SAJAZIR	75	SOMAVERT	68	SYNTHROID	68
SANDIMMUNE	75	<i>sorafenib tosylate</i>	24	TABLOID	24
SANTYL	54	<i>sotalol hcl</i>	47	TABRECTA	24
<i>sapropterin dihydrochloride</i>	59	<i>sotalol hcl (af)</i>	47	<i>tacrolimus</i>	55, 76
<i>saps care alcohol prep</i>	9	SOTYKTU	54	<i>tadalafil</i>	60
<i>saps health alcohol prep</i>	9	SPEVIGO	54	<i>tadalafil (pah)</i>	101
<i>saps health care alcohol prep</i>	9	SPIRIVA RESPIMAT	101	TAFINLAR	24
SAVELLA	50	<i>spironolactone</i>	47	TAGRISSO	24, 25
SAVELLA TITRATION PACK	50	<i>spironolactone-hctz</i>	47	TALZENNA	25
<i>sb alcohol prep</i>	9	SPRAVATO (56 MG DOSE)	15	<i>tamoxifen citrate</i>	25
<i>sb insulin syringe</i>	90	SPRAVATO (84 MG DOSE)	15	<i>tamsulosin hcl</i>	60
SCSEMBLIX	24	SPRINTEC 28	66	TARINA FE 1/20	66
<i>scopolamine</i>	16	SPRITAM	12	TARINA FE 1/20 EQ	66
SECUADO	30	SPRYCEL	24	TASIGNA	25
SECURESAFE INSULIN		SPS	56	TAVNEOS	76
SYRINGE	90	SPS (SODIUM POLYSTYRENE		<i>tazarotene</i>	55
SECURESAFE SAFETY PEN		SULF)	56	TAZICEF	9
NEEDLES	90	SRONYX	66	TAZVERIK	25
<i>selegiline hcl</i>	27, 28	SSD	54	<i>techlite insulin syringe</i>	91
<i>selenium sulfide</i>	54	STEQEYMA	75, 76	TECHLITE PEN NEEDLES	91
SELZENTRY	34	<i>sterile</i>	54	TECHLITE PLUS PEN NEEDLES	91
SEREVENT DISKUS	101	<i>sterile gauze</i>	54	TEFLARO	9
<i>sertraline hcl</i>	15	STIOLTO RESPIMAT	101	TEGADERM FOAM	55
SETLAKIN	66	STIVARGA	24	TEGSEDI	59
SFROWASA	77	<i>streptomycin sulfate</i>	9	<i>telmisartan</i>	47
SHAROBEL	66	STRIBILD	34	<i>telmisartan-hctz</i>	47
SHINGRIX	75	SUBVENITE	12	<i>temazepam</i>	102
SHOPKO UNIFINE PENTIPS	90	SUBVENITE STARTER KIT-		TENIVAC	76
		BLUE	12	<i>tenofovir disoproxil fumarate</i>	34

TEPMETKO	25	<i>tranexamic acid</i>	41	TURALIO	25
<i>terazosin hcl</i>	60	<i>tranylcypromine sulfate</i>	15	TURQOZ	67
<i>terbinafine hcl</i>	17	<i>trazodone hcl</i>	16	TWINRIX	76
<i>terconazole</i>	17	TRECATOR	19	TYBOST	34
<i>teriparatide</i>	78	TRELEGY ELLIPTA	102	TYMLOS	78
TERUMO INSULIN SYRINGE	91	TRELSTAR MIXJECT	68, 69	TYPHIM VI	76
TERUMO SURGUARD INSULIN		TRESIBA	40	TYRVAYA	3
SYR	91	TRESIBA FLEXTOUCH	40	UBRELVY	18
<i>testosterone</i>	66	<i>tretinoin</i>	25, 55	UDENYCA	42
<i>testosterone cypionate</i>	66	<i>triamcinolone acetonide</i>	51, 55, 60	UDENYCA ONBODY	42
<i>testosterone enanthate</i>	66	<i>triamterene</i>	47	ULTICARE ALCOHOL SWABS	9
<i>tetrabenazine</i>	50	<i>triamterene-hctz</i>	48	ULTICARE INSULIN SAFETY	
<i>tetracycline hcl</i>	9	TRIDERM	55	SYR	92
TEVIMBRA	25	<i>trientine hcl</i>	56	ULTICARE INSULIN SYR 1/2	
THALOMID	25	TRI-ESTARYLLA	67	UNIT	92
<i>theophylline er</i>	101	<i>trifluoperazine hcl</i>	30	ULTICARE INSULIN SYRINGE	92
THERAGAUZE	55	<i>trifluridine</i>	97	ULTICARE MICRO PEN	
THINPRO INSULIN SYRINGE	91	<i>trihexyphenidyl hcl</i>	28	NEEDLES	92
<i>thioridazine hcl</i>	30	TRIJARDY XR	40	ULTICARE MINI PEN NEEDLES	92
<i>thiothixene</i>	30	TRIKAFTA	102	ULTICARE PEN NEEDLES	92
TIADYLT ER	47	TRI-LINYAH	67	ULTICARE SHORT PEN	
<i>tiagabine hcl</i>	12	<i>trimethoprim</i>	9	NEEDLES	92
TIBSOVO	25	TRI-MILI	67	ULTIGUARD INSULIN	
TICOVAC	76	<i>trimipramine maleate</i>	16	SYRINGE	93
<i>tigecycline</i>	9	TRINTELLIX	16	ULTIGUARD SAFEPAK PEN	
<i>timolol maleate</i>	18, 97	TRI-NYMYO	67	NEEDLE	93
<i>tinidazole</i>	9	TRI-SPRINTEC	67	ULTIGUARD SAFEPAK	
<i>tiotropium bromide monohydrate</i> ..	101	TRIUMEQ	34	SYR/NEEDLE	93
TIVICAY	34	<i>triumeq pd</i>	34	<i>ultilet alcohol swabs</i>	9
TIVICAY PD	34	TRIVORA (28)	67	ULILET INSULIN SYRINGE	93
<i>tizanidine hcl</i>	31	TRI-VYLIBRA	67	ULILET INSULIN SYRINGE	
TOBI PODHALER	102	<i>trospium chloride</i>	60	SHORT	93
TOBRADEX	97	<i>trospium chloride er</i>	60	ULILET PEN NEEDLE	93
TOBRADEX ST	97	<i>true comfort alcohol prep pads</i>	9	<i>ultra comfort insulin syringe</i>	93
<i>tobramycin</i>	97, 102	<i>true comfort insulin syringe</i>	91	ULTRA FLO INSULIN PEN	
<i>tobramycin sulfate</i>	9	<i>true comfort pen needles</i>	92	NEEDLES	93
<i>tobramycin-dexamethasone</i>	97	<i>true comfort pro alcohol prep</i>	9	ULTRA FLO INSULIN SYR 1/2	
<i>today's health mini pen needles</i>	91	<i>true comfort pro insulin syr</i>	92	UNIT	93
<i>today's health pen needles</i>	91	<i>true comfort pro pen needles</i>	92	ULTRA FLO INSULIN SYRINGE	93
<i>today's health short pen needle</i>	91	<i>true comfort safety pen needle</i>	92	ULTRA THIN PEN NEEDLES	93
<i>tolterodine tartrate</i>	60	TRUEPLUS 5-BEVEL PEN		<i>ultra-care alcohol prep pads</i>	9
<i>tolterodine tartrate er</i>	60	NEEDLES	92	<i>ultracare insulin syringe</i>	93
<i>topcare clickfine pen needles</i>	91	TRUEPLUS INSULIN SYRINGE	92	<i>ultracare pen needles</i>	93
<i>topcare ultra comfort ins syr</i>	91	TRUEPLUS PEN NEEDLES	92	<i>ultra-comfort insulin syringe</i>	93
<i>topco insulin syringe</i>	91	TRULICITY	40	ULTRA-THIN II INS SYR	
<i>topiramate</i>	12	TRUMENBA	76	SHORT	94
<i>topotecan hcl</i>	25	TRUQAP	25	ULTRA-THIN II INSULIN	
<i>toremifene citrate</i>	25	TRUSELTIQ (100MG DAILY		SYRINGE	94
TORPENZ	25	DOSE)	25	ULTRA-THIN II MINI PEN	
<i>torsemide</i>	47	TRUSELTIQ (125MG DAILY		NEEDLE	94
TOUJEO MAX SOLOSTAR	40	DOSE)	25	ULTRA-THIN II PEN NEEDLE	
TOUJEO SOLOSTAR	40	TRUSELTIQ (50MG DAILY		SHORT	94
TRADJENTA	40	DOSE)	25	ULTRA-THIN II PEN NEEDLES	94
<i>tramadol hcl</i>	3	TRUSELTIQ (75MG DAILY		UNIFINE OTC PEN NEEDLES	94
<i>tramadol-acetaminophen</i>	3	DOSE)	25	UNIFINE PEN NEEDLES	94
<i>trandolapril</i>	47	TRYNGOLZA	48	UNIFINE PENTIPS	94
<i>trandolapril-verapamil hcl er</i>	47	TUKYSA	25	UNIFINE PENTIPS PLUS	94

UNIFINE PROTECT PEN		VIMKUNYA.....	76	XOSPATA.....	26
NEEDLE.....	94	<i>viocele</i>	67	XPOVIO (100 MG ONCE	
UNIFINE SAFECONTROL PEN		VIRACEPT.....	34	WEEKLY).....	26
NEEDLE.....	94	VIREAD.....	34, 35	XPOVIO (40 MG ONCE	
UNIFINE ULTRA PEN NEEDLE..	94	<i>virt-pn dha</i>	103	WEEKLY).....	26
UNITHROID.....	68	VISTOGARD.....	95	XPOVIO (40 MG TWICE	
<i>ursodiol</i>	58	<i>vitamin d (ergocalciferol)</i>	103	WEEKLY).....	26
<i>valacyclovir hcl</i>	34	VITRAKVI.....	26	XPOVIO (60 MG ONCE	
VALCHLOR.....	25	VIVITROL.....	3	WEEKLY).....	26
<i>valganciclovir hcl</i>	34	VIVOTIF.....	76	XPOVIO (60 MG TWICE	
<i>valproic acid</i>	12, 13	VIZIMPRO.....	26	WEEKLY).....	26
<i>valsartan</i>	48	VOCABRIA.....	35	XPOVIO (80 MG ONCE	
<i>valsartan-hydrochlorothiazide</i>	48	VOLNEA.....	67	WEEKLY).....	26
VALTOCO 10 MG DOSE.....	13	VONJO.....	26	XPOVIO (80 MG TWICE	
VALTOCO 15 MG DOSE.....	13	VORANIGO.....	26	WEEKLY).....	26
VALTOCO 20 MG DOSE.....	13	<i>voriconazole</i>	17	XTAMPZA ER.....	3
VALTOCO 5 MG DOSE.....	13	VOSEVI.....	35	XTANDI.....	26
VALTYA 1/50.....	67	VOWST.....	58	XULANE.....	67
<i>value health insulin syringe</i>	94	<i>vp insulin syringe</i>	95	YARGESA.....	59
<i>valumark pen needles</i>	94	V-R MONO INSULIN SYRINGE..	95	YF-VAX.....	77
<i>vancomycin hcl</i>	9, 10	VRAYLAR.....	31	YUPELRI.....	102
VANFLYTA.....	25	VUMERITY.....	50	YUVAFEM.....	67
VANISHPOINT INSULIN		VYFEMLA.....	67	ZAFEMY.....	67
SYRINGE.....	94	VYJUVEK.....	35	<i>zafirlukast</i>	102
VAQTA.....	76	VYLIBRA.....	67	<i>zaleplon</i>	102
<i>varenicline tartrate</i>	3	VYNDAMAX.....	48	ZARXIO.....	42
<i>varenicline tartrate (starter)</i>	3	VYVGART HYTRULO.....	18, 76	ZEJULA.....	26
VARIVAX.....	76	VYZULTA.....	97	ZELBORAF.....	26
VAXCHORA.....	76	<i>warfarin sodium</i>	42	ZENATANE.....	55
VAXELIS.....	76	WEBCOL ALCOHOL PREP		ZENPEP.....	59
VELTASSA.....	56	LARGE.....	10	ZEPOSIA.....	50
VENCLEXTA.....	25	WEBCOL ALCOHOL PREP		ZEPOSIA 7-DAY STARTER	
VENCLEXTA STARTING PACK..	25	MEDIUM.....	10	PACK.....	50
<i>venlafaxine hcl</i>	16	<i>wegmans unifine pentips plus</i>	95	ZEPOSIA STARTER KIT.....	50
<i>venlafaxine hcl er</i>	16	WELIREG.....	59	<i>zevrx insulin syringe</i>	95
VENTAVIS.....	102	WERA.....	67	<i>zevrx pen needles</i>	95
VEOPOZ.....	76	WEZLANA.....	76, 77	<i>zevrx sterile alcohol prep pad</i>	10
VEOZAH.....	50	WIXELA INHUB.....	102	<i>zidovudine</i>	35
<i>verapamil hcl</i>	48	WYOST.....	78	<i>ziprasidone hcl</i>	31
<i>verapamil hcl er</i>	48	XALKORI.....	26	<i>ziprasidone mesylate</i>	31
VERIFINE INSULIN PEN		XARELTO.....	42	ZIRGAN.....	97
NEEDLE.....	94	XARELTO STARTER PACK.....	42	ZOKINVY.....	95
VERIFINE INSULIN SYRINGE...	94	XATMEP.....	77	ZOLINZA.....	26
VERIFINE PLUS PEN NEEDLE...	94	XCOPRI.....	13	<i>zolmitriptan</i>	18
VERQUVO.....	48	XCOPRI (250 MG DAILY DOSE)..	13	<i>zolpidem tartrate</i>	102
VERSACLOZ.....	30	XCOPRI (350 MG DAILY DOSE)..	13	<i>zolpidem tartrate er</i>	102
VERZENIO.....	25	XDEMVI.....	97	ZONISADE.....	13
V-GO 20.....	95	XELJANZ.....	77	<i>zonisamide</i>	13
V-GO 30.....	95	XELJANZ XR.....	77	ZOVIA 1/35 (28).....	67
V-GO 40.....	95	XERMELO.....	58	ZTALMY.....	13
VIDA MIA UNIFINE PENTIPS....	95	XIFAXAN.....	58	ZURZUVAE.....	16
VIENVA.....	67	XIGDUO XR.....	40	ZYDELIG.....	26
<i>vigabatrin</i>	13	XIIDRA.....	97	ZYKADIA.....	26
VIGADRONE.....	13	XOFLUZA (40 MG DOSE).....	35	ZYLET.....	97
VIGAFYDE.....	13	XOFLUZA (80 MG DOSE).....	35	ZYPREXA RELPREVV.....	31
VIGPODER.....	13	XOLAIR.....	77		
<i>vilazodone hcl</i>	16	XOLREMDI.....	42		

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-965-1965. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-965-1965. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-965-1965。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-965-1965。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-965-1965. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-965-1965. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-965-1965 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1-888-965-1965. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-965-1965 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-965-1965. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-965-1965. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-965-1965 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-965-1965. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-965-1965. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-965-1965. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-965-1965. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-888-965-1965 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

HealthTeam Advantage
Contact Information

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Visit HealthTeam Advantage at healthteamadvantage.com.

HEALTHCARE CONCIERGE

Current HealthTeam Advantage members call your Healthcare Concierge toll-free at 888-965-1965 for questions related to your HealthTeam Advantage Medicare Advantage Plan from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

SALES INFORMATION Prospective members call toll-free 877-905-9216 for questions related to HealthTeam Advantage Medicare Advantage Plans from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

TTY USERS

TTY users call toll-free 711 for questions related to Medicare Advantage Plans.

PRESCRIPTION DRUG BENEFIT Current HealthTeam Advantage members call toll-free 888-965-1965 for questions related to your HealthTeam Advantage Part D Prescription Drug Benefit. Prospective members call toll-free 855-547-0344 for questions related to the HealthTeam Advantage Part D Prescription Drug Benefit.

MEDICARE INFORMATION For more information about Medicare, call Medicare at 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, seven days a week or visit medicare.gov.

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This formulary was updated on 09/23/2025. For more recent information or other questions, please contact HealthTeam Advantage Healthcare Concierge at 888-965-1965 (TTY users should call 711), October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday, or visit healthteamadvantage.com.

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a PPO and HMO Medicare Advantage plan with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.



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8 a.m.–8 p.m. | Oct. 1–March 31, 7 Days a Week
April 1–Sept. 30, Monday–Friday



TTY Users

TTY users call toll-free 711 for questions related to our Medicare Advantage Plans.



Prescription Drug Benefit

Contact HealthTeam Advantage for questions related to our Part D Prescription Drug benefit.



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