Florida Blue
Your Health Solutions Partner

Closed Medication Guide

April 2024

Please consider talking to your doctor about prescribing one of the formulary medications that are indicated as covered under your plan, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug formulary is regularly updated. Please visit www.floridablue.com for the most up-to-date information.

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To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

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Introduction

Florida Blue is pleased to present the Closed Formulary Medication Guide. This is a general guide that includes a comprehensive listing of medications that are covered under your plan. Since coverage for medication varies by the plan purchased by you or your employer, it's important that you refer to your plan documents for complete coverage details. When we refer to "plan documents" we are referring to one or more of the following: Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement.

The Closed Formulary Medication Guide provides helpful tips on how to make the most of your pharmacy benefits and details about the various coverage programs that are designed to provide safe and appropriate medication when you need it. This Guide also includes an abbreviated listing of Generic Prescription Drugs, and a complete listing of Brand Prescription Drugs (the formulary) that are covered under your plan. Changes in the formulary can occur over time and the most up-to- date listing can always be found by viewing Closed Formulary Medication Guide online at www.floridablue.com or by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

If you are a current member, we encourage you to log on to your member account for plan specific details about your medication coverage. Go to www.floridablue.com, click on the Members tab. Once registered, you can look up a medication by name and compare your cost at different pharmacies. You'll see notes that indicate if a medication requires a prior authorization or is not covered by your plan.

Si de se a hablar sobre esta guía en español con uno de nuestros representantes, por favor llame al número de atención al cliente indicado en su tarjeta de asegurado y pida ser transferido a un representante bilingüe.

Note: The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating physician in accordance with the patient/physician relationship.

Key Tips and Coverage Guidelines

By following these simple guidelines, you will be assured that you are getting the maximum benefit from your plan.

- When you have your prescriptions filled, ask your pharmacist if a generic equivalent is available. Generic medications are usually less expensive, and most generics are covered unless specifically excluded under your plan documents.
- Select Brand Name medications are included in the formulary and are therefore available to you through your plan. The Closed Formulary List includes all covered brand name medications.
- Brand Name medications not listed in the Closed Formulary List are not covered. If you are currently taking a medication, take a moment to review the medication list to determine if it is covered. If not, check with your doctor to understand available options and review the FORMULARY EXCEPTION PROCESS section of this Guide for exception procedures.
- Take this Guide with you when you visit your doctor or health care provider so that he or she is aware of the drugs listed in the Closed Formulary and cost impacts when you discuss medication options.

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Medication List

What you need to know about Closed Formulary Medications

The Closed Formulary Medication Guide includes the Closed Formulary list. The Guide reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee. Florida Blue reserves the right to add or remove or change the tier of any prescription drug in this Medication Guide at any time.

All generic medications are covered unless specifically excluded by your plan. Brand Name medications are covered only if they are included in the Closed Formulary list.

For your out-of-pocket expenses to be as low as possible, please consider asking your doctor to prescribe generic medications, or if necessary, brand name medications that are included on the Closed Formulary List. This will help ensure that your covered medications are allowed and reimbursed under your plan. In addition, consider using a participating pharmacy to obtain your covered medications because your out-of-pocket expenses should be lower than if you used a non- participating pharmacy.

To save the most money on medications, share this Medication Guide with your doctor or health care provider at each visit. When you have your prescriptions filled, ask your pharmacist if a generic medication is available. Generic medications save you the most money.

Changes to the formulary

This guide includes the medication list which reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee. Florida Blue reserves the right to add or remove or change the tier of any medication in this Medication Guide at any time.

There are varying reasons changes are made to the medications listed in the Closed Formulary Medication Guide:

- The tier level of a medication included on the medication list may increase (change to a higher tier or non-covered) when an FDA-approved bioequivalent generic medication becomes available.
- Newly marketed prescription medications may not be covered until the Pharmacy & Therapeutics Committee has had an opportunity to review the medication, to determine whether the medication will be covered and if so, which tier will apply based on safety, efficacy and the availability of other products within that class of medications. Go to New To Market Drug List for the most up-to-date information.

The most up to date information about modifications to the medications listed in this Medication Guide can be found by:

Going to www.floridablue.com.

- Click on the **Members** tab.
- Click on the **Login Now** button and either **Login** or **Register**.
- Once Logged in, click on **My Plan**, then select **Pharmacy** under Additional Items.
- Under Pharmacy Resources, click on **Medication Guide & Specialty Pharmacy**
- Under **Medication Guide/Approved Drug Lists**, click Closed Formulary Medication Guide or Closed Formulary Medication Guide Updates.
- Medication Guides and Medication Guide Updates are posted every January, April, July, and October.

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Your Share of Expenses

Your cost share will depend on which cost share tier the medication is assigned. You can determine your out-of-pocket amount for medication by reviewing your Schedule of Benefits.

If you or your provider requests a covered brand name medication when there is a generic medication available; you will be responsible for:
the difference in cost between the generic medication and the brand name medication; and the cost share applicable to brand name medication, as indicated on your Schedule of Benefits.

Example: If your drug copay is $10 for generic and $40 for brand, and you choose a brand name drug when a generic is available, here is what you might pay.

Difference in Drug Cost is $70 (Brand Drug Cost $120- Generic Drug Cost $50) + Brand Co-Pay $40=
$110 is Your Total Cost

Pharmacy Benefits

The pharmacy benefit has two parts/components, called Tiers. This means that covered medications must be included in one of the following Tiers:

Tier 1: Generic medications whether listed in the Closed Formulary List or not, unless specifically excluded by your plan.

Tier 2: Only those Brand Name medications listed in the Closed Formulary List.

Specialty Medications: Covered Specialty Medications as indicated in the Medication List.

Condition Care Rx* Value/HSA Preventive Prescription Medications

* Refer to the Condition Care Rx Program section of this Medication Guide for a description of the program.

Brand Name medications not listed in the Closed Formulary List are not covered. If you and your doctor or health care provider think that your condition cannot be treated by any of the medication(s) listed on the Closed Formulary List, your doctor may submit a request for a Formulary Exception. If your exception request is approved, coverage will be available for the approved medication.

Medications that are not covered

Your pharmacy benefit may not cover select medications. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives.
- The medication has a preferred formulary alternative or over-the-counter (OTC)alternative.
- The medication is no longer marketed.
- The medication has a widely available/distributed AB rated generic equivalent formulation.
- The medication has not been approved by the FDA.
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC.
- The medication is not covered because of safety or effectiveness concerns.

In addition to any drug not listed in the medication guide, a list of certain medications that are not covered may be found at Medications Not Covered List.

NOTE: To determine the medication exclusions that apply to your plan, check your plan documents. Coverage details are also available to you by logging into the member section of www.floridablue.com.

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Condition Care Rx Program

The Condition Care Rx Program is designed to help manage the cost of medications used to treat certain chronic conditions and encourage medication adherence. If members have the Condition Care Rx Program as part of their benefits, they can purchase medications from the Condition Care Rx Program Value/Health Savings Account Preventive List at a reduced cost.

A list of medications that are part of the Condition Care Rx Value Program may be found at: Condition Care Rx Program Value List

A list of medications that are part of the Condition Care Rx Program for Health Savings Account (HSA) compatible plans may be found at: Condition Care Rx Program HSA Preventive List.

Note: Check your plan documents to determine if the Condition Care Rx Program applies to your plan and the applicable cost share. Coverage details may also be available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your member ID card.

Generic drugs

Florida Blue encourages the use of generic medications as a way to provide high-quality medications at a reduced cost. Generic medications are as safe and effective as their brand name counterparts and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved generic medication may be substituted for its brand name counterpart because it:

- Contains the same active ingredient(s) as the brand name medication.
- Is identical in strength, dosage form, and route of administration.
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

Check with your doctor or health care provider to determine if switching to a generic medication is appropriate for you.

Oral Chemotherapy Drugs

Oral chemotherapy drugs are drugs prescribed by a physician to kill or slow the growth of cancerous cells in a manner consistent with the national accepted standards of practice. A list of these drugs can be found at: Oral Chemotherapy Drug List.

Over-the-Counter (OTC) medications

An over-the-counter medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly prescribed medications. Your pharmacy benefit may provide coverage for select OTC medications. Some groups may customize their pharmacy plan to exclude coverage for OTC medications, so it is important to check your plan documents to determine if OTC medications are covered under your plan. Only those OTC medications prescribed by your physician and designated on the formulary with “OTC” in parenthesis following the medication name are eligible for coverage.

NOTE: Check your plan documents to determine if this benefit applies to your plan. Coverage details are also available to you logging into the member section of www.floridablue.com.

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Patient Protection Affordable Care Act (PPACA) Preventive Services

- Preventive medications - Certain preventive care services, medications, and immunizations are covered at no cost share when purchased at a participating pharmacy.

  A list of medications covered under this benefit may be found at: Preventive Medications List.

- Immunizations - Certain vaccines which are covered under your preventive benefit can be administered by pharmacists that are certified. Not all pharmacies provide services for vaccine administration. It is important to contact the pharmacy prior to your visit to ensure availability and administration of the vaccine.

  A list of vaccines that are covered under your pharmacy benefits may be found at: Pharmacy Benefit Vaccines List.

- Women's preventive services - Certain contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy.

  A list of medications and devices covered under this benefit may be found at: Women's Preventive Services List.

Tier Exception Requests for Contraceptives & HIV Pre-Exposure Prophylaxis (PrEP)

If, for medical reasons, you need a contraceptive or HIV PrEP medication that is not included on these Preventive Service list(s), you may request an exception to waive the otherwise applicable cost sharing for your medication. To request an exception, your doctor must complete and submit request online at covermymeds.com or by fax using the Exception Request Forms in links below.

Contraceptives Tier Exception Request Form

HIV PrEP Tier Exception Request Form

Specialty Pharmacy medications

Specialty Pharmacy medications are high-cost injectable, infused, oral or inhaled medications that generally require close supervision and monitoring of the patient's therapy.

NOTE: Check your plan documents for information on how Specialty Pharmacy medications are covered on your plan. Coverage details are also available by calling the customer service number listed on your member ID card.

Specialty Medications are divided into two categories:

- Self -Administered Specialty Medication – Patients administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician's office. If these medications are not obtained from a participating Specialty Pharmacy, out-of-network cost shares will apply (where out-of-network coverage is available). A current listing of Self-Administered Specialty Medications can be found here .
  - Self-administered injectable medications are designated in the Medication List with "inj" following the medication name (e.g., enoxaparin inj). No other Self-administered injectables will be covered unless such injectable is identified as a Specialty Drug in this Medication Guide. Self-administered injectables will be subject to the Brand or Generic cost share, as described in your Schedule of Benefits. Florida Blue reserves the right to change the Self-administered injectables covered through your plan at any time and for any reason.
- Provider-Administered Specialty Medication – These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider- administered Specialty Pharmacy medications are covered under your *medical* benefit. A current listing of Provider- Administered Specialty Medications can be found here.

Pharmacy Options

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled – retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled, you should confirm which pharmacy is considered 'in-network' for that particular medication.

Participating Pharmacy

- Retail Pharmacy Network – Non-Specialty 'Generic' medications and 'Brand Name' medications listed in the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non- participating pharmacy, your prescription will cost you more.
- Specialty Pharmacy Network – We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a 'Specialty Drug' in this Medication Guide. To be covered under your pharmacy program at the in-network cost share, they must be purchased at a preferred Specialty Pharmacy. These pharmacies are **different** than the retail pharmacies and are identified in both the Provider Directory and this Medication Guide. Using an in- network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.
    - Limited Distribution (LD) Pharmacy – Drug manufacturers will choose one or a limited number of specialty pharmacies to handle and dispense certain specialty drugs. Typically, these drugs are costly and require special monitoring and prior authorization (pre-approval). The pharmacy that dispenses your limited distribution drug can be found here: Limited Distribution Drugs

Non-Participating Pharmacy

- If your plan offers out-of-network pharmacy coverage, choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim for benefit determination. Our payment will be based on our Non-Participating Pharmacy Allowance minus your cost share. You will be responsible for your cost share and the difference between our Allowance and the cost of the medication.
- If your plan doesn't offer out-of-network pharmacy coverage, choosing a non-participating pharmacy may risk your ability to be reimbursed. You may have to pay the full cost of the medication.

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Participating Specialty Pharmacy Provider

If you are currently taking a Specialty Pharmacy medication, then your network for Specialty Pharmacies is limited to the following participating Specialty Pharmacy providers. Unless indicated below, any other pharmacy is considered a non-participating Specialty Pharmacy even if it participates in Florida Blue's networks for non-Specialty Pharmacy medications. You may pay more out of pocket if you use a different specialty pharmacy.

CVS/Caremark Specialty Pharmacy Services
Provider-Administered and Self-Administered Products;
excluding Hemophilia
Phone: (866) 278-5108
Fax: (800) 323-2445
CVS/Caremark Specialty Pharmacy

Accredo
Self-Administered Products;
excluding Hemophilia
Phone: (888) 425-5970
Fax: (888) 302-1028
Accredo

CVS/Caremark Hemophilia Services
Hemophilia Products
Phone: (866) 792-2731
Fax: (866) 811-7450
(Mon-Fri., 9:00 a.m. to 7:30 p.m. EST)
CVS/Caremark Hemophilia Specialty Pharmacy

Note: Specialty Pharmacy medications are not covered when purchased through the Mail Order Pharmacy.

Self-administered specialty medications as classified by Florida Blue outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy providers Accredo or CVS/Caremark Specialty.

If a member resides or is traveling outsides the state of Florida and needs to receive a provider-administered specialty medication, the prescribing physician should coordinate with the participating specialty pharmacy provider for their area or contact the local BlueCross and BlueShield Plan. This coordination can help ensure members receive their medications at the in-network cost share.

Members that receive a written prescription directly from their provider for a provider-administered specialty medication should contact customer service for further assistance.

Mail Order Pharmacy (also known as home delivery)

Most plans home delivery pharmacy is serviced by Amazon Pharmacy. To confirm your home delivery pharmacy provider, log into floridablue.com and view the home delivery section in your member account for additional details.

NOTE: If the original prescription was filled at a pharmacy other than the home delivery pharmacy, a new, original three-month supply prescription with a quantity of up to a three-month supply and not less than a two-month supply will be required. Prescriptions may not be transferred from a retail pharmacy to the home delivery pharmacy.

Three-month supply at Retail Pharmacy

In addition to being able to obtain up to a three-month supply of medication through our home delivery pharmacy, you may be able to receive up to a three-month supply of your medication through a participating retail pharmacy. Please refer to your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for complete coverage details.

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Utilization Management Programs

Prior Authorization Program

The Prior Authorization Program encourages the appropriate, safe and cost-effective use of medication. If you are currently taking or are prescribed a medication that is included in the Prior Authorization Program, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. A current listing of drugs requiring prior authorization are indicated in the prior authorization column following the product name in the medication list.

Florida Blue reserves the right to change the medications that require Prior Authorization at any time and for any reason.

NOTE: Some groups may customize their pharmacy plan to exclude prior authorization requirements, so it is important to check your plan documents to determine if prior authorization requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com.

NOTE: Prior Authorizations expire on the earlier of, but not to exceed 12 months for most medications:

1. The termination date of your policy or
2. The period authorized by us, as indicated in the letter you received from us.

Obtaining Prior Authorization

Information about **Prior Authorization** and forms for how to obtain a prior authorization approval can be found here:

Prior Authorization Program Information and Forms

NOTE: Your provider is required to complete and submit the Prior Authorization form in order for a coverage determination to be made.

1. Once a decision is made, you and/or your doctor will be informed of the decision.
2. If the decision is made to authorize coverage, the medication(s) and/or supplies may be obtained from a participating pharmacy or at the appropriate location if the medication(s) will be administered by a health professional. Prior authorization approval does not waive your cost share.
3. If a decision is made to deny authorization, you are free to purchase the prescription medication, supplies or over-the-counter (OTC) medication, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan.

NOTE: You have the right to request an appeal if coverage authorization is denied. Please refer to the “How to Appeal an Adverse Benefit Determination” subsection of the Claims Processing or Appeal and Grievance Process section in your current plan documents for information on how to file an appeal.

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Responsible Quantity Program

The Responsible Quantity Program encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations. Medications that are subject to this program are indicated in the quantity limits column following the product name in the medication list.

Florida Blue reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override.

Information about the Responsible Quantity Program and steps for how to obtain an exception can be found here: Responsible Quantity Program Information and Authorization Forms

Responsible Steps Program

The Responsible Steps Program promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Responsible Steps is based on nationally recognized therapeutic guidelines, clinical evidence, and research. Prescription medications included in the Responsible Steps Program are not covered unless you have tried one or more covered alternative medications first.

A list of current drugs included in the Responsible Steps Program may be found here:

Responsible Steps Program Information and Authorization Forms

Responsible Steps Program for Medical Pharmacy

Certain physician-administered prescription drugs which are rendered in a physician's office may be included in the Responsible Steps for Medical Pharmacy Program**.** If you are taking a medication in the Responsible Steps Program, please contact your physician/provider to discuss what medication options are best for you.

If, due to medical reasons, you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

A list of current drugs included in the Responsible Steps Program for Medical Pharmacy may be found here: Responsible Steps Program for Medical Pharmacy Information and Authorization Forms

NOTE: Check your plan documents to determine if Responsible Steps requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your ID card.

Coverage Protocol Exemption

Your doctor may want to prescribe a medication for a condition that is different from the step-therapy protocol developed by Florida Blue. If this is the case, either you or your doctor can request an exemption by submitting a Coverage Protocol Exemption Request.

Formulary Exception Process

A formulary exception process is provided to allow for cases where the Closed Formulary List may not accommodate the unique medical needs of a member (e.g., documented allergy, ineffectiveness, or intolerable adverse effects from drugs on the formulary). The formulary exception form is available at www.floridablue.com.

- Click on the Providers tab.
- Click Pharmacy Info & Resources then click Medication Guides.
- Click Formulary Exception Physician Fax Form.

Florida Blue is not obligated to approve any exception or continue a previously approved exception.

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Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in your plan documents. In the event of any inconsistencies between the Medication Guide and the provisions contained in your plan documents, the provisions contained in your plan documents shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida and Health Options, Inc.

How to use this Drug list

Column 1: Drug Name
The drug list is organized into broad categories (e.g., HORMONES, DIABETES AND RELATED DRUGS). Please use the drug search function (Ctrl+F) to find current information for drugs on the drug list. Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand. Brand prescription drugs are shown in capital letters followed by the generic name. The Requirements/Limits column displays information about whether that drug requires prior authorization, responsible step, limited distribution, or quantity limits. Below are the meanings of the indicators used in the Drug Tier and Requirements/Limits columns.

Column 2: Drug Tier
Indicates the formulary tier level for each drug.

Column 3: Specialty (SP)
Indicates this is a self-administered specialty drug.

Note: Additional information about specialty drugs can be found in this document under Specialty Pharmacy medications, Self-Administered.

Column 4: Requirements/Limits

- Prior Authorization (PA)- Some drugs require prior authorization to ensure appropriate use and prescribing before a drug will be covered. Coverage may be approved after certain criteria are met. Approval is required for claims to process at network pharmacies. If the PA indicator is present, then the PA program noted is possibly applied to your benefit.

- Responsible Steps (ST)- Requires members to try another drug that may be more safe, clinically effective and, in some cases, less expensive, before a more expensive drug will be approved. If the ST indicator is present, then the ST program noted is possibly applied to your benefit.

- Limited Distribution (LD)- Drug manufacturers will choose one or limited number of specialty pharmacies to dispense drugs. Additional information about limited distribution drugs can be found in this document under Participating Pharmacy.

- Quantity Limits (QL)- Certain drugs have quantity limits to encourage safe and appropriate use. The quantity limit is the maximum quantity that can be dispensed over a given period of time. If the QL indicator is present, then the QL program noted is possibly applied to your benefit.

Some plans may have Utilization Management (UM) programs (e.g., PA, QL, and ST) on additional drugs beyond those noted in this document.

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Abbreviation key

aer.....aerosol
cap..... capsules
chew..... chewable
conc.....concentrate
cr.....controlled release
dr..... delayed release
ec.....enteric coated
equiv..... equivalent
er.....extended release
gm..... gram
inhal.....inhaler
inj..... injection
liqd..... liquid
mg..... milligram
ml.....milliliter
nebu.....nebulizer
odt..... orally disintegrating tabs
oint..... ointment
ophth.....ophthalmic
osm.....osmotic release
pack.....packets
powd..... powder
pttw.....twice-weekly patch
sl..... sublingual
soln.....solution
suppos.....suppositories
susp.....suspension
tab.....tablets
td..... transdermal
w/.....with

To determine if your drug is covered and/or find drug pricing, please login to Your Account on the Florida Blue website at **www.floridablue.com**. In Your Account choose Tools, and then Compare Drug Prices.

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Selected generic and brand name drugs are not covered because of safety or effectiveness concerns. This list is subject to change.

amoxapine
B & C
Balsam peru & castor oil
benzphetamine
Bpco
carisoprodol
chlordiazepoxide/clidinium
Cortane-B
diethylpropion
Diethylpropion ext-release
Donnatal
Egrifta SV
Epifoam
Ergoloid mesylates
esterified estrogens/methyltestosterone
flavoxate
Halcion
iodoquinol/hc
iodoquinol/hydrocortisone/aloe
Librax
Meperidine
meprobamate
Nefazodone
opium tincture
pb/hyoscy/atrop/scopol
pentazocine w/ naloxone
phendimetrazine
Phendimetrazine ext-release
Phospholine Iodide
Pramosone
Pramotic
pramoxine/hc
Rimantadine
Soma
thioridazine
triazolam
Venelex

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ANTI-INFECTIVE AGENTS			
PENICILLINS			
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	2		
amoxicillin (trihydrate) cap 250 mg, 500 mg	1		
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1		
amoxicillin (trihydrate) tab 500 mg, 875 mg	1		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	1		
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1		
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	1		
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1		
ampicillin cap 500 mg	1		
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	2		
dicloxacillin sodium cap 250 mg, 500 mg	1		
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	2		
penicillin v potassium tab 250 mg, 500 mg	1		
CEPHALOSPORINS			
CEFACLOR - cefaclor cap 250 mg, 500 mg	2		
cefadroxil cap 500 mg	1		
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1		
cefdinir cap 300 mg	1		
cefdinir for susp 125 mg/5ml, 250 mg/5ml	1		
cefixime cap 400 mg (Suprax)	1		
cefixime for susp 100 mg/5ml	1		
cefixime for susp 200 mg/5ml (Suprax)	1		
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	1		
cefpodoxime proxetil tab 100 mg, 200 mg	1		
cefprozil for susp 125 mg/5ml, 250 mg/5ml	1		
cefprozil tab 250 mg, 500 mg	1		
cefuroxime axetil tab 250 mg, 500 mg	1		
cephalexin cap 250 mg, 500 mg, 750 mg	1		
cephalexin for susp 125 mg/5ml, 250 mg/5ml	1		
MACROLIDES			

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azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	1		
azithromycin tab 250 mg, 500 mg (Zithromax)	1		
azithromycin tab 600 mg	1		
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	2		
clarithromycin tab er 24hr 500 mg	1		
clarithromycin tab 250 mg, 500 mg	1		
DIFICID - fidaxomicin tab 200 mg	2		QL (40 tablets/180 days)
DIFICID - fidaxomicin for susp 40 mg/ml	2		QL (272 mls/180 days)
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1		
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	1		
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	1		
erythromycin tab 250 mg, 500 mg	1		
ZITHROMAX - azithromycin powd pack for susp 1 gm	2		
TETRACYCLINES			
demeclocycline hcl tab 150 mg, 300 mg	1		
doxycycline hyclate cap 50 mg	1		
doxycycline hyclate cap 100 mg (Vibramycin)	1		
doxycycline hyclate tab 20 mg, 50 mg, 100 mg	1		
doxycycline monohydrate cap 50 mg, 100 mg	1		
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	1		
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	1		
minocycline hcl cap 50 mg, 75 mg, 100 mg	1		
tetracycline hcl cap 250 mg, 500 mg	1		
FLUOROQUINOLONES			
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	2		PA, QL (28 tablets/14 days)
CIPRO - ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	2		
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	1		
ciprofloxacin hcl tab 750 mg (base equiv)	1		
LEVOFLOXACIN - levofloxacin oral soln 25 mg/ml	2		
levofloxacin tab 250 mg, 500 mg, 750 mg	1		
moxifloxacin hcl tab 400 mg (base equiv)	1		
ofloxacin tab 400 mg	1		

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AMINOGLYCOSIDES			
HUMATIN - paromomycin sulfate cap 250 mg	2		LD
neomycin sulfate tab 500 mg	1		
TOBI PODHALER - tobramycin inhal cap 28 mg	2	SP	LD
tobramycin nebu soln 300 mg/5ml (Tobi)	1	SP	
tobramycin nebu soln 300 mg/4ml (Bethkis)	1	SP	
SULFONAMIDES			
SULFADIAZINE - sulfadiazine tab 500 mg	2		
ANTIMYCOBACTERIAL AGENTS			
cycloserine cap 250 mg	1		
ethambutol hcl tab 100 mg	1		
ethambutol hcl tab 400 mg (Myambutol)	1		
isoniazid syrup 50 mg/5ml	1		
isoniazid tab 300 mg	1		
PRETOMANID - pretomanid tab 200 mg	2		LD, QL (182 tablets/365 days)
PRIFTIN - rifapentine tab 150 mg	2		
pyrazinamide tab 500 mg	1		
rifabutin cap 150 mg (Mycobutin)	1		
rifampin cap 150 mg, 300 mg	1		
ANTIFUNGALS			
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	1		
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	1		
flucytosine cap 250 mg, 500 mg (Ancobon)	1		
griseofulvin microsize susp 125 mg/5ml	1		
griseofulvin microsize tab 500 mg	1		
griseofulvin ultramicrosize tab 125 mg, 250 mg	1		
itraconazole cap 100 mg (Sporanox)	1		PA, QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	1		PA, QL (1200 mls/30 days)
ketoconazole tab 200 mg	1		
NOXAFIL - posaconazole for delayed release susp packet 300 mg	2		PA
nystatin tab 500000 unit	1		
posaconazole susp 40 mg/ml (Noxafil)	1		PA
posaconazole tab delayed release 100 mg (Noxafil)	1		PA
terbinafine hcl tab 250 mg	1		QL (30 tablets/30 days)
VIVJOA - oteseconazole cap therapy pack 150 mg (12 weeks)	2		PA, QL (18 capsules/180 days)
voriconazole for susp 40 mg/ml (Vfend)	1		PA
voriconazole tab 50 mg, 200 mg (Vfend)	1		PA

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ANTIVIRALS			
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1		QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1		QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1		QL (30 tablets/30 days)
acyclovir cap 200 mg	1		
acyclovir susp 200 mg/5ml (Zovirax)	1		
acyclovir tab 400 mg, 800 mg	1		
adefovir dipivoxil tab 10 mg (Hepsera)	1		QL (30 tablets/30 days)
APTIVUS - tipranavir cap 250 mg	2		QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv)	1		QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	1		QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	1		QL (30 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	2		QL (630 mls/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	2		QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2		QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2		QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	1		QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	1		QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2		QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	2		QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2		QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	2		QL (30 tablets/30 days)
efavirenz tab 600 mg (Sustiva)	1		QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	1		QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	1		QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	1		QL (30 capsules/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)	1		QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	2		QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	2		QL (680 mls/28 days)

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entecavir tab 0.5 mg, 1 mg (Baraclude)	1		QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	2	SP	PA, QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	2	SP	PA, QL (28 tablets/28 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	2	SP	PA, QL (30 packets/30 days)
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	2	SP	PA, QL (60 packets/30 days)
EPIVIR - lamivudine oral soln 10 mg/ml	2		QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	2		QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	2		QL (30 tablets/30 days)
etravirine tab 100 mg, 200 mg (Intelence)	1		QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2		QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	1		
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	1		QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	2	SP	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2		QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	2	SP	PA, QL (30 packets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	2	SP	PA, QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	2		QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	2		QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	2		QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	2		QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	2		QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	2		QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2		QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2		QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	2		QL (180 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	2		QL (120 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	2		QL (40 capsules/30 days)
lamivudine oral soln 10 mg/ml (Epivir)	1		QL (960 mls/30 days)
lamivudine tab 100 mg (hbv) (Epivir hbv)	1		QL (30 tablets/30 days)

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lamivudine tab 150 mg (Epivir)	1		QL (60 tablets/30 days)
lamivudine tab 300 mg (Epivir)	1		QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg (Combivir)	1		QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	2	SP	PA, QL (30 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg	2	SP	PA, LD, QL (120 tablets/30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	1		QL (480 mls/30 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	1		QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	1		QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	1		QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	1		QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	2	SP	PA, QL (90 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	2	SP	PA, QL (150 packets/30 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	2		QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	1		QL (30 tablets/30 days)
nevirapine tab 200 mg	1		QL (60 tablets/30 days)
NORVIR - ritonavir tab 100 mg	2		QL (360 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	2		QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2		QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	1		QL (40 capsules/120 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	1		QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1		QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2		QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2		QL (30 tablets/30 days)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	2	SP	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	2	SP	PA
PIFELTRO - doravirine tab 100 mg	2		QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	2		
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	2		QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	2		QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	2		QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	2		QL (180 tablets/30 days)

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PREZISTA - darunavir tab 600 mg	2		QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	2		QL (30 tablets/30 days)
RETROVIR - zidovudine cap 100 mg	2		QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	2		QL (1920 mls/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	2		QL (240 packets/30 days)
REYATAZ - atazanavir sulfate cap 200 mg (base equiv)	2		QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg (base equiv)	2		QL (30 capsules/30 days)
RIBAVIRIN - ribavirin cap 200 mg	2		
RIBAVIRIN - ribavirin tab 200 mg	2		
ritonavir tab 100 mg (Norvir)	1		QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	2		QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	2		QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 150 mg	2		QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	2		QL (120 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	2	SP	PA, QL (28 tablets/28 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	2	SP	PA, QL (30 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	2	SP	PA, QL (30 packets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	2		QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	2		LD, QL (4 tablets/365 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	2		LD, QL (5 tablets/365 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2		QL (30 tablets/30 days)
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2		QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2		QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	1		QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	2		QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	2		QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2		QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2		QL (180 tablets/30 days)

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TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	2		QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	2		QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	1		
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1		
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1		
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	2		QL (30 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 250 mg	2		QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	2		QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg, 300 mg	2		QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2		QL (240 grams/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	SP	PA, QL (30 tablets/30 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	2		QL (2 tablets/120 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml (base equiv)	2		QL (960 mls/30 days)
zidovudine cap 100 mg (Retrovir)	1		QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	1		QL (1920 mls/30 days)
zidovudine tab 300 mg	1		QL (60 tablets/30 days)
ANTIMALARIALS			
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	1		
chloroquine phosphate tab 250 mg, 500 mg	1		
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	1		
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1		
mefloquine hcl tab 250 mg	1		
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1		
pyrimethamine tab 25 mg (Daraprim)	1	SP	PA, QL (90 tablets/30 days)
quinine sulfate cap 324 mg (Qualaquin)	1		QL (42 capsules/90 days)
ANTHELMINTICS			
albendazole tab 200 mg	1		PA, QL (120 tablets/30 days)
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	2		LD
EGATEN - triclabendazole tab 250 mg	2	SP	PA
ivermectin tab 3 mg (Stromectol)	1		

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praziquantel tab 600 mg (Biltricide)	1		
ANTI-INFECTIVE AGENTS - MISC.			
ALINIA - nitazoxanide for susp 100 mg/5ml	2		QL (300 mls/90 days)
atovaquone susp 750 mg/5ml (Mepron)	1		
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	2	SP	LD
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	1		
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1		
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)	1		
dapsone tab 25 mg, 100 mg	1		
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	1		
IMPAVIDO - miltefosine cap 50 mg	2	SP	PA
LAMPIT - nifurtimox tab 30 mg	2		LD, QL (540 tablets/180 days)
LAMPIT - nifurtimox tab 120 mg	2		LD, QL (450 tablets/180 days)
linezolid for susp 100 mg/5ml (Zyvox)	1		
linezolid tab 600 mg (Zyvox)	1		
methenamine hippurate tab 1 gm (Hiprex)	1		
metronidazole cap 375 mg (Flagyl)	1		
metronidazole tab 250 mg, 500 mg	1		
nitazoxanide tab 500 mg (Alinia)	1		QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrodantin)	1		
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1		
nitrofurantoin susp 25 mg/5ml	1		
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1		
SIVEXTRO - tedizolid phosphate tab 200 mg	2		PA, QL (6 tablets/30 days)
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1		
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1		
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1		
tinidazole tab 250 mg, 500 mg	1		
trimethoprim tab 100 mg (Trimethoprim)	1		
vancomycin hcl cap 125 mg (base equivalent) (Vancocin)	1		QL (480 capsules/30 days)

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vancomycin hcl cap 250 mg (base equivalent) (Vancocin)	1		QL (240 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent) (Firvanq)	1		
vancomycin hcl for oral soln 50 mg/ml (base equivalent) (Firvanq)	1		QL (1200 mls/30 days)
XIFAXAN - rifaximin tab 550 mg	2		PA, QL (90 tablets/30 days)
BIOLOGICALS			
VACCINES			
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	2		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	2		
AFLURIA QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2		QL (1 vaccine/90 days)
AFLURIA QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	2		QL (1 vaccine/90 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	2		
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	2		
COMIRNATY 2023-24 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	2		
COMIRNATY 2023-24 - covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	2		
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	2		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	2		
FLUAD QUADRIVALENT 2023-2 - influenza vac type a&b surface ant adj quad pref syr 0.5 ml	2		QL (1 vaccine/90 days)
FLUARIX QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2		QL (1 vaccine/90 days)
FLUBLOK QUADRIVALENT 2023 - influenza vac recomb ha quad pf soln pref syr 0.5 ml	2		QL (1 vaccine/90 days)
FLUCELVAX QUADRIVALENT 20 - influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	2		QL (1 vaccine/90 days)
FLUCELVAX QUADRIVALENT 20 - influenza vac tissue-cultured subunit quadrivalent im susp	2		QL (1 vaccine/90 days)
FLULAVAL QUADRIVALENT 202 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2		QL (1 vaccine/90 days)
FLUMIST QUADRIVALENT - influenza virus vaccine live quadrivalent intranasal susp	2		QL (1 vaccine/90 days)

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FLUZONE HIGH-DOSE PF 2023 - influenza vac split high-dose quad pf susp pref syr 0.7 ml	2		QL (1 vaccine/90 days)
FLUZONE QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	2		QL (1 vaccine/90 days)
FLUZONE QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	2		QL (1 vaccine/90 days)
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	2		
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	2		
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	2		
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	2		
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	2		
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	2		
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	2		
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	2		
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	2		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	2		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	2		
MODERNA COVID-19 VACCINE - covid-19 mrna vaccine 6mo-11yr-moderna im susp 25 mcg/0.25ml	2		
NOVAVAX COVID-19 VACCINE/ - covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml	2		
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	2		
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	2		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	2		
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml	2		
PNEUMOVAX 23 - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	2		QL (1 vaccine/90 days)
PNEUMOVAX 23/1 DOSE - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	2		QL (1 vaccine/90 days)

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PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	2		
PREVNAR 13 - pneumococcal 13-valent conjugate vaccine inj	2		QL (1 vaccine/90 days)
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	2		QL (1 vaccine/90 days)
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	2		
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	2		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	2		
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	2		
ROTARIX - rotavirus vaccine, live oral susp	2		
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	2		
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	2		QL (2 vaccines/1 lifetime)
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	2		
SPIKEVAX COVID-19 VACCINE - covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml	2		
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	2		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	2		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	2		
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	2		
VAXCHORA - cholera vaccine live attenuated for oral susp	2		
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	2		QL (1 vaccine/90 days)
VIVOTIF - typhoid vaccine cap delayed release	2		
TOXOIDS			
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	2		
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	2		
PASSIVE IMMUNIZING AGENTS			

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GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	2	SP	PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	2	SP	PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	2	SP	PA
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml, 2 gm/10ml, 4 gm/20ml	2	SP	PA, LD
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml	2	SP	PA, LD
ANTINEOPLASTIC AGENTS			
ANTINEOPLASTICS			
abiraterone acetate tab 250 mg (Zytiga)	1	SP	PA, QL (120 tablets/30 days)
abiraterone acetate tab 500 mg (Zytiga)	1	SP	PA, QL (60 tablets/30 days)
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	2	SP	PA, LD
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	2	SP	PA, LD, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	2	SP	PA, LD, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	2	SP	PA, LD, QL (30 tablets/180 days)
ALUNBRIG - brigatinib tab 30 mg	2	SP	PA, LD, QL (180 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg	2	SP	PA, LD, QL (30 tablets/30 days)
anastrozole tab 1 mg (Arimidex)	1		
AUGTYRO - repotrectinib cap 40 mg	2	SP	PA, QL (240 capsules/30 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	2	SP	PA, LD, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	2	SP	PA, LD, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	2	SP	PA, LD, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	2	SP	PA, LD, QL (30 tablets/30 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	2	SP	PA, LD, QL (2 syringes/28 days)
bexarotene cap 75 mg (Targretin)	1	SP	PA
bicalutamide tab 50 mg (Casodex)	1		
BOSULIF - bosutinib cap 50 mg	2	SP	PA, LD, QL (30 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	2	SP	PA, LD, QL (150 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	2	SP	PA, LD, QL (120 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	2	SP	PA, LD, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	2	SP	PA, LD, QL (180 capsules/30 days)

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BRUKINSA - zanubrutinib cap 80 mg	2	SP	PA, LD, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	2	SP	PA, LD, QL (60 tablets/30 days)
capecitabine tab 150 mg, 500 mg (Xeloda)	1	SP	
CAPRELSA - vandetanib tab 100 mg	2	SP	PA, LD, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	2	SP	PA, LD, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	SP	PA, LD, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	SP	PA, LD, QL (1 kit/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg	2	SP	PA, LD, QL (60 capsules/30 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	2	SP	PA, LD, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	2		
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	1		
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	2	SP	PA, LD, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
EMCYT - estramustine phosphate sodium cap 140 mg	2		
ERIVEDGE - vismodegib cap 150 mg	2	SP	PA, LD, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	2	SP	PA, LD, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg	2	SP	PA, LD, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	1	SP	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	1	SP	PA, QL (30 tablets/30 days)
ETOPOSIDE - etoposide cap 50 mg	2		
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	1	SP	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg (Afinitor disperz)	1	SP	PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	1	SP	PA, QL (30 tablets/30 days)
exemestane tab 25 mg (Aromasin)	1		
EXKIVITY - mobocertinib succinate cap 40 mg	2	SP	PA, LD, QL (120 capsules/30 days)
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	2	SP	PA, LD, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	2	SP	PA, QL (84 capsules/28 days)

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FRUZAQLA - fruquintinib cap 5 mg	2	SP	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
gefitinib tab 250 mg (Iressa)	1	SP	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	2	SP	
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	2	SP	PA
hydroxyurea cap 500 mg (Hydrea)	1		
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	2	SP	PA, LD, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	2	SP	PA, LD, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	2	SP	PA, LD, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	1	SP	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	1	SP	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	2	SP	PA, LD, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml	2	SP	PA, LD, QL (216 mls/30 days)
IMBRUVICA - ibrutinib cap 70 mg	2	SP	PA, LD, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	2	SP	PA, LD, QL (120 capsules/30 days)
INLYTA - axitinib tab 1 mg	2	SP	PA, LD, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	2	SP	PA, LD, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	2	SP	PA, LD, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
IWILFIN - eflornithine hcl tab 192 mg	2	SP	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	2	SP	PA, LD, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	2	SP	PA, LD, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	2	SP	PA, LD, QL (60 tablets/30 days)
JYLAMVO - methotrexate oral soln 2 mg/ml	2		
KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	2	SP	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	SP	PA, QL (91 tablets/28 days)

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KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	SP	PA, QL (91 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	SP	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	2	SP	PA, LD, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	2	SP	PA, LD, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	2	SP	PA, LD, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	1	SP	PA, QL (180 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	2	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	2	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	2	SP	PA, LD, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	2	SP	PA, LD, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	SP	PA, LD, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	2	SP	PA, LD, QL (60 capsules/30 days)
letrozole tab 2.5 mg (Femara)	1		
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg	1		
LEUKERAN - chlorambucil tab 2 mg	2		
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	SP	PA, QL (6 vials/30 days)
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	2	SP	PA, LD, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	2	SP	PA, LD, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	2	SP	PA, LD, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	2	SP	PA, LD, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	2	SP	PA, LD, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg	2	SP	PA, LD, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	2	SP	PA, LD, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	2	SP	LD
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	2	SP	PA, LD, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	2	SP	PA, LD, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	2	SP	PA, LD, QL (140 tablets/28 days)

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MATULANE - procarbazine hcl cap 50 mg	2	SP	LD
megestrol acetate susp 40 mg/ml	1		
megestrol acetate tab 20 mg, 40 mg	1		
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	2	SP	PA, QL (1170 mls/28 day)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	2	SP	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	2	SP	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	2	SP	PA, LD, QL (180 tablets/30 days)
MELPHALAN - melphalan tab 2 mg	2		
mercaptopurine tab 50 mg	1		
MESNEX - mesna tab 400 mg	2		
methotrexate sodium for inj 1 gm	1		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	1		
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1		
methotrexate sodium tab 2.5 mg (base equiv)	1		
MYLERAN - busulfan tab 2 mg	2		
NERLYNX - neratinib maleate tab 40 mg (base equivalent)	2	SP	PA, LD, QL (180 tablets/30 days)
nilutamide tab 150 mg (Nilandron)	1		
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	2	SP	PA, LD, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	2	SP	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	2	SP	PA, LD, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg	2	SP	PA, LD, QL (180 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	2	SP	PA, LD, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	2	SP	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	2	SP	PA, LD, QL (30 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	2	SP	PA, LD, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	2	SP	PA, LD, QL (30 tablets/30 days)
pazopanib hcl tab 200 mg (base equiv) (Votrient)	1	SP	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	2	SP	PA, LD, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	2	SP	PA, QL (1 pack/28 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	SP	PA, QL (1 pack/28 days)

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PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	SP	PA, QL (1 pack/28 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	2	SP	PA, LD, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	2	SP	LD
QINLOCK - ripretinib tab 50 mg	2	SP	PA, LD, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	2	SP	PA, LD, QL (240 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	2	SP	PA, LD, QL (120 capsules/30 days)
REZLIDHIA - olutasidenib cap 150 mg	2	SP	PA, LD, QL (60 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	2	SP	PA, LD, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	2	SP	PA, LD, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	2	SP	PA, LD, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	2	SP	PA, LD, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	2	SP	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	2	SP	PA, LD, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	2	SP	PA, LD, QL (300 tablets/30 days)
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	1	SP	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	2	SP	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	2	SP	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	2	SP	PA, LD, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	1	SP	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	1	SP	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	2		
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	2	SP	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	2	SP	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	2	SP	PA, QL (840 tablets/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	2	SP	PA, LD, QL (30 capsules/30 days)

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TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	2	SP	PA, LD, QL (90 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1		
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	2	SP	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	2	SP	PA, LD, QL (240 tablets/30 days)
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg	1	SP	PA
temozolomide cap 250 mg (Temodar)	1	SP	PA
TEPMETKO - tepotinib hcl tab 225 mg	2	SP	PA, LD, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	2	SP	PA, LD, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent) (Fareston)	1		
tretinoin cap 10 mg	1	SP	PA
TRUQAP - capivasertib tab 160 mg, 200 mg	2	SP	PA, LD, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	2	SP	PA, LD, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	2	SP	PA, LD, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	2	SP	PA, LD, QL (120 capsules/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	2	SP	PA, LD, QL (28 tablets/28 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	2	SP	PA, LD, QL (56 tablets/28 days)
VENCLEXTA - venetoclax tab 10 mg	2	SP	PA, LD, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	2	SP	PA, LD, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	2	SP	PA, LD, QL (120 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	2	SP	PA, LD, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	2	SP	PA, LD, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	2	SP	PA, LD, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	2	SP	PA, LD, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	2	SP	PA, LD, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	2	SP	PA, LD, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
WELIREG - belzutifan tab 40 mg	2	SP	PA, LD, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	2	SP	PA, LD, QL (60 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg	2	SP	PA, LD, QL (120 capsules/30 day)
XALKORI - crizotinib cap sprinkle 50 mg	2	SP	PA, LD, QL (120 capsules/30 days)

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XALKORI - crizotinib cap sprinkle 150 mg	2	SP	PA, LD, QL (180 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	2	SP	PA, LD, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 60 mg (60 mg once weekly)	2	SP	PA, LD, QL (4 tablets/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly)	2	SP	PA, LD, QL (8 tablets/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	2	SP	PA, LD, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	2	SP	PA, LD, QL (32 tablets/28 days)
XTANDI - enzalutamide cap 40 mg	2	SP	PA, LD, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	2	SP	PA, LD, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	2	SP	PA, LD, QL (60 tablets/30 days)
YONSA - abiraterone acetate micronized tab 125 mg	2	SP	PA, LD, QL (120 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	2	SP	PA, LD, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg	2	SP	PA, LD, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	2	SP	PA, LD, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg	2	SP	PA, LD, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg	2	SP	PA, LD, QL (90 tablets/30 days)
ENDOCRINE AND METABOLIC DRUGS			
CORTICOSTEROIDS			
budesonide delayed release particles cap 3 mg	1		
budesonide tab er 24hr 9 mg (Uceris)	1		
deflazacort tab 6 mg (Emflaza)	1	SP	PA, QL (60 tablets/30 days)
deflazacort tab 18 mg (Emflaza)	1	SP	PA, QL (30 tablets/30 days)
deflazacort tab 30 mg, 36 mg (Emflaza)	1	SP	PA
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	2		
dexamethasone elixir 0.5 mg/5ml	1		
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1		
fludrocortisone acetate tab 0.1 mg	1		
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	1		
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1		
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	1		

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prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	1		
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1		
PREDNISOLONE SODIUM PHOSP - prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	2		
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1		
prednisolone soln 15 mg/5ml	1		
prednisolone tab 5 mg	1		
PREDNISONE - prednisone oral soln 5 mg/5ml	2		
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	1		
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1		
TARPEYO - budesonide delayed release cap 4 mg	2	SP	PA, LD, QL (120 capsules/30 days)
ANDROGEN-ANABOLIC			
danazol cap 50 mg, 100 mg, 200 mg	1		PA
methyltestosterone cap 10 mg	1		PA, QL (600 capsules/30 days)
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	1		QL (1 vial/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	1		QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	2		QL (1 vial/28 days)
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)	1		PA, QL (60 packets/30 days)
testosterone td gel 12.5 mg/act (1%)	1		PA, QL (4 pumps/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1		PA, QL (2 pumps/30 days)
testosterone td gel 10mg/act (2%) (Fortesta)	1		PA, QL (2 pumps/30 days)
testosterone td soln 30 mg/act	1		PA, QL (2 pumps/30 days)
ESTROGENS			
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2		QL (4 patches/28 days)
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	2		
estradiol & norethindrone acetate tab 0.5-0.1 mg	1		
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1		
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	1		

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estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	1		QL (30 packets/30 days)
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	1		QL (8 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	1		QL (4 patches/28 days)
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2		QL (1 pump/30 days)
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	2		
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	2		PA, QL (30 tablets/30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	1		
ORIAHNN - elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	2		PA, QL (56 capsules/28 days)
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	2		
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	2		
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	2		
CONTRACEPTIVES			
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1		
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1		
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	1		
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1		
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1		
ELLA - ulipristal acetate tab 30 mg	2		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	1		
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)	1		PA

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levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Quartette)	1		
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1		
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1		
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1		
levonorgestrel tab 1.5 mg	1		
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1		
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1		
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	2		
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1		
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1		
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	1		
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	1		
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1		
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1		
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	1		
norethindrone tab 0.35 mg	1		
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg	1		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1		
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1		

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norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1		
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	2		
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2		
PROGESTINS			
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	1		
norethindrone acetate tab 5 mg (Aygestin)	1		
progesterone cap 100 mg, 200 mg (Prometrium)	1		
ANTIDIABETICS			
Antidiabetics			
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	1		
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	2		
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	2		
diazoxide susp 50 mg/ml (Proglycem)	1		
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	2		ST, QL (30 tablets/30 days)
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	1		
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	1		
glipizide tab 5 mg, 10 mg	1		
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	1		
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	2		
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	2		
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1		
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	1		
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2		ST, QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2		
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	2		
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2		

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JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	2		ST, QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	2		ST, QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	2		ST, QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	2		ST, QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	2		ST, QL (30 tablets/30 days)
metformin hcl tab er 24hr 500 mg, 750 mg	1		
metformin hcl tab 500 mg, 850 mg, 1000 mg	1		
mifepristone tab 300 mg (Korlym)	1	SP	PA, QL (120 tablets/30 days)
MIGLITOL - miglitol tab 25 mg, 50 mg, 100 mg	2		
MOUNJARO - tirzepatide soln pen-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	2		PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	1		
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2		PA, QL (1 pen/28 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	1		
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	1		
repaglinide tab 0.5 mg, 1 mg, 2 mg	1		
RYBELSUS - semaglutide tab 3 mg	2		PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	2		PA, QL (30 tablets/30 days)
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)	1		QL (30 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)	1		QL (60 tablets/30 days)
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)	1		QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2		ST, QL (6 pens/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	2		
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	2		
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	2		ST, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	2		ST, QL (60 tablets/30 days)

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SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2		ST, QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	2		ST, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2		ST, QL (60 tablets/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	2		PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	2		ST, QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	2		ST, QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2		ST, QL (5 pens/30 days)
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2		
Rapid-Acting Insulins			
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2		
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2		
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2		
INSULIN ASPART - insulin aspart inj soln 100 unit/ml	2		
INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		
INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml	2		
NOVOLOG - insulin aspart inj soln 100 unit/ml	2		
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2		
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2		
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2		
Short-Acting Insulins			
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	2		

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HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2		
NOVOLIN R - insulin regular (human) inj 100 unit/ml	2		
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2		
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	2		
RELION R - insulin regular (human) inj 100 unit/ml	2		
Intermediate-Acting Insulins			
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2		
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2		
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2		
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2		
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2		
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2		
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2		
Basal Insulins			
INSULIN DEGLUDEC - insulin degludec inj 100 unit/ml	2		
INSULIN DEGLUDEC FLEXTOUC - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
LANTUS - insulin glargine inj 100 unit/ml	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	2		
LEVEMIR - insulin detemir inj 100 unit/ml	2		
LEVEMIR FLEXPEN - insulin detemir soln pen-injector 100 unit/ml	2		
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2		
TRESIBA - insulin degludec inj 100 unit/ml	2		
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2		
THYROID AGENTS			
ADTHYZA - thyroid tab 15 mg (1/4 grain), 16.25 mg, 30 mg (1/2 grain), 32.5 mg, 60 mg (1 grain), 65 mg, 90 mg (1 1/2 grain), 97.5 mg, 120 mg (2 grain), 130 mg	2		
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	2		
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	1		
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	1		
methimazole tab 5 mg, 10 mg	1		
NIVA THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	2		
NP THYROID 120 - thyroid tab 120 mg (2 grain)	2		
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	2		
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	2		
NP THYROID 60 - thyroid tab 60 mg (1 grain)	2		
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	2		
propylthiouracil tab 50 mg	1		
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	2		
THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	2		
OXYTOCICS			
methylergonovine maleate tab 0.2 mg	1		QL (28 tablets/270 days)

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ENDOCRINE and METABOLIC AGENTS - MISC.			
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	2		
alendronate sodium oral soln 70 mg/75ml	1		
alendronate sodium tab 10 mg, 35 mg	1		
alendronate sodium tab 70 mg (Fosamax)	1		
betaine powder for oral solution (Cystadane)	1	SP	PA
cabergoline tab 0.5 mg	1		
calcitonin (salmon) inj 200 unit/ml (Miacalcin)	1		
calcitonin (salmon) nasal soln 200 unit/act	1		
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	1		
calcitriol oral soln 1 mcg/ml (Rocaltrol)	1		
carglumic acid soluble tab 200 mg (Carbaglu)	1	SP	
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	1		PA
DESMOPRESSIN ACETATE - desmopressin acetate nasal soln 1.5 mg/ml	2		
desmopressin acetate inj 4 mcg/ml (Ddavp)	1		
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%	1		
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	1		
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	1		
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	1		
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	2	SP	PA
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	2	SP	PA, LD, QL (14 capsules/28 days)
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	2	SP	PA
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 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	2	SP	PA
ibandronate sodium tab 150 mg (base equivalent)	1		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	2	SP	PA, LD
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg	2	SP	PA, LD, QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	2	SP	PA, LD, QL (4 blisters/28 days)
JYNARQUE - tolvaptan tab 15 mg	2	SP	PA, LD, QL (60 tablets/30 days)
JYNARQUE - tolvaptan tab 30 mg	2	SP	PA, LD, QL (30 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	2		PA, QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1		
levocarnitine tab 330 mg (Carnitor)	1		
MIFEPREX - mifepristone tab 200 mg	2		QL (1 tablet/30 days)
mifepristone tab 200 mg (Mifeprex)	1		QL (1 tablet/30 days)
MYCAPSSA - octreotide acetate cap delayed release 20 mg	2	SP	PA, LD, QL (120 capsules/30 days)
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	1	SP	PA, LD
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	2	SP	PA, LD
NORDITROPIN FLEXPRO - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	2	SP	PA
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	2	SP	PA, LD
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	1	SP	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	1	SP	
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	2	SP	PA, LD
OMNITROPE - somatropin for inj 5.8 mg	2	SP	PA, LD
ORFADIN - nitisinone susp 4 mg/ml	2	SP	PA, LD
ORILISSA - elagolix sodium tab 150 mg (base equiv)	2		PA, QL (30 tablets/30 days)
ORILISSA - elagolix sodium tab 200 mg (base equiv)	2		PA, QL (60 tablets/30 days)
OVIDREL - choriogonadotropin alfa inj 250 mcg/0.5ml	2		
paricalcitol cap 1 mcg, 2 mcg (Zemplar)	1		
paricalcitol cap 4 mcg	1		
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	2	SP	PA, LD, QL (7 bottles/29 days)
raloxifene hcl tab 60 mg (Evista)	1		
risedronate sodium tab delayed release 35 mg (Atelvia)	1		
risedronate sodium tab 5 mg, 30 mg	1		
risedronate sodium tab 35 mg, 150 mg (Actonel)	1		
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	1	SP	PA, LD
sapropterin dihydrochloride tab 100 mg (Kuvan)	1	SP	PA, LD
sodium phenylbutyrate oral powder 3 gm/ teaspoonful (Buphenyl)	1	SP	PA, QL (600 grams/30 days)
sodium phenylbutyrate tab 500 mg (Buphenyl)	1	SP	PA, QL (1200 tablets/30 days)

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SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	2	SP	LD
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	2	SP	PA, LD
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	2	SP	
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml (Forteo)	1	SP	PA
tolvaptan tab 15 mg (Samsca)	1	SP	QL (30 tablets/365 days)
tolvaptan tab 30 mg (Samsca)	1	SP	QL (60 tablets/365 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	SP	PA, LD
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	2	SP	PA, LD, QL (30 vials/30 days)
CARDIOVASCULAR AGENTS			
CARDIOTONICS			
digoxin oral soln 0.05 mg/ml (Digoxin)	1		
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	1		
ANTIANGINAL AGENTS			
isosorbide dinitrate tab 5 mg, 40 mg (Isordil titradose)	1		
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	1		
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	2		
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1		
NITRO-BID - nitroglycerin oint 2%	2		
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1		
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	1		
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (Nitrolingual pumpspr)	1		
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	1		
BETA BLOCKERS			
acebutolol hcl cap 200 mg, 400 mg	1		
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	1		
betaxolol hcl tab 10 mg, 20 mg	1		
bisoprolol fumarate tab 5 mg, 10 mg	1		
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	1		

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labetalol hcl tab 100 mg, 200 mg, 300 mg	1		
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	1		
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	1		
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1		
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	1		
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	1		
pindolol tab 5 mg, 10 mg	1		
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	1		
propranolol hcl oral soln 20 mg/5ml	1		
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1		
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg (Betapace af)	1		
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	1		
sotalol hcl tab 240 mg	1		
timolol maleate tab 5 mg, 10 mg, 20 mg	1		
CALCIUM CHANNEL BLOCKERS			
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1		
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	1		
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1		
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	1		
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	1		
diltiazem hcl tab er 24hr 420 mg (Cardizem la)	1		
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1		
diltiazem hcl tab 90 mg	1		
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1		
isradipine cap 2.5 mg, 5 mg	1		
nicardipine hcl cap 20 mg, 30 mg	1		
nifedipine cap 10 mg, 20 mg	1		
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1		
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
nimodipine cap 30 mg	1		QL (252 capsules/180 days)
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	2		
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)	1		
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	1		
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg, 300 mg	2		
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	1		
verapamil hcl tab 40 mg, 80 mg, 120 mg	1		
ANTIARRHYTHMICS			
amiodarone hcl tab 100 mg, 200 mg, 400 mg	1		
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	1		
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	1		
flecainide acetate tab 50 mg, 100 mg, 150 mg	1		
mexiletine hcl cap 150 mg, 200 mg, 250 mg	1		
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	1		
propafenone hcl tab 150 mg, 225 mg, 300 mg	1		
quinidine gluconate tab er 324 mg	1		
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	2		
ANTIHYPERTENSIVES			
ACCURETIC - quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2		
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	1		QL (30 tablets/30 days)
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	1		
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	1		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	1		QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	1		QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)	1		QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1		
benazepril & hydrochlorothiazide tab 5-6.25 mg	1		
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	1		
benazepril hcl tab 5 mg	1		
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	1		
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	1		
candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand)	1		QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg (Atacand)	1		QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	1		QL (30 tablets/30 days)
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1		
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1		
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1		
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1		
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1		
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1		
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1		
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1		
enalapril maleate oral soln 1 mg/ml (Epaned)	1		QL (300 mls/30 days)
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1		
eplerenone tab 25 mg, 50 mg (Inspra)	1		
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1		
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1		
guanfacine hcl tab 1 mg, 2 mg	1		
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1		
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	1		QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	1		QL (30 tablets/30 days)
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1		

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lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)	1		
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	1		QL (30 tablets/30 days)
losartan potassium tab 25 mg, 50 mg (Cozaar)	1		QL (60 tablets/30 days)
losartan potassium tab 100 mg (Cozaar)	1		QL (30 tablets/30 days)
METHYLDOPA - methyldopa tab 250 mg, 500 mg	2		
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	1		
minoxidil tab 2.5 mg, 10 mg	1		
moexipril hcl tab 7.5 mg, 15 mg	1		
olmesartan medoxomil tab 5 mg (Benicar)	1		QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg, 40 mg (Benicar)	1		QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	1		QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	1		QL (30 tablets/30 days)
PERINDOPRIL ERBUMINE - perindopril erbumine tab 8 mg	2		
perindopril erbumine tab 4 mg	1		
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1		
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	1		
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	1		
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic)	1		
quinapril-hydrochlorothiazide tab 20-25 mg	1		
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	1		
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	1		QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg (Micardis hct)	1		QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	1		QL (60 tablets/30 days)
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	2		ST, QL (30 tablets/30 days)
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1		
trandolapril tab 1 mg, 2 mg, 4 mg	1		
valsartan tab 40 mg, 80 mg, 160 mg (Diovan)	1		QL (60 tablets/30 days)
valsartan tab 320 mg (Diovan)	1		QL (30 tablets/30 days)

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valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	1		QL (30 tablets/30 days)
DIURETICS			
acetazolamide cap er 12hr 500 mg	1		
acetazolamide tab 125 mg, 250 mg	1		
amiloride hcl tab 5 mg	1		
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	2		
bumetanide tab 0.5 mg (Bumex)	1		
bumetanide tab 1 mg, 2 mg	1		
chlorthalidone tab 25 mg, 50 mg	1		
dichlorphenamide tab 50 mg (Keveyis)	1	SP	PA, QL (120 tablets/30 days)
ethacrynic acid tab 25 mg (Edecrin)	1		
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	2	SP	PA, LD, QL (8 kits/30 days)
furosemide oral soln 10 mg/ml	1		
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	1		
hydrochlorothiazide cap 12.5 mg	1		
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1		
indapamide tab 1.25 mg, 2.5 mg	1		
methazolamide tab 25 mg, 50 mg	1		
metolazone tab 2.5 mg, 5 mg, 10 mg	1		
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1		
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	1		
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	1		
triamterene & hydrochlorothiazide cap 37.5-25 mg	1		
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1		
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1		
triamterene cap 50 mg, 100 mg (Dyrenium)	1		
VASOPRESSORS			
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	2		
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1		
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	1		
ANTIHYPERLIPIDEMICS			
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent) (Lipitor)	1		QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	1		QL (30 tablets/30 days)
cholestyramine light powder packets 4 gm	1		
cholestyramine light powder 4 gm/dose (Questran light)	1		
cholestyramine powder packets 4 gm (Questran)	1		
cholestyramine powder 4 gm/dose (Questran)	1		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix)	1		
colesevelam hcl packet for susp 3.75 gm (Welchol)	1		
colesevelam hcl tab 625 mg (Welchol)	1		
colestipol hcl granule packets 5 gm (Colestid flavored)	1		
colestipol hcl granules 5 gm (Colestid flavored)	1		
colestipol hcl tab 1 gm (Colestid)	1		
ezetimibe tab 10 mg (Zetia)	1		
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	1		QL (30 tablets/30 days)
fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg	1		
fenofibrate tab 48 mg, 145 mg (Tricor)	1		
fenofibrate tab 54 mg, 160 mg	1		
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	1		QL (60 capsules/30 days)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	1		QL (30 tablets/30 days)
gemfibrozil tab 600 mg (Lopid)	1		
lovastatin tab 10 mg, 20 mg, 40 mg	1		QL (60 tablets/30 days)
NEXLETOL - bempedoic acid tab 180 mg	2		PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	2		PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic)	1		
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	1		
omega-3-acid ethyl esters cap 1 gm (Lovaza)	1		
pitavastatin calcium tab 1 mg, 2 mg (Livalo)	1		QL (45 tablets/30 days)

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pitavastatin calcium tab 4 mg (Livalo)	1		QL (30 tablets/30 days)
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1		QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1		QL (30 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2		PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2		PA, QL (2 cartridges/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2		PA, QL (2 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor)	1		QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg (Crestor)	1		QL (30 tablets/30 days)
simvastatin tab 5 mg	1		QL (45 tablets/30 days)
simvastatin tab 10 mg, 40 mg (Zocor)	1		QL (45 tablets/30 days)
simvastatin tab 20 mg (Zocor)	1		QL (60 tablets/30 days)
simvastatin tab 80 mg	1		QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	2		PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	2		PA, QL (120 capsules/30 days)
CARDIOVASCULAR AGENTS - MISC.			
ambrisentan tab 5 mg, 10 mg (Letairis)	1	SP	PA, LD, QL (30 tablets/30 days)
bosentan tab 62.5 mg, 125 mg (Tracleer)	1	SP	PA, QL (60 tablets/30 days)
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	2	SP	PA, LD, QL (30 capsules/30 days)
CORLANOR - ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	2		LD
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	2		LD
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	2		QL (60 tablets/30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	1		
OPSUMIT - macitentan tab 10 mg	2	SP	PA, LD, QL (30 tablets/30 days)
sildenafil citrate for suspension 10 mg/ml (Revatio)	1		PA, QL (224 mls/30 days)
sildenafil citrate tab 20 mg (Revatio)	1		PA, QL (90 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	1	SP	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab for oral susp 32 mg	2	SP	PA, LD, QL (120 tablets/30 days)
treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml) (Remodulin)	1	SP	PA
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	2	SP	PA, LD, QL (60 tablets/30 days)

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UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	2	SP	PA, LD, QL (1 pack/180 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	2	SP	PA, LD, QL (68 ampules/30 days)
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	2		PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	2	SP	PA, QL (30 capsules/30 days)
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	2	SP	PA, QL (120 capsules/30 days)
ERECTILE DYSFUNCTION			
tadalafil tab 2.5 mg, 5 mg (Cialis)	1		QL (30 tablets/30 days)
RESPIRATORY AGENTS			
ANTIHISTAMINES			
carbinoxamine maleate tab 4 mg	1		
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	2		
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	1		
cyproheptadine hcl syrup 2 mg/5ml	1		
cyproheptadine hcl tab 4 mg	1		
desloratadine tab 5 mg (Clarinex)	1		
levocetirizine dihydrochloride tab 5 mg	1		
loratadine oral soln 5 mg/5ml	1		
loratadine rapidly-disintegrating tab 10 mg (Claritin)	1		
loratadine syrup 5 mg/5ml	1		
loratadine tab 10 mg	1		
promethazine hcl suppos 12.5 mg, 25 mg	1		
promethazine hcl syrup 6.25 mg/5ml	1		
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1		
NASAL AGENTS - SYSTEMIC and TOPICAL			
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1		QL (2 bottles/30 days)
flunisolide nasal soln 25 mcg/act (0.025%)	1		QL (3 bottles/30 days)
fluticasone propionate nasal susp 50 mcg/act	1		QL (1 bottle/30 days)
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1		QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1		QL (3 bottles/30 days)
olopatadine hcl nasal soln 0.6% (Patanase)	1		QL (1 bottle/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	2		PA, QL (2 bottles/30 days)
COUGH/COLD/ALLERGY			
acetylcysteine inhal soln 10%, 20%	1		

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benzonatate cap 100 mg, 200 mg	1		
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	1		
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (Hycodan)	1		
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	2		
loratadine & pseudoephedrine tab er 12hr 5-120 mg	1		
loratadine & pseudoephedrine tab er 24hr 10-240 mg	1		
PROMETHAZINE VC - promethazine & phenylephrine syrup 6.25-5 mg/5ml	2		
PROMETHAZINE VC/CODEINE - promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	2		
promethazine w/ codeine syrup 6.25-10 mg/5ml	1		
promethazine-dm syrup 6.25-15 mg/5ml	1		
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1		
sodium chloride soln nebu 3%, 10%	1		
sodium chloride soln nebu 7% (Hypersal)	1		
ANTIASTHMATIC and BRONCHODILATOR AGENTS			
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2		QL (1 canister/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	1		QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1		
albuterol sulfate syrup 2 mg/5ml	1		
albuterol sulfate tab 2 mg, 4 mg	1		
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2		QL (1 inhaler/30 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	1		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	2		QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	2		QL (1 canister/30 days)

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ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2		QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	2		QL (2 canisters/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	2		QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2		QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	1		
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	1		PA, QL (3 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	1		
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2		QL (3 canisters/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	2	SP	PA, LD, QL (1 pen/56 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act	2		QL (60 blisters/30 days)
FLUTICASONE PROPIONATE DI - fluticasone propionate aer pow ba 250 mcg/act	2		QL (240 blisters/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	2		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	2		QL (1 canister/30 days)
FLUTICASONE PROPIONATE HF - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	2		QL (2 canisters/30 days)
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	2		QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	1		QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2		QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	1		
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1		
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	1		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	1		

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montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	1		
montelukast sodium tab 10 mg (base equiv) (Singulair)	1		
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	2	SP	PA, LD, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	2	SP	PA, LD, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	2	SP	PA, LD, QL (3 syringes/28 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	2		QL (1 canister/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	2		QL (2 canisters/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	1		
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2		QL (60 blisters/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	2		QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	2		QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2		QL (1 cartridge/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2		QL (1 cartridge/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	2		QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	1		
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	2	SP	PA, LD, QL (1 pen/28 days)
theophylline elixir 80 mg/15ml	1		
theophylline soln 80 mg/15ml	1		
theophylline tab er 12hr 300 mg, 450 mg	1		
theophylline tab er 24hr 400 mg, 600 mg	1		
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv) (Spiriva handihaler)	1		PA, QL (30 capsules/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	2		QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2		QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	2	SP	PA

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XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	2	SP	PA, LD
zafirlukast tab 10 mg, 20 mg (Accolate)	1		
zileuton tab er 12hr 600 mg	1		PA, QL (120 tablets/30 days)
RESPIRATORY AGENTS - MISC.			
KALYDECO - ivacaftor tab 150 mg	2	SP	PA, LD, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	2	SP	PA, LD, QL (56 packets/28 days)
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	2	SP	PA, LD, QL (60 capsules/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	2	SP	PA, LD, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	2	SP	PA, LD, QL (60 packets/30 days)
PIRFENIDONE - pirfenidone tab 534 mg	2	SP	PA, QL (21 tablets/180 days)
pirfenidone cap 267 mg (Esbriet)	1	SP	PA, QL (180 capsules/30 days)
pirfenidone tab 267 mg (Esbriet)	1	SP	PA, QL (180 tablets/30 days)
pirfenidone tab 801 mg (Esbriet)	1	SP	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	2	SP	
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	SP	PA, LD, QL (56 tablets/28 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	SP	PA, LD, QL (60 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	2	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	2	SP	PA, LD, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	SP	PA, LD, QL (90 tablets/30 day)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	2	SP	PA, LD, QL (90 tablets/30 days)
GASTROINTESTINAL AGENTS			
LAXATIVES			
lactulose solution 10 gm/15ml	1		
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1		
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	1		
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1		
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	1		

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SUFLAVE - peg 3350-kcl-nacl-na sulfate-mag sulfate for soln 178.7 gm	2		
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	2		
ANTIDIARRHEALS			
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1		
ULCER DRUGS			
dicyclomine hcl cap 10 mg	1		
dicyclomine hcl oral soln 10 mg/5ml	1		
dicyclomine hcl tab 20 mg	1		
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	1		QL (30 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)	1		QL (30 packets/30 days)
famotidine for susp 40 mg/5ml	1		
famotidine tab 20 mg, 40 mg (Pepcid)	1		
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	1		
glycopyrrolate tab 1 mg (Robinul)	1		
glycopyrrolate tab 2 mg (Robinul forte)	1		
lansoprazole cap delayed release 30 mg (Prevacid)	1		QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg	1		
misoprostol tab 100 mcg, 200 mcg (Cytotec)	1		
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	2		QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	2		QL (30 packets/30 days)
omeprazole cap delayed release 10 mg, 40 mg	1		QL (60 capsules/30 days)
omeprazole cap delayed release 20 mg	1		QL (120 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	1		QL (60 tablets/30 days)
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	1		QL (60 packets/30 days)
rabeprazole sodium ec tab 20 mg (Aciphex)	1		QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	1		
ANTIEMETICS			
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	1		QL (2 packs/30 days)
aprepitant capsule 40 mg	1		
aprepitant capsule 80 mg (Emend)	1		QL (4 capsules/30 days)
aprepitant capsule 125 mg	1		QL (2 capsules/30 days)

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doxylamine-pyridoxine tab delayed release 10-10 mg (Diclegis)	1		PA, QL (120 tablets/30 days)
dronabinol cap 2.5 mg (Marinol)	1		
dronabinol cap 5 mg, 10 mg	1		
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	2		QL (6 packages/30 days)
granisetron hcl tab 1 mg	1		QL (14 tablets/30 days)
meclizine hcl tab 12.5 mg, 25 mg	1		
ondansetron hcl oral soln 4 mg/5ml	1		
ondansetron hcl tab 4 mg, 8 mg	1		
ondansetron orally disintegrating tab 4 mg, 8 mg	1		
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	1		
trimethobenzamide hcl cap 300 mg	1		
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	2	SP	LD, QL (4 tablets/30 days)
DIGESTIVE AIDS			
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	2		
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	2		
GASTROINTESTINAL AGENTS- MISC.			
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	1		PA, QL (60 tablets/30 days)
balsalazide disodium cap 750 mg (Colazal)	1		
BYLVAY - odevixibat cap 400 mcg	2	SP	PA, LD, QL (450 capsules/30 days)
BYLVAY - odevixibat cap 1200 mcg	2	SP	PA, LD, QL (150 capsules/30 days)
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg	2	SP	PA, LD, QL (900 capsules/30 days)
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 600 mcg	2	SP	PA, LD, QL (300 capsules/30 days)
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1		
calcium acetate (phosphate binder) tab 667 mg	1		
CHENODAL - chenodiol tab 250 mg	2	SP	LD
CHOLBAM - cholic acid cap 50 mg, 250 mg	2	SP	PA, LD

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cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1		
GATTEX - teduglutide (rdna) for inj kit 5 mg	2	SP	PA, LD, QL (30 vials/30 days)
lactulose (encephalopathy) solution 10 gm/15ml	1		
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	1		ST
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	2	SP	PA, LD, QL (90 mls/30 days)
lubiprostone cap 8 mcg (Amitiza)	1		PA, QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	1		PA, QL (60 capsules/30 days)
mesalamine cap dr 400 mg (Delzicol)	1		
mesalamine cap er 24hr 0.375 gm (Apriso)	1		
MESALAMINE DR - mesalamine tab delayed release 800 mg	2		
mesalamine enema 4 gm	1		
mesalamine suppos 1000 mg (Canasa)	1		
mesalamine tab delayed release 1.2 gm (Lialda)	1		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1		
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	1		
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	2		PA, QL (30 tablets/30 days)
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	1		
sevelamer carbonate tab 800 mg (Renvela)	1		
sevelamer hcl tab 400 mg	1		
sevelamer hcl tab 800 mg (Renagel)	1		
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	2	SP	PA, QL (1 cartridge/56 days)
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1		
sulfasalazine tab 500 mg (Azulfidine)	1		
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	2		PA, QL (30 tablets/30 days)
TRULANCE - plecanatide tab 3 mg	2		PA, QL (30 tablets/30 days)
ursodiol cap 300 mg	1		
ursodiol tab 250 mg (Urso 250)	1		
ursodiol tab 500 mg (Urso forte)	1		
VIBERZI - eluxadoline tab 75 mg, 100 mg	2		PA, QL (60 tablets/30 days)
GENITOURINARY AGENTS			
URINARY ANTISPASMODICS			

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Drug Name	Drug Tier	Specialty	Requirements/Limits
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	1		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	1		QL (30 tablets/30 days)
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	1		QL (30 tablets/30 days)
oxybutynin chloride solution 5 mg/5ml	1		QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	1		QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	1		QL (60 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	1		QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	1		QL (120 tablets/30 days)
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	1		QL (30 tablets/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	1		QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	1		QL (60 tablets/30 days)
trospium chloride cap er 24hr 60 mg	1		QL (30 capsules/30 days)
trospium chloride tab 20 mg	1		QL (60 tablets/30 days)
VAGINAL PRODUCTS			
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	2		
clindamycin phosphate vaginal cream 2% (Cleocin)	1		
ENCARE - nonoxynol-9 vaginal suppos 100 mg	2		
estradiol vaginal cream 0.1 mg/gm (Estrace)	1		QL (255 grams/365 days)
estradiol vaginal tab 10 mcg (Vagifem)	1		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2		QL (1 ring/90 days)
metronidazole vaginal gel 0.75%	1		
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	2		
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	2		
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	2		
terconazole vaginal cream 0.4%, 0.8%	1		
terconazole vaginal suppos 80 mg	1		
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	2		
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	2		
GENITOURINARY AGENTS - MISC.			
acetic acid irrigation soln 0.25%	1		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	2		LD
dutasteride cap 0.5 mg (Avodart)	1		
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	1		
FILSPARI - sparsentan tab 200 mg, 400 mg	2	SP	PA, LD, QL (30 tablets/30 days)
finasteride tab 5 mg (Proscar)	1		
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	2		
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1		
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1		
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1		
silodosin cap 4 mg, 8 mg (Rapaflo)	1		
sodium chloride irrigation soln 0.9%	1		
sodium citrate & citric acid soln 500-334 mg/5ml	1		
tamsulosin hcl cap 0.4 mg (Flomax)	1		
THIOLA EC - tiopronin tab delayed release 100 mg	2	SP	PA, LD, QL (600 tablets/30 days)
THIOLA EC - tiopronin tab delayed release 300 mg	2	SP	PA, LD, QL (180 tablets/30 days)
tiopronin tab 100 mg (Thiola)	1	SP	PA, QL (600 tablets/30 days)
CENTRAL NERVOUS SYSTEM DRUGS			
ANTIANXIETY AGENTS			
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	1		
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	1		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1		
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	1		
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	1		
clorazepate dipotassium tab 3.75 mg, 15 mg	1		
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1		
diazepam conc 5 mg/ml	1		
diazepam oral soln 1 mg/ml	1		
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	1		
hydroxyzine hcl syrup 10 mg/5ml	1		
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1		
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	1		
lorazepam conc 2 mg/ml	1		
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1		
oxazepam cap 10 mg, 15 mg, 30 mg	1		
ANTIDEPRESSANTS			

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amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1		
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	1		
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	1		
bupropion hcl tab 75 mg, 100 mg	1		
citalopram hydrobromide oral soln 10 mg/5ml	1		
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	1		
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	1		
desipramine hcl tab 10 mg, 25 mg (Norpramin)	1		
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	1		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	1		QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1		
doxepin hcl conc 10 mg/ml	1		
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	1		
escitalopram oxalate soln 5 mg/5ml (base equiv)	1		
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	1		
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	1		
fluoxetine hcl solution 20 mg/5ml	1		
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	1		
fluvoxamine maleate tab 25 mg, 50 mg	1		QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	1		QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg	1		
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)	1		QL (30 tablets/30 days)
mirtazapine tab 7.5 mg, 45 mg	1		QL (30 tablets/30 days)
mirtazapine tab 15 mg, 30 mg (Remeron)	1		QL (30 tablets/30 days)
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1		
nortriptyline hcl soln 10 mg/5ml	1		
paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)	1		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1		
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	2		
protriptyline hcl tab 5 mg, 10 mg	1		
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1		
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	1		
tranylcypromine sulfate tab 10 mg (Parnate)	1		
trazodone hcl tab 50 mg, 100 mg, 150 mg	1		
trimipramine maleate cap 25 mg, 50 mg, 100 mg	1		
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	1		
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	1		
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	1		QL (30 tablets/30 days)
ANTIPSYCHOTICS			
aripiprazole oral solution 1 mg/ml	1		QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	1		QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	1		QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	1		QL (60 tablets/30 days)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	1		
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	2		
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg	1		
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)	1		
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	1		
haloperidol lactate oral conc 2 mg/ml	1		
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1		
LITHIUM CARBONATE - lithium carbonate cap 600 mg	2		
lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)	1		
lithium carbonate tab er 300 mg (Lithobid)	1		
lithium carbonate tab er 450 mg	1		
lithium carbonate tab 300 mg	1		

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loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	1		
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	1		QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	1		QL (60 tablets/30 days)
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	1		QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	1		QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	1		QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	1		QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	1		
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1		
prochlorperazine suppos 25 mg	1		
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	1		QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	1		QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)	1		QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	1		QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2		QL (30 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	1		QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	1		QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	1		QL (480 mls/30 days)
risperidone tab 0.25 mg	1		QL (60 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	1		QL (60 tablets/30 days)
risperidone tab 4 mg (Risperdal)	1		QL (120 tablets/30 days)
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	1		
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1		
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1		QL (60 capsules/30 days)
HYPNOTICS			
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	1		QL (30 tablets/30 days)
estazolam tab 1 mg, 2 mg	1		
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	1		QL (30 tablets/30 days)
phenobarbital elixir 20 mg/5ml	1		

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phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	1		
QUVIVIQ - daridorexant hcl tab 25 mg, 50 mg	2		ST, QL (30 tablets/30 days)
ramelteon tab 8 mg (Rozerem)	1		QL (30 tablets/30 days)
tasimelteon capsule 20 mg (Hetlioz)	1	SP	PA, QL (30 capsules/30 days)
temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg (Restoril)	1		
zaleplon cap 5 mg, 10 mg	1		QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	1		QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	1		QL (30 tablets/30 days)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS			
ADDERALL - amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	2		QL (60 tablets/30 days)
ADDERALL - amphetamine-dextroamphetamine tab 20 mg	2		QL (90 tablets/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg	2		QL (30 capsules/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg	2		QL (60 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg (Adderall xr)	1		QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg (Adderall xr)	1		QL (60 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	1		QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1		QL (90 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	1		QL (30 tablets/30 days)
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	1		QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	1		QL (30 capsules/30 days)
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg	2		PA, QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1		
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1		QL (120 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg	2		QL (30 tablets/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg	2		QL (60 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	1		QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	1		QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1		QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	1		QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1		QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	1		QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	1		QL (180 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	1		QL (30 tablets/30 days)
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	2	SP	PA, LD, QL (10 vials/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	1		QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	1		QL (30 tablets/30 days)
methamphetamine hcl tab 5 mg (Desoxyn)	1		QL (150 tablets/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	1		QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	1		QL (30 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg	1		QL (90 tablets/30 days)
methylphenidate hcl chew tab 10 mg	1		QL (180 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	1		QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	1		QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	1		QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	1		QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	1		QL (90 tablets/30 days)
methylphenidate hcl tab er 24hr 27 mg, 54 mg	1		QL (30 tablets/30 days)
methylphenidate hcl tab er 24hr 36 mg	1		QL (60 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	1		QL (90 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	1		QL (30 tablets/30 days)
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	2		PA, QL (30 tablets/30 days)

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PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.			
acamprosate calcium tab delayed release 333 mg	1		
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	2	SP	PA, QL (1 kit/28 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1		
dalfampridine tab er 12hr 10 mg (Ampyra)	1		PA, QL (60 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	1	SP	QL (14 capsules/180 days)
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	1	SP	QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	1	SP	QL (1 pack/180 days)
disulfiram tab 250 mg, 500 mg	1		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1		
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	1		
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	1	SP	QL (30 capsules/30 days)
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	1		
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	1		
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	1	SP	QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	1	SP	QL (12 syringes/28 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	2	SP	PA, QL (1 pen/28 days)
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	2		PA, QL (228 tablets/180 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	2	SP	PA, LD, QL (30 packets/30 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	2	SP	PA, LD, QL (8 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	2	SP	PA, LD, QL (10 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	2	SP	PA, LD, QL (12 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	2	SP	PA, LD, QL (14 tablets/301 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	2	SP	PA, LD, QL (9 tablets/301 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	2	SP	PA, LD, QL (20 tablets/301 days)
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	2	SP	PA, LD, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	2	SP	PA, LD, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	2	SP	PA, LD, QL (7 tablets/180 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	2	SP	PA, LD, QL (12 tablets/180 days)
memantine hcl oral solution 2 mg/ml	1		
memantine hcl tab 5 mg, 10 mg (Namenda)	1		
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	1		
nicotine polacrilex gum 2 mg, 4 mg	1		
nicotine polacrilex lozenge 2 mg, 4 mg	1		
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1		
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	2		
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2		
paroxetine mesylate cap 7.5 mg (base equiv)	1		
PIMOZIDE - pimozide tab 1 mg, 2 mg	2		
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	2	SP	PA, LD, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	2	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	2	SP	PA, LD, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	2	SP	PA, LD, QL (1 kit/180 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	2	SP	PA, LD, QL (1 kit/180 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	2	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	2	SP	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)

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REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	SP	PA, QL (1 kit/28 days)
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	1		
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	1		
TASCENSO ODT - fingolimod lauryl sulfate tablet disintegrating 0.25 mg	2	SP	PA, LD, QL (30 tablets/30 days)
teriflunomide tab 7 mg, 14 mg (Aubagio)	1	SP	QL (30 tablets/30 days)
tetrabenazine tab 12.5 mg (Xenazine)	1	SP	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg (Xenazine)	1	SP	PA, QL (120 tablets/30 days)
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1		
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1		
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	2	SP	PA, LD, QL (540 mls/30 days)
ZEPOSIA - ozanimod hcl cap 0.92 mg	2	SP	PA, QL (30 capsules/30 days)
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	2	SP	PA, QL (28 capsules/180 days)
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	2	SP	PA, QL (7 capsules/180 days)
ANALGESICS AND ANESTHETICS			
ANALGESICS - NON-NARCOTIC			
aspirin chew tab 81 mg	1		
aspirin tab delayed release 81 mg	1		
butalbital-acetaminophen cap 50-300 mg (Butalbital/acetamino)	1		QL (180 capsules/30 days)
butalbital-acetaminophen tab 50-325 mg	1		QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	1		QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1		QL (180 capsules/30 days)
diflunisal tab 500 mg	1		
TENCON - butalbital-acetaminophen tab 50-325 mg	2		QL (180 tablets/30 days)
ANALGESICS - NARCOTIC			
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	1		PA, QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	1		PA, QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	2		PA, QL (2700 mls/30 days)

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BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	2		PA, QL (60 films/30 days)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1		QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	1		QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	1		QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	1		QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1		QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1		QL (90 tablets/30 days)
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)	1		PA, QL (4 patches/28 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1		PA, QL (180 capsules/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1		PA, QL (180 capsules/30 days)
butorphanol tartrate nasal soln 10 mg/ml	1		PA, QL (2 bottles/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	1		PA, QL (180 tablets/30 days)
fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq)	1		PA, QL (120 lozenges/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1		PA, QL (15 patches/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1		PA, QL (3600 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	1		PA, QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	1		PA, QL (360 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1		PA, QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1		PA, QL (1440 mls/30 days)
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	1		PA, QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	1		PA, QL (180 tablets/30 days)
levorphanol tartrate tab 2 mg	1		PA, QL (120 tablets/30 days)
methadone hcl conc 10 mg/ml (Methadose)	1		PA, QL (90 mls/30 days)
methadone hcl soln 5 mg/5ml (Methadone hcl)	1		PA, QL (900 mls/30 days)
methadone hcl soln 10 mg/5ml (Methadone hcl)	1		PA, QL (450 mls/30 days)

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methadone hcl tab for oral susp 40 mg	1		PA, QL (90 tablets/30 days)
methadone hcl tab 5 mg, 10 mg	1		PA, QL (90 tablets/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1		PA, QL (270 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)	1		PA, QL (120 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg (Ms contin)	1		PA, QL (180 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	1		PA, QL (240 tablets/30 days)
morphine sulfate tab 30 mg (Morphine sulfate)	1		PA, QL (180 tablets/30 days)
oxycodone hcl cap 5 mg	1		PA, QL (360 capsules/30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1		PA, QL (270 mls/30 days)
oxycodone hcl soln 5 mg/5ml	1		PA, QL (5400 mls/30 days)
oxycodone hcl tab 5 mg (Roxicodone)	1		PA, QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	1		PA, QL (180 tablets/30 days)
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	1		PA, QL (120 tablets/30 days)
oxycodone hcl tab 20 mg	1		PA, QL (120 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg (Percocet)	1		PA, QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	1		PA, QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	1		PA, QL (180 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	1		PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg (Ultram)	1		PA, QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1		PA, QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	2		PA, QL (180 capsules/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 11.4-2.9 mg (base eq)	2		QL (30 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	2		QL (90 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	2		QL (60 tablets/30 days)
ANALGESICS - ANTI-INFLAMMATORY			
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	2	SP	PA, LD, QL (4 syringes/28 days)
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	2	SP	PA, QL (4 pens/28 days)
AMJEVITA - adalimumab-atto soln auto-injector 40 mg/0.8ml	2	SP	PA, QL (2 pens/28 days)
AMJEVITA - adalimumab-atto soln prefilled syringe 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml	2	SP	PA, QL (2 syringes/28 days)

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ARCALYST - rilonacept for inj 220 mg	2	SP	PA, LD, QL (4 vials/28 days)
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	1		
diclofenac potassium tab 50 mg	1		
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	1		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	1		
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	1		
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	2	SP	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	2	SP	PA, QL (8 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	2	SP	PA, QL (4 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	2	SP	PA, QL (4 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	2	SP	PA, QL (4 pens/28 days)
etodolac cap 200 mg, 300 mg	1		
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	1		
etodolac tab 400 mg (Lodine)	1		
etodolac tab 500 mg	1		
fenoprofen calcium tab 600 mg (Nalfon)	1		
flurbiprofen tab 100 mg	1		
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	2	SP	PA, QL (2 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	2	SP	PA, QL (2 pens/28 days)
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	2	SP	PA, QL (2 syringes/28 days)
HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	2	SP	PA, QL (1 kit/180 days)
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	2	SP	PA, QL (2 pens/28 days)
HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml	2	SP	PA, QL (1 kit/180 days)
HUMIRA PEN-PEDIATRIC UC S - adalimumab pen-injector kit 80 mg/0.8ml	2	SP	PA, QL (1 kit/180 days)
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	2	SP	PA, QL (1 kit/180 days)
ibuprofen tab 400 mg, 600 mg, 800 mg	1		

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indomethacin cap er 75 mg	1		
indomethacin cap 25 mg, 50 mg	1		
ketorolac tromethamine tab 10 mg	1		QL (20 tablets/5 days)
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	2	SP	PA, QL (2 pens/28 days)
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	2	SP	PA, QL (2 syringes/28 days)
leflunomide tab 10 mg, 20 mg (Arava)	1		
meloxicam tab 7.5 mg, 15 mg	1		
nabumetone tab 500 mg, 750 mg	1		
naproxen sodium tab 275 mg	1		
naproxen sodium tab 550 mg (Anaprox ds)	1		
naproxen tab 250 mg, 375 mg	1		
naproxen tab 500 mg (Naprosyn)	1		
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	2	SP	PA, LD, QL (30 tablets/30 days)
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	2	SP	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	2	SP	PA, QL (4 pens/28 days)
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	2	SP	PA, QL (55 tablets/180 days)
OTEZLA - apremilast tab 30 mg	2	SP	PA, QL (60 tablets/30 days)
OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml	2		ST
oxaprozin tab 600 mg (Daypro)	1		
piroxicam cap 10 mg, 20 mg (Feldene)	1		
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	2	SP	PA, LD, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	2	SP	PA, LD, QL (84 tablets/365 days)
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	2	SP	PA, QL (1 pen/28 days)
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	2	SP	PA, QL (1 syringe/28 days)
sulindac tab 150 mg, 200 mg	1		
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	2	SP	PA, QL (240 mls/30 days)
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	2	SP	PA, QL (60 tablets/30 days)
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	2	SP	PA, QL (240 tablets/365 days)
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	2	SP	PA, QL (30 tablets/30 days)

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XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	2	SP	PA, QL (120 tablets/365 days)
MIGRAINE PRODUCTS			
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	2		PA, QL (1 pen/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2		PA, QL (3 pens/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2		PA, QL (3 syringes/84 days)
almotriptan malate tab 6.25 mg, 12.5 mg	1		PA, QL (12 tablets/30 days)
dihydroergotamine mesylate inj 1 mg/ml	1		PA, QL (24 ampules/28 days)
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	1		PA, QL (8 vials/28 days)
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	1		QL (12 tablets/30 days)
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	1		QL (6 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2		PA, QL (1 pen/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2		PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2		PA, QL (1 syringe/28 days)
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	1		PA, QL (40 tablets/28 days)
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	1		PA, QL (18 tablets/30 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)	1		QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	2		PA, QL (16 tablets/30 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	2		PA, QL (30 tablets/30 days)
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	2		PA, QL (8 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1		QL (24 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1		QL (12 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1		QL (24 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1		QL (12 tablets/30 days)
sumatriptan nasal spray 5 mg/act (Imitrex)	1		QL (6 packs/30 days)
sumatriptan nasal spray 20 mg/act (Imitrex)	1		QL (2 packs/30 days)
sumatriptan succinate inj 6 mg/0.5ml	1		QL (8 vials/30 days)

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SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 4 mg/0.5ml	2		PA, QL (12 doses/30 days)
SUMATRIPTAN SUCCINATE REF - sumatriptan succinate solution cartridge 6 mg/0.5ml	2		PA, QL (8 doses/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	1		QL (12 doses/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	1		QL (8 doses/30 days)
sumatriptan succinate tab 25 mg (Imitrex)	1		QL (36 tablets/30 days)
sumatriptan succinate tab 50 mg (Imitrex)	1		QL (18 tablets/30 days)
sumatriptan succinate tab 100 mg (Imitrex)	1		QL (9 tablets/30 days)
TRUDHESA - dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act	2		PA, QL (12 mls/28 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	2		PA, QL (16 tablets/30 days)
zolmitriptan nasal spray 5 mg/spray unit (Zomig)	1		QL (12 units/30 days)
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg	1		QL (12 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	1		QL (12 tablets/30 days)
GOUT AGENTS			
allopurinol tab 100 mg, 300 mg (Zyloprim)	1		
colchicine tab 0.6 mg (Colcrys)	1		
colchicine w/ probenecid tab 0.5-500 mg	1		
febuxostat tab 40 mg, 80 mg (Uloric)	1		QL (30 tablets/30 days)
probenecid tab 500 mg	1		
NEUROMUSCULAR DRUGS			
ANTICONVULSANTS			
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	2		
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	1		
carbamazepine chew tab 100 mg	1		
carbamazepine susp 100 mg/5ml (Tegretol)	1		
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	1		
carbamazepine tab 200 mg (Tegretol)	1		
clobazam suspension 2.5 mg/ml (Onfi)	1		
clobazam tab 10 mg, 20 mg (Onfi)	1		
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1		
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	1		
DIACOMIT - stiripentol cap 250 mg, 500 mg	2	SP	
DIACOMIT - stiripentol packet 250 mg, 500 mg	2	SP	

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diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	1		
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	2		
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1		
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	1		
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	1		
EPIDIOLEX - cannabidiol soln 100 mg/ml	2	SP	PA, LD
EPRONTIA - topiramate oral soln 25 mg/ml	2		QL (473 mls/29 days)
ethosuximide cap 250 mg (Zarontin)	1		
ethosuximide soln 250 mg/5ml (Zarontin)	1		
felbamate susp 600 mg/5ml (Felbatol)	1		
felbamate tab 400 mg, 600 mg (Felbatol)	1		
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	2	SP	PA, LD
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	1		
gabapentin oral soln 250 mg/5ml (Neurontin)	1		
gabapentin tab 600 mg, 800 mg (Neurontin)	1		
lacosamide oral solution 10 mg/ml (Vimpat)	1		
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	1		
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)	1		
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	1		
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (Lamictal odt)	1		
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt)	1		
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	1		
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	1		
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	1		
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	1		
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	1		

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lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	1		
levetiracetam oral soln 100 mg/ml (Keppra)	1		
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	1		
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	1		
methsuximide cap 300 mg (Celontin)	1		
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	2		QL (10 bottles/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1		
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	1		
phenytoin chew tab 50 mg (Dilantin infatabs)	1		
phenytoin sodium extended cap 100 mg (Dilantin)	1		
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	1		
phenytoin susp 125 mg/5ml (Dilantin-125)	1		
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg (Lyrica)	1		QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	1		QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	1		QL (900 mls/30 days)
primidone tab 50 mg, 250 mg (Mysoline)	1		
rufinamide susp 40 mg/ml (Banzel)	1		
rufinamide tab 200 mg, 400 mg (Banzel)	1		
SYMPAZAN - clobazam oral film 5 mg, 10 mg, 20 mg	2		
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	1		
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg (Qudexy xr)	1		PA, QL (30 capsules/30 days)
topiramate cap er 24hr sprinkle 200 mg (Qudexy xr)	1		PA, QL (60 capsules/30 days)
topiramate cap er 24hr 25 mg, 50 mg, 100 mg (Trokendi xr)	1		PA, QL (30 capsules/30 days)
topiramate cap er 24hr 200 mg (Trokendi xr)	1		PA, QL (60 capsules/30 days)
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	1		
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	1		
valproate sodium oral soln 250 mg/5ml (base equiv)	1		
valproic acid cap 250 mg	1		
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	2		QL (10 bottles/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	2		QL (10 bottles/30 days)

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VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	2		QL (10 bottles/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	2		QL (10 bottles/30 days)
vigabatrin powd pack 500 mg (Sabril)	1	SP	LD
vigabatrin tab 500 mg (Sabril)	1	SP	LD
zonisamide cap 25 mg, 100 mg (Zonegran)	1		
zonisamide cap 50 mg	1		
ZTALMY - ganaxolone susp 50 mg/ml	2	SP	PA, LD, QL (1100 mls/30 days)
ANTIPARKINSON AGENTS			
amantadine hcl cap 100 mg	1		
amantadine hcl soln 50 mg/5ml	1		
amantadine hcl tab 100 mg	1		
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	1	SP	PA
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1		
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1		
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1		
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	1		
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	1		
carbidopa & levodopa tab 25-250 mg	1		
carbidopa tab 25 mg (Lodosyn)	1		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	1		
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	1		
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	1		
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	1		
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	1		
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	1		
entacapone tab 200 mg (Comtan)	1		
INBRIJA - levodopa inhal powder cap 42 mg	2	SP	PA, LD
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex er)	1		

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pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1		
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	1		
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)	1		
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1		
selegiline hcl cap 5 mg	1		
selegiline hcl tab 5 mg	1		
tolcapone tab 100 mg (Tasmar)	1		
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	2		
trihexyphenidyl hcl tab 2 mg, 5 mg	1		
NEUROMUSCULAR AGENTS			
DAYBUE - trofinetide oral soln 200 mg/ml	2	SP	PA, LD, QL (3600 mls/30 days)
EVRYSDI - risdiplam for soln 0.75 mg/ml	2	SP	PA, LD, QL (80 mls/12 days)
EXSERVAN - riluzole oral film 50 mg	2	SP	PA, LD, QL (60 films/30 days)
RADICAVA ORS - edaravone oral susp 105 mg/5ml	2	SP	PA, LD, QL (50 mls/28 days)
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	2	SP	PA, LD, QL (70 mls/180 days)
riluzole tab 50 mg (Rilutek)	1		
SKYCLARYS - omaveloxolone cap 50 mg	2	SP	PA, QL (90 capsules/30 days)
MUSCULOSKELETAL THERAPY AGENTS			
baclofen susp 25 mg/5ml (Fleqsuvy)	1		
baclofen tab 10 mg, 20 mg	1		
chlorzoxazone tab 500 mg	1		
cyclobenzaprine hcl tab 5 mg, 10 mg	1		
dantrolene sodium cap 25 mg (Dantrium)	1		
dantrolene sodium cap 50 mg, 100 mg	1		
metaxalone tab 400 mg, 800 mg	1		
methocarbamol tab 500 mg, 750 mg	1		
orphenadrine citrate tab er 12hr 100 mg	1		
SOHONOS - palovarotene cap 1 mg, 1.5 mg	2	SP	PA, LD, QL (112 capsules/28 days)
SOHONOS - palovarotene cap 2.5 mg	2	SP	PA, LD, QL (140 capsules/28 days)
SOHONOS - palovarotene cap 5 mg	2	SP	PA, LD, QL (84 capsules/28 days)
SOHONOS - palovarotene cap 10 mg	2	SP	PA, LD, QL (56 capsules/28 days)
tizanidine hcl tab 2 mg (base equivalent)	1		
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1		

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ANTIMYASTHENIC AGENTS			
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	2	SP	PA, LD, QL (240 tablets/30 days)
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	1		
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	1		
pyridostigmine bromide tab 60 mg (Mestinon)	1		
NUTRITIONAL PRODUCTS			
VITAMINS			
cholecalciferol cap 1.25 mg (50000 unit)	1		
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1		
phytonadione tab 5 mg (Mephyton)	1		QL (2 tablets/30 days)
MULTIVITAMINS			
CO-NATAL FA - prenatal vit w/ fe fumarate-fa tab 29-1 mg	2		
COMPLETE NATAL DHA - prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	2		
COMPLETENATE - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
CONCEPT DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2		
CONCEPT OB - prenatal w/o a w/fe fum-fe poly-fa cap 130-92.4-1 mg	2		
FOLIVANE-OB - prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	2		
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
NEONATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 27-1 mg, 29-1 mg	2		
NEONATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
ONE VITE WOMENS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL PLUS VITAMIN AND - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		

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PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2		
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	2		
PROVIDA OB - prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	2		
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2		
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2		
TARON-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	2		
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2		
TRINATAL RX 1 - prenatal vit w/ fe fumarate-fa tab 60-1 mg	2		
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	2		
VINATE ONE - prenatal vit w/ fe fumarate-fa tab 60-1 mg	2		
VITATHELY/GINGER - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
WESCAP-C DHA - prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg	2		
WESTAB PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	2		
MINERALS and ELECTROLYTES			
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1		
potassium chloride cap er 8 meq, 10 meq	1		
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	1		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	1		
potassium chloride tab er 8 meq (600 mg)	1		
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	1		
potassium phosphate monobasic tab 500 mg (K-phos)	1		
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2		
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1		
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1		

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HEMATOLOGICAL AGENTS			
HEMATOPOIETIC AGENTS			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	2	SP	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	2	SP	PA
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1		
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	2	SP	PA, LD, QL (60 capsules/30 days)
cyanocobalamin inj 1000 mcg/ml	1		
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	2	SP	PA, LD, QL (30 tablets/30 days)
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	2		
ENDARI - glutamine (sickle cell) powd pack 5 gm	2	SP	PA, LD
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	1		
folic acid tab 400 mcg, 800 mcg, 1 mg	1		
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
miglustat cap 100 mg (Zavesca)	1	SP	PA, QL (90 capsules/30 days)
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	SP	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	2	SP	PA
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	SP	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	SP	PA
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	2	SP	PA, QL (2 pens/28 days)

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UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	SP	PA
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	2	SP	PA, QL (2 syringes/28 days)
ANTICOAGULANTS			
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	1		QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	1		QL (120 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	2		QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	2		QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	2		QL (1 pack/180 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	1		QL (30 syringes/90 days)
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1		QL (10 vials/90 days)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	1		QL (30 syringes/90 days)
heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml	1		
PRADAXA - dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	2		QL (120 capsules/30 days)
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1		
XARELTO - rivaroxaban for susp 1 mg/ml	2		QL (620 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	2		QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	2		QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	2		QL (1 pack/30 days)
HEMOSTATICS			
aminocaproic acid oral soln 0.25 gm/ml (Amicar)	1		
aminocaproic acid tab 500 mg, 1000 mg (Amicar)	1		
tranexamic acid tab 650 mg (Lysteda)	1		
HEMATOLOGICAL AGENTS - MISC.			
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	2	SP	PA

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ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	SP	PA
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	2	SP	PA, LD
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	2	SP	PA, LD
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	2	SP	PA
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	2	SP	PA, LD
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	2	SP	PA
anagrelide hcl cap 0.5 mg (Agrylin)	1		
anagrelide hcl cap 1 mg	1		
aspirin-dipyridamole cap er 12hr 25-200 mg	1		
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
BRILINTA - ticagrelor tab 60 mg, 90 mg	2		
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	2	SP	PA, LD, QL (30 kits/30 days)
cilostazol tab 50 mg, 100 mg	1		
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	2	SP	PA, LD, QL (20 vials/30 days)
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1		
clopidogrel bisulfate tab 300 mg (base equiv)	1		
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	2	SP	PA, LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	2	SP	PA, LD
dipyridamole tab 25 mg, 50 mg, 75 mg	1		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	2	SP	PA
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	2	SP	PA, LD, QL (8 vials/28 days)
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	SP	PA, LD
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	2	SP	PA

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FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	SP	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	2	SP	PA, LD, QL (16 vials/30 days)
HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	2	SP	PA, LD
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	2	SP	PA
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	2	SP	PA
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	1	SP	PA, LD, QL (12 syringes/30 days)
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	2	SP	PA
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	SP	PA, LD
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	2	SP	PA
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit	2	SP	PA
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	2	SP	PA
KOATE-DVI - antihemophilic factor (human) for inj 500 unit, 1000 unit	2	SP	PA
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	SP	PA
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	2	SP	PA, LD
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	2	SP	PA, LD
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	2	SP	PA, LD
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	2	SP	PA, LD

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Drug Name	Drug Tier	Specialty	Requirements/Limits
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	2	SP	PA, LD
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	2	SP	PA, LD
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	2	SP	PA, LD, QL (30 capsules/30 days)
pentoxifylline tab er 400 mg	1		
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	1		
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	2	SP	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	2	SP	PA, LD, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg, 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	2	SP	PA, LD, QL (1 pack/365 days)
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	2	SP	PA, LD
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	2	SP	PA
RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	SP	PA, LD
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	SP	PA
RYPLAZIM - plasminogen, human-tvmh for iv soln 68.8 mg	2	SP	PA, LD
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg)	2	SP	PA, LD
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	2	SP	PA, LD, QL (2 syringes/28 days)
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	2	SP	PA, LD, QL (2 vials/28 days)
TAVNEOS - avacopan cap 10 mg	2	SP	PA, LD, QL (180 capsules/30 days)
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	2	SP	PA, LD
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	2	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	2	SP	PA
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	2	SP	PA
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	2	SP	PA

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Drug Name	Drug Tier	Specialty	Requirements/Limits
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	2	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	2	SP	PA
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	2	SP	PA
TOPICAL PRODUCTS			
OPHTHALMIC AGENTS			
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	2		
atropine sulfate ophth soln 1% (Atropine sulfate)	1		
azelastine hcl ophth soln 0.05%	1		
BACITRACIN - bacitracin ophth oint 500 unit/gm	2		
bacitracin-polymyxin b ophth oint	1		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1		
bepotastine besilate ophth soln 1.5% (Bepreve)	1		
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	2		
bimatoprost ophth soln 0.03%	1		QL (2.5 mls/30 days)
brimonidine tartrate ophth soln 0.15% (Alphagan p)	1		
brimonidine tartrate ophth soln 0.2%	1		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	1		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1		
CARTEOLOL HCL - carteolol hcl ophth soln 1%	2		
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1		
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	2		
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	2		
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1		
diclofenac sodium ophth soln 0.1%	1		
difluprednate ophth emulsion 0.05% (Durezol)	1		
dorzolamide hcl ophth soln 2% (Trusopt)	1		
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1		
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Cosopt pf)	1		
epinastine hcl ophth soln 0.05%	1		
erythromycin ophth oint 5 mg/gm	1		
fluorometholone ophth susp 0.1% (Fml liquifilm)	1		
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	2		

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gatifloxacin ophth soln 0.5% (Zymaxid)	1		
gentamicin sulfate ophth soln 0.3%	1		
ketorolac tromethamine ophth soln 0.4% (Acular ls)	1		
ketorolac tromethamine ophth soln 0.5% (Acular)	1		
latanoprost ophth soln 0.005% (Xalatan)	1		QL (2.5 mls/30 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	2		
LOTEMAX - loteprednol etabonate ophth gel 0.5%	2		
LOTEPREDNOL ETABONATE - loteprednol etabonate ophth gel 0.5%	2		
loteprednol etabonate ophth susp 0.2% (Alrex)	1		
loteprednol etabonate ophth susp 0.5% (Lotemax)	1		
LUMIGAN - bimatoprost ophth soln 0.01%	2		QL (2.5 mls/30 days)
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1		
NATACYN - natamycin ophth susp 5%	2		
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1		
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1		
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1		
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2		
ofloxacin ophth soln 0.3% (Ocuflox)	1		
phenylephrine hcl ophth soln 2.5%, 10%	1		
pilocarpine hcl ophth soln 1%, 2%, 4%	1		
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1		
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	2		
proparacaine hcl ophth soln 0.5% (Alcaine)	1		
RESTASIS - cyclosporine (ophth) emulsion 0.05%	2		PA, QL (60 vials/30 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2		
sulfacetamide sodium ophth soln 10%	1		
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2		
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	1		QL (30 containers/30 days)
tetracaine hcl ophth soln 0.5%	1		
timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)	1		

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timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	1		
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	1		
timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)	1		
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	2		
tobramycin ophth soln 0.3%	1		
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1		
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	1		QL (2.5 mls/30 days)
TRIFLURIDINE - trifluridine ophth soln 1%	2		
tropicamide ophth soln 0.5%	1		
tropicamide ophth soln 1% (Mydriacyl)	1		
OTIC AGENTS			
acetic acid otic soln 2%	1		
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	1		
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1		
hydrocortisone w/ acetic acid otic soln 1-2% (Hydrocortisone/aceti)	1		
neomycin-polymyxin-hc otic soln 1%	1		
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1		
ofloxacin otic soln 0.3%	1		
MOUTH/THROAT/DENTAL AGENTS			
cevimeline hcl cap 30 mg (Evoxac)	1		
chlorhexidine gluconate soln 0.12% (Peridex)	1		
clotrimazole troche 10 mg	1		
lidocaine hcl viscous soln 2%	1		
nystatin susp 100000 unit/ml	1		
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	1		
PREVIDENT RINSE - sodium fluoride rinse 0.2%	2		
sodium fluoride cream 1.1% (Prevident 5000 plus)	1		
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1		
sodium fluoride paste 1.1% (Prevident 5000 boost)	1		
stannous fluoride gel 0.4%	1		
triamcinolone acetonide dental paste 0.1%	1		
ANORECTAL AGENTS			
HYDROCORTISONE ACETATE/PR - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	2		

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hydrocortisone enema 100 mg/60ml (Cortenema)	1		
hydrocortisone perianal cream 1% (Proctocort)	1		
hydrocortisone perianal cream 2.5% (Anusol-hc)	1		
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	2		
DERMATOLOGICALS			
acitretin cap 10 mg, 17.5 mg, 25 mg	1		
acyclovir oint 5% (Zovirax)	1		
adapalene gel 0.1%	1		
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	2	SP	PA, LD, QL (4 syringes/28 days)
alclometasone dipropionate cream 0.05%	1		QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%	1		QL (120 grams/30 days)
azelaic acid gel 15% (Finacea)	1		
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	1		
betamethasone dipropionate augmented cream 0.05%	1		QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	1		QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1		QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	1		QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	1		QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	1		QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	1		QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	1		QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	1		QL (135 grams/30 days)
bexarotene gel 1% (Targretin)	1	SP	PA
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	1		
calcipotriene cream 0.005% (Dovonex)	1		QL (120 grams/30 days)
calcipotriene oint 0.005%	1		QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	1		QL (120 mls/30 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Taclonex)	1		QL (120 grams/30 days)
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Taclonex)	1		QL (120 grams/30 days)
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	2	SP	PA, QL (30 tablets/30 days)

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ciclopirox gel 0.77%	1		
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	1		
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	1		
ciclopirox shampoo 1% (Loprox shampoo)	1		
ciclopirox solution 8% (Penlac Nail Lacquer)	1		QL (6.6 mls/30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1		
clindamycin phosphate gel 1% (Clindagel)	1		
clindamycin phosphate lotion 1% (Cleocin-t)	1		
clindamycin phosphate soln 1%	1		QL (120 grams/30 days)
clindamycin phosphate swab 1%	1		
clindamycin phosphate-benzoyl peroxide gel 1-5%	1		
clobetasol propionate cream 0.05%	1		QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	1		QL (210 grams/28 days)
clobetasol propionate gel 0.05%	1		QL (210 grams/28 days)
clobetasol propionate oint 0.05%	1		QL (210 grams/28 days)
clobetasol propionate soln 0.05%	1		QL (200 mls/28 days)
clocortolone pivalate cream 0.1% (Cloderm)	1		QL (135 grams/30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1		
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	2	SP	PA, LD, QL (1 syringe/28 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	2	SP	PA, LD, QL (2 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	2	SP	PA, LD, QL (1 pen/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	2	SP	PA, LD, QL (2 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	2	SP	PA, LD, QL (1 pen/28 days)
desonide cream 0.05% (Desowen)	1		QL (120 grams/30 days)
desonide oint 0.05%	1		QL (120 grams/30 days)
desoximetasone cream 0.05%, 0.25% (Topicort)	1		QL (120 grams/30 days)
desoximetasone gel 0.05% (Topicort)	1		QL (120 grams/30 days)
desoximetasone oint 0.05%, 0.25% (Topicort)	1		QL (120 grams/30 days)
desoximetasone spray 0.25% (Topicort)	1		QL (100 mls/30 days)
diclofenac sodium soln 1.5%	1		QL (150 mls/30 days)
doxepin hcl cream 5% (Prudoxin)	1		PA, QL (45 grams/30 days)
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	2	SP	PA, QL (2 pens/28 days)

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DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	2	SP	PA, QL (2 syringes/28 days)
econazole nitrate cream 1%	1		QL (120 grams/30 days)
erythromycin gel 2% (Erygel)	1		
erythromycin soln 2%	1		
fluocinolone acetonide cream 0.025% (Synalar)	1		QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1		QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1		QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025% (Synalar)	1		QL (120 grams/30 days)
fluocinolone acetonide soln 0.01% (Synalar)	1		QL (120 mls/30 days)
fluocinonide cream 0.05%	1		QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	1		QL (120 grams/30 days)
fluocinonide gel 0.05%	1		QL (120 grams/30 days)
fluocinonide oint 0.05%	1		QL (120 grams/30 days)
fluocinonide soln 0.05%	1		QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%, 5%	2		
fluorouracil cream 5% (Efudex)	1		PA, QL (240 grams/84 days)
fluticasone propionate cream 0.05%	1		QL (120 grams/30 days)
fluticasone propionate oint 0.005%	1		QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	1		QL (60 grams/30 days)
gentamicin sulfate oint 0.1%	1		
halcinonide cream 0.1% (Halog)	1		QL (120 grams/30 days)
halobetasol propionate cream 0.05%	1		QL (200 grams/28 days)
hydrocortisone butyrate oint 0.1%	1		QL (135 grams/30 days)
hydrocortisone cream 2.5%	1		QL (454 grams/30 days)
hydrocortisone lotion 2.5%	1		QL (118 mls/30 days)
hydrocortisone oint 2.5%	1		QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	1		QL (120 grams/30 days)
hydrocortisone valerate oint 0.2%	1		QL (120 grams/30 days)
HYFTOR - sirolimus gel 0.2%	2		PA, LD, QL (70 grams/84 days)
imiquimod cream 5%	1		QL (48 packets/112 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	1		
ivermectin cream 1% (Soolantra)	1		PA
ketoconazole cream 2%	1		QL (120 grams/30 days)
ketoconazole shampoo 2%	1		
lidocaine hcl soln 4%	1		QL (150 mls/30 days)

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lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1		
lidocaine patch 5% (Lidoderm)	1		PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	1		QL (60 grams/30 days)
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	2	SP	PA, LD, QL (28 capsules/28 days)
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	1		
malathion lotion 0.5% (Ovide)	1		
METHOXSALEN - methoxsalen rapid cap 10 mg	2		
metronidazole cream 0.75% (Metrocream)	1		
metronidazole gel 0.75%	1		
metronidazole gel 1% (Metrogel)	1		
metronidazole lotion 0.75% (Metrolotion)	1		
mometasone furoate cream 0.1%	1		QL (135 grams/30 days)
mometasone furoate oint 0.1%	1		QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	1		QL (120 mls/30 days)
mupirocin oint 2%	1		
nystatin cream 100000 unit/gm	1		
nystatin oint 100000 unit/gm	1		
nystatin topical powder 100000 unit/gm	1		
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1		
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1		
oxiconazole nitrate cream 1% (Oxistat)	1		PA
penciclovir cream 1% (Denavir)	1		
permethrin cream 5%	1		
pimecrolimus cream 1% (Elidel)	1		ST, QL (100 grams/30 days)
PODOFILOX - podofilox soln 0.5%	2		
podofilox gel 0.5% (Condylox)	1		
selenium sulfide lotion 2.5%	1		
silver sulfadiazine cream 1% (Silvadene)	1		
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	SP	PA, QL (1 syringe/84 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	2	SP	PA, QL (1 pen/84 days)
SOOLANTRA - ivermectin cream 1%	2		
STELARA - ustekinumab inj 45 mg/0.5ml	2	SP	PA, QL (1 vial/84 days)
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	2	SP	PA, QL (1 syringe/84 days)
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	2	SP	PA, QL (1 syringe/56 days)
sulfacetamide sodium lotion 10% (acne) (Klaron)	1		

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SULFAMYLON - mafenide acetate cream 85 mg/gm	2		
tacrolimus oint 0.03%, 0.1% (Protopic)	1		ST, QL (100 grams/30 days)
tazarotene cream 0.1% (Tazorac)	1		QL (120 grams/30 days)
tazarotene gel 0.05%, 0.1% (Tazorac)	1		QL (100 grams/30 days)
TAZORAC - tazarotene cream 0.05%	2		QL (120 grams/30 days)
TREMFYA - guselkumab soln pen-injector 100 mg/ml	2	SP	PA, QL (1 pen/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	2	SP	PA, QL (1 syringe/56 days)
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	1		
tretinoin gel 0.01%, 0.025% (Retin-a)	1		
triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)	1		QL (126 grams/30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1		QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	1		QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%, 0.1%	1		QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	1		QL (120 grams/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	2	SP	LD
MISCELLANEOUS PRODUCTS			
ANTIDOTES			
CHEMET - succimer cap 100 mg	2	SP	PA
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)	1	SP	
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	1	SP	
deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)	1	SP	
deferiprone tab 500 mg, 1000 mg (Ferriprox)	1	SP	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2		QL (4 bottles/30 days)
naloxone hcl inj 0.4 mg/ml	1		QL (4 vials/30 days)
naloxone hcl inj 4 mg/10ml	1		QL (1 vial/30 days)
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	1		QL (4 bottles/30 days)
naloxone hcl soln prefilled syringe 2 mg/2ml	1		QL (4 vials/30 days)
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	2		QL (4 cartridges/30 days)
naltrexone hcl tab 50 mg	1		
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2		QL (4 bottles/30 days)
DIAGNOSTIC PRODUCTS			
CHEMSTRIP-K - acetone (urine) test strip	2		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	2		QL (204 strips/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	2		QL (204 strips/30 days)
KETOCARE - acetone (urine) test strip	2		
KETONE - acetone (urine) test strip	2		
KETONE TEST STRIPS - acetone (urine) test strip	2		
KETOSTIX - acetone (urine) test strip	2		
ONETOUCH ULTRA - glucose blood test strip	2		QL (204 strips/30 days)
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	2		QL (204 strips/30 days)
ONETOUCH VERIO TEST STRIP - glucose blood test strip	2		QL (204 strips/30 days)
RELION KETONE TEST STRIPS - acetone (urine) test strip	2		
MEDICAL DEVICES			
ACCU-CHEK FASTCLIX LANCET - lancets	2		
ACCU-CHEK FASTCLIX LANCET - lancets kit	2		
ACCU-CHEK SAFE-T-PRO LANC - lancets	2		
ACCU-CHEK SAFE-T-PRO PLUS - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets	2		
ACCU-CHEK SOFTCLIX LANCET - lancets kit	2		
ACTI-LANCE LANCETS 28G - lancets	2		
ACTI-LANCE LITE SAFETY LA - lancets	2		
ACTI-LANCE SPECIAL SAFETY - lancets	2		
ACTI-LANCE UNIVERSAL SAFE - lancets	2		
ADJUSTABLE LANCING DEVICE - lancet devices	2		
ADVANCED MOBILE LANCET 30 - lancets	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
ADVOCATE INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
ADVOCATE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ADVOCATE LANCETS - lancets	2		
ADVOCATE LANCETS 30G - lancets	2		
ADVOCATE LANCING DEVICE - lancet devices	2		
ADVOCATE RAPID-SAFE LANCI - lancet devices	2		

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ADVOCATE SAFETY LANCETS 2 - lancets	2		
AEROCHAMBER HOLDING CHAMB - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER MINI AEROSOL - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER MV - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER PLUS FLOW VU - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER PLUS FLOW-VU/ - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS V - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS/F - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS/L - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS/M - spacer/aerosol-holding chambers - device	2		
AEROCHAMBER Z-STAT PLUS/S - spacer/aerosol-holding chambers - device	2		
AF LANCETS SUPER THIN - lancets	2		
AGAMATRIX ULTRA-THIN LANC - lancets	2		
AIMSCO LUBRICATED - condoms latex lubricated	2		
AIMSCO TWIST LANCETS 32G - lancets	2		
AIMSCO TWIST LANCETS 33G - lancets	2		
AQ INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
AQ INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
AQ INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
AQINJECT PEN NEEDLE/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
AQINJECT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ASSURE COMFORT LANCETS UL - lancets	2		
ASSURE HAEMOLANCE PLUS HI - lancets	2		
ASSURE HAEMOLANCE PLUS LO - lancets	2		
ASSURE HAEMOLANCE PLUS MI - lancets	2		
ASSURE HAEMOLANCE PLUS NO - lancets	2		
ASSURE HAEMOLANCE PLUS PE - lancets	2		

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ASSURE ID DUO PRO SAFETY - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ASSURE ID INSULIN SAFETY - insulin syringe/needle u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
ASSURE ID PRO SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
ASSURE ID SAFETY PEN NEED - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
ASSURE LANCE LANCETS - lancets	2		
ASSURE LANCE LANCETS 21G - lancets	2		
ASSURE LANCE PLUS SAFETY - lancets	2		
ASSURE LANCE SAFETY LANCE - lancets	2		
AUM INSULIN SAFETY PEN NE - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
AUM MINI INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
AUM MINI INSULIN PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
AUM PEN NEEDLE/32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
AUM PEN NEEDLE/32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
AUM PEN NEEDLE/32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
AUM PEN NEEDLE/33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
AUM PEN NEEDLE/33GX5MM - insulin pen needle 33 g x 5 mm (1/5" or 3/16")	2		
AUM PEN NEEDLE/33GX6MM - insulin pen needle 33 g x 6 mm (1/4" or 15/64")	2		
AUM READYGARD DUO SAFETY - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
AUM SAFETY PEN NEEDLE/31 - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
AURORA LANCET SUPER THIN - lancets	2		
AURORA LANCET THIN 23G - lancets	2		
AURORA PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	2		
AURORA PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
AUTO-LANCET - lancet devices	2		

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AUTO-LANCET MINI - lancet devices	2		
AUTOLET II CLINISAFE - lancets kit	2		
AUTOLET IMPRESSION LANCIN - lancet devices	2		
AUTOLET LANCING DEVICE - lancet devices	2		
AUTOLET LITE CLINISAFE - lancets kit	2		
AUTOLET LITE STARTER PACK - lancets kit	2		
AUTOLET MINI - lancet devices	2		
AUTOLET PLUS - lancet devices	2		
B-D INSULIN SYRINGE MICRO - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		
B-D INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
BD LO-DOSE INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
BD AUTOSHIELD DUO 30G X 5 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
BD DISPOSABLE NEEDLE REGU - needle (disp) 25 x 1"	2		
BD DISPOSABLE NEEDLE 23GX - needle (disp) 23 x 1"	2		
BD ECLIPSE NEEDLE 25GX1" - needle (disp) 25 x 1"	2		
BD HYPODERMIC NEEDLE REGU - needle (disp) 18 x 1-1/2"	2		
BD HYPODERMIC NEEDLES 18G - needle (disp) 18 x 1"	2		
BD HYPODERMIC NEEDLES 21G - needle (disp) 21 x 1"	2		
BD HYPODERMIC NEEDLES 22G - needle (disp) 22 x 1", 22 x 1-1/2"	2		
BD HYPODERMIC NEEDLES 26G - needle (disp) 26 x 1/2"	2		
BD INSULIN SYRINGE LUER-L - insulin syringe (disp) u-100 1 ml	2		
BD INSULIN SYRINGE MICROF - insulin syringe/needle u-100 0.3 ml 28 x 1/2", u-100 1/2 ml 28 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2"	2		
BD INSULIN SYRINGE SAFETY - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
BD INSULIN SYRINGE ULTRA - insulin syringe/needle u-100 1 ml 30 x 1/2"	2		
BD INSULIN SYRINGE ULTRA- - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100	2		

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1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
BD INSULIN SYRINGE ULTRAF - insulin syringe/needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
BD INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 2 ml 27.5 x 5/8"	2		
BD INSULIN SYRINGE/U-500/ - insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	2		
BD INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
BD INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
BD INSULIN SYRINGE/1ML/27 - insulin syringe/needle u-100 1 ml 27 x 1/2"	2		
BD INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
BD INTEGRA SYRINGE/3ML/22 - syringe/needle (disp) 3 ml 22 x 1-1/2"	2		
BD LUER LOCK SYRINGE/1ML/ - syringe/needle (disp) 1 ml 20 x 1"	2		
BD MICROTAINER LANCETS - lancets	2		
BD NEEDLE/18G 1-1/2" - needle (disp) 18 x 1-1/2"	2		
BD NEEDLE/20G X 1" - needle (disp) 20 x 1"	2		
BD NEEDLE/21G 1-1/2" - needle (disp) 21 x 1-1/2"	2		
BD NEEDLE/22G X 1-1/2" - needle (disp) 22 x 1-1/2"	2		
BD NEEDLE/25G X 5/8" - needle (disp) 25 x 5/8"	2		
BD NEEDLE/25G X 7/8" - needle (disp) 25 x 7/8"	2		
BD NEEDLE/27G X 1/2" - needle (disp) 27 x 1/2"	2		
BD NEEDLE/30G X 1/2" - needle (disp) 30 x 1/2"	2		
BD PEN NEEDLE/MICRO/ULTRA - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
BD PEN NEEDLE/MINI/ULTRA- - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
BD PEN NEEDLE/NANO 2ND GE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
BD PEN NEEDLE/NANO/ULTRA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
BD PEN NEEDLE/ORIGINAL/UL - insulin pen needle 29 g x 12.7 mm (1/2")	2		
BD PEN NEEDLE/SHORT/ULTRA - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		

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BD SAFETY-GLIDE INSULIN S - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
BD SAFETYGLIDE HYPODERMIC - needle (disp) 25 x 5/8"	2		
BD SAFETYGLIDE INSULIN SY - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
BD SAFETYGLIDE SYRINGE 5M - syringe/needle (disp) 5 ml 22 x 1-1/2"	2		
BD SYRINGE BLUNT PLASTIC - syringe (disposable) 10 ml	2		
BD SYRINGE LUER-LOK/1ML - syringe (disposable) 1 ml	2		
BD SYRINGE 10ML/20G X 1" - syringe/needle (disp) 10 ml 20 x 1"	2		
BD VEO INSULIN SYRINGE UL - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
BD 1ML SLIP TIP SYRINGE 2 - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 26 x 3/8"	2		
BD 1ML TUBERCULIN SYRINGE - tuberculin/allergy syringe/needle (disp) 1 ml 26 x 3/8", 1 ml 27 x 1/2"	2		
BD 10ML LUER-LOK SYRINGE - syringe/needle (disp) 10 ml 21 x 1"	2		
BD 10ML SYRINGE/DUAL CANN - syringe (disposable) 10 ml	2		
BD 3ML LUER-LOK SYRINGE 1 - syringe/needle (disp) 3 ml 18 x 1-1/2"	2		
BD 3ML LUER-LOK SYRINGE/2 - syringe/needle (disp) 3 ml 20 x 1", 3 ml 23 x 1-1/2", 3 ml 25 x 1", 3 ml 26 x 5/8"	2		
BD 3ML SYRINGE LUER-LOK 2 - syringe/needle (disp) 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 25 x 5/8", 3 ml 25 x 1-1/2"	2		
BD 5ML LUER-LOK SYRINGE/2 - syringe/needle (disp) 5 ml 20 x 1", 5 ml 21 x 1-1/2", 5 ml 22 x 1", 5 ml 22 x 1-1/2"	2		
CARDIOCOM LANCING DEVICE - lancet devices	2		
CAREFINE PEN NEEDLE 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CAREFINE PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		

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CAREFINE PEN NEEDLES 30GX - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
CAREFINE PEN NEEDLES 31GX - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CAREFINE PEN NEEDLES 32GX - insulin pen needle 32 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
CAREONE ADVANCED LANCING - lancet devices	2		
CAREONE INSULIN SYRINGES/ - insulin syringe/ needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
CAREONE LANCET SUPER THIN - lancets	2		
CAREONE LANCET THIN - lancets	2		
CAREONE LANCET ULTRA THIN - lancets	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 29 g x 12 mm (1/2")	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CAREONE UNIFINE PENTIPS P - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
CARESENS LANCETS - lancets	2		
CARETOUCH INSULIN SYRINGE - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 5/16", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
CARETOUCH LANCING DEVICE - lancet devices	2		
CARETOUCH PEN NEEDLE 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
CARETOUCH PEN NEEDLE 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
CARETOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
CARETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
CARETOUCH PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
CARETOUCH SAFETY LANCETS/ - lancets	2		
CARETOUCH TWIST LANCETS M - lancets	2		
CARETOUCH TWIST LANCETS 2 - lancets	2		

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CARETOUCH TWIST LANCETS 3 - lancets	2		
CLEANLET LANCETS 28G - lancets	2		
CLEVER CHEK LANCETS ULTRA - lancets	2		
CLEVER CHOICE COMFORT EZ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 29 g x 12 mm (1/2")	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLEVER CHOICE COMFORT EZ - lancets	2		
CLICKFINE PEN NEEDLE UNIV - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLICKFINE PEN NEEDLE 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CLICKFINE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
CLICKFINE PEN NEEDLES 32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
CLICKFINE UNIVERSAL PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
COAGUCHEK LANCETS - lancets	2		
COMFORT ASSIST INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
COMFORT ASSURED LANCETS M - lancets	2		
COMFORT ASSURED LANCETS S - lancets	2		
COMFORT EZ INSULIN SYRING - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	2		
COMFORT EZ MICRO/32G X 4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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COMFORT EZ PRO SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
COMFORT EZ PRO SAFETY PEN - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
COMFORT EZ SHORT/31G X 8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
COMFORT EZ/31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
COMFORT EZ/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
COMFORT LANCETS - lancets	2		
COMFORT TOUCH LANCETS ULT - lancets	2		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
COMFORT TOUCH PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
COMFORT TOUCH PLUS SAFETY - lancets	2		
CONDOMS - condoms - male	2		
CONTOUR BLOOD GLUCOSE MON - blood glucose monitoring devices	2		
CONTOUR NEXT BLOOD GLUCOS - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT EZ BLOOD GLU - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring devices	2		
CONTOUR NEXT GEN BLOOD GL - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT LINK BLOOD G - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT LINK WIRELES - blood glucose monitoring kit w/ device	2		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	2		
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring kit	2		
CVS LANCETS MICRO THIN 33 - lancets	2		
CVS LANCETS MICRO-THIN 33 - lancets	2		

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CVS LANCETS ORIGINAL - lancets	2		
CVS LANCETS THIN 26G - lancets	2		
CVS LANCETS ULTRA THIN 30 - lancets	2		
CVS LANCETS ULTRA-THIN 30 - lancets	2		
CVS LANCETS 21G - lancets	2		
CVS LANCING DEVICE - lancet devices	2		
CVS ULTRA THIN LANCETS - lancets	2		
DEXCOM G6 RECEIVER - continuous blood glucose system receiver	2		ST, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous blood glucose system sensor	2		ST, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous blood glucose system transmitter	2		ST, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER - continuous blood glucose system receiver	2		ST, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous blood glucose system sensor	2		ST, QL (3 sensors/30 days)
DIATHRIVE LANCETS - lancets	2		
DIATHRIVE LANCETS ULTRA T - lancets	2		
DIATHRIVE LANCING DEVICE - lancet devices	2		
DIATHRIVE PEN NEEDLE/31 G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DIATHRIVE PEN NEEDLE/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
DIATHRIVE PEN NEEDLE/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
DROPLET GENTEEL LANCING D - lancet devices	2		
DROPLET INSULIN SYRINGE U - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 30 x 15/64", u-100 0.5 ml 30 x 15/64", u-100 1 ml 30 x 15/64", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	2		
DROPLET INSULIN SYRINGE 0 - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 1/2 ml 29 x 1/2"	2		
DROPLET INSULIN SYRINGE 1 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
DROPLET INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 30 x 1/2", u-100 1 ml	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"			
DROPLET LANCETS ULTRA THI - lancets	2		
DROPLET LANCING DEVICE - lancet devices	2		
DROPLET MICRON 34G X 9/64 - insulin pen needle 34 g x 3.5 mm (9/64")	2		
DROPLET PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
DROPLET PEN NEEDLES 29GX1 - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	2		
DROPLET PEN NEEDLES 30G X - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
DROPLET PEN NEEDLES 31GX6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
DROPLET PEN NEEDLES 31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DROPLET PEN NEEDLES 32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
DROPLET PEN NEEDLES 32GX5 - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
DROPLET PEN NEEDLES 32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
DROPLET PEN NEEDLES 32GX8 - insulin pen needle 32 g x 8 mm (1/3" or 5/16")	2		
DROPLET PERSONAL LANCETS - lancets	2		
DROPSAFE INSULIN SAFETY S - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
DROPSAFE SAFETY PEN NEEDL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
DROPSAFE SAFTEY PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
DRUG MART LANCETS THIN - lancets	2		
DRUG MART LANCETS ULTRA T - lancets	2		

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DRUG MART ON-THE-GO LANCE - lancets	2		
DRUG MART UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
DRUG MART UNIFINE PENTIPS - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DRUG MART UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
DRUG MART UNILET LANCETS - lancets	2		
DRUG MART UNILET MICRO TH - lancets	2		
DUANE READE LANCET ALTERN - lancets	2		
DUANE READE LANCET SUPER - lancets	2		
DUANE READE LANCET ULTRA - lancets	2		
DUANE READE UNIFINE PENTI - insulin pen needle 29 g x 12 mm (1/2")	2		
DUANE READE UNIFINE PENTI - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
DUREX EXTRA SENSITIVE THI - condoms latex lubricated	2		
DUREX REALFEEL NON-LATEX - condoms non-latex lubricated	2		
E-Z JECT LANCETS - lancets	2		
E-Z JECT LANCETS COLOR - lancets	2		
E-Z JECT LANCETS SUPER TH - lancets	2		
E-Z JECT LANCETS THIN 26G - lancets	2		
E-Z JECT LANCETS 21G - lancets	2		
E-ZJECT LANCETS MICRO-THI - lancets	2		
EASY COMFORT INSULIN SYRI - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EASY COMFORT PEN NEEDLES - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
EASY COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EASY GLIDE PEN NEEDLES 33 - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
EASY MINI EJECT LANCING D - lancet devices	2		
EASY MINI LANCING DEVICE - lancet devices	2		
EASY TOUCH FLIPLOCK SAFET - insulin syringe/ needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EASY TOUCH INSULIN SYRING - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 27 x 1/2", u-100 1 ml 27 x 5/8", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EASY TOUCH LANCETS 21G/PR - lancets	2		
EASY TOUCH LANCETS 23G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PR - lancets	2		
EASY TOUCH LANCETS 26G/PU - lancets	2		
EASY TOUCH LANCETS 28G/PR - lancets	2		
EASY TOUCH LANCETS 28G/PU - lancets	2		
EASY TOUCH LANCETS 28G/TW - lancets	2		
EASY TOUCH LANCETS 30G/BU - lancets	2		
EASY TOUCH LANCETS 30G/PR - lancets	2		
EASY TOUCH LANCETS 30G/PU - lancets	2		
EASY TOUCH LANCETS 30G/TW - lancets	2		
EASY TOUCH LANCETS 32G/PR - lancets	2		
EASY TOUCH LANCETS 32G/PU - lancets	2		
EASY TOUCH LANCETS 32G/TW - lancets	2		
EASY TOUCH LANCETS 33G/TW - lancets	2		
EASY TOUCH LANCING DEVICE - lancet devices	2		
EASY TOUCH PEN NEEDLE 30 - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
EASY TOUCH PEN NEEDLE/30 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2		
EASY TOUCH PEN NEEDLES 31 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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EASY TOUCH PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
EASY TOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH SAFETY LANCETS - lancets	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH SAFETY PEN NEE - insulin pen needle 30 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EASY TOUCH SHEATHLOCK SAF - insulin syringe/ needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
EASY TOUCH 32GX5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
EASY TOUCH 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
EMBRACE LANCETS ULTRA THI - lancets	2		
EMBRACE LANCING DEVICE WI - lancet devices	2		
EMBRACE PEN NEEDLES/29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
EMBRACE PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
EMBRACE PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
EMBRACE PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
EMBRACE PRESSURE ACTIVATE - lancets	2		
EQL COLOR LANCETS MICRO T - lancets	2		
EQL COLOR LANCETS 21G - lancets	2		
EQL INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
EQL INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
EQL INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
EQL INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
EQL SHORT PEN NEEDLES 31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
EQL SUPER THIN LANCETS 30 - lancets	2		
EQL THIN LANCETS 26G - lancets	2		
EQL ULTRA SHORT PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
EZ-LETS LANCETS 21G - lancets	2		
EZ-LETS LANCETS 26G SUPER - lancets	2		
EZ-LETS LANCETS 28G ULTRA - lancets	2		
EZ-LETS LANCETS 30G - lancets	2		
FANTASY LUBRICATED - condoms latex lubricated	2		
FANTASY LUBRICATED/SPERMI - condoms latex lubricated	2		
FC2 FEMALE CONDOM - condoms - female	2		
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	2		
FIFTY50 PEN NEEDLES 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
FIFTY50 PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
FIFTY50 PEN NEEDLES/31GX8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
FIFTY50 PEN NEEDLES/32GX4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
FIFTY50 PEN NEEDLES/32GX6 - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
FIFTY50 SAFETY SEAL LANCE - lancets	2		
FIFTY50 SUPERIOR COMFORT - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
FIFTY50 UNILET LANCETS 33 - lancets	2		
FINGERSTIX LANCETS - lancets	2		
FORA LANCETS - lancets	2		
FORA LANCING DEVICE - lancet devices	2		
FORA LANCING DEVICE/CLEAR - lancet devices	2		
FREESTYLE LANCETS - lancets	2		
FREESTYLE LIBRE 14 DAY/RE - continuous blood glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 14 DAY/SE - continuous blood glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE 2/READER/ - continuous blood glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 2/SENSOR/ - continuous blood glucose system sensor	2		ST, QL (2 sensors/28 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
FREESTYLE LIBRE 3/READER/ - continuous blood glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE LIBRE 3/SENSOR/ - continuous blood glucose system sensor	2		ST, QL (2 sensors/28 days)
FREESTYLE LIBRE/READER/FL - continuous blood glucose system receiver	2		ST, QL (1 reader/365 days)
FREESTYLE UNISTICK II LAN - lancets	2		
GENTEEL BUTTERFLY TOUCH L - lancets	2		
GENTEEL LANCING KIT/BUTTE - lancets kit	2		
GENTEEL PLUS LANCING DEVI - lancet devices	2		
GENTLE-LET GP LANCETS - lancets	2		
GENTLE-LET LANCETS GENERA - lancets	2		
GENTLE-LET LANCETS SAFETY - lancets	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 29 g x 12 mm (1/2")	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GLOBAL EASE INJECT PEN NE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
GLOBAL EASY GLIDE INSULIN - insulin syringe/needle u-100 0.3 ml 31 x 15/64", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
GLOBAL EASY GLIDE PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
GLOBAL INJECT EASE INSULI - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
GLOBAL INJECT EASE LANCET - lancets	2		
GLOBAL INSULIN SYRINGE/U- - insulin syringe/needle u-100 0.3 ml 30 x 1/2"	2		
GLOBAL INSULIN SYRINGES/U - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
GLOBAL LANCING DEVICE - lancet devices	2		
GLUCOCOM LANCETS 28G - lancets	2		
GLUCOCOM LANCETS 30G - lancets	2		
GLUCOCOM LANCETS 33G - lancets	2		
GLUCOPRO INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2",	2		

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u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"			
GNP CLICKFINE UNIVERSAL P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
GNP INSULIN SYRINGE/0.3ML - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
GNP INSULIN SYRINGE/0.5ML - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
GNP INSULIN SYRINGE/1ML/2 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
GNP INSULIN SYRINGE/1ML/3 - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
GNP INSULIN SYRINGES/0.3M - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
GNP INSULIN SYRINGES/1/2M - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
GNP INSULIN SYRINGES/1ML/ - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
GNP INSULIN SYRINGES/3ML/ - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
GNP LANCETS THIN 26G - lancets	2		
GNP LANCETS 21G - lancets	2		
GNP LANCING SYSTEM DEVICE - lancet devices	2		
GNP STERILE LANCETS 28G - lancets	2		
GNP STERILE LANCETS 30G - lancets	2		
GNP STERILE LANCETS 33G - lancets	2		
GNP ULTICARE PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GNP ULTICARE PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GNP ULTIGUARD SAFEPACK/MI - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
GNP ULTIGUARD SAFEPACK/SH - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
GNP ULTRA COMFORT INSULIN - insulin syringe/needle u-100 1 ml 28 x 1/2"	2		
GOJJI LANCING DEVICE/CLEA - lancet devices	2		

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GOJJI STERILE LANCETS 30G - lancets	2		
GOODSENSE CLICKFINE SAFET - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
GOODSENSE COLOR LANCETS M - lancets	2		
GOODSENSE LANCETS MICRO-T - lancets	2		
GOODSENSE LANCETS ULTRA-T - lancets	2		
GOODSENSE LANCING DEVICE - lancet devices	2		
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
GOODSENSE PEN NEEDLE/PENF - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
H-E-B IN CONTROL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
H-E-B IN CONTROL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
H-E-B IN CONTROL UNIFINE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
H-E-B IN CONTROL UNIFINE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
H-E-B IN CONTROL UNIFINE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
H-E-B INCONTROL ADVANCED - lancet devices	2		
H-E-B INCONTROL LANCETS M - lancets	2		
H-E-B INCONTROL LANCETS S - lancets	2		
H-E-B INCONTROL LANCETS U - lancets	2		
H-E-B INCONTROL PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2		
HAEMOLANCE - lancets	2		
HAEMOLANCE LOW FLOW LANCE - lancets	2		
HAEMOLANCE PLUS - lancets	2		
HAEMOLANCE PLUS HIGH FLOW - lancets	2		
HAEMOLANCE PLUS LOW FLOW - lancets	2		
HAEMOLANCE PLUS MAX FLOW - lancets	2		
HAEMOLANCE PLUS PEDIATRIC - lancets	2		
HEALTH CARE LANCING DEVIC - lancet devices	2		
HEALTHWISE INSULIN SYRING - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		

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HEALTHWISE MICRON PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
HEALTHWISE MINI PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
HEALTHWISE PEN NEEDLES 29 - insulin pen needle 29 g x 12 mm (1/2")	2		
HEALTHWISE SHORT PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
HM ULTICARE INSULIN SYRIN - insulin syringe/needle u-100 1 ml 30 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
HM ULTICARE MINI PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
HM ULTICARE SHORT PEN NEE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
HY-VEE LANCETS - lancets	2		
HY-VEE THIN LANCETS - lancets	2		
HYPOLANCE AST LANCING KIT - lancets kit	2		
IN TOUCH DIABETES MANAGEM - blood glucose monitoring misc.	2		
IN TOUCH LANCING DEVICE - lancet devices	2		
IN TOUCH STERILE LANCETS - lancets	2		
INCONTROL ULTICARE MINI P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
INCONTROL ULTICARE MINI P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
INSULIN SYRINGE 1ML/31G X - insulin syringe/needle u-100 1 ml 31 x 1/4" (6 mm)	2		
INSULIN SYRINGE/NEEDLE 0. - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
INSULIN SYRINGE/NEEDLE 1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
INSULIN SYRINGE/U-100/0.3 - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
INSULIN SYRINGE/U-100/0.5 - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
INSULIN SYRINGE/U-100/1ML - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
INSULIN SYRINGE/0.3ML/30G - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		

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INSULIN SYRINGE/0.3ML/31G - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
INSULIN SYRINGE/0.5ML/28G - insulin syringe/needle u-100 1/2 ml 28 x 1/2"	2		
INSULIN SYRINGE/0.5ML/30G - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
INSULIN SYRINGE/0.5ML/31G - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		
INSULIN SYRINGE/1ML/29G X - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
INSULIN SYRINGE/1ML/30G X - insulin syringe/needle u-100 1 ml 30 x 5/16"	2		
INSULIN SYRINGES 0.3ML/31 - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm)	2		
INSULIN SYRINGES 0.5ML/31 - insulin syringe/needle u-100 0.5 ml 31 x 1/4" (6 mm)	2		
INSULIN SYRINGES/U-100/0. - insulin syringe/needle u-100 1/2 ml 27 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
INSULIN SYRINGES/U-100/1M - insulin syringe/needle u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
INSUPEN 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
INSUPEN 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
INSUPEN 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
INSUPEN 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
INSUPEN 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
KAMELEON LUBRICATED - condoms latex lubricated	2		
KIMONO COLORS - condoms latex lubricated	2		
KIMONO LUBRICATED - condoms latex lubricated	2		
KIMONO MAXX/LARGE FLARE - condoms latex lubricated	2		
KIMONO MICRO THIN - condoms latex non-lubricated	2		
KIMONO MICRO THIN PLUS SP - condoms latex lubricated	2		
KIMONO PLUS SPERMICIDE LU - condoms latex lubricated	2		

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KIMONO PLUS SPERMICIDE/LU - condoms latex lubricated	2		
KIMONO PS LUBRICATED - condoms latex lubricated	2		
KIMONO PS PLUS SPERMICIDE - condoms latex lubricated	2		
KIMONO SENSATION LUBRICAT - condoms latex lubricated	2		
KIMONO SENSATION PLUS SPE - condoms latex lubricated	2		
KIMONO SPECIAL - condoms latex lubricated	2		
KINNEY LANCETS - lancets	2		
KINNEY THIN LANCETS - lancets	2		
KINRAY INSULIN SYRINGE PR - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
KINRAY INSULIN SYRINGE/0. - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
KMART VALU PLUS INSULIN S - insulin syringe (disp) u-100 0.3 ml, u-100 1/2 ml, u-100 1 ml	2		
KROGER AUTOLET LANCING DE - lancet devices	2		
KROGER HEALTHPRO TWIST LA - lancets	2		
KROGER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
KROGER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
KROGER LANCETS - lancets	2		
KROGER LANCETS MICRO THIN - lancets	2		
KROGER LANCETS SUPER THIN - lancets	2		
KROGER LANCETS THIN - lancets	2		
KROGER LANCETS THIN 26G - lancets	2		
KROGER LANCETS ULTRATHIN - lancets	2		
KROGER LANCETS 21G - lancets	2		
KROGER LANCING DEVICE - lancet devices	2		
KROGER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
KROGER PEN NEEDLES 31G X - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
KROGER PEN NEEDLES 31GX1/ - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		

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KROGER PEN NEEDLES/31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
KROGER PEN NEEDLES/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
KROGER PEN NEEDLES/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
LANCET DEVICE ADJUSTABLE - lancet devices	2		
LANCET DEVICE WITH EJECTO - lancet devices	2		
LANCETS - lancets	2		
LANCETS MICRO THIN 33G - lancets	2		
LANCETS SUPER THIN 28G - lancets	2		
LANCETS THIN - lancets	2		
LANCETS ULTRA THIN 30G - lancets	2		
LANCETS 28G - lancets	2		
LANCETS 30G - lancets	2		
LANCETS 30G TWIST TOP - lancets	2		
LANCETS 30G/TWIST TOP - lancets	2		
LANCETS 33G EXTRA FINE - lancets	2		
LANCETS 33G UNIVERSAL DES - lancets	2		
LANCING DEVICE - lancet devices	2		
LANZO - lancet devices	2		
LEADER ADVANCED LANCING D - lancet devices	2		
LEADER INSULIN SYRINGE/0. - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
LEADER INSULIN SYRINGE/1M - insulin syringe/needle u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
LEADER LANCETS COLORED - lancets	2		
LEADER SUPER THIN LANCET - lancets	2		
LEADER THIN LANCETS - lancets	2		
LEADER UNIFINE PENTIPS PL - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
LEADER UNIFINE PENTIPS/MI - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
LEADER UNIFINE PENTIPS/NA - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
LEADER UNIFINE PENTIPS/PL - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		

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LIBERTY MEDICAL LANCETS 3 - lancets	2		
LIBERTY MINI LANCING DEVI - lancet devices	2		
LIFESCAN UNISTIK 2 DEEP P - lancets	2		
LITE TOUCH LANCETS - lancets	2		
LITE TOUCH LANCING PEN - lancet devices	2		
LITETOUCH INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
LITETOUCH INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
LITETOUCH LANCETS MICRO T - lancets	2		
LITETOUCH PEN NEEDLES 29G - insulin pen needle 29 g x 12.7 mm (1/2")	2		
LITETOUCH PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
LITETOUCH PEN NEEDLES/31 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
LITETOUCH PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
LIVE BETTER ADVANCED LANC - lancet devices	2		
LIVE BETTER LANCET SUPER - lancets	2		
LIVE BETTER LANCET ULTRA - lancets	2		
LIVE BETTER PEN NEEDLES 2 - insulin pen needle 29 g x 12 mm (1/2")	2		
LIVE BETTER PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
LONGS INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 31 x 5/16"	2		
LONGS LANCETS STANDARD - lancets	2		
LONGS LANCETS THIN - lancets	2		
LONGS LANCETS ULTRA THIN - lancets	2		
MAGELLAN INSULIN SAFETY S - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
MARATHON MEDICAL PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		

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MARATHON MEDICAL PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MAXI-COMFORT INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1 ml 28 x 1/2"	2		
MAXI-COMFORT SAFETY PEN N - insulin pen needle 29 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
MAXICOMFORT II PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MAXICOMFORT INSULIN SYRIN - insulin syringe/ needle u-100 1/2 ml 27 x 1/2", u-100 1 ml 27 x 1/2"	2		
MAXX LUBRICATED - condoms latex lubricated	2		
MAXX PLUS SPERMICIDE LUBR - condoms latex lubricated	2		
MEDIC INSULIN SYRINGE/0.3 - insulin syringe/needle u-100 0.3 ml 30 x 5/16"	2		
MEDIC INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16"	2		
MEDICHOICE PRE-SET SAFETY - lancets	2		
MEDICHOICE SAFETY LANCET - lancets	2		
MEDICINE SHOPPE LANCETS - lancets	2		
MEDICINE SHOPPE LANCETS T - lancets	2		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 29 g x 12 mm (1/2")	2		
MEDICINE SHOPPE PEN NEEDL - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
MEDLANCE PLUS EXTRA LANCE - lancets	2		
MEDLANCE PLUS LANCETS LIT - lancets	2		
MEDLANCE PLUS LITE LANCET - lancets	2		
MEDLANCE PLUS SPECIAL LAN - lancets	2		
MEDLANCE PLUS SUPERLITE 3 - lancets	2		
MEDLANCE PLUS UNIVERSAL L - lancets	2		
MEDLANCE PLUS/LITE 25G - lancets	2		
MEIJER COLOR LANCETS UNIV - lancets	2		
MEIJER LANCETS - lancets	2		
MEIJER LANCETS THIN - lancets	2		
MEIJER LANCETS UNIVERSAL - lancets	2		
MEIJER PEN NEEDLES 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
MEIJER PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
MEIJER SUPER THIN LANCETS - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
MICRODOT PEN NEEDLE/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MICRODOT PEN NEEDLE/32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MICRODOT PEN NEEDLE/33G X - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
MICROLET LANCETS - lancets	2		
MICROLET NEXT - lancet devices	2		
MINI LANCING DEVICE - lancet devices	2		
MM INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
MM LANCING DEVICE - lancet devices	2		
MM PEN NEEDLES 31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
MM PEN NEEDLES 31G X 3/16 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
MM PEN NEEDLES 31G X 5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
MM PEN NEEDLES 32G X 5/32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
MM TWIST LANCETS - lancets	2		
MONOJECT HYPO/ALUM HUB/LU - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1-1/2"	2		
MONOJECT HYPO/ALUM HUB/18 - needle (disp) 18 x 1-1/2"	2		
MONOJECT INSULIN SYRINGE - insulin syringe (disp) u-100 1 ml	2		
MONOJECT INSULIN SYRINGE/ - insulin syringe (disp) u-100 1 ml	2		
MONOJECT INSULIN SYRINGE/ - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 25 x 5/8", u-100 1 ml 27 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
MONOJECT MAGELLAN SAFETY - needle (disp) 18 x 1", 18 x 1-1/2", 20 x 1", 20 x 1-1/2", 21 x 5/8", 21 x 1", 21 x 1-1/2", 22 x 1", 22 x 1-1/2", 23 x 5/8", 23 x 1", 25 x 5/8", 25 x 1"	2		
MONOJECT SYRINGE PHARMACY - syringe (disposable) 1 ml	2		

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MONOJECT TUBERCULIN SYRIN - syringe (disposable) 1 ml	2		
MONOJECT TUBERCULIN SYRIN - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8"	2		
MONOJECT ULTRA COMFORT IN - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 0.3 ml 31 x 5/16"	2		
MONOJECT 1ML LUER LOCK TU - syringe (disposable) 1 ml	2		
MONOLET LANCETS - lancets	2		
MONOLET OPD LANCETS - lancets	2		
MONOLETTOR SAFETY LANCETS - lancets	2		
MS INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
MS INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
MS INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
MS INSULIN SYRINGE/1ML/30 - insulin syringe/needle u-100 1 ml 30 x 5/16"	2		
MS INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
MULTI-LANCET DEVICE - lancet devices	2		
MULTI-LANCET DEVICE 2 - lancets kit	2		
MYGLUCOHEALTH MGH SOFTLAN - lancets	2		
NOVA SAFETY LANCETS 23G - lancets	2		
NOVA SAFETY LANCETS 28G - lancets	2		
NOVA SUREFLEX LANCETS - lancets	2		
NOVA SUREFLEX LANCING DEV - lancet devices	2		
NOVOFINE AUTOCOVER PEN NE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
NOVOFINE PEN NEEDLE 32G X - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
NOVOFINE PLUS PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
OMNIPOD CLASSIC PODS (GEN - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	2		QL (1 kit/720 days)

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OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)
OMNIPOD GO 10 UNITS/DAY - insulin infusion disposable pump kit 10 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 15 UNITS/DAY - insulin infusion disposable pump kit 15 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 20 UNITS/DAY - insulin infusion disposable pump kit 20 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 25 UNITS/DAY - insulin infusion disposable pump kit 25 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 30 UNITS/DAY - insulin infusion disposable pump kit 30 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 35 UNITS/DAY - insulin infusion disposable pump kit 35 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD GO 40 UNITS/DAY - insulin infusion disposable pump kit 40 unit/24hr	2		QL (10 kits/30 days)
OMNIPOD 5 G6 INTRO KIT (G - insulin infusion disposable pump kit	2		QL (1 kit/720 days)
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	2		QL (30 pods/30 days)
ONETOUCH DELICA LANCETS E - lancets	2		
ONETOUCH DELICA LANCETS F - lancets	2		
ONETOUCH DELICA LANCING D - lancet devices	2		
ONETOUCH DELICA PLUS LANC - lancets	2		
ONETOUCH DELICA PLUS LANC - lancet devices	2		
ONETOUCH DELICA SAFETY LA - lancet devices	2		
ONETOUCH LANCETS - lancets	2		
ONETOUCH ULTRA 2 - blood glucose monitoring kit w/ device	2		
ONETOUCH ULTRASOFT 2 LANC - lancets	2		
ONETOUCH VERIO - blood glucose monitoring kit w/ device	2		
ONETOUCH VERIO FLEX BLOOD - blood glucose monitoring kit w/ device	2		
ONETOUCH VERIO IQ BLOOD G - blood glucose monitoring kit w/ device	2		
ONETOUCH VERIO REFLECT - blood glucose monitoring kit w/ device	2		
PC UNIFINE PENTIPS 29G X - insulin pen needle 29 g x 12 mm (1/2")	2		
PC UNIFINE PENTIPS 31G X - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		

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PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PEN NEEDLES 30GX5MM - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 30GX8MM - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 31GX5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 31GX6MM (1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 31GX8MM (5/16 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PEN NEEDLES 32G X 5MM - insulin pen needle 32 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES 32G X 6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PEN NEEDLES 33G X 5/32" - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
PEN NEEDLES/29G X 1/2" - insulin pen needle 29 g x 12 mm (1/2")	2		
PEN NEEDLES/31G X 1/4" - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES/31G X 3/16" - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PEN NEEDLES/31G X 5/16" - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
PEN NEEDLES/31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PEN NEEDLES/32G X 5/32" - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PENTIPS 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PENTIPS 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PENTIPS 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PENTIPS 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
PERFECT LANCETS 30G - lancets	2		
PERFECT PRESSURE ACTIVATE - lancets	2		
PHARMACIST CHOICE SELECT - lancets	2		
PHARMACIST CHOICE ULTRA T - lancets	2		
PHARMACY COUNTER LANCETS - lancets	2		
PIP LANCETS/28G - lancets	2		
PIP LANCETS/30G - lancets	2		
PIP PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PIP PEN NEEDLES 32G X 4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PRECISION SURE-DOSE INSUL - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	2		
PRECISION THINS GP LANCET - lancets	2		
PREFERRED PLUS INSULIN SY - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		

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PREFERRED PLUS LANCETS CO - lancets	2		
PREFERRED PLUS LANCETS SU - lancets	2		
PREFERRED PLUS LANCETS TH - lancets	2		
PREFERRED PLUS UNIFINE PE - insulin pen needle 29 g x 12 mm (1/2")	2		
PREFERRED PLUS UNIFINE PE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PREVENT DROPSAFE SAFETY P - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PREVENT SAFETY PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PRO COMFORT INSULIN SYRIN - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
PRO COMFORT PEN NEEDLES/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
PRO COMFORT SAFETY LANCET - lancets	2		
PRODIGY INSULIN SYRING/U- - insulin syringe/needle u-100 0.3 ml 31 x 5/16"	2		
PRODIGY INSULIN SYRINGE/1 - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 28 x 1/2"	2		
PRODIGY LANCING DEVICE - lancet devices	2		
PRODIGY PRESSURE ACTIVATE - lancets	2		
PRODIGY SAFETY LANCETS - lancets	2		
PRODIGY TWIST TOP LANCETS - lancets	2		
PSS SELECT GP LANCETS - lancets	2		
PSS SELECT SAFETY LANCETS - lancets	2		
PURE COMFORT PEN NEEDLE 3 - insulin pen needle 32 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
PURE COMFORT PEN NEEDLE/3 - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16")	2		
PURE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
PURE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
PX ADVANCED LANCING DEVIC - lancet devices	2		
PX EXTRA SHORT PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		

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PX INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 1/2"	2		
PX LANCETS MICROTHIN 33G - lancets	2		
PX LANCETS ULTRA THIN - lancets	2		
PX LANCETS ULTRA THIN 28G - lancets	2		
PX MINI PEN NEEDLES 31GX5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
PX PEN NEEDLE 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
PX PEN NEEDLE 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
QC ADVANCED LANCING DEVIC - lancet devices	2		
QC INSULIN SYRINGE/0.3ML/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
QC INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2"	2		
QC INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
QC INSULIN SYRINGE/1ML/31 - insulin syringe/needle u-100 1 ml 31 x 5/16"	2		
QC LANCETS SUPER THIN - lancets	2		
QC LANCETS ULTRA THIN - lancets	2		
QC PEN NEEDLES 29G X 12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
QC PEN NEEDLES 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
QC PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
QC UNIFINE PENTIPS 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
QC UNILET LANCETS 28G/ULT - lancets	2		
QC UNILET LANCETS 33G/MIC - lancets	2		
RA E-ZJECT LANCETS THIN 2 - lancets	2		
RA E-ZJECT LANCETS ULTRA - lancets	2		
RA E-ZJECT LANCETS 28G - lancets	2		
RA INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1 ml 30 x 5/16"	2		
RA INSULIN SYRINGE/0.5ML/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2"	2		
RA INSULIN SYRINGE/1ML/29 - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		

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RA PEN NEEDLES 31G X 5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
RA PEN NEEDLES 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
RAYA SURE PEN NEEDLE 29G - insulin pen needle 29 g x 12 mm (1/2")	2		
RAYA SURE PEN NEEDLE 31G - insulin pen needle 31 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
READYLANCE SAFETY LANCETS - lancets	2		
REALITY INSULIN SYRINGE/U - insulin syringe/needle u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2"	2		
REALITY LANCETS - lancets	2		
REALITY LATEX CONDOMS/LUB - condoms latex lubricated	2		
REALITY LATEX/ULTRA TEXTU - condoms latex lubricated	2		
REALITY LATEX/ULTRA THIN - condoms latex lubricated	2		
REALITY TRIGGER LANCETS - lancets	2		
RELION INSULIN SYRINGE 0. - insulin syringe/needle u-100 1/2 ml 31 x 15/64"	2		
RELION INSULIN SYRINGE 1M - insulin syringe/needle u-100 1 ml 31 x 15/64"	2		
RELION INSULIN SYRINGE/U- - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1 ml 31 x 15/64"	2		
RELION LANCETS - lancets	2		
RELION LANCETS MICRO-THIN - lancets	2		
RELION LANCETS THIN 26G - lancets	2		
RELION LANCETS ULTRA-THIN - lancets	2		
RELION LANCING DEVICE - lancet devices	2		
RELION LANCING DEVICE - lancets kit	2		
RELION MINI PEN NEEDLES 3 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
RELION PEN NEEDLES 29GX12 - insulin pen needle 29 g x 12 mm (1/2")	2		
RELION PEN NEEDLES 31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
RELION PEN NEEDLES 31GX5/ - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
RELION PEN NEEDLES 31GX6M - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
RELION PEN NEEDLES 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
RELION PEN NEEDLES 32G X - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
RELION PEN NEEDLES 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
RELION PEN NEEDLES/31G X - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
RELION SHORT PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
RELION THIN LANCETS - lancets	2		
RELION ULTRA THIN LANCETS - lancets	2		
RELION ULTRA THIN PLUS LA - lancets	2		
RELION 2-IN-1 LANCET DEV - lancet devices	2		
RELION 2-IN-1 LANCING DEV - lancet devices	2		
REXALL LANCETS ULTRA THIN - lancets	2		
RIGHTEST GD500 LANCING DE - lancet devices	2		
RIGHTEST GL300 LANCETS - lancets	2		
SAFE-T-LANCE LOW FLOW 25G - lancets	2		
SAFE-T-LANCE NORMAL FLOW - lancets	2		
SAFE-T-LANCE PLUS SAFETY - lancets	2		
SAFETY LANCETS - lancets	2		
SAFETY LANCETS 21G - lancets	2		
SAFETY LANCETS 23G - lancets	2		
SAFETY LANCETS 28G - lancets	2		
SAFETY LANCETS/PRESSURE A - lancets	2		
SAFETY PEN NEEDLES/30G X - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
SAPS HEALTH CARE TWIST TO - lancets	2		
SAPS HEALTH PLUS TWIST TO - lancets	2		
SAPS HEALTH TWIST TOP LAN - lancets	2		
SAPSCARE TWIST TOP LANCET - lancets	2		
SB INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16"	2		
SB LANCETS THIN - lancets	2		
SB LANCETS ULTRA THIN - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
SCHNUCKS INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16"	2		
SECURESAFE SAFETY INSULIN - insulin syringe/ needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
SECURESAFE SAFETY PEN NEE - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
SELECT-LITE DEVICE/LANCET - lancets kit	2		
SELECT-LITE LANCING DEVIC - lancet devices	2		
SIMPLE DIAGNOSTICS LANCIN - lancet devices	2		
SINGLE-LET - lancets	2		
SM MICRO THIN LANCETS 33G - lancets	2		
SM TRUEDRAW LANCING DEVIC - lancet devices	2		
SMART DIABETES VANTAGE LA - lancet devices	2		
SMART SENSE COLOR LANCETS - lancets	2		
SMART SENSE STANDARD LANC - lancets	2		
SMART SENSE SUPER THIN LA - lancets	2		
SMART SENSE THIN LANCETS - lancets	2		
SMARTEST LANCETS 28G - lancets	2		
SOLUS V2 LANCING DEVICE - lancet devices	2		
SOLUS V2 PRESSURE ACTIVAT - lancets	2		
SOLUS V2 TWIST LANCETS 30 - lancets	2		
STERILANCE TL - lancets	2		
SUPER THIN LANCETS - lancets	2		
SURE COMFORT AUTOKEEPER S - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
SURE COMFORT AUTOKEEPER S - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
SURE COMFORT INSULIN SYRI - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm), u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
SURE COMFORT LANCETS 18G - lancets	2		
SURE COMFORT LANCETS 21G - lancets	2		
SURE COMFORT LANCETS 23G - lancets	2		
SURE COMFORT LANCETS 28G - lancets	2		
SURE COMFORT LANCETS 30G - lancets	2		
SURE COMFORT LANCING PEN - lancet devices	2		

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SURE COMFORT PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
SURE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
SURELITE LANCETS - lancets	2		
TECHLITE AST LANCETS - lancets	2		
TECHLITE INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.3 ml 31 x 15/64", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16", u-100 1/2 ml 31 x 15/64", u-100 1 ml 31 x 15/64"	2		
TECHLITE LANCETS - lancets	2		
TECHLITE LANCETS 26G - lancets	2		
TECHLITE LANCETS 30G - lancets	2		
TECHLITE PEN NEEDLES 29G - insulin pen needle 29 g x 10 mm, x 12 mm (1/2")	2		
TECHLITE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
TECHLITE PEN NEEDLES/31G - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
TECHLITE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
TGT ADVANCED LANCING DEVI - lancet devices	2		
TGT LANCET ALTERNATE SITE - lancets	2		
TGT LANCET MICRO THIN 33G - lancets	2		
TGT LANCET SUPER THIN 30G - lancets	2		
TGT LANCET THIN 23G - lancets	2		
TGT LANCET THIN 26G - lancets	2		
TGT LANCET ULTRA THIN 28G - lancets	2		
TGT LANCET ULTRA THIN 30G - lancets	2		
TGT LANCING DEVICE - lancet devices	2		
THINLETS GP LANCETS - lancets	2		
TODAYS HEALTH ADVANCED LA - lancet devices	2		
TODAYS HEALTH ORIGINAL PE - insulin pen needle 29 g x 12 mm (1/2")	2		

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TODAYS HEALTH SHORT PEN N - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
TODAYS HEALTH SUPER THIN - lancets	2		
TODAYS HEALTH ULTRA THIN - lancets	2		
TOPCARE CLICKFINE UNIVERS - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TOPCARE LANCETS MICRO-THI - lancets	2		
TOPCARE ULTRA COMFORT INS - insulin syringe/ needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
TRAVEL LANCETS ADVANCED 2 - lancets	2		
TRUE COMFORT INSULIN SYRI - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16"	2		
TRUE COMFORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT PEN NEEDLES - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUE COMFORT PRO INSULIN - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 0.5 ml 32 x 5/16", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
TRUE COMFORT PRO PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TRUE COMFORT PRO PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT PRO PEN NEED - insulin pen needle 33 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT SAFETY INSUL - insulin syringe/ needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 32 x 5/16", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16"	2		
TRUE COMFORT SAFETY LANCE - lancets	2		
TRUE COMFORT SAFETY PEN N - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
TRUE COMFORT SAFETY PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUE COMFORT TWIST TOP LA - lancets	2		

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TRUEDRAW LANCING DEVICE - lancet devices	2		
TRUEPLUS INSULIN SYRINGE - insulin syringe/needle u-100 1 ml 29 x 1/2"	2		
TRUEPLUS INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 28 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
TRUEPLUS LANCETS 26G - lancets	2		
TRUEPLUS LANCETS 28G - lancets	2		
TRUEPLUS LANCETS 28G SUPE - lancets	2		
TRUEPLUS LANCETS 30G - lancets	2		
TRUEPLUS LANCETS 30G ULTR - lancets	2		
TRUEPLUS LANCETS 33G - lancets	2		
TRUEPLUS LANCETS 33G MICR - lancets	2		
TRUEPLUS PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
TRUEPLUS PEN NEEDLES 31GX - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TRUEPLUS PEN NEEDLES 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUEPLUS SAFETY LANCETS 2 - lancets	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 29 g x 12.7 mm (1/2")	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
TRUEPLUS 5-BEVEL PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
TRUSTEX COLOR CONDOMS + L - condoms latex lubricated	2		
TRUSTEX LUBRICATED - condoms latex lubricated	2		
TRUSTEX LUBRICATED EXTRA - condoms latex lubricated	2		
TRUSTEX LUBRICATED/RIBBED - condoms latex lubricated	2		
TRUSTEX LUBRICATED/SPERMI - condoms latex lubricated	2		
TRUSTEX NATURAL CONDOMS + - condoms latex lubricated	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
TRUSTEX NON-LUBRICATED - condoms latex non-lubricated	2		
TRUSTEX WITH NONOXYNOL-9/ - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED SP - condoms latex lubricated	2		
TRUSTEX/RIA LUBRICATED/SP - condoms latex lubricated	2		
TRUSTEX/RIA NON-LUBRICATE - condoms latex non-lubricated	2		
TWIST TOP LANCETS 30G - lancets	2		
ULTI-LANCE AUTOMATIC/ CLE - lancet devices	2		
ULTICARE INSULIN SAFETY S - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
ULTICARE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTICARE INSULIN SYRINGE/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 28 x 1/2", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 28 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTICARE MICRO PEN NEEDLE - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
ULTICARE MICRO PEN NEEDLE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTICARE MINI PEN NEEDLES - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
ULTICARE MINI PEN NEEDLES - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
ULTICARE MINI SAFETY PEN - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
ULTICARE ORIGINAL PEN NEE - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTICARE PEN NEEDLES 31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTICARE PEN NEEDLES/29G - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTICARE SHORT PEN NEEDLE - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ULTICARE SHORT SAFETY PEN - insulin pen needle 30 g x 8 mm (1/3" or 5/16")	2		
ULTICARE TUBERCULIN SAFET - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1"	2		
ULTICARE U-100 INSULIN SY - insulin syringe/needle u-100 0.3 ml 31 x 1/4" (6 mm), u-100 0.5 ml 31 x 1/4" (6 mm), u-100 1 ml 31 x 1/4" (6 mm)	2		
ULTIGUARD INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16"	2		
ULTIGUARD SAFEPACK INSULI - insulin syringe/ needle u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTIGUARD SAFEPACK MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTIGUARD SAFEPACK PEN NE - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTIGUARD SAFEPACK/MICRO - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
ULTIGUARD SAFEPACK/MINI P - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
ULTIGUARD SAFEPACK/SHORT - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTIGUARD SAFEPACK/SYRING - insulin syringe/ needle u-100 1/2 ml 31 x 5/16"	2		
ULTILET CLASSIC LANCETS - lancets	2		
ULTILET LANCETS - lancets	2		
ULTILET LANCETS 33G - lancets	2		
ULTILET PEN NEEDLE 29GX12 - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTILET PEN NEEDLE 31GX5M - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTILET PEN NEEDLE 31GX8M - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTILET PEN NEEDLE 32GX4M - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTILET SAFETY LANCETS 21 - lancets	2		
ULTILET SAFETY LANCETS 23 - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ULTILET SHORT PEN NEEDLES - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
ULTRA COMFORT INSULIN SYR - insulin syringe/ needle u-100 0.3 ml 30 x 5/16"	2		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 29 g x 12 mm (1/2")	2		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTRA FLO INSULIN PEN NEE - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
ULTRA FLO INSULIN SYRINGE - insulin syringe/needle u-100 0.3 ml 29 x 1/2", u-100 0.3 ml 30 x 5/16", u-100 0.3 ml 30 x 1/2", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTRA THIN LANCETS 28G - lancets	2		
ULTRA THIN LANCETS 31G - lancets	2		
ULTRA THIN PEN NEEDLES 32 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ULTRA-THIN II AUTO LANCET - lancets	2		
ULTRA-THIN II INSULIN SYR - insulin syringe/needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1/2 ml 30 x 5/16", u-100 1 ml 29 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
ULTRA-THIN II LANCETS 28G - lancets	2		
ULTRA-THIN II LANCETS 30G - lancets	2		
ULTRA-THIN II MINI PEN NE - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ULTRA-THIN II PEN NEEDLES - insulin pen needle 29 g x 12.7 mm (1/2")	2		
ULTRA-THIN II PEN NEEDLES - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ULTRACARE INSULIN SYRINGE - insulin syringe/ needle u-100 0.3 ml 30 x 5/16", u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ULTRACARE PEN NEEDLES/31G - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
ULTRACARE PEN NEEDLES/32G - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64")	2		
ULTRACARE PEN NEEDLES/33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
UNIFINE PENTIPS PLUS 31GX - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
UNIFINE PENTIPS PLUS 32GX - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 33G - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS 33GX - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS PLUS/30G - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PENTIPS 29GX12MM - insulin pen needle 29 g x 12 mm (1/2")	2		
UNIFINE PENTIPS 31G X 3/1 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PENTIPS 31G X 6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
UNIFINE PENTIPS 31G X 8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
UNIFINE PENTIPS 31GX5MM - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
UNIFINE PENTIPS 31GX6MM - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
UNIFINE PENTIPS 31GX8MM - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
UNIFINE PENTIPS 32GX4MM - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS 32GX6MM - insulin pen needle 32 g x 6 mm (1/4" or 15/64")	2		
UNIFINE PENTIPS 33GX4MM - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
UNIFINE PENTIPS/30G X 3/1 - insulin pen needle 30 g x 5 mm (1/5" or 3/16")	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
UNIFINE PROTECT SAFETY PE - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
UNIFINE PROTECT SAFETY PE - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE SAFECONTROL PEN N - insulin pen needle 30 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
UNIFINE SAFECONTROL PEN N - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
UNIFINE ULTRA PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
UNILET COMFORTOUCH LANCET - lancets	2		
UNILET EXCELITE - lancets	2		
UNILET EXCELITE II - lancets	2		
UNILET G.P. LANCET - lancets	2		
UNILET G.P. SUPERLITE LAN - lancets	2		
UNILET GP 28 ULTRA THIN - lancets	2		
UNILET LANCET - lancets	2		
UNILET LANCETS MICRO-THIN - lancets	2		
UNILET LANCETS SUPER-THIN - lancets	2		
UNILET LANCETS ULTRA-THIN - lancets	2		
UNILET SUPERLITE LANCET - lancets	2		
UNISTIK PRO SAFETY LANCET - lancets	2		
UNISTIK SAFETY LANCETS 28 - lancets	2		
UNISTIK SAFETY LANCETS 30 - lancets	2		
UNISTIK TOUCH SAFETY LANC - lancets	2		
UNISTIK 3 GENTLE - lancets	2		
UNIVERSAL 1 LANCETS THIN - lancets	2		
UNIVERSAL 1 LANCETS ULTRA - lancets	2		
UNIVERSAL 1 LANCETS/33G/M - lancets	2		
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	2		QL (30 systems/30 days)
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	2		QL (30 systems/30 days)
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	2		QL (30 systems/30 days)
VALUE HEALTH INSULIN SYRI - insulin syringe/needle u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2"	2		
VALUE PLUS LANCETS STANDA - lancets	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
VALUE PLUS LANCETS SUPER - lancets	2		
VALUE PLUS LANCETS THIN 2 - lancets	2		
VALUE PLUS LANCING DEVICE - lancet devices	2		
VALUMARK LANCET SUPER THI - lancets	2		
VALUMARK LANCET ULTRA THI - lancets	2		
VALUMARK PEN NEEDLES 29GX - insulin pen needle 29 g x 12 mm (1/2")	2		
VALUMARK PEN NEEDLES 31G - insulin pen needle 31 g x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
VANISHPOINT INSULIN SYRIN - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2", u-100 1 ml 30 x 3/16" (5 mm), u-100 0.5 ml 30 x 3/16" (5 mm), u-100 1 ml 29 x 1/2", u-100 1 ml 29 x 5/16", u-100 1 ml 30 x 5/16"	2		
VANISHPOINT SAFETY SYRING - syringe/needle (disp) 3 ml 20 x 1", 3 ml 20 x 1-1/2", 3 ml 21 x 1", 3 ml 21 x 1-1/2", 3 ml 22 x 1", 3 ml 22 x 1-1/2", 3 ml 23 x 1", 3 ml 23 x 1-1/2", 3 ml 25 x 5/8", 3 ml 25 x 1", 3 ml 25 x 1-1/2", 5 ml 21 x 1", 5 ml 21 x 1-1/2", 5 ml 22 x 1-1/2", 10 ml 21 x 1-1/2"	2		
VERIFINE INSULIN PEN NEED - insulin pen needle 29 g x 12 mm (1/2")	2		
VERIFINE INSULIN PEN NEED - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
VERIFINE INSULIN PEN NEED - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
VERIFINE INSULIN SYRINGE - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
VERIFINE INSULIN SYRINGE/ - insulin syringe/needle u-100 1/2 ml 31 x 5/16", u-100 1/2 ml 29 x 1/2", u-100 1 ml 29 x 1/2", u-100 1 ml 31 x 5/16", u-100 0.3 ml 31 x 5/16"	2		
VERIFINE PLUS INSULIN PEN - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 8 mm (1/3" or 5/16")	2		
VERIFINE PLUS INSULIN PEN - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
VERIFINE PLUS PEN NEEDLE/ - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
VERIFINE SAFETY LANCET MI - lancets	2		
VERIFINE UNIVERSAL LANCET - lancets	2		
VIVAGUARD LANCETS - lancets	2		

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VIVAGUARD LANCING DEVICE - lancet devices	2		
VIVAGUARD SAFETY LANCETS/ - lancets	2		
VP INSULIN SYRINGE/U-100/ - insulin syringe/needle u-100 0.3 ml 29 x 1/2"	2		
WALGREENS COMFORT ASSURED - lancets	2		
WALGREENS LANCETS - lancets	2		
WALGREENS THIN LANCETS - lancets	2		
WALGREENS ULTRA THIN LANC - lancets	2		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
WEGMANS UNIFINE PENTIPS P - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ZEVRX INSULIN SYRINGE/0.5 - insulin syringe/needle u-100 1/2 ml 30 x 5/16", u-100 1/2 ml 30 x 1/2"	2		
ZEVRX INSULIN SYRINGE/1ML - insulin syringe/needle u-100 1 ml 30 x 5/16", u-100 1 ml 30 x 1/2"	2		
ZEVRX PEN NEEDLES 31G X 5 - insulin pen needle 31 g x 5 mm (1/5" or 3/16")	2		
ZEVRX PEN NEEDLES 31G X 6 - insulin pen needle 31 g x 6 mm (1/4" or 15/64")	2		
ZEVRX PEN NEEDLES 31G X 8 - insulin pen needle 31 g x 8 mm (1/3" or 5/16")	2		
ZEVRX PEN NEEDLES 32G X 4 - insulin pen needle 32 g x 4 mm (1/6" or 5/32")	2		
ZEVRX TWIST TOP LANCETS 3 - lancets	2		
1ML VANISHPOINT TUBERCULI - tuberculin/allergy syringe/needle (disp) 1 ml 25 x 5/8", 1 ml 25 x 1", 1 ml 27 x 1/2"	2		
1ST CHOICE LANCETS SUPER - lancets	2		
1ST CHOICE LANCETS THIN - lancets	2		
1ST CHOICE LANCETS ULTRA - lancets	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 29 g x 12 mm (1/2")	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 31 g x 5 mm (1/5" or 3/16"), x 6 mm (1/4" or 15/64"), x 8 mm (1/3" or 5/16")	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 32 g x 4 mm (1/6" or 5/32"), x 6 mm (1/4" or 15/64")	2		
1ST TIER UNIFINE PENTIPS - insulin pen needle 33 g x 4 mm (1/6" or 5/32")	2		
10ML SYRINGE LUER-LOK TIP - syringe (disposable) 10 ml	2		

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Drug Name	Drug Tier	Specialty	Requirements/Limits
ASSORTED CLASSES			
azathioprine tab 50 mg (Imuran)	1		
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	2	SP	PA, LD, QL (4 pens/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	2	SP	PA, LD, QL (4 syringes/28 days)
cyclosporine cap 25 mg, 100 mg (Sandimmune)	1		
cyclosporine modified cap 25 mg, 100 mg (Neoral)	1		
cyclosporine modified cap 50 mg	1		
cyclosporine modified oral soln 100 mg/ml (Neoral)	1		
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	2	SP	PA, LD, QL (1 syringe/28 days)
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	1		
irrigation solution, physiological	1		
JOENJA - leniolisib phosphate tab 70 mg	2	SP	PA, LD, QL (60 tablets/30 days)
lactated ringer's for irrigation	1		
lenalidomide caps 2.5 mg (Revlimid)	1	SP	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)	1	SP	PA, QL (30 capsules/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	2		
mycophenolate mofetil cap 250 mg (Cellcept)	1		
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1		
mycophenolate mofetil tab 500 mg (Cellcept)	1		
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	1		
penicillamine tab 250 mg (Depen titratabs)	1	SP	PA
REVLIMID - lenalidomide caps 2.5 mg	2	SP	PA, LD, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	2	SP	PA, LD, QL (30 capsules/30 days)
REZUROCK - belumosudil mesylate tab 200 mg	2	SP	PA, LD, QL (30 tablets/30 days)
ringer's solution for irrigation	1		
sirolimus oral soln 1 mg/ml (Rapamune)	1		
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	1		
sodium polystyrene sulfonate powder	1		
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	1		
THALOMID - thalidomide cap 50 mg, 100 mg	2	SP	PA, LD, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	2	SP	PA, LD, QL (60 capsules/30 days)

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Drug Name	Drug Tier	Specialty	Requirements/Limits
trientine hcl cap 250 mg (Syprine)	1	SP	PA
VELTASSA - patiromer sorbitex calcium for susp packet 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	2		
water for irrigation, sterile irrigation soln	1		
ZOKINVY - lonafarnib cap 50 mg, 75 mg	2	SP	PA, LD

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buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)....57
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carbamazepine chew tab 100 mg.... 62
carbamazepine susp 100 mg/5ml.... 62
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.... 62
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carbidopa & levodopa tab er 25-100 mg, 50-200 mg.... 65
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cefadroxil cap 500 mg.... 1
cefadroxil for susp 250 mg/5ml, 500 mg/5ml.... 1
cefdinir cap 300 mg.... 1
cefdinir for susp 125 mg/5ml, 250 mg/5ml.... 1
cefixime cap 400 mg.... 1
cefixime for susp 100 mg/5ml.... 1
cefixime for susp 200 mg/5ml.... 1

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cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml....1
cefpodoxime proxetil tab 100 mg, 200 mg....1
cefprozil for susp 125 mg/5ml, 250 mg/5ml....1
cefprozil tab 250 mg, 500 mg....1
cefuroxime axetil tab 250 mg, 500 mg....1
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg....59
cephalexin cap 250 mg, 500 mg, 750 mg....1
cephalexin for susp 125 mg/5ml, 250 mg/5ml....1
CERDELGA....69
cevimeline hcl cap 30 mg....76
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CHEMSTRIP-K....81
CHENODAL....45
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg....48
chlorhexidine gluconate soln 0.12%....76
chloroquine phosphate tab 250 mg, 500 mg....8
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg....50
chlorthalidone tab 25 mg, 50 mg....36
chlorzoxazone tab 500 mg....66
CHOLBAM....45
cholecalciferol cap 1.25 mg (50000 unit)....67
cholestyramine light powder 4 gm/dose....37
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cholestyramine powder 4 gm/dose....37
cholestyramine powder packets 4 gm....37
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv)....37
CIBINQO....77
ciclopirox gel 0.77%....78
ciclopirox olamine cream 0.77% (base equiv)....78
ciclopirox olamine susp 0.77% (base equiv)....78
ciclopirox shampoo 1%....78
ciclopirox solution 8%....78
cilostazol tab 50 mg, 100 mg....71
CIMDUO....4
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)....29
CINRYZE....71
CIPRO....2
ciprofloxacin-dexamethasone otic susp 0.3-0.1%....76
ciprofloxacin hcl ophth soln 0.3% (base equivalent)....74
ciprofloxacin hcl tab 750 mg (base equiv)....2
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv)....2
citalopram hydrobromide oral soln 10 mg/5ml....49
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv)....49
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clindamycin hcl cap 75 mg, 150 mg, 300 mg....9
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)....9
clindamycin phosphate-benzoyl peroxide gel 1-5%....78
clindamycin phosphate gel 1%....78
clindamycin phosphate lotion 1%....78
clindamycin phosphate soln 1%....78
clindamycin phosphate swab 1%....78
clindamycin phosphate vaginal cream 2%....47
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%....78
clobazam suspension 2.5 mg/ml....62
clobazam tab 10 mg, 20 mg....62
clobetasol propionate cream 0.05%....78
clobetasol propionate emollient base cream 0.05%....78
clobetasol propionate gel 0.05%....78
clobetasol propionate oint 0.05%....78
clobetasol propionate soln 0.05%....78
clocortolone pivalate cream 0.1%....78
clomipramine hcl cap 25 mg, 50 mg, 75 mg....49
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg....62
clonazepam tab 0.5 mg, 1 mg, 2 mg....62
clonidine hcl tab er 12hr 0.1 mg....52
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg....34
clonidine td patch weekly 0.1 mg/24hr....34
clonidine td patch weekly 0.2 mg/24hr....34
clonidine td patch weekly 0.3 mg/24hr....34
clopidogrel bisulfate tab 75 mg (base equiv)....71
clopidogrel bisulfate tab 300 mg (base equiv)....71
clorazepate dipotassium tab 7.5 mg....48
clorazepate dipotassium tab 3.75 mg, 15 mg....48
clotrimazole troche 10 mg....76
clotrimazole w/ betamethasone cream 1-0.05%....78
CLOZAPINE ODT....50
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg....50
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg....50
COAGADEX....71
COAGUCHEK LANCETS....89

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