

Fallon Health

2023 Formulary (List of Covered Drugs)

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

Formulary ID: 00023432: Version: 21

This formulary was updated on 11/28/2023. For more recent information or other questions, please contact Fallon Health Customer Service at 1-800-325-5669 (TTY users should call TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/medicare.

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

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Fallon Health. When it refers to “plan” or “our plan,” it means Fallon Medicare Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of November 28, 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Fallon Health Formulary?

A formulary is a list of covered drugs selected by Fallon Medicare Plus in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Fallon Medicare Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Fallon Medicare Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Fallon Medicare Plus may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Fallon Health Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Fallon Health Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year

about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of November 28, 2023. To get updated information about the drugs covered by Fallon Medicare Plus, please contact us. Our contact information appears on the front and back cover pages. All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur. The formulary and any addenda will also be available online at fallonhealth.org/medicare.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 93. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Fallon Medicare Plus covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Fallon Medicare Plus requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Medicare Plus before you fill your prescriptions. If you don't get approval, Fallon Medicare Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Fallon Medicare Plus limits the amount of the drug that Fallon Medicare Plus will cover. For example, Fallon Medicare Plus provides one tablet a day per prescription for *desvenlafaxine*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Fallon Medicare Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Medicare Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Medicare Plus will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary

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

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

What if my drug is not on the Formulary?

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

If you learn that Fallon Medicare Plus does not cover your drug, you have two options:

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

How do I request an exception to the Fallon Health Formulary?

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

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

Generally, Fallon Medicare Plus will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

Fallon Medicare Plus Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Fallon Medicare Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 93.

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

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

Abbreviation	Explanation
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HI	Home Infusion. This prescription drug is covered under our medical benefit. For more information, call Customer Service at 1-800-325-5669 (TTY users should call TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/medicare .
LA	Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-325-5669 (TRS 711), Monday–Friday, 8 a.m.–8 p.m. (Oct. 1–March 31, seven days a week).
MO	Mail-Order Drug. This prescription drug is available through our mail-order service.
NEDS	Non Extended Day Supply. This drug is limited to a 30-day supply per prescription fill.
PA	Prior Authorization. Fallon Medicare Plus requires your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Medicare Plus before you fill your prescriptions. If you don't get approval, Fallon Medicare Plus may not cover the drug.
PA NS	Prior Authorization for New Starts only. Fallon Medicare Plus requires a prior authorization for certain drugs for new prescriptions only. This means that if you are newly starting on this drug, you need to get approval from Fallon Medicare Plus before you fill your prescriptions. If you don't get approval, Fallon Medicare Plus may not cover the drug. Prior authorization is not required if you have been previously filling this drug with Fallon Medicare Plus.
QL	Quantity Limit. For certain drugs, Fallon Medicare Plus limits the amount of the drug that Fallon Medicare Plus will cover. For example, Fallon Medicare Plus provides one tablet a day per prescription for <i>desvenlafaxine</i> . This may be in addition to a standard one-month or three-month supply.
ST	Step Therapy. In some cases, Fallon Medicare Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Medicare Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Medicare Plus will then cover Drug B.

Drug	Status	Requirements/Limits
Nonsteroidal Anti-Inflammatory Drugs		
<i>etodolac oral capsule</i>	Tier 2	MO
<i>etodolac oral tablet</i>	Tier 2	MO
<i>flurbiprofen oral tablet</i>	Tier 2	MO
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection solution</i>	Tier 5	QL (8 ML per 30 days); NEDS
<i>dihydroergotamine mesylate nasal solution</i>	Tier 5	NEDS
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier 5	NEDS
<i>ergotamine-caffeine oral tablet</i>	Tier 2	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (1 ML per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
EPRONTIA ORAL SOLUTION	Tier 4	
<i>timolol maleate oral tablet</i>	Tier 2	MO
UBRELVY ORAL TABLET	Tier 5	PA; QL (16 EA per 30 days); NEDS
Serotonin 5-Ht-Receptor Agonists		
<i>rizatriptan benzoate oral tablet</i>	Tier 2	QL (36 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 2	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 2	QL (8 ML per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier 3	
<i>pyridostigmine bromide oral solution</i>	Tier 5	NEDS
<i>pyridostigmine bromide oral tablet</i>	Tier 2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	Tier 2	MO
<i>rifabutin oral capsule</i>	Tier 2	
Antituberculars		
<i>ethambutol hcl oral tablet</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>isoniazid oral syrup</i>	Tier 2	MO
<i>isoniazid oral tablet</i>	Tier 1	MO
PASER ORAL PACKET	Tier 4	
<i>pretomanid oral tablet</i>	Tier 2	
PRIFTIN ORAL TABLET	Tier 4	
<i>pyrazinamide oral tablet</i>	Tier 2	
<i>rifampin intravenous solution reconstituted</i>	Tier 6	HI
<i>rifampin oral capsule</i>	Tier 2	
SIRTURO ORAL TABLET	Tier 5	PA; NEDS
TRECTOR ORAL TABLET	Tier 4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Tier 2	B/D
<i>cyclophosphamide oral tablet</i>	Tier 2	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 4	
LEUKERAN ORAL TABLET	Tier 5	NEDS
MATULANE ORAL CAPSULE	Tier 5	NEDS
<i>thiotepa injection solution reconstituted 15 mg</i>	Tier 5	NEDS
VALCHLOR EXTERNAL GEL	Tier 5	PA NS; NEDS
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 2	PA NS
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 5	PA NS; NEDS
<i>bicalutamide oral tablet</i>	Tier 2	
ERLEADA ORAL TABLET	Tier 5	PA NS; NEDS
<i>flutamide oral capsule</i>	Tier 2	
<i>nilutamide oral tablet</i>	Tier 5	NEDS
NUBEQA ORAL TABLET	Tier 5	PA NS; NEDS
XTANDI ORAL CAPSULE	Tier 5	PA NS; NEDS
XTANDI ORAL TABLET	Tier 5	PA NS; NEDS
YONSA ORAL TABLET	Tier 5	PA NS; NEDS
Antiangiogenic Agents		
<i>lenalidomide oral capsule</i>	Tier 5	PA NS; LA; NEDS
POMALYST ORAL CAPSULE	Tier 5	PA NS; NEDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	Tier 5	PA NS; NEDS
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	Tier 5	PA NS; LA; NEDS

Drug	Status	Requirements/Limits
THALOMID ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	Tier 5	NEDS
<i>fulvestrant intramuscular solution</i>	Tier 5	NEDS
<i>fulvestrant intramuscular solution prefilled syringe</i>	Tier 5	NEDS
ORSERDU ORAL TABLET	Tier 5	PA NS; NEDS
SOLTAMOX ORAL SOLUTION	Tier 5	MO; NEDS
<i>tamoxifen citrate oral tablet</i>	Tier 2	MO
<i>toremifene citrate oral tablet</i>	Tier 5	MO; NEDS
Antimetabolites		
<i>hydroxyurea oral capsule</i>	Tier 2	
INQOVI ORAL TABLET	Tier 5	PA NS; QL (5 EA per 28 days); NEDS
LONSURF ORAL TABLET	Tier 5	PA NS; NEDS
<i>mercaptopurine oral tablet</i>	Tier 2	
ONUREG ORAL TABLET	Tier 5	PA NS; NEDS
PURIXAN ORAL SUSPENSION	Tier 5	NEDS
SIKLOS ORAL TABLET 100 MG	Tier 4	
SIKLOS ORAL TABLET 1000 MG	Tier 5	NEDS
TABLOID ORAL TABLET	Tier 4	
Antineoplastics, Other		
<i>azacitidine injection suspension reconstituted</i>	Tier 5	PA NS; NEDS
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	Tier 2	B/D
<i>bortezomib injection solution reconstituted 3.5 mg</i>	Tier 5	NEDS
COTELLIC ORAL TABLET	Tier 5	PA NS; NEDS
GAVRETO ORAL CAPSULE	Tier 5	PA NS; NEDS
GILOTRIF ORAL TABLET	Tier 5	PA NS; NEDS
IBRANCE ORAL CAPSULE	Tier 5	PA NS; NEDS
IBRANCE ORAL TABLET	Tier 5	PA NS; NEDS
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KRAZATI ORAL TABLET	Tier 5	PA NS; NEDS

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

Drug	Status	Requirements/Limits
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	Tier 2	
LUMAKRAS ORAL TABLET	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
NINLARO ORAL CAPSULE	Tier 5	PA NS; NEDS
ODOMZO ORAL CAPSULE	Tier 5	PA NS; NEDS
OJJAARA ORAL TABLET	Tier 5	PA NS; NEDS
ONCASPAR INJECTION SOLUTION	Tier 5	NEDS
ORGOVYX ORAL TABLET	Tier 5	PA NS; NEDS
RETEVMO ORAL CAPSULE	Tier 5	PA NS; NEDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA NS; NEDS
TAGRISSE ORAL TABLET	Tier 5	PA NS; NEDS
TUKYSA ORAL TABLET	Tier 5	PA NS; NEDS
VELCADE INJECTION SOLUTION RECONSTITUTED	Tier 5	NEDS
VENCLEXTA ORAL TABLET 10 MG	Tier 4	PA NS
VENCLEXTA ORAL TABLET 100 MG, 50 MG	Tier 5	PA NS; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
WELIREG ORAL TABLET	Tier 5	PA NS; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 5	PA NS; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 5	PA NS; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 5	PA NS; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Tier 5	PA NS; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 5	PA NS; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
ZOLINZA ORAL CAPSULE	Tier 5	PA NS; NEDS
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	Tier 2	MO
<i>exemestane oral tablet</i>	Tier 2	MO
<i>letrozole oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE	Tier 5	PA NS; NEDS
IDHIFA ORAL TABLET	Tier 5	PA NS; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
REZLIDHIA ORAL CAPSULE	Tier 5	PA NS; NEDS
TIBSOVO ORAL TABLET	Tier 5	PA NS; NEDS
VERZENIO ORAL TABLET	Tier 5	PA NS; NEDS
VITRAKVI ORAL CAPSULE	Tier 5	PA NS; NEDS
VITRAKVI ORAL SOLUTION	Tier 5	PA NS; NEDS
XOSPATA ORAL TABLET	Tier 5	PA NS; NEDS
ZYDELIG ORAL TABLET	Tier 5	PA NS; NEDS
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE	Tier 5	PA NS; NEDS
ALUNBRIG ORAL TABLET	Tier 5	PA NS; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
AYVAKIT ORAL TABLET	Tier 5	PA NS; QL (1 EA per 1 day); NEDS
BALVERSA ORAL TABLET	Tier 5	PA NS; NEDS
BOSULIF ORAL TABLET	Tier 5	PA NS; NEDS
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5	PA NS; NEDS
BRUKINSA ORAL CAPSULE	Tier 5	PA NS; NEDS
CABOMETYX ORAL TABLET	Tier 5	PA NS; NEDS
CALQUENCE ORAL CAPSULE	Tier 5	PA NS; NEDS
CALQUENCE ORAL TABLET	Tier 5	PA NS; NEDS
CAPRELSA ORAL TABLET	Tier 5	PA NS; NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 5	PA NS; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 5	PA NS; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier 5	PA NS; NEDS
DAURISMO ORAL TABLET	Tier 5	PA NS; NEDS
ERIVEDGE ORAL CAPSULE	Tier 5	PA NS; NEDS
<i>erlotinib hcl oral tablet</i>	Tier 5	PA NS; NEDS

Drug	Status	Requirements/Limits
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	PA NS; NEDS
<i>everolimus oral tablet soluble</i>	Tier 5	PA NS; NEDS
EXKIVITY ORAL CAPSULE	Tier 5	PA NS; NEDS
FARYDAK ORAL CAPSULE	Tier 5	PA NS; NEDS
FOTIVDA ORAL CAPSULE	Tier 5	PA NS; NEDS
GEFITINIB ORAL TABLET	Tier 5	PA NS; NEDS
ICLUSIG ORAL TABLET	Tier 5	PA NS; NEDS
<i>imatinib mesylate oral tablet</i>	Tier 2	
IMBRUVICA ORAL CAPSULE	Tier 5	PA NS; NEDS
IMBRUVICA ORAL SUSPENSION	Tier 5	PA NS; NEDS
IMBRUVICA ORAL TABLET	Tier 5	PA NS; NEDS
INLYTA ORAL TABLET	Tier 5	PA NS; NEDS
INREBIC ORAL CAPSULE	Tier 5	PA NS; NEDS
IRESSA ORAL TABLET	Tier 5	PA NS; NEDS
JAKAFI ORAL TABLET	Tier 5	PA NS; NEDS
JAYPIRCA ORAL TABLET 100 MG	Tier 5	PA NS; NEDS
JAYPIRCA ORAL TABLET 50 MG	Tier 5	PA NS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KOSELUGO ORAL CAPSULE 10 MG	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
KOSELUGO ORAL CAPSULE 25 MG	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
<i>lapatinib ditosylate oral tablet</i>	Tier 5	PA NS; LA; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS

Drug	Status	Requirements/Limits
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LORBRENA ORAL TABLET	Tier 5	PA NS; NEDS
LYNPARZA ORAL TABLET	Tier 5	PA NS; NEDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
MEKINIST ORAL SOLUTION RECONSTITUTED	Tier 5	PA NS; NEDS
MEKINIST ORAL TABLET	Tier 5	PA NS; NEDS
MEKTOVI ORAL TABLET	Tier 5	PA NS; NEDS
NERLYNX ORAL TABLET	Tier 5	PA NS; NEDS
<i>pazopanib hcl oral tablet</i>	Tier 5	PA NS; NEDS
PEMAZYRE ORAL TABLET	Tier 5	PA NS; NEDS
QINLOCK ORAL TABLET	Tier 5	PA NS; NEDS
ROZLYTREK ORAL CAPSULE	Tier 5	PA NS; NEDS
RUBRACA ORAL TABLET	Tier 5	PA NS; NEDS
RYDAPT ORAL CAPSULE	Tier 5	PA NS; NEDS
SCSEMBLIX ORAL TABLET 20 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
SCSEMBLIX ORAL TABLET 40 MG	Tier 5	PA NS; NEDS
<i>sorafenib tosylate oral tablet</i>	Tier 5	PA NS; NEDS
SPRYCEL ORAL TABLET	Tier 5	PA NS; NEDS
STIVARGA ORAL TABLET	Tier 5	PA NS; NEDS
<i>sunitinib malate oral capsule</i>	Tier 5	PA NS; NEDS
TABRECTA ORAL TABLET	Tier 5	PA NS; NEDS
TAFINLAR ORAL CAPSULE	Tier 5	PA NS; NEDS
TAFINLAR ORAL TABLET SOLUBLE	Tier 5	PA NS; NEDS
TALZENNA ORAL CAPSULE	Tier 5	PA NS; NEDS
TASIGNA ORAL CAPSULE	Tier 5	PA NS; NEDS
TAZVERIK ORAL TABLET	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
TEPMETKO ORAL TABLET	Tier 5	PA NS; NEDS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; QL (21 EA per 28 days); NEDS

Drug	Status	Requirements/Limits
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; QL (42 EA per 28 days); NEDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; QL (42 EA per 28 days); NEDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; QL (63 EA per 28 days); NEDS
TURALIO ORAL CAPSULE	Tier 5	PA NS; NEDS
UKONIQ ORAL TABLET	Tier 5	PA NS; NEDS
VANFLYTA ORAL TABLET	Tier 5	PA NS; NEDS
VIZIMPRO ORAL TABLET	Tier 5	PA NS; NEDS
VONJO ORAL CAPSULE	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
VOTRIENT ORAL TABLET	Tier 5	PA NS; NEDS
XALKORI ORAL CAPSULE	Tier 5	PA NS; NEDS
ZEJULA ORAL CAPSULE	Tier 5	PA NS; NEDS
ZEJULA ORAL TABLET	Tier 5	PA NS; NEDS
ZELBORAF ORAL TABLET	Tier 5	PA NS; NEDS
ZYKADIA ORAL TABLET	Tier 5	PA NS; NEDS
Retinoids		
<i>bexarotene external gel</i>	Tier 5	PA NS; NEDS
<i>bexarotene oral capsule</i>	Tier 5	NEDS
PANRETIN EXTERNAL GEL	Tier 5	NEDS
<i>tretinoin oral capsule</i>	Tier 5	NEDS
Treatment Adjuncts		
<i>leucovorin calcium injection solution 100 mg/10ml</i>	Tier 2	
<i>leucovorin calcium oral tablet</i>	Tier 2	
MESNEX ORAL TABLET	Tier 5	NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	Tier 5	NEDS
<i>ivermectin oral tablet</i>	Tier 2	
<i>praziquantel oral tablet</i>	Tier 2	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	Tier 5	NEDS
<i>atovaquone oral suspension</i>	Tier 2	
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 2	
<i>chloroquine phosphate oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
COARTEM ORAL TABLET	Tier 4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	Tier 2	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 2	MO
IMPAVIDO ORAL CAPSULE	Tier 5	NEDS
KRINTAFEL ORAL TABLET	Tier 4	
<i>mefloquine hcl oral tablet</i>	Tier 2	MO
<i>nitazoxanide oral tablet</i>	Tier 5	NEDS
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier 2	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	Tier 2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 2	
<i>pyrimethamine oral tablet</i>	Tier 5	NEDS
<i>quinine sulfate oral capsule</i>	Tier 2	PA
Pediculicides/Scabicides		
<i>lindane external shampoo</i>	Tier 2	
<i>malathion external lotion</i>	Tier 2	
<i>permethrin external cream</i>	Tier 3	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet</i>	Tier 1	MO
<i>trihexyphenidyl hcl oral solution</i>	Tier 2	MO
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	MO
Antiparkinson Agents, Other		
<i>entacapone oral tablet</i>	Tier 2	MO
<i>tolcapone oral tablet</i>	Tier 5	MO; NEDS
Dopamine Agonists		
<i>apomorphine hcl subcutaneous solution cartridge</i>	Tier 5	PA; NEDS
<i>bromocriptine mesylate oral capsule</i>	Tier 2	MO
<i>bromocriptine mesylate oral tablet</i>	Tier 2	MO
KYNMOBI SUBLINGUAL FILM	Tier 5	PA; NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier 4	MO
<i>pramipexole dihydrochloride oral tablet</i>	Tier 2	MO
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>ropinirole hcl oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet</i>	Tier 2	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier 2	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 2	MO
INBRIJA INHALATION CAPSULE	Tier 5	PA; MO; QL (10 EA per 1 day); NEDS
RYTARY ORAL CAPSULE EXTENDED RELEASE	Tier 4	ST; MO
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet</i>	Tier 2	MO
<i>selegiline hcl oral capsule</i>	Tier 2	MO
<i>selegiline hcl oral tablet</i>	Tier 2	MO
ZELAPAR ORAL TABLET DISPERSIBLE	Tier 5	MO; NEDS
Antipsychotics		
1St Generation/Typical		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	Tier 4	
<i>chlorpromazine hcl oral concentrate</i>	Tier 2	MO
<i>chlorpromazine hcl oral tablet</i>	Tier 2	MO
<i>fluphenazine decanoate injection solution</i>	Tier 2	
FLUPHENAZINE HCL INJECTION SOLUTION	Tier 4	
FLUPHENAZINE HCL ORAL CONCENTRATE	Tier 4	MO
FLUPHENAZINE HCL ORAL ELIXIR	Tier 4	MO
<i>fluphenazine hcl oral tablet</i>	Tier 2	MO
<i>haloperidol decanoate intramuscular solution</i>	Tier 2	
<i>haloperidol lactate injection solution</i>	Tier 2	
<i>haloperidol lactate oral concentrate</i>	Tier 2	MO
<i>haloperidol oral tablet</i>	Tier 1	MO
<i>loxapine succinate oral capsule</i>	Tier 2	MO
<i>molindone hcl oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>perphenazine oral tablet</i>	Tier 2	MO
<i>pimozide oral tablet</i>	Tier 2	MO
<i>prochlorperazine maleate oral tablet</i>	Tier 1	MO
<i>prochlorperazine rectal suppository</i>	Tier 2	
<i>thioridazine hcl oral tablet</i>	Tier 1	MO
<i>thiothixene oral capsule</i>	Tier 2	MO
<i>trifluoperazine hcl oral tablet</i>	Tier 2	MO
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Tier 5	MO; NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier 5	MO; NEDS
<i>aripiprazole oral solution</i>	Tier 2	MO
<i>aripiprazole oral tablet</i>	Tier 2	MO
<i>aripiprazole oral tablet dispersible</i>	Tier 5	MO; NEDS
<i>asenapine maleate sublingual tablet sublingual</i>	Tier 2	MO
CAPLYTA ORAL CAPSULE	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
FANAPT ORAL TABLET	Tier 5	ST; NEDS
FANAPT TITRATION PACK ORAL TABLET	Tier 4	ST
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier 5	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 5	NEDS
LATUDA ORAL TABLET	Tier 5	MO; NEDS
<i>lurasidone hcl oral tablet</i>	Tier 2	MO
LYBALVI ORAL TABLET	Tier 5	ST; QL (30 EA per 30 days); NEDS
NUPLAZID ORAL CAPSULE	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS

Drug	Status	Requirements/Limits
<i>olanzapine intramuscular solution reconstituted</i>	Tier 2	
<i>olanzapine oral tablet</i>	Tier 2	MO
<i>olanzapine oral tablet dispersible</i>	Tier 2	MO
<i>paliperidone er oral tablet extended release 24 hour</i>	Tier 2	MO
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier 5	MO; NEDS
<i>quetiapine fumarate oral tablet</i>	Tier 2	MO
REXULTI ORAL TABLET	Tier 5	MO; NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	Tier 3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	Tier 5	NEDS
<i>risperidone oral solution</i>	Tier 2	MO; QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible</i>	Tier 2	MO; QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE	Tier 5	ST; MO; QL (1 EA per 1 day); NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier 4	ST
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Tier 2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Tier 4	
Treatment-Resistant		
<i>clozapine oral tablet</i>	Tier 2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	Tier 2	
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 5	NEDS
VERSACLOZ ORAL SUSPENSION	Tier 5	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet</i>	Tier 2	
<i>dantrolene sodium oral capsule</i>	Tier 2	
<i>tizanidine hcl oral tablet</i>	Tier 2	

Drug	Status	Requirements/Limits
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET	Tier 5	NEDS
PREVYMIS ORAL TABLET	Tier 5	PA; MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 5	MO; NEDS
<i>valganciclovir hcl oral tablet</i>	Tier 2	MO
ZIRGAN OPHTHALMIC GEL	Tier 4	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	Tier 2	PA; MO
BARACLUDE ORAL SOLUTION	Tier 5	MO; NEDS
<i>entecavir oral tablet</i>	Tier 2	MO
EPIVIR HBV ORAL SOLUTION	Tier 3	MO
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
<i>lamivudine oral tablet 100 mg</i>	Tier 2	MO
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL PACKET	Tier 5	PA; NEDS
EPCLUSA ORAL TABLET	Tier 5	PA; NEDS
HARVONI ORAL PACKET	Tier 5	PA; NEDS
HARVONI ORAL TABLET 90-400 MG	Tier 5	PA; NEDS
<i>ledipasvir-sofosbuvir oral tablet</i>	Tier 5	PA; NEDS
<i>sofosbuvir-velpatasvir oral tablet</i>	Tier 5	PA; NEDS
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
MAVYRET ORAL PACKET	Tier 5	PA; NEDS
MAVYRET ORAL TABLET	Tier 5	PA; NEDS
VOSEVI ORAL TABLET	Tier 5	PA; NEDS
Anti-Hepatitis C (Hcv) Agents, Other		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	NEDS
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED	Tier 5	NEDS
<i>ribavirin oral capsule</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>acyclovir oral suspension</i>	Tier 2	
<i>acyclovir oral tablet</i>	Tier 1	
<i>acyclovir sodium intravenous solution</i>	Tier 6	B/D; HI
<i>famciclovir oral tablet</i>	Tier 2	
SITAVIG BUCCAL TABLET	Tier 5	NEDS
<i>trifluridine ophthalmic solution</i>	Tier 2	
<i>valacyclovir hcl oral tablet</i>	Tier 2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 5	NEDS
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 5	MO; NEDS
GENVOYA ORAL TABLET	Tier 5	MO; NEDS
ISENTRESS HD ORAL TABLET	Tier 5	MO; NEDS
ISENTRESS ORAL PACKET	Tier 5	MO; NEDS
ISENTRESS ORAL TABLET	Tier 5	MO; NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier 5	MO; NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier 3	MO
STRIBILD ORAL TABLET	Tier 5	MO; NEDS
SYMTUZA ORAL TABLET	Tier 5	MO; NEDS
TIVICAY ORAL TABLET 10 MG	Tier 3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier 5	MO; NEDS
TIVICAY PD ORAL TABLET SOLUBLE	Tier 5	MO; NEDS
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET	Tier 5	MO; NEDS
EDURANT ORAL TABLET	Tier 5	MO; NEDS
<i>efavirenz oral capsule</i>	Tier 1	MO
<i>efavirenz oral tablet</i>	Tier 1	MO
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	Tier 5	MO; NEDS
<i>etravirine oral tablet</i>	Tier 5	MO; NEDS
INTELENCE ORAL TABLET 25 MG	Tier 4	MO
<i>nevirapine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nevirapine oral suspension</i>	Tier 2	MO
<i>nevirapine oral tablet</i>	Tier 2	MO
ODEFSEY ORAL TABLET	Tier 5	MO; NEDS
PIFELTRO ORAL TABLET	Tier 5	MO; NEDS

Drug	Status	Requirements/Limits
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	Tier 2	MO
<i>abacavir sulfate oral tablet</i>	Tier 2	MO
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 2	MO
CIMDUO ORAL TABLET	Tier 5	MO; NEDS
DELSTRIGO ORAL TABLET	Tier 5	MO; NEDS
DESCOVY ORAL TABLET 120-15 MG	Tier 5	NEDS
DESCOVY ORAL TABLET 200-25 MG	Tier 5	MO; NEDS
DOVATO ORAL TABLET	Tier 5	MO; NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Tier 5	MO; NEDS
<i>emtricitabine oral capsule</i>	Tier 2	MO
<i>emtricitabine-tenofovir df oral tablet</i>	Tier 5	MO; NEDS
EMTRIVA ORAL SOLUTION	Tier 4	MO
JULUCA ORAL TABLET	Tier 5	MO; NEDS
<i>lamivudine oral solution</i>	Tier 2	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 2	MO
<i>lamivudine-zidovudine oral tablet</i>	Tier 2	MO
<i>stavudine oral capsule</i>	Tier 2	MO
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier 2	MO
TRIUMEQ ORAL TABLET	Tier 5	MO; NEDS
TRIZIVIR ORAL TABLET	Tier 5	MO; NEDS
VIREAD ORAL POWDER	Tier 5	MO; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	MO; NEDS
<i>zidovudine oral capsule</i>	Tier 2	MO
<i>zidovudine oral syrup</i>	Tier 2	MO
<i>zidovudine oral tablet</i>	Tier 2	MO
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
<i>maraviroc oral tablet</i>	Tier 5	MO; NEDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 5	MO; QL (2 EA per 1 day); NEDS
SELZENTRY ORAL SOLUTION	Tier 5	MO; NEDS
SELZENTRY ORAL TABLET 25 MG	Tier 3	MO
SELZENTRY ORAL TABLET 75 MG	Tier 5	MO; NEDS

Drug	Status	Requirements/Limits
SUNLENCA ORAL TABLET THERAPY PACK	Tier 5	
TRIUMEQ PD ORAL TABLET SOLUBLE	Tier 5	
TYBOST ORAL TABLET	Tier 3	MO
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	Tier 5	MO; NEDS
<i>atazanavir sulfate oral capsule</i>	Tier 2	MO
<i>darunavir oral tablet 600 mg</i>	Tier 4	
<i>darunavir oral tablet 800 mg</i>	Tier 5	NEDS
EVOTAZ ORAL TABLET	Tier 5	MO; NEDS
FOSAMPRENAVIR CALCIUM ORAL TABLET	Tier 5	MO; NEDS
LEXIVA ORAL SUSPENSION	Tier 4	MO
<i>lopinavir-ritonavir oral solution</i>	Tier 2	MO
<i>lopinavir-ritonavir oral tablet</i>	Tier 2	MO
NORVIR ORAL PACKET	Tier 3	MO
NORVIR ORAL SOLUTION	Tier 3	MO
PREZCOBIX ORAL TABLET	Tier 5	MO; NEDS
PREZISTA ORAL SUSPENSION	Tier 5	NEDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	Tier 5	NEDS
PREZISTA ORAL TABLET 75 MG	Tier 4	
REYATAZ ORAL PACKET	Tier 5	MO; NEDS
<i>ritonavir oral tablet</i>	Tier 2	MO
VIRACEPT ORAL TABLET	Tier 5	MO; NEDS
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	Tier 2	MO
<i>amantadine hcl oral solution</i>	Tier 2	
<i>amantadine hcl oral tablet</i>	Tier 2	MO
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	QL (25 ML per 1 day)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 4	
<i>rimantadine hcl oral tablet</i>	Tier 2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	Tier 3	

Drug	Status	Requirements/Limits
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	Tier 3	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl oral tablet</i>	Tier 2	
<i>doxepin hcl oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral syrup</i>	Tier 2	
<i>hydroxyzine hcl oral tablet</i>	Tier 2	
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i>	Tier 2	
<i>alprazolam oral tablet</i>	Tier 1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	Tier 2	
<i>chlordiazepoxide hcl oral capsule</i>	Tier 1	
<i>clorazepate dipotassium oral tablet</i>	Tier 2	
<i>diazepam oral solution 5 mg/5ml</i>	Tier 2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>estazolam oral tablet</i>	Tier 2	QL (1 EA per 1 day)
<i>lorazepam injection solution 2 mg/ml</i>	Tier 2	
<i>lorazepam intensol oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Tier 1	QL (150 EA per 30 days)
<i>oxazepam oral capsule</i>	Tier 2	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>paroxetine hcl oral tablet</i>	Tier 1	MO
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	Tier 4	
<i>venlafaxine hcl oral tablet</i>	Tier 2	MO
Bipolar Agents		
Bipolar Agents, Other		
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier 2	MO
<i>ziprasidone hcl oral capsule</i>	Tier 2	MO

Drug	Status	Requirements/Limits
Mood Stabilizers		
<i>divalproex sodium oral tablet delayed release</i>	Tier 2	MO
<i>lamotrigine oral tablet</i>	Tier 1	MO
<i>lamotrigine oral tablet chewable</i>	Tier 2	MO
<i>lithium carbonate er oral tablet extended release</i>	Tier 2	MO
<i>lithium carbonate oral capsule</i>	Tier 1	MO
<i>lithium carbonate oral tablet</i>	Tier 2	MO
<i>lithium oral solution</i>	Tier 2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	Tier 2	MO; QL (3 EA per 1 day)
<i>alogliptin benzoate oral tablet</i>	Tier 2	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	Tier 3	MO
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	MO
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	MO
CYCLOSET ORAL TABLET	Tier 4	MO
FARXIGA ORAL TABLET	Tier 3	MO
<i>glimepiride oral tablet</i>	Tier 1	MO
<i>glipizide er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>glyburide micronized oral tablet</i>	Tier 2	MO
<i>glyburide oral tablet</i>	Tier 2	MO
GLYXAMBI ORAL TABLET	Tier 3	MO
JANUVIA ORAL TABLET	Tier 3	MO; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET	Tier 3	MO
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>metformin hcl oral solution</i>	Tier 2	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	MO
<i>miglitol oral tablet</i>	Tier 1	MO
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	QL (2 ML per 28 days)
<i>nateglinide oral tablet</i>	Tier 2	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO

Drug	Status	Requirements/Limits
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 3	MO
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
<i>pioglitazone hcl oral tablet</i>	Tier 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Tier 2	MO; QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	Tier 2	MO; QL (8 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
SYNJARDY ORAL TABLET	Tier 3	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
TRADJENTA ORAL TABLET	Tier 3	MO; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
Blood Glucose Regulators		
<i>glipizide-metformin hcl oral tablet</i>	Tier 2	MO
<i>glyburide-metformin oral tablet</i>	Tier 2	MO; QL (4 EA per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 3	QL (0.4 ML per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 3	QL (0.8 ML per 1 day)
GVOKE KIT SUBCUTANEOUS SOLUTION	Tier 3	QL (0.8 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	Tier 3	QL (0.4 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 3	QL (0.8 ML per 1 day)
JANUMET ORAL TABLET	Tier 3	MO; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET	Tier 3	MO; QL (2 EA per 1 day)

Drug	Status	Requirements/Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; QL (2 EA per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier 2	MO
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier 2	MO
Glycemic Agents		
<i>diazoxide oral suspension</i>	Tier 5	MO; NEDS
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier 3	
GLUCAGON EMERGENCY INJECTION KIT	Tier 3	
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Tier 4	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 4	
CVS GAUZE STERILE PAD 2"X2"	Tier 4	
HUMALOG INJECTION SOLUTION	Tier 3	MO
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier 3	MO

Drug	Status	Requirements/Limits
HUMULIN R INJECTION SOLUTION	Tier 3	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Tier 3	MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
<i>insulin lispro injection solution</i>	Tier 3	MO
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Tier 3	MO
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	Tier 3	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
LANTUS SUBCUTANEOUS SOLUTION	Tier 3	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	Tier 4	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
Blood Glucose Supplies		
Glucose Monitoring Test Supplies		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCU-CHEK GUIDE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCUTREND GLUCOSE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVANCE INTUITION TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX AMP TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX JAZZ TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)

Drug	Status	Requirements/Limits
AGAMATRIX KEYNOTE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX PRESTO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE 3 TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE 4 TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE II CHECK IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE II IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE PLATINUM IN VITRO STRIP	Tier 4	PA
ASSURE PRISM MULTI TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE PRO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
BIOSCANNER GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CARESENS N GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CARETOUCH TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHEK TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHOICE MICRO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHOICE NO CODING IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CONTOUR NEXT TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CONTOUR TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
DEXCOM G6 RECEIVER DEVICE	Tier 4	PA
DEXCOM G6 SENSOR	Tier 4	PA
DEXCOM G6 TRANSMITTER	Tier 4	PA
DEXCOM G7 RECEIVER DEVICE	Tier 4	PA
DEXCOM G7 SENSOR	Tier 4	PA

Drug	Status	Requirements/Limits
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EASY STEP TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EASY TOUCH TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EASYGLUCO IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EASYMAX 15 TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ENLITE GLUCOSE SENSOR	Tier 4	PA
EVERSENSE E3 SENSOR/HOLDER	Tier 4	PA
EVERSENSE E3 SMART TRANSMITTER	Tier 4	PA
EVERSENSE SENSOR/HOLDER	Tier 4	PA
EVERSENSE SMART TRANSMITTER	Tier 4	PA
FREESTYLE INSULINX TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 4	PA
FREESTYLE LIBRE 14 DAY SENSOR	Tier 4	PA
FREESTYLE LIBRE 2 READER DEVICE	Tier 4	PA
FREESTYLE LIBRE 2 SENSOR	Tier 4	PA
FREESTYLE LIBRE 3 SENSOR	Tier 4	PA
FREESTYLE LIBRE READER DEVICE	Tier 4	PA
FREESTYLE LITE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
FREESTYLE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
GUARDIAN LINK 3 TRANSMITTER	Tier 4	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE	Tier 4	PA
GUARDIAN SENSOR (3)	Tier 4	PA
ONETOUCH ULTRA 2 KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH ULTRA MINI KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH VERIO IN VITRO STRIP	Tier 3	QL (5 EA per 1 day)
ONETOUCH VERIO IQ SYSTEM KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH VERIO KIT	Tier 3	QL (1 EA per 365 days)
OPTIUMEZ TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)

Drug	Status	Requirements/Limits
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
PTS PANELS GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
QUICKTEK TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
RELION CONFIRM/MICRO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
RELION PRIME TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
RELION ULTIMA TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
Blood Products And Modifiers		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	
ELIQUIS ORAL TABLET	Tier 3	MO
<i>enoxaparin sodium injection solution prefilled syringe</i>	Tier 2	
XARELTO ORAL TABLET	Tier 3	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	
Blood Products And Modifiers, Other		
PYRUKYND ORAL TABLET 20 MG, 5 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS
PYRUKYND ORAL TABLET 50 MG	Tier 5	PA; QL (120 EA per 30 days); NEDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	Tier 5	PA; QL (30 EA per 30 days); NEDS
Platelet Modifying Agents		
DOPTELET ORAL TABLET	Tier 5	PA; NEDS
<i>prasugrel hcl oral tablet</i>	Tier 2	MO
TAVALISSE ORAL TABLET	Tier 5	PA; MO; NEDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 5	NEDS

Drug	Status	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier 2	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Tier 5	NEDS
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 2	
<i>heparin sodium (porcine) pf injection solution</i>	Tier 2	
<i>jantoven oral tablet</i>	Tier 1	MO
<i>warfarin sodium oral tablet</i>	Tier 1	MO
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule</i>	Tier 2	MO
CABLIVI INJECTION KIT	Tier 5	PA; NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	Tier 5	NEDS
MOZOBIL SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
MULPLETA ORAL TABLET	Tier 5	PA; NEDS
OXBRYTA ORAL TABLET 300 MG	Tier 5	PA; QL (8 EA per 1 day); NEDS
OXBRYTA ORAL TABLET 500 MG	Tier 5	PA; MO; QL (5 EA per 1 day); NEDS
OXBRYTA ORAL TABLET SOLUBLE	Tier 5	PA; QL (8 EA per 1 day); NEDS
<i>plerixafor subcutaneous solution</i>	Tier 5	PA; NEDS
PROMACTA ORAL PACKET	Tier 5	PA; MO; NEDS
PROMACTA ORAL TABLET	Tier 5	PA; MO; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 4	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier 5	PA; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier 6	
Hemostasis Agents		
<i>tranexamic acid oral tablet</i>	Tier 2	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 2	MO
BRILINTA ORAL TABLET	Tier 3	MO
<i>cilostazol oral tablet</i>	Tier 2	MO
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	MO

Drug	Status	Requirements/Limits
<i>dipyridamole oral tablet</i>	Tier 2	MO
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	Tier 1	MO
<i>clonidine transdermal patch weekly</i>	Tier 2	MO
<i>guanfacine hcl oral tablet</i>	Tier 2	MO
<i>methyldopa oral tablet</i>	Tier 2	MO
<i>midodrine hcl oral tablet</i>	Tier 2	
Alpha-Adrenergic Blocking Agents		
<i>phenoxybenzamine hcl oral capsule</i>	Tier 5	NEDS
<i>prazosin hcl oral capsule</i>	Tier 2	MO
Angiotensin Ii Receptor Antagonists		
<i>amlodipine-olmesartan oral tablet</i>	Tier 2	MO
<i>candesartan cilexetil oral tablet</i>	Tier 2	MO
<i>candesartan cilexetil-hctz oral tablet</i>	Tier 2	MO
ENTRESTO ORAL TABLET	Tier 3	MO
<i>irbesartan oral tablet</i>	Tier 1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>losartan potassium oral tablet</i>	Tier 1	MO
<i>losartan potassium-hctz oral tablet</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet</i>	Tier 2	MO
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier 2	MO
<i>telmisartan oral tablet</i>	Tier 2	MO
<i>telmisartan-hctz oral tablet</i>	Tier 2	MO
<i>valsartan oral tablet</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>captopril oral tablet</i>	Tier 2	MO
<i>enalapril maleate oral tablet</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>fosinopril sodium oral tablet</i>	Tier 1	MO
<i>fosinopril sodium-hctz oral tablet</i>	Tier 2	MO
<i>lisinopril oral tablet</i>	Tier 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>moexipril hcl oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>perindopril erbumine oral tablet</i>	Tier 2	MO
<i>quinapril hcl oral tablet</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>ramipril oral capsule</i>	Tier 1	MO
<i>trandolapril oral tablet</i>	Tier 2	MO
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier 2	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet</i>	Tier 2	MO
<i>disopyramide phosphate oral capsule</i>	Tier 2	MO
<i>dofetilide oral capsule</i>	Tier 2	MO
<i>flecainide acetate oral tablet</i>	Tier 2	MO
<i>mexiletine hcl oral capsule</i>	Tier 2	MO
MULTAQ ORAL TABLET	Tier 3	MO
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier 3	MO
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 2	MO
<i>propafenone hcl oral tablet</i>	Tier 2	MO
<i>quinidine gluconate er oral tablet extended release</i>	Tier 2	MO
<i>quinidine sulfate oral tablet</i>	Tier 2	MO
<i>sorine oral tablet</i>	Tier 2	MO
<i>sotalol hcl (af) oral tablet</i>	Tier 2	MO
<i>sotalol hcl oral tablet</i>	Tier 2	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	Tier 2	MO
<i>atenolol oral tablet</i>	Tier 1	MO
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	MO
<i>betaxolol hcl oral tablet</i>	Tier 2	MO
<i>bisoprolol fumarate oral tablet</i>	Tier 2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>carvedilol oral tablet</i>	Tier 1	MO
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	Tier 1	MO
<i>labetalol hcl oral tablet</i>	Tier 2	MO
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>metoprolol tartrate oral tablet</i>	Tier 1	MO

Drug	Status	Requirements/Limits
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	MO
<i>pindolol oral tablet</i>	Tier 2	MO
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>propranolol hcl oral solution</i>	Tier 2	MO
<i>propranolol hcl oral tablet</i>	Tier 2	MO
Calcium Channel Blocking Agents		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier 2	MO
<i>amlodipine besylate oral tablet</i>	Tier 1	MO
<i>amlodipine besylate-valsartan oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>cartia xt oral capsule extended release 24 hour</i>	Tier 2	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier 2	MO
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 120 mg</i>	Tier 2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier 2	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 2	MO
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>diltiazem hcl oral tablet</i>	Tier 1	MO
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier 2	MO
<i>felodipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>isradipine oral capsule</i>	Tier 2	MO
<i>matzim la oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nicardipine hcl oral capsule</i>	Tier 2	MO
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nifedipine oral capsule</i>	Tier 2	MO
<i>taztia xt oral capsule extended release 24 hour</i>	Tier 2	MO
<i>tiadylt er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>verapamil hcl er oral tablet extended release</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>verapamil hcl oral tablet</i>	Tier 1	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet</i>	Tier 2	MO
CAMZYOS ORAL CAPSULE	Tier 5	PA; QL (30 EA per 30 days); NEDS
CORLANOR ORAL SOLUTION	Tier 4	PA; MO
CORLANOR ORAL TABLET	Tier 4	PA; MO
<i>digitek oral tablet</i>	Tier 2	MO
<i>digox oral tablet</i>	Tier 2	MO
<i>digoxin oral solution</i>	Tier 2	MO
<i>digoxin oral tablet</i>	Tier 2	MO
<i>droxidopa oral capsule</i>	Tier 5	PA; NEDS
<i>metyrosine oral capsule</i>	Tier 5	NEDS
NEXLETOL ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
ORLADEYO ORAL CAPSULE	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
<i>pentoxifylline er oral tablet extended release</i>	Tier 2	MO
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier 2	MO
<i>telmisartan-amlodipine oral tablet</i>	Tier 2	MO
VERQUVO ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral tablet</i>	Tier 2	MO
<i>methazolamide oral tablet</i>	Tier 2	MO
Diuretics, Loop		
<i>bumetanide oral tablet</i>	Tier 2	MO
<i>ethacrynic acid oral tablet</i>	Tier 2	MO
<i>furosemide injection solution 10 mg/ml</i>	Tier 6	HI
<i>furosemide injection solution 10 mg/ml (4ml syringe)</i>	Tier 6	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 2	MO
<i>furosemide oral tablet</i>	Tier 1	MO
<i>torseamide oral tablet</i>	Tier 2	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet</i>	Tier 2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>eplerenone oral tablet</i>	Tier 2	MO
KERENDIA ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)

Drug	Status	Requirements/Limits
<i>spironolactone oral tablet</i>	Tier 1	MO
<i>spironolactone-hctz oral tablet</i>	Tier 2	MO
<i>triamterene oral capsule</i>	Tier 2	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 2	MO
<i>triamterene-hctz oral tablet</i>	Tier 2	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	MO
<i>hydrochlorothiazide oral capsule</i>	Tier 1	MO
<i>hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>indapamide oral tablet</i>	Tier 1	MO
<i>metolazone oral tablet</i>	Tier 2	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 2	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 2	MO
<i>gemfibrozil oral tablet</i>	Tier 2	MO
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet</i>	Tier 1	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>fluvastatin sodium oral capsule</i>	Tier 2	MO
<i>lovastatin oral tablet</i>	Tier 1	MO
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO; QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet</i>	Tier 2	MO
<i>simvastatin oral tablet</i>	Tier 1	MO; QL (1.5 EA per 1 day)
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	Tier 2	MO
<i>cholestyramine light oral powder</i>	Tier 2	MO
<i>cholestyramine oral packet</i>	Tier 2	MO
<i>cholestyramine oral powder</i>	Tier 2	MO
<i>colesevelam hcl oral packet</i>	Tier 2	MO
<i>colesevelam hcl oral tablet</i>	Tier 2	MO
<i>colestipol hcl oral packet</i>	Tier 2	MO
<i>colestipol hcl oral tablet</i>	Tier 2	MO
<i>ezetimibe oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>ezetimibe-simvastatin oral tablet</i>	Tier 2	MO
<i>icosapent ethyl oral capsule</i>	Tier 2	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA; MO; NEDS
<i>niacin (antihyperlipidemic) oral tablet</i>	Tier 2	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	Tier 2	MO
<i>niacor oral tablet</i>	Tier 2	
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 2	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO
<i>prevalite oral packet</i>	Tier 2	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet</i>	Tier 2	MO
<i>minoxidil oral tablet</i>	Tier 2	MO
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	Tier 5	MO; NEDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>isosorbide mononitrate oral tablet</i>	Tier 2	MO
NITRO-BID TRANSDERMAL OINTMENT	Tier 4	MO
<i>nitroglycerin sublingual tablet sublingual</i>	Tier 2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 2	MO
<i>nitroglycerin translingual solution</i>	Tier 2	MO
RECTIV RECTAL OINTMENT	Tier 4	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 2	MO; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule extended release 24 hour</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral solution</i>	Tier 2	MO; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule</i>	Tier 2	MO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 50 mg, 60 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	Tier 2	MO
<i>methylphenidate hcl oral tablet</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	Tier 2	MO; QL (180 EA per 30 days)

Drug	Status	Requirements/Limits
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>relexxii oral tablet extended release 72 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET	Tier 5	PA; MO; NEDS
EVRYSDI ORAL SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
EXSERVAN ORAL FILM	Tier 5	MO; QL (2 EA per 1 day); NEDS
FIRDAPSE ORAL TABLET	Tier 5	PA; NEDS
HETLIOZ LQ ORAL SUSPENSION	Tier 5	PA; MO; NEDS
INGREZZA ORAL CAPSULE	Tier 5	PA; MO; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier 5	PA; NEDS
NUEDEXTA ORAL CAPSULE	Tier 5	PA; MO; NEDS
<i>riluzole oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
SKYCLARYS ORAL CAPSULE	Tier 5	PA; QL (90 EA per 30 days); NEDS
<i>tasimelteon oral capsule</i>	Tier 5	PA; MO; NEDS
<i>tetrabenazine oral tablet</i>	Tier 5	PA; MO; NEDS
TIGLUTIK ORAL SUSPENSION	Tier 5	MO; QL (20 ML per 1 day); NEDS
Fibromyalgia Agents		
<i>pregabalin oral capsule</i>	Tier 2	MO
<i>pregabalin oral solution</i>	Tier 2	MO
SAVELLA ORAL TABLET	Tier 3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	Tier 3	
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier 5	MO; NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier 5	MO; NEDS
BETASERON SUBCUTANEOUS KIT	Tier 5	MO; NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier 3	PA; MO
<i>dimethyl fumarate oral capsule delayed release</i>	Tier 5	PA; MO; NEDS
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	Tier 5	PA; NEDS
<i>fingolimod hcl oral capsule</i>	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	MO; NEDS
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 5	MO; NEDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 5	MO; NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (1.6 ML per 30 days); NEDS
<i>teriflunomide oral tablet</i>	Tier 2	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Tier 5	PA; QL (14 EA per 365 days); NEDS
ZEPOSIA ORAL CAPSULE	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	Tier 5	PA; QL (74 EA per 365 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	Tier 5	PA; QL (56 EA per 365 days); NEDS

Dental And Oral Agents

Dental And Oral Agents

<i>cevimeline hcl oral capsule</i>	Tier 2	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	
<i>periogard mouth/throat solution</i>	Tier 1	
<i>pilocarpine hcl oral tablet</i>	Tier 2	MO
<i>triamcinolone acetonide mouth/throat paste</i>	Tier 2	

Dermatological Agents

Dermatological Agents

<i>acitretin oral capsule</i>	Tier 2	
<i>acyclovir external ointment</i>	Tier 2	QL (15 GM per 14 days)
<i>adapalene external gel 0.1 %</i>	Tier 2	
<i>adapalene external solution</i>	Tier 5	NEDS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
<i>ammonium lactate external cream</i>	Tier 2	
<i>ammonium lactate external lotion</i>	Tier 2	
<i>azelaic acid external gel</i>	Tier 3	
<i>calcipotriene external cream</i>	Tier 3	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier 4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier 4	QL (120 ML per 30 days)

Drug	Status	Requirements/Limits
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 2	
<i>clobetasol prop emollient base external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>clobetasol propionate emulsion external foam</i>	Tier 4	
<i>clobetasol propionate external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external foam</i>	Tier 4	
<i>clobetasol propionate external gel</i>	Tier 3	QL (60 GM per 30 days)
<i>clobetasol propionate external lotion</i>	Tier 4	
<i>clobetasol propionate external ointment</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier 4	
<i>clobetasol propionate external solution</i>	Tier 3	QL (59 ML per 30 days)
<i>clocortolone pivalate external cream</i>	Tier 2	
CLODAN EXTERNAL SHAMPOO	Tier 4	
<i>clotrimazole-betamethasone external cream</i>	Tier 2	
<i>clotrimazole-betamethasone external lotion</i>	Tier 3	
CONDYLOX EXTERNAL GEL	Tier 4	
<i>diclofenac sodium external gel 1 %</i>	Tier 2	QL (960 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	Tier 3	QL (200 GM per 30 days)
<i>doxepin hcl external cream</i>	Tier 2	QL (90 GM per 30 days)
<i>doxycycline oral capsule delayed release</i>	Tier 2	
DUOBRII EXTERNAL LOTION	Tier 5	PA; NEDS
<i>erythromycin external gel</i>	Tier 2	
<i>erythromycin external solution</i>	Tier 2	
<i>fluorouracil external cream 0.5 %</i>	Tier 5	NEDS
<i>fluorouracil external cream 5 %</i>	Tier 2	
<i>fluorouracil external solution</i>	Tier 4	
<i>hydrocortisone (perianal) external cream</i>	Tier 2	
<i>imiquimod external cream 5 %</i>	Tier 4	
<i>methoxsalen rapid oral capsule</i>	Tier 5	NEDS
<i>mupirocin calcium external cream</i>	Tier 2	
OPZELURA EXTERNAL CREAM	Tier 5	PA; QL (240 GM per 30 days); NEDS
<i>pimecrolimus external cream</i>	Tier 3	
<i>podofilox external solution</i>	Tier 2	
<i>procto-med hc external cream</i>	Tier 2	
<i>procto-pak external cream</i>	Tier 2	
<i>proctosol hc external cream</i>	Tier 2	
<i>proctozone-hc external cream</i>	Tier 2	

Drug	Status	Requirements/Limits
REGRANEX EXTERNAL GEL	Tier 5	NEDS
SANTYL EXTERNAL OINTMENT	Tier 3	QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	Tier 2	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 2	
<i>tacrolimus external ointment</i>	Tier 3	
<i>tazarotene external cream</i>	Tier 3	
<i>tazarotene external gel</i>	Tier 4	
TAZORAC EXTERNAL CREAM 0.05 %	Tier 4	
TOVET EXTERNAL FOAM	Tier 4	
<i>tretinoin external cream</i>	Tier 2	
<i>tretinoin external gel</i>	Tier 2	
VTAMA EXTERNAL CREAM	Tier 5	PA; QL (60 GM per 30 days); NEDS
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>aminosyn ii intravenous solution 15 %</i>	Tier 6	B/D
<i>carglumic acid oral tablet soluble</i>	Tier 5	PA; NEDS
CLINISOL SF INTRAVENOUS SOLUTION	Tier 6	B/D; HI
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	Tier 6	HI
<i>kcl (0.149%) in nacl intravenous solution</i>	Tier 6	
<i>kcl (0.298%) in nacl intravenous solution</i>	Tier 6	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	Tier 6	HI
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	Tier 6	HI
<i>klor-con 10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m15 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m20 oral tablet extended release</i>	Tier 2	MO
<i>klor-con oral packet 20 meq</i>	Tier 2	MO
<i>klor-con oral tablet extended release</i>	Tier 2	MO
K-PHOS NO 2 ORAL TABLET	Tier 4	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Tier 6	HI
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	Tier 6	HI
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	Tier 6	HI

Drug	Status	Requirements/Limits
<i>na sulfate-k sulfate-mg sulf oral solution</i>	Tier 4	
ORACIT ORAL SOLUTION	Tier 4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	Tier 6	HI
PLENAMINE INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>potassium chloride crys er oral tablet extended release</i>	Tier 2	MO
<i>potassium chloride er oral capsule extended release</i>	Tier 2	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 2	MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	Tier 6	HI
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	Tier 6	HI
<i>potassium chloride oral packet</i>	Tier 2	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 2	MO
<i>potassium citrate er oral tablet extended release</i>	Tier 2	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	Tier 6	HI
PREMASOL INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
PROSOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Tier 6	HI
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 1	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier 4	
TRAVASOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox oral tablet soluble</i>	Tier 5	MO; NEDS
<i>deferiprone oral tablet</i>	Tier 5	PA; MO; NEDS
DOJOLVI ORAL LIQUID	Tier 5	PA; MO; NEDS
JYNARQUE ORAL TABLET	Tier 5	PA; NEDS
JYNARQUE ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
<i>penicillamine oral tablet</i>	Tier 5	NEDS
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
TOLVAPTAN ORAL TABLET 15 MG	Tier 5	PA; NEDS
<i>tolvaptan oral tablet 30 mg</i>	Tier 5	PA; NEDS
TRIENTINE HCL ORAL CAPSULE 250 MG	Tier 5	NEDS
VELTASSA ORAL PACKET	Tier 5	MO; NEDS
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 6	HI
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %	Tier 6	HI
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	Tier 6	HI
<i>intralipid intravenous emulsion 20 %</i>	Tier 6	B/D; HI
INTRALIPID INTRAVENOUS EMULSION 30 %	Tier 6	B/D; HI
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 6	HI
NUTRILIPID INTRAVENOUS EMULSION	Tier 6	B/D; HI
PROCALAMINE INTRAVENOUS SOLUTION	Tier 6	B/D
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	Tier 6	HI
Vitamins		
<i>doxercalciferol oral capsule</i>	Tier 3	MO

Drug	Status	Requirements/Limits
PNV-DHA ORAL CAPSULE	Tier 4	
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	
<i>vp-pnv-dha oral capsule</i>	Tier 2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	Tier 1	
<i>dicyclomine hcl oral solution</i>	Tier 2	
<i>dicyclomine hcl oral tablet</i>	Tier 2	
<i>glycopyrrolate oral solution</i>	Tier 2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>methscopolamine bromide oral tablet</i>	Tier 4	
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	Tier 5	PA NS; MO; NEDS
<i>bylvay (pellets) oral capsule sprinkle 600 mcg</i>	Tier 5	PA NS; MO; NEDS
BYLVAY ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
CLENPIQ ORAL SOLUTION	Tier 3	
<i>diphenoxylate-atropine oral liquid</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	
GATTEX SUBCUTANEOUS KIT	Tier 5	PA; MO; NEDS
LIVMARLI ORAL SOLUTION	Tier 5	PA; QL (90 ML per 30 days); NEDS
<i>loperamide hcl oral capsule</i>	Tier 2	
<i>metoclopramide hcl injection solution</i>	Tier 2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
MOTOFEN ORAL TABLET	Tier 4	
MOVANTIK ORAL TABLET	Tier 3	
OICALIVA ORAL TABLET	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	Tier 4	
RELISTOR ORAL TABLET	Tier 5	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	Tier 5	NEDS
<i>ursodiol oral capsule 300 mg</i>	Tier 2	MO
<i>ursodiol oral tablet</i>	Tier 2	MO
XERMELO ORAL TABLET	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>cimetidine oral tablet 200 mg</i>	Tier 2	
<i>cimetidine oral tablet 300 mg</i>	Tier 2	MO
<i>cimetidine oral tablet 400 mg, 800 mg</i>	Tier 2	MO
<i>famotidine oral suspension reconstituted</i>	Tier 2	MO
<i>famotidine oral tablet 20 mg</i>	Tier 2	MO
<i>famotidine oral tablet 40 mg</i>	Tier 2	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet</i>	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
LINZESS ORAL CAPSULE	Tier 3	MO
<i>lubiprostone oral capsule</i>	Tier 3	MO
Laxatives		
<i>constulose oral solution</i>	Tier 2	MO
<i>enulose oral solution</i>	Tier 2	MO
<i>gavilyte-c oral solution reconstituted</i>	Tier 2	
<i>gavilyte-g oral solution reconstituted</i>	Tier 2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	Tier 2	
<i>generlac oral solution</i>	Tier 2	MO
<i>lactulose oral solution 10 gm/15ml</i>	Tier 2	MO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Tier 2	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 2	
Protectants		
<i>misoprostol oral tablet</i>	Tier 2	MO
<i>sucralfate oral suspension</i>	Tier 2	MO
<i>sucralfate oral tablet</i>	Tier 2	MO
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE	Tier 3	MO
<i>dexlansoprazole oral capsule delayed release</i>	Tier 3	MO
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier 3	MO
<i>lansoprazole oral capsule delayed release</i>	Tier 2	MO
<i>omeprazole magnesium oral capsule delayed release</i>	Tier 2	MO; QL (2 EA per 1 day)

Drug	Status	Requirements/Limits
<i>omeprazole oral capsule delayed release 10 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	MO; QL (2 EA per 1 day)
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	PA; HI; LA
<i>betaine oral powder</i>	Tier 5	MO; NEDS
CERDELGA ORAL CAPSULE	Tier 5	PA; MO; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier 3	MO
CYSTAGON ORAL CAPSULE	Tier 4	MO
ENDARI ORAL PACKET	Tier 5	PA; NEDS
GALAFOLD ORAL CAPSULE	Tier 5	PA; MO; NEDS
GLASSIA INTRAVENOUS SOLUTION	Tier 6	PA; HI
<i>miglustat oral capsule</i>	Tier 5	PA; MO; NEDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Tier 5	PA; MO; NEDS
<i>nitisinone oral capsule 20 mg</i>	Tier 5	PA; NEDS
ORFADIN ORAL SUSPENSION	Tier 5	PA; MO; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	PA; HI
RAVICTI ORAL LIQUID	Tier 5	MO; NEDS
RUZURGI ORAL TABLET	Tier 5	PA; MO; NEDS
<i>sapropterin dihydrochloride oral packet</i>	Tier 5	PA; MO; NEDS
SODIUM PHENYLBUTYRATE ORAL TABLET	Tier 5	MO; NEDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	PA; HI
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier 4	MO
ZOKINVY ORAL CAPSULE	Tier 5	PA; QL (120 EA per 30 days); NEDS

Drug	Status	Requirements/Limits
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>flavoxate hcl oral tablet</i>	Tier 2	MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Tier 4	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>oxybutynin chloride oral solution</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	MO
<i>solifenacin succinate oral tablet</i>	Tier 2	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>tolterodine tartrate oral tablet</i>	Tier 2	MO
<i>tropium chloride er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>tropium chloride oral tablet</i>	Tier 2	MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 2	MO; QL (1 EA per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	MO
<i>doxazosin mesylate oral tablet</i>	Tier 2	MO
<i>dutasteride oral capsule</i>	Tier 2	MO
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>finasteride oral tablet 5 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>silodosin oral capsule</i>	Tier 2	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 2	PA; MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>terazosin hcl oral capsule</i>	Tier 1	MO
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	Tier 2	
ELMIRON ORAL CAPSULE	Tier 5	NEDS
Phosphate Binders		
AURYXIA ORAL TABLET	Tier 5	PA; MO; NEDS
<i>calcium acetate (phos binder) oral capsule</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>calcium acetate oral tablet 667 mg</i>	Tier 2	MO
<i>sevelamer carbonate oral packet</i>	Tier 5	MO; NEDS
<i>sevelamer carbonate oral tablet</i>	Tier 2	MO
<i>sevelamer hcl oral tablet</i>	Tier 2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR INJECTION GEL	Tier 5	PA; NEDS
<i>ala-cort external cream</i>	Tier 2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external cream</i>	Tier 2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 2	QL (240 GM per 30 days)
<i>amcinonide external cream</i>	Tier 2	
<i>amcinonide external lotion</i>	Tier 2	
AMCINONIDE EXTERNAL OINTMENT	Tier 4	
<i>betamethasone dipropionate aug external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Tier 4	QL (180 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 4	QL (150 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone valerate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 2	QL (150 GM per 30 days)
CAPEX EXTERNAL SHAMPOO	Tier 4	
CORTROPHIN INJECTION GEL	Tier 5	PA; NEDS
<i>desonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>desonide external lotion</i>	Tier 4	QL (240 ML per 30 days)
<i>desonide external ointment</i>	Tier 4	QL (240 GM per 30 days)
<i>desoximetasone external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>desoximetasone external gel</i>	Tier 4	QL (180 GM per 30 days)
<i>desoximetasone external ointment</i>	Tier 4	QL (180 GM per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>dexamethasone oral elixir</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>dexamethasone oral solution</i>	Tier 2	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>dexamethasone oral tablet therapy pack</i>	Tier 2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Tier 2	
<i>diflorasone diacetate external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>diflorasone diacetate external ointment</i>	Tier 5	QL (180 GM per 30 days); NEDS
EMFLAZA ORAL SUSPENSION	Tier 5	PA; NEDS
EMFLAZA ORAL TABLET	Tier 5	PA; NEDS
<i>fludrocortisone acetate oral tablet</i>	Tier 2	MO
<i>fluocinolone acetonide body external oil</i>	Tier 3	
<i>fluocinolone acetonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external ointment</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	Tier 4	QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Tier 3	
<i>fluocinonide emulsified base external cream</i>	Tier 4	QL (120 GM per 30 days)
<i>fluocinonide external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	Tier 4	QL (60 ML per 30 days)
<i>fluticasone propionate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>fluticasone propionate external lotion</i>	Tier 4	QL (240 ML per 30 days)
<i>fluticasone propionate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>halcinonide external cream</i>	Tier 3	
<i>halobetasol propionate external cream</i>	Tier 4	QL (150 GM per 30 days)
<i>halobetasol propionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
HALOG EXTERNAL OINTMENT	Tier 4	
<i>hydrocortisone butyrate external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>hydrocortisone butyrate external ointment</i>	Tier 4	QL (180 GM per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	QL (240 ML per 30 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	Tier 4	QL (180 GM per 30 days)
MEDROL ORAL TABLET 2 MG	Tier 4	
<i>methylprednisolone oral tablet</i>	Tier 2	
<i>methylprednisolone oral tablet therapy pack</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Tier 2	
<i>mometasone furoate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external solution</i>	Tier 2	
<i>prednicarbate external ointment</i>	Tier 2	QL (180 GM per 30 days)
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>prednisone oral solution</i>	Tier 2	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 2	
RECORLEV ORAL TABLET	Tier 5	PA; QL (240 EA per 30 days); NEDS
<i>taperdex 7-day oral tablet therapy pack 1.5 mg (27)</i>	Tier 2	
TEXACORT EXTERNAL SOLUTION	Tier 4	QL (240 ML per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	Tier 4	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	QL (150 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 1	QL (150 GM per 30 days)
<i>triderm external cream 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triderm external cream 0.5 %</i>	Tier 1	QL (150 GM per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</i>	Tier 2	MO
<i>desmopressin acetate injection solution</i>	Tier 5	NEDS
<i>desmopressin acetate oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	Tier 4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 5	PA; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	Tier 5	PA; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	Tier 4	PA
INCRELEX SUBCUTANEOUS SOLUTION	Tier 5	PA; LA; MO; NEDS
<i>octreotide acetate subcutaneous solution prefilled syringe</i>	Tier 2	MO
STIMATE NASAL SOLUTION	Tier 5	MO; NEDS
VYNDAMAX ORAL CAPSULE	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
VYNDAQEL ORAL CAPSULE	Tier 5	PA; MO; QL (4 EA per 1 day); NEDS
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM ORAL TABLET	Tier 5	PA; MO; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
<i>oxandrolone oral tablet</i>	Tier 2	PA
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	Tier 4	PA; MO
<i>danazol oral capsule</i>	Tier 2	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	Tier 2	MO
<i>testosterone enanthate intramuscular solution</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 2	PA; MO
Estrogens		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	Tier 4	MO; QL (8 EA per 28 days)
<i>altavera oral tablet</i>	Tier 2	MO
<i>alyacen 1/35 oral tablet</i>	Tier 2	MO
<i>amabelz oral tablet</i>	Tier 2	MO
<i>amethia oral tablet</i>	Tier 2	MO
<i>amethyst oral tablet</i>	Tier 2	MO
ANGELIQ ORAL TABLET	Tier 4	MO
<i>apri oral tablet</i>	Tier 2	MO
<i>aranelle oral tablet</i>	Tier 2	MO
<i>ashlyna oral tablet</i>	Tier 2	MO
<i>aubra eq oral tablet</i>	Tier 2	MO
<i>aviane oral tablet</i>	Tier 2	MO
<i>balziva oral tablet</i>	Tier 2	MO
<i>blisovi 24 fe oral tablet</i>	Tier 2	MO
<i>blisovi fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>briellyn oral tablet</i>	Tier 2	MO
<i>camrese lo oral tablet</i>	Tier 2	MO
<i>caziant oral tablet</i>	Tier 2	MO
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	Tier 4	MO
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier 4	MO
<i>cryselle-28 oral tablet</i>	Tier 2	MO
<i>cyred eq oral tablet</i>	Tier 2	MO
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 2	MO
<i>dolishale oral tablet</i>	Tier 2	MO
<i>dotti transdermal patch twice weekly</i>	Tier 2	MO; QL (8 EA per 28 days)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	Tier 2	MO
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 2	MO
<i>eluryng vaginal ring</i>	Tier 2	MO
<i>emoquette oral tablet</i>	Tier 2	MO
<i>enpresse-28 oral tablet</i>	Tier 2	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>estarylla oral tablet</i>	Tier 2	MO
<i>estradiol oral tablet</i>	Tier 1	MO
<i>estradiol transdermal patch twice weekly</i>	Tier 2	MO; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 2	MO
<i>estradiol vaginal tablet</i>	Tier 2	MO
<i>estradiol-norethindrone acet oral tablet</i>	Tier 2	MO
ESTRING VAGINAL RING 7.5 MCG/24HR	Tier 4	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier 2	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 2	MO
<i>falmina oral tablet</i>	Tier 2	MO
FEMRING VAGINAL RING	Tier 4	MO
<i>femynor oral tablet</i>	Tier 2	MO
<i>finzala oral tablet chewable</i>	Tier 2	MO
<i>fyavolv oral tablet</i>	Tier 2	MO
<i>gemmily oral capsule</i>	Tier 2	MO
<i>hailey 24 fe oral tablet</i>	Tier 2	MO
<i>haloette vaginal ring</i>	Tier 2	MO
<i>iclevia oral tablet</i>	Tier 2	MO
<i>introvale oral tablet</i>	Tier 2	MO
<i>isibloom oral tablet</i>	Tier 2	MO
<i>jasmiel oral tablet</i>	Tier 2	MO
<i>jinteli oral tablet</i>	Tier 2	MO
<i>juleber oral tablet</i>	Tier 2	MO
<i>junel 1.5/30 oral tablet</i>	Tier 2	MO
<i>junel 1/20 oral tablet</i>	Tier 2	MO
<i>junel fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>junel fe 1/20 oral tablet</i>	Tier 2	MO
<i>junel fe 24 oral tablet</i>	Tier 2	MO
<i>kaitlib fe oral tablet chewable</i>	Tier 2	MO
<i>kariva oral tablet</i>	Tier 2	MO
<i>kelnor 1/35 oral tablet</i>	Tier 2	MO
<i>kelnor 1/50 oral tablet</i>	Tier 2	MO
<i>kurvelo oral tablet</i>	Tier 2	MO
<i>larin 1.5/30 oral tablet</i>	Tier 2	MO
<i>larin 1/20 oral tablet</i>	Tier 2	MO
<i>larin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>larin fe 1/20 oral tablet</i>	Tier 2	MO
<i>larissia oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>layolis fe oral tablet chewable</i>	Tier 2	MO
<i>leena oral tablet</i>	Tier 2	MO
<i>lessina oral tablet</i>	Tier 2	MO
<i>levonest oral tablet</i>	Tier 2	MO
<i>levonorgest-eth est & eth est oral tablet</i>	Tier 2	MO
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 2	MO
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 2	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 2	MO
<i>levora 0.15/30 (28) oral tablet</i>	Tier 2	MO
<i>loryna oral tablet</i>	Tier 2	MO
<i>low-ogestrel oral tablet</i>	Tier 2	MO
<i>luteru oral tablet</i>	Tier 2	MO
<i>lyllana transdermal patch twice weekly</i>	Tier 2	MO; QL (8 EA per 28 days)
<i>marlissa oral tablet</i>	Tier 2	MO
MENEST ORAL TABLET	Tier 4	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier 4	MO
<i>merzee oral capsule</i>	Tier 2	MO
<i>mibelas 24 fe oral tablet chewable</i>	Tier 2	MO
<i>microgestin 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin 1/20 oral tablet</i>	Tier 2	MO
<i>microgestin 24 fe oral tablet</i>	Tier 2	MO
<i>microgestin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin fe 1/20 oral tablet</i>	Tier 2	MO
<i>mili oral tablet</i>	Tier 2	MO
<i>mimvey oral tablet</i>	Tier 2	MO
<i>necon 0.5/35 (28) oral tablet</i>	Tier 2	MO
<i>necon 1/35 (28) oral tablet</i>	Tier 2	MO
<i>nikki oral tablet</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral capsule</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 2	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethindrone-eth estradiol oral tablet</i>	Tier 2	MO
<i>norethindron-ethinyl estrad-fe oral tablet</i>	Tier 2	MO
<i>norethin-eth estradiol-fe oral tablet chewable</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 2	MO
<i>norgestim-eth estrad triphasic oral tablet</i>	Tier 2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier 2	MO
<i>nortrel 1/35 (21) oral tablet</i>	Tier 2	MO
<i>nortrel 1/35 (28) oral tablet</i>	Tier 2	MO
<i>nortrel 7/7/7 oral tablet</i>	Tier 2	MO
<i>nylia 1/35 oral tablet</i>	Tier 2	MO
<i>nylia 7/7/7 oral tablet</i>	Tier 2	MO
<i>nymyo oral tablet</i>	Tier 2	MO
<i>ocella oral tablet</i>	Tier 2	MO
<i>orsythia oral tablet</i>	Tier 2	MO
<i>pimtrea oral tablet</i>	Tier 2	MO
<i>pirmella 1/35 oral tablet</i>	Tier 2	MO
<i>portia-28 oral tablet</i>	Tier 2	MO
<i>prefest oral tablet</i>	Tier 2	MO
PREMARIN ORAL TABLET	Tier 4	MO
PREMARIN VAGINAL CREAM	Tier 3	MO
PREMPHASE ORAL TABLET	Tier 4	MO
PREMPRO ORAL TABLET	Tier 4	MO
<i>previfem oral tablet</i>	Tier 2	MO
<i>reclipsen oral tablet</i>	Tier 2	MO
<i>rivelsa oral tablet</i>	Tier 2	MO
<i>setlakin oral tablet</i>	Tier 2	MO
<i>sprintec 28 oral tablet</i>	Tier 2	MO
<i>sronyx oral tablet</i>	Tier 2	MO
<i>syeda oral tablet</i>	Tier 2	MO
<i>tarina 24 fe oral tablet</i>	Tier 2	MO
<i>tarina fe 1/20 eq oral tablet</i>	Tier 2	MO
<i>taysofy oral capsule</i>	Tier 2	MO
<i>tilia fe oral tablet</i>	Tier 2	MO
<i>tri-estarylla oral tablet</i>	Tier 2	MO
<i>tri-legest fe oral tablet</i>	Tier 2	MO
<i>tri-lo-estarylla oral tablet</i>	Tier 2	MO
<i>tri-lo-sprintec oral tablet</i>	Tier 2	MO
<i>tri-mili oral tablet</i>	Tier 2	MO
<i>trinessa (28) oral tablet</i>	Tier 2	MO
<i>tri-nymyo oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>tri-sprintec oral tablet</i>	Tier 2	MO
<i>trivora (28) oral tablet</i>	Tier 2	MO
<i>tri-vylibra lo oral tablet</i>	Tier 2	MO
<i>tri-vylibra oral tablet</i>	Tier 2	MO
<i>tyblume oral tablet chewable</i>	Tier 2	MO
<i>tydemy oral tablet</i>	Tier 2	MO
<i>velivet oral tablet</i>	Tier 2	MO
<i>vienva oral tablet</i>	Tier 2	MO
<i>vyfemla oral tablet</i>	Tier 2	MO
<i>vylibra oral tablet</i>	Tier 2	MO
<i>wymzya fe oral tablet chewable</i>	Tier 2	MO
<i>yuvafem vaginal tablet</i>	Tier 2	MO
<i>zovia 1/35 (28) oral tablet</i>	Tier 2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
BIJUVA ORAL CAPSULE	Tier 4	MO
<i>estradiol vaginal cream</i>	Tier 1	MO
Progestins		
<i>camila oral tablet</i>	Tier 2	MO
CRINONE VAGINAL GEL	Tier 4	PA
<i>deblitane oral tablet</i>	Tier 2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Tier 3	QL (0.65 ML per 90 days)
<i>errin oral tablet</i>	Tier 2	MO
<i>hydroxyprogesterone caproate intramuscular solution</i>	Tier 5	NEDS
<i>incassia oral tablet</i>	Tier 2	MO
<i>lyleq oral tablet</i>	Tier 2	MO
<i>lyza oral tablet</i>	Tier 2	MO
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	Tier 1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 2	MO
<i>megestrol acetate oral tablet</i>	Tier 2	
<i>nora-be oral tablet</i>	Tier 2	MO
<i>norethindrone acetate oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>norethindrone oral tablet</i>	Tier 2	MO
<i>sharobel oral tablet</i>	Tier 2	MO
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET	Tier 4	PA; MO
<i>raloxifene hcl oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox oral tablet</i>	Tier 1	MO
<i>levo-t oral tablet</i>	Tier 1	MO
<i>levothyroxine sodium oral tablet</i>	Tier 1	MO
<i>levoxyl oral tablet</i>	Tier 1	MO
<i>liothyronine sodium oral tablet</i>	Tier 2	MO
SYNTHROID ORAL TABLET	Tier 4	MO
<i>unithroid oral tablet</i>	Tier 1	MO
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA ORAL TABLET	Tier 5	PA; MO; NEDS
LYSODREN ORAL TABLET	Tier 5	NEDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	Tier 2	QL (32 EA per 30 days)
ELIGARD SUBCUTANEOUS KIT	Tier 4	
<i>lanreotide acetate subcutaneous solution</i>	Tier 5	PA NS; NEDS
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE	Tier 4	
<i>leuprolide acetate injection kit</i>	Tier 5	NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Tier 5	NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Tier 5	NEDS

Drug	Status	Requirements/Limits
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Tier 5	NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier 2	MO
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Tier 5	MO; NEDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	Tier 5	MO; NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	Tier 5	PA NS; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	LA; MO; NEDS
SYNAREL NASAL SOLUTION	Tier 5	NEDS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	Tier 2	MO
<i>propylthiouracil oral tablet</i>	Tier 2	MO
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	Tier 6	PA; HI
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	PA; HI
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
ICATIBANT ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>sajazir subcutaneous solution prefilled syringe</i>	Tier 5	PA; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (4 ML per 28 days); NEDS
Antiangiogenic Agents		
EMPAVELI SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (200 ML per 28 days); NEDS

Drug	Status	Requirements/Limits
Immune Suppressants		
<i>azathioprine sodium injection solution reconstituted</i>	Tier 5	B/D; NEDS
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	Tier 6	B/D; HI
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	Tier 6	B/D; HI
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	Tier 6	B/D; HI
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	B/D; HI
GAMMAKED INJECTION SOLUTION 1 GM/10ML	Tier 6	B/D; HI
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	Tier 6	B/D; HI
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	Tier 6	B/D; HI
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	Tier 6	B/D; HI
PANZYGA INTRAVENOUS SOLUTION	Tier 6	B/D; HI
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	Tier 6	B/D; HI
Immunological Agents, Other		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier 5	PA NS; LA; MO; NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA NS; NEDS
CIBINQO ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS

Drug	Status	Requirements/Limits
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 5	PA; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Tier 5	PA; MO; NEDS
LAGEVRIO ORAL CAPSULE	Tier 4	QL (40 EA per 5 days)
<i>leflunomide oral tablet</i>	Tier 2	MO
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 5	PA; MO; NEDS
OLUMIANT ORAL TABLET 4 MG	Tier 4	PA; MO
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	Tier 4	QL (20 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	Tier 4	QL (30 EA per 5 days)
RIDAURA ORAL CAPSULE	Tier 5	MO; NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	Tier 5	PA; QL (1 EA per 1 day); NEDS
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
SKYRIZI INTRAVENOUS SOLUTION	Tier 5	PA; MO; NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Tier 5	PA; QL (1.2 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Tier 5	PA; MO; QL (2.4 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
SOTYKTU ORAL TABLET	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
XELJANZ ORAL SOLUTION	Tier 5	PA; MO; NEDS
XELJANZ ORAL TABLET	Tier 5	PA; MO; NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; MO; NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
Immunomodulators		
ILARIS SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
SYNAGIS INTRAMUSCULAR SOLUTION	Tier 5	PA; NEDS
Immunosuppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>azathioprine oral tablet</i>	Tier 2	B/D; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 5	PA; NEDS
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; NEDS
<i>cyclosporine modified oral capsule</i>	Tier 2	B/D; MO
<i>cyclosporine modified oral solution</i>	Tier 2	B/D; MO
<i>cyclosporine oral capsule</i>	Tier 2	B/D; MO

Drug	Status	Requirements/Limits
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (3 ML per 30 days); NEDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 5	B/D; MO; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 2	B/D; MO
<i>gengraf oral solution</i>	Tier 2	B/D; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS

Drug	Status	Requirements/Limits
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
LUPKYNIS ORAL CAPSULE	Tier 5	PA; MO; QL (6 EA per 1 day); NEDS
<i>methotrexate oral tablet</i>	Tier 2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution reconstituted</i>	Tier 2	
<i>methotrexate sodium oral tablet</i>	Tier 2	
<i>mycophenolate mofetil oral capsule</i>	Tier 2	B/D; MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier 5	B/D; MO; NEDS
<i>mycophenolate mofetil oral tablet</i>	Tier 2	B/D; MO
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 2	B/D; MO
OTEZLA ORAL TABLET	Tier 5	PA; MO; NEDS
OTEZLA ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
PROGRAF ORAL PACKET	Tier 4	B/D; MO
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	MO
REZUROCK ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days); NEDS
SANDIMMUNE ORAL SOLUTION	Tier 4	B/D; MO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>sirolimus oral solution</i>	Tier 5	B/D; MO; NEDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	Tier 2	B/D; MO
<i>sirolimus oral tablet 2 mg</i>	Tier 5	B/D; MO; NEDS
<i>tacrolimus oral capsule</i>	Tier 2	B/D; MO
TAVNEOS ORAL CAPSULE	Tier 5	PA; QL (180 EA per 30 days); NEDS
<i>trexall oral tablet</i>	Tier 2	

Drug	Status	Requirements/Limits
XATMEP ORAL SOLUTION	Tier 4	
Vaccines		
<i>abrysvo intramuscular solution reconstituted</i>	Tier 6	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
ADACEL INTRAMUSCULAR SUSPENSION	Tier 6	
<i>arexvy intramuscular suspension reconstituted</i>	Tier 6	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	Tier 6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 6	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 6	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier 6	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 6	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Tier 6	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
HAVRIX INTRAMUSCULAR SUSPENSION	Tier 6	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 6	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED	Tier 6	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
INFANRIX INTRAMUSCULAR SUSPENSION	Tier 6	
IPOL INJECTION INJECTABLE	Tier 6	
IXIARO INTRAMUSCULAR SUSPENSION	Tier 6	
JYNNEOS SUBCUTANEOUS SUSPENSION	Tier 6	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	

Drug	Status	Requirements/Limits
MENACTRA INTRAMUSCULAR SOLUTION	Tier 6	
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 6	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier 6	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
<i>prehevbrio intramuscular suspension</i>	Tier 6	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 6	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
RECOMBIVAX HB INJECTION SUSPENSION	Tier 6	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Tier 6	B/D
ROTARIX ORAL SUSPENSION	Tier 6	
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 6	
ROTATEQ ORAL SOLUTION	Tier 6	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 6	QL (2 EA per 999 days)
STAMARIL INJECTION SUSPENSION RECONSTITUTED	Tier 6	
TDVAX INTRAMUSCULAR SUSPENSION	Tier 6	
TENIVAC INTRAMUSCULAR INJECTABLE	Tier 6	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	

Drug	Status	Requirements/Limits
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier 6	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 6	
VAQTA INTRAMUSCULAR SUSPENSION	Tier 6	
VARIVAX SUBCUTANEOUS INJECTABLE	Tier 6	
VARIZIG INTRAMUSCULAR SOLUTION	Tier 6	
YF-VAX SUBCUTANEOUS INJECTABLE	Tier 6	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule</i>	Tier 2	
DIPENTUM ORAL CAPSULE	Tier 5	MO; NEDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 2	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 2	
<i>mesalamine rectal enema</i>	Tier 2	
<i>mesalamine rectal suppository</i>	Tier 2	
<i>mesalamine-cleanser rectal kit</i>	Tier 2	
<i>sulfasalazine oral tablet</i>	Tier 2	MO
<i>sulfasalazine oral tablet delayed release</i>	Tier 2	MO
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour</i>	Tier 5	NEDS
<i>budesonide oral capsule delayed release particles</i>	Tier 2	
<i>hydrocortisone oral tablet</i>	Tier 2	
<i>hydrocortisone rectal enema</i>	Tier 2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) injection solution</i>	Tier 5	NEDS
<i>calcitonin (salmon) nasal solution</i>	Tier 2	MO
<i>calcitriol oral capsule</i>	Tier 2	MO
<i>calcitriol oral solution</i>	Tier 2	MO
<i>cinacalcet hcl oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	Tier 5	PA; MO; NEDS
FOSAMAX PLUS D ORAL TABLET	Tier 4	MO
<i>ibandronate sodium oral tablet</i>	Tier 2	MO; QL (1 EA per 28 days)
<i>paricalcitol oral capsule</i>	Tier 2	PA; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA
<i>risedronate sodium oral tablet 150 mg</i>	Tier 2	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	Tier 2	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	Tier 5	PA; MO; NEDS
XGEVA SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS 31G X 6 MM	Tier 4	
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM	Tier 4	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	Tier 4	
BD DISP NEEDLES 25G X 7/8" , 30G X 1/2"	Tier 4	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	Tier 4	
BD INSULIN SYRINGE HALF-UNIT	Tier 4	
BD INSULIN SYRINGE U/F 1/2UNIT	Tier 4	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	Tier 4	
BD PEN	Tier 4	
BD PEN MINI	Tier 4	
BD PEN NEEDLE MICRO U/F	Tier 4	
BD PEN NEEDLE MINI U/F	Tier 4	
BD PEN NEEDLE NANO 2ND GEN	Tier 4	
BD PEN NEEDLE NANO U/F	Tier 4	
BD PEN NEEDLE ORIGINAL U/F	Tier 4	
BD PEN NEEDLE SHORT U/F	Tier 4	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Tier 4	
BD SYRINGE LUER-LOK 1 ML	Tier 4	

Drug	Status	Requirements/Limits
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	Tier 4	
COMFORT EZ PEN NEEDLES 32G X 8 MM	Tier 4	
CRYSVITA SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
<i>dichlorphenamide oral tablet</i>	Tier 5	PA; NEDS
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
DROPLET PEN NEEDLES 32G X 8 MM	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8"	Tier 4	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Tier 4	
HYPODERMIC NEEDLE 25G X 3/4" , 26G X 3/8" , 26G X 5/8"	Tier 4	
INSUPEN SENSITIVE 32G X 8 MM	Tier 4	
KEYEYIS ORAL TABLET	Tier 5	PA; NEDS
<i>levocarnitine oral solution</i>	Tier 2	MO
<i>levocarnitine oral tablet</i>	Tier 2	MO
LITETOUCH PEN NEEDLES 29G X 12.7MM	Tier 4	
<i>methylergonovine maleate oral tablet</i>	Tier 5	NEDS
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 26G X 1/2" , 27G X 1/2" , 30G X 3/4"	Tier 4	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	Tier 4	
NATPARA SUBCUTANEOUS CARTRIDGE	Tier 5	PA; MO; NEDS
PEN NEEDLES 30G X 8 MM	Tier 4	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 4	
PURE COMFORT PEN NEEDLE 32G X 8 MM	Tier 4	
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Tier 4	
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
TECHLITE PEN NEEDLES 32G X 8 MM	Tier 4	

Drug	Status	Requirements/Limits
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Tier 4	
ULTICARE PEN NEEDLES 29G X 12.7MM	Tier 4	
ULTILET PEN NEEDLE 29G X 12.7MM	Tier 4	
ULTRA-THIN II PEN NEEDLES	Tier 4	
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	Tier 3	MO
COMBIGAN OPHTHALMIC SOLUTION	Tier 3	MO
<i>latanoprost ophthalmic solution</i>	Tier 2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 3	MO
RHOPRESSA OPHTHALMIC SOLUTION	Tier 3	MO
<i>travoprost (bak free) ophthalmic solution</i>	Tier 2	MO
Ophthalmic Agents, Other		
<i>ak-poly-bac ophthalmic ointment</i>	Tier 2	
ATROPINE SULFATE OPHTHALMIC OINTMENT	Tier 4	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 2	MO
CYSTADROPS OPHTHALMIC SOLUTION	Tier 5	PA; MO; NEDS
CYSTARAN OPHTHALMIC SOLUTION	Tier 5	PA; MO; NEDS
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 2	
<i>neo-polycin hc ophthalmic ointment</i>	Tier 2	
<i>neo-polycin ophthalmic ointment</i>	Tier 2	
<i>polycin ophthalmic ointment</i>	Tier 2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	
<i>proparacaine hcl ophthalmic solution</i>	Tier 2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 3	MO
RESTASIS OPHTHALMIC EMULSION	Tier 2	MO
ROCKLATAN OPHTHALMIC SOLUTION	Tier 4	MO

Drug	Status	Requirements/Limits
Ophthalmic Anti-Allergy Agents		
ALOCRILOPHthalmic SOLUTION	Tier 4	
<i>azelastine hcl ophthalmic solution</i>	Tier 2	
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	
<i>epinastine hcl ophthalmic solution</i>	Tier 2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 2	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 2	MO
ALPHAGAN P OPHthalmic SOLUTION 0.1 %	Tier 3	MO
<i>apraclonidine hcl ophthalmic solution</i>	Tier 2	
<i>betaxolol hcl ophthalmic solution</i>	Tier 2	MO
BETOPTIC-S OPHthalmic SUSPENSION	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	Tier 2	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	Tier 2	MO
<i>brinzolamide ophthalmic suspension</i>	Tier 1	MO
<i>carteolol hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Tier 2	MO
IOPIDINE OPHthalmic SOLUTION 1 %	Tier 3	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	MO
SIMBRINZA OPHthalmic SUSPENSION	Tier 3	MO
<i>timolol maleate (once-daily) ophthalmic solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic gel forming solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic solution</i>	Tier 1	MO
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	Tier 2	MO
Ophthalmic Anti-Inflammatories		
ALOMIDE OPHthalmic SOLUTION	Tier 4	
ALREX OPHthalmic SUSPENSION	Tier 3	
BLEPHAMIDE S.O.P. OPHthalmic OINTMENT	Tier 3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 2	
<i>diclofenac sodium ophthalmic solution</i>	Tier 2	
<i>difluprednate ophthalmic emulsion</i>	Tier 2	
EYSUVIS OPHTHALMIC SUSPENSION	Tier 4	QL (16.6 ML per 30 days)
<i>fluorometholone ophthalmic suspension</i>	Tier 2	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier 2	
FML FORTE OPHTHALMIC SUSPENSION	Tier 3	
FML OPHTHALMIC OINTMENT	Tier 3	
INVELTYS OPHTHALMIC SUSPENSION	Tier 4	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier 2	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	
MAXIDEX OPHTHALMIC SUSPENSION	Tier 3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 2	
NEVANAC OPHTHALMIC SUSPENSION	Tier 4	
PRED MILD OPHTHALMIC SUSPENSION	Tier 4	
PRED-G OPHTHALMIC SUSPENSION	Tier 3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier 3	
<i>prednisolone acetate ophthalmic suspension</i>	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	Tier 4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 2	
TOBRADEX OPHTHALMIC OINTMENT	Tier 3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 2	
Otic Agents		
Otic Agents		
<i>acetazol hc otic solution</i>	Tier 2	
<i>acetic acid otic solution</i>	Tier 2	
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 2	
<i>flac otic oil</i>	Tier 2	
<i>fluocinolone acetonide otic oil</i>	Tier 2	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 2	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 2	

Drug	Status	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	Tier 2	
<i>cyproheptadine hcl oral tablet</i>	Tier 2	
<i>diphenhydramine hcl injection solution</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule</i>	Tier 2	
<i>levocetirizine dihydrochloride oral tablet</i>	Tier 2	QL (1 EA per 1 day)
<i>olopatadine hcl nasal solution</i>	Tier 2	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	Tier 2	MO
<i>budesonide inhalation suspension</i>	Tier 2	B/D; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	Tier 3	MO
FLOVENT HFA INHALATION AEROSOL	Tier 3	MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 2	
<i>fluticasone propionate nasal suspension</i>	Tier 2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	MO
Antileukotrienes		
<i>montelukast sodium oral packet</i>	Tier 2	MO
<i>montelukast sodium oral tablet</i>	Tier 2	MO
<i>montelukast sodium oral tablet chewable</i>	Tier 2	MO
<i>zafirlukast oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>zileuton er oral tablet extended release 12 hour</i>	Tier 5	MO; QL (4 EA per 1 day); NEDS
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier 4	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 3	MO

Drug	Status	Requirements/Limits
<i>ipratropium bromide inhalation solution</i>	Tier 2	B/D; MO
<i>ipratropium bromide nasal solution</i>	Tier 2	MO
<i>ipratropium-albuterol inhalation solution</i>	Tier 2	B/D; MO
SPIRIVA HANDHALER INHALATION CAPSULE	Tier 3	MO
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO
<i>tiotropium bromide monohydrate inhalation capsule</i>	Tier 3	MO
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution</i>	Tier 1	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Tier 2	B/D; MO
<i>albuterol sulfate oral syrup</i>	Tier 2	MO
<i>albuterol sulfate oral tablet</i>	Tier 2	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	Tier 2	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	Tier 2	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 2	
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier 2	B/D; MO
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	MO
PROAIR HFA INHALATION AEROSOL SOLUTION	Tier 3	MO
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 3	MO
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	Tier 3	QL (2 EA per 1 day)
<i>terbutaline sulfate oral tablet</i>	Tier 2	MO
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE	Tier 5	PA; MO; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
KALYDECO ORAL PACKET 13.4 MG	Tier 5	PA; NEDS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	Tier 5	PA; MO; NEDS

Drug	Status	Requirements/Limits
KALYDECO ORAL TABLET	Tier 5	PA; MO; NEDS
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	Tier 5	PA; MO; NEDS
ORKAMBI ORAL PACKET 75-94 MG	Tier 5	PA; NEDS
ORKAMBI ORAL TABLET	Tier 5	PA; MO; NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 5	B/D; MO; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
TOBI PODHALER INHALATION CAPSULE	Tier 5	MO; NEDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 5	B/D; MO; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	Tier 5	PA; MO; QL (3 EA per 1 day); NEDS
TRIKAFTA ORAL THERAPY PACK	Tier 5	PA; QL (56 EA per 28 days); NEDS
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution</i>	Tier 5	B/D; MO; NEDS
<i>cromolyn sodium oral concentrate</i>	Tier 2	MO
Phosphodiesterase Inhibitors, Airways Disease		
ELIXOPHYLLIN ORAL ELIXIR	Tier 4	MO
<i>roflumilast oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 3	MO
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	Tier 2	MO
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>theophylline oral elixir</i>	Tier 4	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	Tier 5	PA; MO; NEDS
ALYQ ORAL TABLET	Tier 5	PA; MO; NEDS
<i>ambrisentan oral tablet</i>	Tier 5	PA; MO; NEDS
<i>bosentan oral tablet</i>	Tier 5	PA; MO; NEDS
OPSUMIT ORAL TABLET	Tier 5	PA; MO; NEDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; NEDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Tier 4	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; MO; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	Tier 5	PA; MO; NEDS
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 2	PA; MO
<i>tadalafil (pah) oral tablet</i>	Tier 5	PA; MO; NEDS
TRACLEER ORAL TABLET SOLUBLE	Tier 5	PA; MO; NEDS
UPTRAVI ORAL TABLET	Tier 5	PA; MO; NEDS
UPTRAVI ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
VENTAVIS INHALATION SOLUTION	Tier 5	PA; MO; NEDS
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE	Tier 5	PA; MO; NEDS
<i>pirfenidone oral capsule</i>	Tier 5	PA; MO; NEDS
<i>pirfenidone oral tablet</i>	Tier 5	PA; MO; NEDS
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution</i>	Tier 2	B/D
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 3	MO
BEVESPI AEROSPHERE INHALATION AEROSOL	Tier 3	MO
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO
SYMBICORT INHALATION AEROSOL	Tier 2	MO
Respiratory Tract/Pulmonary Agents		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 2	MO
ADVAIR HFA INHALATION AEROSOL	Tier 2	MO
BREZTRI AEROSPHERE INHALATION AEROSOL	Tier 3	MO
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>mometasone furoate nasal suspension</i>	Tier 2	

Drug	Status	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; MO; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Tier 5	PA; NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 3	MO
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet</i>	Tier 2	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier 2	
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule</i>	Tier 2	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	Tier 2	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	Tier 2	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual</i>	Tier 2	
Sleep Disorders, Other		
<i>doxepin hcl oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>modafinil oral tablet</i>	Tier 2	PA; MO; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>sodium oxybate oral solution</i>	Tier 5	PA; LA; NEDS
<i>triazolam oral tablet</i>	Tier 2	QL (60 EA per 30 days)
XYREM ORAL SOLUTION	Tier 5	PA; LA; NEDS
XYWAV ORAL SOLUTION	Tier 5	PA; NEDS
Sleep Promoting Agents		
BELSOMRA ORAL TABLET	Tier 3	QL (30 EA per 30 days)

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<i>acyclovir sodium</i>	34	<i>alyacen 1/35</i>	67	<i>ashlyna</i>	67
ADACEL	79	ALYQ	89	<i>aspirin-dipyridamole er</i>	45
<i>adapalene</i>	54	<i>amabelz</i>	67	ASSURE 3 TEST	42
ADBRY	54	<i>amantadine hcl</i>	36	ASSURE 4 TEST	42
<i>adefovir dipivoxil</i>	33	<i>ambrisentan</i>	89	ASSURE ID INSULIN SAFETY SYR	40
ADEMPAS	89	<i>amcinonide</i>	63	ASSURE II	42
ADVAIR DISKUS	90	AMCINONIDE	63	ASSURE II CHECK	42
ADVAIR HFA	90	<i>amethia</i>	67	ASSURE PLATINUM	42
ADVANCE INTUITION TEST	41	<i>amethyst</i>	67	ASSURE PRISM MULTI TEST	42
ADVANCE MICRO-DRAW TEST	41	<i>amikacin sulfate</i>	6	ASSURE PRO TEST	42
ADVOCATE INSULIN PEN NEEDLES	82	<i>amiloride hcl</i>	49	<i>atazanavir sulfate</i>	36
ADVOCATE REDI-CODE	41	<i>amiloride-hydrochlorothiazide</i> ...	49	<i>atenolol</i>	47
ADVOCATE REDI-CODE+ TEST	41	<i>aminosyn ii</i>	56	<i>atenolol-chlorthalidone</i>	47
ADVOCATE TEST	41	<i>amiodarone hcl</i>	47	<i>atomoxetine hcl</i>	52
AGAMATRIX AMP TEST	41	<i>amitriptyline hcl</i>	18	<i>atorvastatin calcium</i>	50
AGAMATRIX JAZZ TEST ...	41	<i>amlodipine besy-benazepril hcl</i> ..	48	<i>atovaquone</i>	28
		<i>amlodipine besylate</i>	48	<i>atovaquone-proguanil hcl</i>	28
		<i>amlodipine besylate-valsartan</i> ...	48	ATROPINE SULFATE	84
		<i>amlodipine-olmesartan</i>	46	<i>atropine sulfate</i>	84
		<i>ammonium lactate</i>	54	ATROVENT HFA	87
		<i>amoxapine</i>	18		
		<i>amoxicillin</i>	10		

<i>aubra eq</i>	67	BD VEO INSULIN SYRINGE	<i>bromocriptine mesylate</i>	29
AUGMENTIN	10	U/F	BRONCHITOL	88
AURYXIA	62	BELBUCA	BRUKINSA	25
AUSTEDO	53	BELSOMRA	<i>budesonide</i>	81, 87
AUVELITY	16	<i>benazepril hcl</i>	<i>budesonide er</i>	81
<i>aviane</i>	67	<i>benazepril-hydrochlorothiazide</i> ..	<i>bumetanide</i>	49
AVONEX PEN	53	BENLYSTA	<i>buprenorphine</i>	3
AVONEX PREFILLED	53	<i>benztropine mesylate</i>	<i>buprenorphine hcl</i>	5
AVYCAZ	8	BERINERT	<i>buprenorphine hcl-naloxone hcl</i> ...5	
AYVAKIT	25	BESREMI	<i>bupropion hcl</i>	16
<i>azacitidine</i>	23	<i>betaine</i>	<i>bupropion hcl er (smoking det)</i>6	
AZASITE	11	<i>betamethasone dipropionate</i>	<i>bupropion hcl er (sr)</i>	16
<i>azathioprine</i>	76	<i>betamethasone dipropionate</i>	<i>bupropion hcl er (xl)</i>	16
<i>azathioprine sodium</i>	74	<i>aug</i>	<i>buspirone hcl</i>	37
<i>azelaic acid</i>	54	<i>betamethasone valerate</i>	<i>butorphanol tartrate</i>	4
<i>azelastine hcl</i>	85, 87	BETASERON	BYDUREON BCISE	38
<i>azithromycin</i>	11	<i>betaxolol hcl</i>	BYETTA 10 MCG PEN	38
<i>aztreonam</i>	9	<i>bethanechol chloride</i>	BYETTA 5 MCG PEN	38
<i>bacitracin</i>	7	BETOPTIC-S	BYLVAY	59
<i>bacitracin-polymyxin b</i>	84	BEVESPI AEROSPHERE	BYLVAY (PELLETS)	59
<i>bacitra-neomycin-polymyxin-hc</i> ...7		<i>bexarotene</i>	<i>bylvay (pellets)</i>	59
<i>baclofen</i>	32	BEXSERO	<i>cabergoline</i>	72
<i>balsalazide disodium</i>	81	<i>bicalutamide</i>	CABLIVI	45
BALVERSA	25	BICILLIN C-R	CABOMETYX	25
<i>balziva</i>	67	BICILLIN C-R 900/300	<i>calcipotriene</i>	54
BARACLUDE	33	BIJUVA	<i>calcitonin (salmon)</i>	81
BAXDELA	12	BIKTARVY	<i>calcitriol</i>	81
BCG VACCINE	79	BIOSCANNER GLUCOSE	<i>calcium acetate</i>	63
BD DISP NEEDLES	82	TEST	<i>calcium acetate (phos binder)</i>62	
BD INSULIN SYR		<i>bisoprolol fumarate</i>	CALQUENCE	25
ULTRAFINE II	82	<i>bisoprolol-hydrochlorothiazide</i> ..	<i>camila</i>	71
BD INSULIN SYRINGE		BIVIGAM	<i>camrese lo</i>	67
HALF-UNIT	82	<i>bleomycin sulfate</i>	CAMZYOS	49
BD INSULIN SYRINGE U/F ..	82	BLEPHAMIDE S.O.P.	<i>candesartan cilexetil</i>	46
BD INSULIN SYRINGE U/F		<i>blisovi 24 fe</i>	<i>candesartan cilexetil-hctz</i>	46
1/2UNIT	82	<i>blisovi fe 1.5/30</i>	CAPEX	63
BD PEN	82	BLOOD GLUCOSE TEST	CAPLYTA	31
BD PEN MINI	82	BOOSTRIX	CAPRELSA	25
BD PEN NEEDLE MICRO		<i>bortezomib</i>	<i>captopril</i>	46
U/F	82	<i>bosentan</i>	<i>carbamazepine</i>	15
BD PEN NEEDLE MINI U/F ..	82	BOSULIF	<i>carbamazepine er</i>	15
BD PEN NEEDLE NANO		BRAFTOVI	<i>carbidopa</i>	30
2ND GEN	82	BREO ELLIPTA	<i>carbidopa-levodopa</i>	30
BD PEN NEEDLE NANO		BREXAFEMME	<i>carbidopa-levodopa er</i>	30
U/F	82	BREZTRI AEROSPHERE	<i>carbidopa-levodopa-entacapone</i> 30	
BD PEN NEEDLE		<i>briellyn</i>	CARDURA XL	62
ORIGINAL U/F	82	BRILINTA	CAREONE BLOOD	
BD PEN NEEDLE SHORT		<i>brimonidine tartrate</i>	GLUCOSE TEST	42
U/F	82	<i>brimonidine tartrate-timolol</i>	CARESENS N GLUCOSE	
BD SAFETYGLIDE		<i>brinzolamide</i>	TEST	42
INSULIN SYRINGE	82	BRIVIACT	CARETOUCH TEST	42
BD SYRINGE LUER-LOK	82	<i>bromfenac sodium (once-daily)</i> ..	<i>carglumic acid</i>	56

<i>carisoprodol</i>	91	<i>ciprofloxacin-dexamethasone</i>	86	<i>clonazepam</i>	14
<i>carteolol hcl</i>	85	<i>citalopram hydrobromide</i>	17	<i>clonidine</i>	46
<i>cartia xt</i>	48	<i>claravis</i>	55	<i>clonidine hcl</i>	46
<i>carvedilol</i>	47	<i>clarithromycin</i>	11	<i>clopidogrel bisulfate</i>	45
<i>carvedilol phosphate er</i>	47	<i>clarithromycin er</i>	11	<i>clorazepate dipotassium</i>	37
CASPOFUNGIN ACETATE ...	19	CLENPIQ	59	<i>clotrimazole</i>	19
CAYSTON	88	CLEOCIN	7	<i>clotrimazole-betamethasone</i>	55
<i>caziant</i>	67	CLEVER CHEK AUTO-		<i>clozapine</i>	32
<i>cefaclor</i>	8	CODE TEST	42	COARTEM	29
<i>cefaclor er</i>	8	CLEVER CHEK AUTO-		<i>codeine sulfate</i>	4
<i>cefadroxil</i>	8	CODE VOICE	42	<i>colchicine</i>	20
<i>cefazolin sodium</i>	8	CLEVER CHEK TEST	42	<i>colchicine-probenecid</i>	20
<i>cefdinir</i>	8	CLEVER CHOICE AUTO-		<i>colesevelam hcl</i>	50
<i>cefepime hcl</i>	8	CODE TEST	42	<i>colestipol hcl</i>	50
<i>cefixime</i>	8, 9	CLEVER CHOICE MICRO		<i>colistimethate sodium (cba)</i>	7
<i>cefotaxime sodium</i>	9	TEST	42	COMBIGAN	84
<i>cefotetan disodium</i>	9	CLEVER CHOICE NO		COMBIPATCH	67
<i>cefoxitin sodium</i>	9	CODING	42	COMBIVENT RESPIMAT	87
<i>cefpodoxime proxetil</i>	9	CLEVER CHOICE TALK		COMETRIQ (100 MG	
<i>cefprozil</i>	9	SYSTEM	42	DAILY DOSE)	25
<i>ceftazidime</i>	9	CLIMARA PRO	67	COMETRIQ (140 MG	
<i>ceftriaxone sodium</i>	9	<i>clindamycin hcl</i>	7	DAILY DOSE)	25
<i>cefuroxime axetil</i>	9	<i>clindamycin palmitate hcl</i>	7	COMETRIQ (60 MG DAILY	
<i>cefuroxime sodium</i>	9	<i>clindamycin phosphate</i>	7	DOSE)	25
<i>celecoxib</i>	3	<i>clindamycin phosphate in d5w</i>	7	COMFORT ASSIST	
CELONTIN	13	CLINIMIX E/DEXTROSE		INSULIN SYRINGE	40
<i>cephalexin</i>	9	(2.75/5)	58	COMFORT EZ PEN	
CERDELGA	61	CLINIMIX E/DEXTROSE		NEEDLES	83
<i>cevimeline hcl</i>	54	(4.25/10)	58	COMPLERA	34
<i>chlordiazepoxide hcl</i>	37	CLINIMIX E/DEXTROSE		CONDYLOX	55
<i>chlordiazepoxide-amitriptyline</i> ..	18	(4.25/5)	58	<i>constulose</i>	60
<i>chlorhexidine gluconate</i>	54	CLINIMIX E/DEXTROSE		CONTOUR NEXT TEST	42
<i>chloroquine phosphate</i>	28	(5/15)	58	CONTOUR TEST	42
CHLORPROMAZINE HCL ...	30	CLINIMIX E/DEXTROSE		COPIKTRA	25
<i>chlorpromazine hcl</i>	30	(5/20)	58	CORLANOR	49
<i>chlorthalidone</i>	50	CLINIMIX/DEXTROSE		CORTROPHIN	63
<i>cholestyramine</i>	50	(4.25/10)	58	COSENTYX	75
<i>cholestyramine light</i>	50	CLINIMIX/DEXTROSE		COSENTYX (300 MG DOSE)	74
CIBINQO	74	(4.25/5)	58	COSENTYX SENSOREADY	
<i>ciclodan</i>	19	CLINIMIX/DEXTROSE		(300 MG)	74
<i>ciclopirox</i>	19	(5/15)	58	COSENTYX SENSOREADY	
<i>ciclopirox olamine</i>	19	CLINIMIX/DEXTROSE		PEN	74
<i>cilostazol</i>	45	(5/20)	58	COSENTYX UNOREADY	75
CILOXAN	12	CLINISOL SF	56	COTELLIC	23
<i>cimetidine</i>	60	<i>clobazam</i>	14	CREON	61
<i>cimetidine hcl</i>	59	<i>clobetasol prop emollient base</i> ..	55	CRINONE	71
CIMZIA	76	<i>clobetasol propionate</i>	55	<i>cromolyn sodium</i>	85, 89
<i>cinacalcet hcl</i>	81	<i>clobetasol propionate e</i>	55	<i>cryselle-28</i>	67
CINRYZE	73	<i>clobetasol propionate emulsion</i> ..	55	CRYSVITA	83
<i>ciprofloxacin hcl</i>	12	<i>clocortolone pivalate</i>	55	CVS GAUZE STERILE	40
<i>ciprofloxacin in d5w</i>	12	CLODAN	55	<i>cyclobenzaprine hcl</i>	91
		<i>clomipramine hcl</i>	18	<i>cyclopentolate hcl</i>	84

<i>cyclophosphamide</i>	22	<i>dextrose-nacl</i>	58	<i>doxycycline hyclate</i>	12
CYCLOSET	38	DIACOMIT	13	<i>doxycycline monohydrate</i>	12
<i>cyclosporine</i>	76	<i>diazepam</i>	14, 37	<i>doxylamine-pyridoxine</i>	18
<i>cyclosporine modified</i>	76	DIAZEPAM INTENSOL	14	DRIZALMA SPRINKLE	17
<i>cyproheptadine hcl</i>	87	<i>diazoxide</i>	40	<i>dronabinol</i>	18
<i>cyred eq</i>	67	<i>dichlorphenamide</i>	83	DROPLET INSULIN	
CYSTADROPS	84	<i>diclofenac potassium</i>	3	SYRINGE	83
CYTAGON	61	<i>diclofenac sodium</i>	3, 55, 86	DROPLET PEN NEEDLES ...	83
CYSTARAN	84	<i>diclofenac sodium er</i>	3	<i>drospiren-eth estrad-levomefol</i> ...	67
<i>dalfampridine er</i>	53	<i>diclofenac-misoprostol</i>	3	<i>drospirenone-ethinyl estradiol</i> ...	67
<i>dalvance</i>	7	<i>dicloxacillin sodium</i>	10	<i>droxidopa</i>	49
<i>danazol</i>	66	<i>dicyclomine hcl</i>	59	<i>duloxetine hcl</i>	17
<i>dantrolene sodium</i>	32	DIFICID	11	DUOBRII	55
<i>dapsone</i>	21	<i>diflorasone diacetate</i>	64	DUPIXENT	75
DAPTACEL	79	<i>diflunisal</i>	3	<i>duramorph</i>	4
<i>daptomycin</i>	7	<i>difluprednate</i>	86	<i>dutasteride</i>	62
<i>darifenacin hydrobromide er</i>	62	<i>digitek</i>	49	<i>dutasteride-tamsulosin hcl</i>	62
<i>darunavir</i>	36	<i>digox</i>	49	<i>e.e.s. 400</i>	11
DAURISMO	25	<i>digoxin</i>	49	EASY PLUS II GLUCOSE	
<i>deblitane</i>	71	<i>dihydroergotamine mesylate</i>	21	TEST	43
<i>deferasirox</i>	57	DILANTIN	15	EASY STEP TEST	43
<i>deferiprone</i>	57	<i>diltiazem hcl</i>	48	EASY TALK BLOOD	
DELSTRIGO	35	<i>diltiazem hcl er</i>	48	GLUCOSE TEST	43
DEPO-SUBQ PROVERA 104	71	<i>diltiazem hcl er beads</i>	48	EASY TOUCH	
DESCOVY	35	<i>diltiazem hcl er coated beads</i>	48	HYPODERMIC NEEDLE	83
<i>desipramine hcl</i>	18	<i>dilt-xr</i>	48	EASY TOUCH TEST	43
<i>desmopressin ace spray refrig</i> ...	65	<i>dimethyl fumarate</i>	53	EASY TRAK BLOOD	
<i>desmopressin acetate</i>	65	<i>dimethyl fumarate starter pack</i> ...	53	GLUCOSE TEST	43
<i>desogestrel-ethinyl estradiol</i>	67	DIPENTUM	81	EASYGLUCO	43
<i>desonide</i>	63	<i>diphenhydramine hcl</i>	87	EASYMAX 15 TEST	43
<i>desoximetasone</i>	63	<i>diphenoxylate-atropine</i>	59	<i>econazole nitrate</i>	19
DESVENLAFAXINE ER	17	<i>diphtheria-tetanus toxoids dt</i>	79	EDURANT	34
<i>desvenlafaxine succinate er</i>	17	<i>dipyridamole</i>	46	<i>efavirenz</i>	34
<i>dexamethasone</i>	63, 64	<i>disopyramide phosphate</i>	47	<i>efavirenz-emtricitab-tenofo df</i>	34
DEXAMETHASONE		<i>disulfiram</i>	5	<i>efavirenz-lamivudine-tenofovir</i> ...	35
INTENSOL	63	<i>divalproex sodium</i>	14, 38	ELIGARD	72
<i>dexamethasone sodium</i>		<i>divalproex sodium er</i>	21	ELIQUIS	44
<i>phosphate</i>	64, 86	<i>dofetilide</i>	47	ELIQUIS DVT/PE	
DEXCOM G6 RECEIVER	42	DOJOLVI	57	STARTER PACK	44
DEXCOM G6 SENSOR	42	<i>dolishale</i>	67	ELIXOPHYLLIN	89
DEXCOM G6		<i>donepezil hcl</i>	16	ELMIRON	62
TRANSMITTER	42	DOPTELET	44	<i>eluryng</i>	67
DEXCOM G7 RECEIVER	42	<i>dorzolamide hcl</i>	85	EMCYT	23
DEXCOM G7 SENSOR	42	<i>dorzolamide hcl-timolol mal</i>	85	EMEND	18
DEXILANT	60	<i>dorzolamide hcl-timolol mal pf</i> ..	85	EMFLAZA	64
<i>dexlansoprazole</i>	60	<i>dotti</i>	67	<i>emoquette</i>	67
<i>dexmethylphenidate hcl</i>	52	DOVATO	35	EMPAVELI	73
<i>dexmethylphenidate hcl er</i>	52	<i>doxazosin mesylate</i>	62	EMSAM	16
<i>dextroamphetamine sulfate</i>	52	<i>doxepin hcl</i>	18, 37, 55, 91	<i>emtricitabine</i>	35
<i>dextroamphetamine sulfate er</i>	52	<i>doxercalciferol</i>	58	<i>emtricitabine-tenofovir df</i>	35
<i>dextrose</i>	58	<i>doxy 100</i>	12	EMTRIVA	35
DEXTROSE-NACL	58	<i>doxycycline</i>	55	<i>enalapril maleate</i>	46

<i>enalapril-hydrochlorothiazide</i>	46	<i>ethynodiol diac-eth estradiol</i>	68	FIRDAPSE	53
ENBREL	77	<i>etodolac</i>	21	<i>firvanq</i>	7
ENBREL MINI	77	<i>etodolac er</i>	3	<i>flac</i>	86
ENBREL SURECLICK	77	<i>etonogestrel-ethinyl estradiol</i>	68	<i>flavoxate hcl</i>	62
ENDARI	61	<i>etravirine</i>	34	FLEBOGAMMA DIF	74
<i>endocet</i>	4	<i>euthyrox</i>	72	<i>flecainide acetate</i>	47
ENGERIX-B	79	<i>everolimus</i>	26, 77	FLOVENT DISKUS	87
ENLITE GLUCOSE		EVERSENSE E3		FLOVENT HFA	87
SENSOR	43	SENSOR/HOLDER	43	<i>fluconazole</i>	19
<i>enoxaparin sodium</i>	44	EVERSENSE E3 SMART		<i>fluconazole in sodium chloride</i> ..	19
<i>enpresse-28</i>	67	TRANSMITTER	43	<i>flucytosine</i>	19
<i>enskyce</i>	67	EVERSENSE		<i>fludrocortisone acetate</i>	64
ENSPRYNG	77	SENSOR/HOLDER	43	<i>flunisolide</i>	87
<i>entacapone</i>	29	EVERSENSE SMART		<i>fluocinolone acetonide</i>	64, 86
<i>entecavir</i>	33	TRANSMITTER	43	<i>fluocinolone acetonide body</i>	64
ENTRESTO	46	EVOTAZ	36	<i>fluocinolone acetonide scalp</i>	64
<i>enulose</i>	60	EVRYSDI	53	<i>fluocinonide</i>	64
EPCLUSA	33	EXEL COMFORT POINT		<i>fluocinonide emulsified base</i>	64
EPIDIOLEX	14	PEN NEEDLE	83	<i>fluorometholone</i>	86
<i>epinastine hcl</i>	85	EXELDERM	19	<i>fluorouracil</i>	55
<i>epinephrine</i>	88	<i>exemestane</i>	24	<i>fluoxetine hcl</i>	17
<i>epitol</i>	15	EXKIVITY	26	<i>fluoxetine hcl (pmdd)</i>	17
EPIVIR HBV	33	EXSERVAN	53	<i>fluphenazine decanoate</i>	30
<i>eplerenone</i>	49	EYSUVIS	86	FLUPHENAZINE HCL	30
EPRONTIA	21	<i>ezetimibe</i>	50	<i>fluphenazine hcl</i>	30
EQUETRO	15	<i>ezetimibe-simvastatin</i>	51	<i>flurazepam hcl</i>	91
ERAXIS	19	<i>falmina</i>	68	<i>flurbiprofen</i>	21
<i>ergoloid mesylates</i>	16	<i>famciclovir</i>	34	<i>flurbiprofen sodium</i>	86
ERGOMAR	21	<i>famotidine</i>	60	<i>flutamide</i>	22
<i>ergotamine-caffeine</i>	21	FANAPT	31	<i>fluticasone propionate</i>	64, 87
ERIVEDGE	25	FANAPT TITRATION		<i>fluvastatin sodium</i>	50
ERLEADA	22	PACK	31	<i>fluvastatin sodium er</i>	50
<i>erlotinib hcl</i>	25	FARXIGA	38	<i>fluvoxamine maleate</i>	17
<i>errin</i>	71	FARYDAK	26	<i>fluvoxamine maleate er</i>	17
<i>ertapenem sodium</i>	9	FASENRA	90	FML	86
ERYTHROCIN		FASENRA PEN	90	FML FORTE	86
LACTOBIONATE	11	<i>febuxostat</i>	20	<i>fondaparinux sodium</i>	44, 45
<i>erythromycin</i>	11, 55	<i>felbamate</i>	15	FORTEO	82
<i>erythromycin base</i>	11	<i>felodipine er</i>	48	FOSAMAX PLUS D	82
<i>erythromycin ethylsuccinate</i>	11	FEMRING	68	FOSAMPRENAVIR	
<i>erythromycin stearate</i>	11	<i>femynor</i>	68	CALCIUM	36
<i>escitalopram oxalate</i>	17	<i>fenofibrate</i>	50	<i>fosfomycin tromethamine</i>	7
<i>esomeprazole magnesium</i>	60	<i>fenofibrate micronized</i>	50	<i>fosinopril sodium</i>	46
<i>estarylla</i>	68	<i>fenoprofen calcium</i>	3	<i>fosinopril sodium-hctz</i>	46
<i>estazolam</i>	37	<i>fentanyl</i>	4	<i>fosphenytoin sodium</i>	15
<i>estradiol</i>	68, 71	<i>fentanyl citrate</i>	4	FOTIVDA	26
<i>estradiol-norethindrone acet</i>	68	FETZIMA	17	FRAGMIN	45
ESTRING	68	FETZIMA TITRATION	17	FREESTYLE INSULINX	
<i>eszopiclone</i>	91	<i>finasteride</i>	62	TEST	43
<i>ethacrynic acid</i>	49	<i>finngolimod hcl</i>	53	FREESTYLE LIBRE 14 DAY	
<i>ethambutol hcl</i>	21	FINTEPLA	13	READER	43
<i>ethosuximide</i>	13, 14	<i>finzala</i>	68		

FREESTYLE LIBRE 14 DAY	GLEOSTINE	22	HUMALOG MIX 75/25	
SENSOR	<i>glimepiride</i>	38	KWIKPEN	40
FREESTYLE LIBRE 2	<i>glipizide</i>	38	HUMIRA	77, 78
READER	<i>glipizide er</i>	38	HUMIRA PEDIATRIC	
FREESTYLE LIBRE 2	<i>glipizide-metformin hcl</i>	39	CROHNS START	77
SENSOR	GLOBAL ALCOHOL PREP		HUMIRA PEN	77
FREESTYLE LIBRE 3	EASE	7	HUMIRA PEN-CD/UC/HS	
SENSOR	GLUCAGEN HYPOKIT	40	STARTER	77
FREESTYLE LIBRE	GLUCAGON EMERGENCY	40	HUMIRA PEN-PEDIATRIC	
READER	<i>glyburide</i>	38	UC START	77
FREESTYLE LITE TEST	<i>glyburide micronized</i>	38	HUMIRA PEN-PS/UV/ADOL	
FREESTYLE PRECISION	<i>glyburide-metformin</i>	39	HS START	77
NEO TEST	<i>glycopyrrolate</i>	59	HUMIRA PEN-PSOR/UEVIT	
FREESTYLE TEST	GLYXAMBI	38	STARTER	77
<i>fulvestrant</i>	<i>granisetron hcl</i>	18	HUMULIN 70/30	40
<i>furosemide</i>	<i>griseofulvin microsize</i>	19	HUMULIN 70/30 KWIKPEN	40
FUZEON	<i>griseofulvin ultramicrosize</i>	19	HUMULIN N	40
<i>fyavolv</i>	<i>guanfacine hcl</i>	46	HUMULIN N KWIKPEN	40
FYCOMPA	<i>guanfacine hcl er</i>	52	HUMULIN R	41
<i>gabapentin</i>	GUARDIAN LINK 3		HUMULIN R U-500	
GALAFOLD	TRANSMITTER	43	(CONCENTRATED)	41
<i>galantamine hydrobromide</i>	GUARDIAN REAL-TIME		HUMULIN R U-500	
<i>galantamine hydrobromide er</i>	REPLACE PED	43	KWIKPEN	41
GAMMAGARD	GUARDIAN SENSOR (3)	43	<i>hydralazine hcl</i>	51
GAMMAGARD S/D LESS	GVOKE HYPOPEN 2-PACK	39	<i>hydrochlorothiazide</i>	50
IGA	GVOKE KIT	39	<i>hydrocodone-acetaminophen</i>	4
GAMMAKED	GVOKE PFS	39	<i>hydrocodone-ibuprofen</i>	4
GAMMAPLEX	HAEGARDA	73	<i>hydrocortisone</i>	64, 81
GAMUNEX-C	<i>hailey 24 fe</i>	68	<i>hydrocortisone (perianal)</i>	55
GARDASIL 9	<i>halcinonide</i>	64	<i>hydrocortisone butyrate</i>	64
<i>gatifloxacin</i>	<i>halobetasol propionate</i>	64	<i>hydrocortisone valerate</i>	64
GATTEX	<i>haloette</i>	68	<i>hydrocortisone-acetic acid</i>	86
<i>gavilyte-c</i>	HALOG	64	<i>hydromorphone hcl</i>	4
<i>gavilyte-g</i>	<i>haloperidol</i>	30	<i>hydroxychloroquine sulfate</i>	29
<i>gavilyte-n with flavor pack</i>	<i>haloperidol decanoate</i>	30	<i>hydroxyprogesterone caproate</i> ...	71
GAVRETO	<i>haloperidol lactate</i>	30	<i>hydroxyurea</i>	23
GEFITINIB	HARVONI	33	<i>hydroxyzine hcl</i>	37
<i>gemfibrozil</i>	HAVRIX	79	<i>hydroxyzine pamoate</i>	87
<i>gemmily</i>	<i>heparin sodium (porcine)</i>	45	HYPODERMIC NEEDLE	83
<i>generlac</i>	<i>heparin sodium (porcine) pf</i>	45	<i>ibandronate sodium</i>	82
<i>gengraf</i>	HEPLISAV-B	79	IBRANCE	23
GENOTROPIN	HETLIOZ LQ	53	<i>ibu</i>	3
GENOTROPIN MINIQUICK	HIBERIX	79	<i>ibuprofen</i>	3
<i>gentak</i>	HUMALOG	40	ICATIBANT ACETATE	73
<i>gentamicin in saline</i>	HUMALOG JUNIOR		<i>iclevia</i>	68
<i>gentamicin sulfate</i>	KWIKPEN	40	ICLUSIG	26
GENVOYA	HUMALOG KWIKPEN	40	<i>icosapent ethyl</i>	51
GILOTRIF	HUMALOG MIX 50/50	40	IDHIFA	25
GLASSIA	HUMALOG MIX 50/50		ILARIS	76
GLATIRAMER ACETATE	KWIKPEN	40	<i>imatinib mesylate</i>	26
<i>glatopa</i>	HUMALOG MIX 75/25	40	IMBRUVICA	26
GLATOPA			<i>imipenem-cilastatin</i>	9

<i>imipramine hcl</i>	18	JAKAFI	26	<i>klor-con m10</i>	56
<i>imiquimod</i>	55	<i>jantoven</i>	45	<i>klor-con m15</i>	56
IMOVAX RABIES	79	JANUMET	39	<i>klor-con m20</i>	56
IMPAVIDO	29	JANUMET XR	39	KLOXXADO	6
INBRIJA	30	JANUVIA	38	KORLYM	66
<i>incassia</i>	71	JARDIANCE	38	KOSELUGO	26
INCRELEX	66	<i>jasmiel</i>	68	K-PHOS NO 2	56
INCRUSE ELLIPTA	87	JAYPIRCA	26	KRAZATI	23
<i>indapamide</i>	50	JENTADUETO	39	KRINTAFEL	29
<i>indomethacin</i>	3	JENTADUETO XR	40	<i>kurvelo</i>	68
<i>indomethacin er</i>	3	<i>jinteli</i>	68	KYNMOBI	29
INFANRIX	79	<i>juleber</i>	68	<i>labetalol hcl</i>	47
INGREZZA	53	JULUCA	35	<i>lacosamide</i>	15
INLYTA	26	<i>junel 1.5/30</i>	68	<i>lactulose</i>	60
INQOVI	23	<i>junel 1/20</i>	68	LAGEVRIO	75
INREBIC	26	<i>junel fe 1.5/30</i>	68	<i>lamivudine</i>	33, 35
<i>insulin lispro</i>	41	<i>junel fe 1/20</i>	68	<i>lamivudine-zidovudine</i>	35
INSULIN LISPRO (1 UNIT		<i>junel fe 24</i>	68	<i>lamotrigine</i>	15, 38
DIAL)	41	JUXTAPID	51	<i>lamotrigine starter kit-blue</i>	15
<i>insulin lispro junior kwikpen</i>	41	JYNARQUE	57	<i>lamotrigine starter kit-green</i>	15
<i>insulin lispro prot & lispro</i>	41	JYNNEOS	79	<i>lamotrigine starter kit-orange</i>	15
INSUPEN SENSITIVE	83	<i>kaitlib fe</i>	68	<i>lanreotide acetate</i>	72
INTELENCE	34	KALYDECO	88, 89	<i>lansoprazole</i>	60
<i>intralipid</i>	58	<i>kariva</i>	68	LANTUS	41
INTRALIPID	58	<i>kcl (0.149%) in nacl</i>	56	LANTUS SOLOSTAR	41
INTRON A	33	<i>kcl (0.298%) in nacl</i>	56	<i>lapatinib ditosylate</i>	26
<i>introvale</i>	68	<i>kcl in dextrose-nacl</i>	56	<i>larin 1.5/30</i>	68
INVEGA HAFYERA	31	KCL-LACTATED		<i>larin 1/20</i>	68
INVEGA SUSTENNA	31	RINGERS-D5W	56	<i>larin fe 1.5/30</i>	68
INVEGA TRINZA	31	<i>kelnor 1/35</i>	68	<i>larin fe 1/20</i>	68
INVELTYS	86	<i>kelnor 1/50</i>	68	<i>larissia</i>	68
IOPIDINE	85	KERENDIA	49	<i>latanoprost</i>	84
IPOL	79	KESIMPTA	54	LATUDA	31
<i>ipratropium bromide</i>	88	<i>ketoconazole</i>	20	<i>layolis fe</i>	69
<i>ipratropium-albuterol</i>	88	<i>ketoprofen</i>	3	<i>ledipasvir-sofosbuvir</i>	33
<i>irbesartan</i>	46	<i>ketoprofen er</i>	3	<i>leena</i>	69
<i>irbesartan-hydrochlorothiazide</i> ..	46	<i>ketorolac tromethamine</i>	3, 86	<i>leflunomide</i>	75
IRESSA	26	KEVEYIS	83	<i>lenalidomide</i>	22
ISENTRESS	34	KEVZARA	78	LENVIMA (10 MG DAILY	
ISENTRESS HD	34	KINERET	78	DOSE)	26
<i>isibloom</i>	68	KINRIX	79	LENVIMA (12 MG DAILY	
ISOLYTE-P IN D5W	58	KISQALI (200 MG DOSE)	26	DOSE)	26
ISOLYTE-S PH 7.4	56	KISQALI (400 MG DOSE)	26	LENVIMA (14 MG DAILY	
<i>isoniazid</i>	22	KISQALI (600 MG DOSE)	26	DOSE)	26
<i>isosorbide dinitrate</i>	51	KISQALI FEMARA (200 MG		LENVIMA (18 MG DAILY	
<i>isosorbide mononitrate</i>	51	DOSE)	23	DOSE)	26
<i>isosorbide mononitrate er</i>	51	KISQALI FEMARA (400 MG		LENVIMA (20 MG DAILY	
<i>isradipine</i>	48	DOSE)	23	DOSE)	26
ISTURISA	72	KISQALI FEMARA (600 MG		LENVIMA (24 MG DAILY	
<i>itraconazole</i>	19	DOSE)	23	DOSE)	26
<i>ivermectin</i>	28	<i>klor-con</i>	56	LENVIMA (4 MG DAILY	
IXIARO	79	<i>klor-con 10</i>	56	DOSE)	27

LENVIMA (8 MG DAILY DOSE)	27	<i>lorazepam</i>	37	<i>meloxicam</i>	3
<i>lessina</i>	69	<i>lorazepam intensol</i>	37	<i>memantine hcl</i>	16
<i>letrozole</i>	24	LORBRENA	27	<i>memantine hcl er</i>	16
<i>leucovorin calcium</i>	24, 28	<i>loryna</i>	69	MENACTRA	80
LEUKERAN	22	<i>losartan potassium</i>	46	MENEST	69
LEUKINE	45	<i>losartan potassium-hctz</i>	46	MENOSTAR	69
<i>leuprolide acetate</i>	72	<i>loteprednol etabonate</i>	86	MENQUADFI	80
LEUPROLIDE ACETATE (3 MONTH)	72	<i>lovastatin</i>	50	MENVEO	80
<i>levabuterol hcl</i>	88	<i>low-ogestrel</i>	69	<i>meperidine hcl</i>	4, 5
<i>levabuterol tartrate</i>	88	<i>loxapine succinate</i>	30	<i>mercaptopurine</i>	23
<i>levetiracetam</i>	13	<i>lubiprostone</i>	60	<i>meropenem</i>	10
<i>levetiracetam er</i>	13	LUCEMYRA	5	<i>merzee</i>	69
<i>levobunolol hcl</i>	85	LUMAKRAS	24	<i>mesalamine</i>	81
<i>levocarnitine</i>	83	LUMIGAN	84	<i>mesalamine-cleanser</i>	81
<i>levocetirizine dihydrochloride</i>	87	LUPKYNIS	78	MESNEX	28
<i>levofloxacin</i>	12	LUPRON DEPOT (1-MONTH)	72	<i>metformin hcl</i>	38
<i>levofloxacin in d5w</i>	12	LUPRON DEPOT (3-MONTH)	72	<i>metformin hcl er</i>	38
<i>levonest</i>	69	LUPRON DEPOT (4-MONTH)	73	<i>methadone hcl</i>	4
<i>levonorgest-eth est & eth est</i>	69	<i>lurasidone hcl</i>	31	<i>methazolamide</i>	49
<i>levonorgest-eth estrad 91-day</i>	69	<i>luteru</i>	69	<i>methenamine hippurate</i>	7
<i>levonorgestrel-ethinyl estrad</i>	69	LYBALVI	31	<i>methimazole</i>	73
<i>levonorg-eth estrad triphasic</i>	69	<i>lyleq</i>	71	<i>methocarbamol</i>	91
<i>levora 0.15/30 (28)</i>	69	<i>lyllana</i>	69	<i>methotrexate</i>	78
<i>levorphanol tartrate</i>	4	LYNPARZA	27	<i>methotrexate sodium</i>	78
<i>levo-t</i>	72	LYSODREN	72	<i>methotrexate sodium (pf)</i>	78
<i>levothyroxine sodium</i>	72	LYTGOBI (12 MG DAILY DOSE)	27	<i>methoxsalen rapid</i>	55
<i>levoxyl</i>	72	LYTGOBI (16 MG DAILY DOSE)	27	<i>methscopolamine bromide</i>	59
LEXIVA	36	LYTGOBI (20 MG DAILY DOSE)	27	<i>methsuximide</i>	14
<i>lidocaine</i>	5	<i>lyza</i>	71	<i>methyl dopa</i>	46
<i>lidocaine hcl</i>	5	<i>magnesium sulfate</i>	56	<i>methylergonovine maleate</i>	83
<i>lidocaine hcl (pf)</i>	5	<i>malathion</i>	29	<i>methylphenidate hcl</i>	52, 53
<i>lidocaine hcl urethral/mucosal</i>	5	<i>maraviroc</i>	35	<i>methylphenidate hcl er</i>	52
<i>lidocaine viscous hcl</i>	5	<i>marlissa</i>	69	<i>methylphenidate hcl er (cd)</i>	52
<i>lidocaine-prilocaine</i>	5	MARPLAN	16	<i>methylphenidate hcl er (la)</i>	52
<i>lindane</i>	29	MATULANE	22	<i>methylphenidate hcl er (osm)</i>	52
<i>linezolid</i>	7	<i>matzim la</i>	48	<i>methylprednisolone</i>	64
LINZESS	60	MAVYRET	33	<i>methylprednisolone acetate</i>	20
<i>liothyronine sodium</i>	72	MAXIDEX	86	<i>methylprednisolone sodium succ</i>	65
<i>lisinopril</i>	46	<i>meclizine hcl</i>	18	<i>metoclopramide hcl</i>	59
<i>lisinopril-hydrochlorothiazide</i>	46	<i>meclofenamate sodium</i>	3	<i>metolazone</i>	50
LITETOUCH PEN NEEDLES	83	MEDROL	64	<i>metoprolol succinate er</i>	47
<i>lithium</i>	38	<i>medroxyprogesterone acetate</i>	71	<i>metoprolol tartrate</i>	47
<i>lithium carbonate</i>	38	<i>mefloquine hcl</i>	29	<i>metoprolol-hydrochlorothiazide</i>	48
<i>lithium carbonate er</i>	38	<i>megestrol acetate</i>	71	<i>metronidazole</i>	7
LIVMARLI	59	MEKINIST	27	<i>metirosine</i>	49
LIVTENCITY	33	MEKTOVI	27	<i>mexiletine hcl</i>	47
LONSURF	23			<i>mibelas 24 fe</i>	69
<i>loperamide hcl</i>	59			<i>micafungin sodium</i>	20
<i>lopinavir-ritonavir</i>	36			<i>miconazole 3</i>	20

<i>microgestin fe 1.5/30</i>	69	<i>nateglinide</i>	38	<i>nortrel 1/35 (28)</i>	70
<i>microgestin fe 1/20</i>	69	NATPARA	83	<i>nortrel 7/7/7</i>	70
<i>midodrine hcl</i>	46	NAYZILAM	14	<i>nortriptyline hcl</i>	18
<i>miglitol</i>	38	<i>necon 0.5/35 (28)</i>	69	NORVIR	36
<i>miglustat</i>	61	<i>necon 1/35 (28)</i>	69	NUBEQA	22
<i>mili</i>	69	<i>nefazodone hcl</i>	17	NUCALA	91
<i>mimvey</i>	69	<i>neomycin sulfate</i>	6	NUDEXTA	53
<i>minocycline hcl</i>	13	<i>neomycin-bacitracin zn-</i> <i>polymyx</i>	84	NUPLAZID	31
<i>minoxidil</i>	51	<i>neomycin-polymyxin-dexameth</i> ...86		NUTRILIPID	58
<i>mirtazapine</i>	16	<i>neomycin-polymyxin-gramicidin</i> 84		NUZYRA	13
<i>misoprostol</i>	60	<i>neomycin-polymyxin-hc</i> 7, 86		<i>nyamyc</i>	20
M-M-R II	80	<i>neo-polycin</i>	84	<i>nylia 1/35</i>	70
<i>modafinil</i>	91	<i>neo-polycin hc</i>	84	<i>nylia 7/7/7</i>	70
<i>moexipril hcl</i>	46	NERLYNX	27	<i>nymyo</i>	70
<i>molindone hcl</i>	30	NEUPRO	29	<i>nystatin</i>	20
<i>mometasone furoate</i>	65, 90	NEVANAC	86	<i>nystatin-triamcinolone</i>	20
<i>mondoxyne nl</i>	13	<i>nevirapine</i>	34	<i>nystop</i>	20
MONOJECT		<i>nevirapine er</i>	34	OICALIVA	59
HYPODERMIC NEEDLE	83	NEXLETOL	49	<i>ocella</i>	70
MONOJECT INSULIN		NEXLIZET	49	OCTAGAM	74
SYRINGE	83	<i>niacin (antihyperlipidemic)</i>51		<i>octreotide acetate</i>	66, 73
<i>montelukast sodium</i>	87	<i>niacin er (antihyperlipidemic)</i> 51		ODEFSEY	34
<i>morphine sulfate</i>	5	<i>niacor</i>	51	ODOMZO	24
<i>morphine sulfate (concentrate)</i>5		<i>nicardipine hcl</i>	48	OFEV	90
<i>morphine sulfate (pf)</i>	5	NICOTROL	6	<i>ofloxacin</i>	12
<i>morphine sulfate er</i>	4	<i>nifedipine</i>	48	OJJAARA	24
MOTOFEN	59	<i>nifedipine er</i>	48	<i>olanzapine</i>	32
MOUNJARO	38	<i>nifedipine er osmotic release</i> 48		<i>olanzapine-fluoxetine hcl</i>	37
MOVANTIK	59	<i>nikki</i>	69	<i>olmesartan medoxomil</i>	46
<i>moxifloxacin hcl</i>	12	<i>nilutamide</i>	22	<i>olmesartan medoxomil-hctz</i>	46
<i>moxifloxacin hcl in nacl</i>	12	NINLARO	24	<i>olopatadine hcl</i>	85, 87
MOZOBIL	45	<i>nitazoxanide</i>	29	OLUMIANT	75
MULPLETA	45	<i>nitisinone</i>	61	<i>omega-3-acid ethyl esters</i>	51
MULTAQ	47	NITRO-BID	51	<i>omeprazole</i>	61
<i>multiple electro type 1 ph 5.5</i>56		<i>nitrofurantoin</i>	8	<i>omeprazole magnesium</i>	60
<i>multiple electro type 1 ph 7.4</i>56		<i>nitrofurantoin macrocrystal</i>7		ONCASPAR	24
<i>mupirocin</i>	7	<i>nitrofurantoin monohyd macro</i> 8		<i>ondansetron</i>	19
<i>mupirocin calcium</i>	55	<i>nitroglycerin</i>	51	<i>ondansetron hcl</i>	19
<i>mycophenolate mofetil</i>	78	<i>nora-be</i>	71	ONETOUCH ULTRA 2	43
<i>mycophenolate sodium</i>	78	<i>norethin ace-eth estrad-fe</i>	69	ONETOUCH ULTRA MINI ... 43	
MYRBETRIQ	62	<i>norethindrone</i>	72	ONETOUCH VERIO	43
<i>na sulfate-k sulfate-mg sulf</i>	57	<i>norethindrone acetate</i>	71	ONETOUCH VERIO FLEX	
<i>nabumetone</i>	3	<i>norethindrone acet-ethinyl est</i> ... 69		SYSTEM	43
<i>nadolol</i>	48	<i>norethindrone-eth estradiol</i>	69	ONETOUCH VERIO IQ	
<i>nafcillin sodium</i>	10	<i>norethindrone-eth estradiol</i>	69	SYSTEM	43
<i>naloxone hcl</i>	6	<i>norethindron-ethinyl estrad-fe</i> ... 69		ONUREG	23
<i>naltrexone hcl</i>	5	<i>norethin-eth estradiol-fe</i>	69	OPSUMIT	89
NAMZARIC	16	<i>norgestimate-eth estradiol</i>	70	OPTIUMEZ TEST	43
<i>naproxen</i>	3	<i>norgestim-eth estrad triphasic</i> 70		OPZELURA	55
<i>naproxen sodium</i>	3	NORPACE CR	47	ORACIT	57
NARCAN	6	<i>nortrel 0.5/35 (28)</i>	70	ORENCIA	75
NATACYN	20	<i>nortrel 1/35 (21)</i>	70	ORENCIA CLICKJECT	75

ORENITRAM	90	PEMAZYRE	27	<i>potassium chloride crys er</i>	57
ORENITRAM MONTH 1	89	PEN NEEDLES	83	<i>potassium chloride er</i>	57
ORENITRAM MONTH 2	89	<i>penicillamine</i>	58	<i>potassium chloride in nacl</i>	57
ORENITRAM MONTH 3	90	<i>penicillin g pot in dextrose</i>	10	<i>potassium citrate er</i>	57
ORFADIN	61	<i>penicillin g potassium</i>	10, 11	<i>potassium cl in dextrose 5%</i>	57
ORGOVYX	24	<i>penicillin g sodium</i>	11	PRALUENT	51
ORKAMBI	89	<i>penicillin v potassium</i>	11	<i>pramipexole dihydrochloride</i>	29
ORLADEYO	49	PENTACEL	80	<i>prasugrel hcl</i>	44
<i>orphenadrine citrate er</i>	91	<i>pentamidine isethionate</i>	29	<i>pravastatin sodium</i>	50
ORSERDU	23	<i>pentoxifylline er</i>	49	<i>praziquantel</i>	28
<i>orsythia</i>	70	<i>perindopril erbumine</i>	47	<i>prazosin hcl</i>	46
<i>oseltamivir phosphate</i>	36	<i>periogard</i>	54	PRECISION XTRA BLOOD	
OSMOPREP	59	<i>permethrin</i>	29	GLUCOSE	44
OSPHENA	72	<i>perphenazine</i>	31	PRED MILD	86
OTEZLA	78	<i>perphenazine-amitriptyline</i>	18	PRED-G	86
<i>oxacillin sodium</i>	10	PERSERIS	32	PRED-G S.O.P.	86
<i>oxacillin sodium in dextrose</i>	10	<i>phenelzine sulfate</i>	17	<i>prednicarbate</i>	65
<i>oxandrolone</i>	66	<i>phenobarbital</i>	14	<i>prednisolone</i>	65
<i>oxaprozin</i>	3	<i>phenoxybenzamine hcl</i>	46	<i>prednisolone acetate</i>	86
<i>oxazepam</i>	37	<i>phenytoin</i>	15	<i>prednisolone sodium phosphate</i>	65
OXBRYTA	45	<i>phenytoin sodium extended</i>	15	PREDNISOLONE SODIUM	
<i>oxcarbazepine</i>	15	PIFELTRO	34	PHOSPHATE	86
OXISTAT	20	<i>pilocarpine hcl</i>	54, 85	<i>prednisone</i>	65
<i>oxybutynin chloride</i>	62	<i>pimecrolimus</i>	55	PREDNISONE INTENSOL	65
<i>oxybutynin chloride er</i>	62	<i>pimozide</i>	31	PREFERRED PLUS	
<i>oxycodone hcl</i>	5	<i>pintrea</i>	70	INSULIN SYRINGE	83
<i>oxycodone hcl er</i>	4	<i>pindolol</i>	48	<i>prefest</i>	70
<i>oxycodone-acetaminophen</i>	5	<i>pioglitazone hcl</i>	39	<i>pregabalin</i>	53
OXYCONTIN	4	<i>pioglitazone hcl-glimepiride</i>	40	<i>prehevbrio</i>	80
OZEMPIC (0.25 OR 0.5		<i>pioglitazone hcl-metformin hcl</i> ... 40		PREMARIN	70
MG/DOSE)	38	<i>piperacillin sod-tazobactam so</i> ... 11		PREMASOL	57
OZEMPIC (1 MG/DOSE)	39	PIQRAY (200 MG DAILY		PREMPHASE	70
OZEMPIC (2 MG/DOSE)	39	DOSE)	25	PREMPRO	70
<i>paliperidone er</i>	32	PIQRAY (250 MG DAILY		<i>prenatal</i>	59
PANRETIN	28	DOSE)	25	<i>pretomanid</i>	22
<i>pantoprazole sodium</i>	61	PIQRAY (300 MG DAILY		<i>prevalite</i>	51
PANZYGA	74	DOSE)	25	<i>previfem</i>	70
<i>paricalcitol</i>	82	<i>pirfenidone</i>	90	PREVYMIS	33
<i>paromomycin sulfate</i>	6	<i>pirmella 1/35</i>	70	PREZCOBIX	36
<i>paroxetine hcl</i>	17, 37	<i>piroxicam</i>	3	PREZISTA	36
<i>paroxetine hcl er</i>	17	PLASMA-LYTE A	57	PRIFTIN	22
PASER	22	PLENAMINE	57	<i>primaquine phosphate</i>	29
PAXLOVID (150/100)	75	<i>plerixafor</i>	45	<i>primidone</i>	14
PAXLOVID (300/100)	75	PNV-DHA	59	PRIORIX	80
<i>pazopanib hcl</i>	27	<i>podofilox</i>	55	PRIVIGEN	74
PEDIARIX	80	<i>polycin</i>	84	PROAIR HFA	88
PEDVAX HIB	80	<i>polymyxin b sulfate</i>	8	PROAIR RESPICLICK	88
<i>peg 3350-kcl-na bicarb-nacl</i>	60	<i>polymyxin b-trimethoprim</i>	84	<i>probenecid</i>	20
<i>peg-3350/electrolytes</i>	60	POMALYST	22	PROCALAMINE	58
<i>peg-3350/electrolytes/ascorbat</i> ...60		<i>portia-28</i>	70	<i>prochlorperazine</i>	31
PEGASYS	33	<i>posaconazole</i>	20	<i>prochlorperazine maleate</i>	31
<i>peg-kcl-nacl-nasulf-na asc-c</i>	60	<i>potassium chloride</i>	57	<i>procto-med hc</i>	55

<i>procto-pak</i>	55	RECTIV	51	<i>rosuvastatin calcium</i>	50
<i>proctosol hc</i>	55	REDITREX	78	ROTARIX	80
<i>proctozone-hc</i>	55	REGANEX	56	ROTATEQ	80
PRODIGY NO CODING		RELENZA DISKHALER	36	<i>roweepra</i>	13
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PROGRAF	78	RELION BLOOD GLUCOSE		RUBRACA	27
PROLASTIN-C	61	TEST	44	RUCONEST	73
PROLIA	82	RELION CONFIRM/MICRO		<i>rufinamide</i>	15, 16
PROMACTA	45	TEST	44	RUKOBIA	35
<i>promethazine hcl</i>	18	RELION INSULIN		RUZURGI	61
<i>promethegan</i>	18	SYRINGE	83	RYDAPT	27
<i>propafenone hcl</i>	47	RELI-ON INSULIN		RYTARY	30
<i>propafenone hcl er</i>	47	SYRINGE	41	<i>sajazir</i>	73
<i>propracaine hcl</i>	84	RELION PRIME TEST	44	<i>salsalate</i>	3
<i>propranolol hcl</i>	48	RELION ULTIMA TEST	44	SANDIMMUNE	78
<i>propranolol hcl er</i>	48	RELISTOR	59	SANTYL	56
<i>propylthiouracil</i>	73	<i>repaglinide</i>	39	<i>sapropterin dihydrochloride</i>	61
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PULMOZYME	89	RETACRIT	45	<i>selegiline hcl</i>	30
PURE COMFORT PEN		RETEVMO	24	<i>selenium sulfide</i>	56
NEEDLE	83	REVLIMID	22	SELZENTRY	35
PURIXAN	23	REXULTI	32	SEREVENT DISKUS	88
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<i>pyridostigmine bromide</i>	21	REZLIDHIA	25	<i>setlakin</i>	70
<i>pyridostigmine bromide er</i>	21	REZUROCK	78	<i>sevelamer carbonate</i>	63
<i>pyrimethamine</i>	29	RHOPRESSA	84	<i>sevelamer hcl</i>	63
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<i>quetiapine fumarate</i>	32	<i>rifampin</i>	22	SIKLOS	23
QUICKTEK TEST	44	<i>riluzole</i>	53	<i>sildenafil citrate</i>	90
<i>quinapril hcl</i>	47	<i>rimantadine hcl</i>	36	SILIQ	75
<i>quinapril-hydrochlorothiazide</i>	47	RINVOQ	75	<i>silodosin</i>	62
<i>quinidine gluconate er</i>	47	<i>risedronate sodium</i>	82	<i>silver sulfadiazine</i>	8
<i>quinidine sulfate</i>	47	RISPERDAL CONSTA	32	SIMBRINZA	85
<i>quinine sulfate</i>	29	<i>risperidone</i>	32	SIMPONI	78
RABAVERT	80	<i>ritonavir</i>	36	<i>simvastatin</i>	50
<i>raloxifene hcl</i>	72	<i>rivastigmine</i>	16	<i>sirolimus</i>	78
<i>ramelteon</i>	91	<i>rivastigmine tartrate</i>	16	SIRTURO	22
<i>ramipril</i>	47	<i>rivelsa</i>	70	SITAVIG	34
<i>ranolazine er</i>	49	<i>rizatriptan benzoate</i>	21	SIVEXTRO	8
<i>rasagiline mesylate</i>	30	ROCKLATAN	84	SKYCLARYS	53
RAVICTI	61	<i>roflumilast</i>	89	SKYRIZI	75
<i>reclipsen</i>	70	<i>ropinirole hcl</i>	29	SKYRIZI (150 MG DOSE)	75
RECOMBIVAX HB	80	<i>ropinirole hcl er</i>	29	SKYRIZI PEN	75
RECORLEV	65	<i>rosadan</i>	8	<i>sodium chloride</i>	57

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<i>sodium oxybate</i>	91	NEEDLES	83	<i>tenofovir disoproxil fumarate</i>	35
SODIUM		<i>syeda</i>	70	TEPMETKO	27
PHENYLBUTYRATE	61	SYMBICORT	90	<i>terazosin hcl</i>	62
<i>sodium polystyrene sulfonate</i>	58	SYMDEKO	89	<i>terbinafine hcl</i>	20
<i>sofosbuvir-velpatasvir</i>	33	SYMJEPI	88	<i>terbutaline sulfate</i>	88
<i>solifenacin succinate</i>	62	SYMLINPEN 120	39	<i>terconazole</i>	20
SOLOSEC	8	SYMLINPEN 60	39	<i>teriflunomide</i>	54
SOLTAMOX	23	SYMPAZAN	14	<i>teriparatide (recombinant)</i>	82
SOMATULINE DEPOT	73	SYMTUZA	34	<i>testosterone</i>	67
SOMAVERT	73	SYNAGIS	76	<i>testosterone cypionate</i>	66
<i>sorafenib tosylate</i>	27	SYNAREL	73	<i>testosterone enanthate</i>	66
<i>sorine</i>	47	SYNDROS	19	<i>tetrabenazine</i>	53
<i>sotalol hcl</i>	47	SYNJARDY	39	<i>tetracycline hcl</i>	13
<i>sotalol hcl (af)</i>	47	SYNJARDY XR	39	TEXACORT	65
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SPIRIVA RESPIMAT	88	TABLOID	23	<i>theophylline</i>	89
<i>spironolactone</i>	50	TABRECTA	27	<i>theophylline er</i>	89
<i>spironolactone-hctz</i>	50	<i>tacrolimus</i>	56, 78	<i>thioridazine hcl</i>	31
<i>sprintec 28</i>	70	<i>tadalafil</i>	62	<i>thiotepa</i>	22
SPRITAM	13	<i>tadalafil (pah)</i>	90	<i>thiothixene</i>	31
SPRYCEL	27	TAFINLAR	27	<i>tiadylt er</i>	48
<i>sronyx</i>	70	TAGRISSE	24	<i>tiagabine hcl</i>	14
<i>ssd</i>	8	TAKHZYRO	73	TIBSOVO	25
STAMARIL	80	TALTZ	76	TICOVAC	80
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STELARA	76	<i>tamoxifen citrate</i>	23	TIGLUTIK	53
STIMATE	66	<i>tamsulosin hcl</i>	62	<i>tilia fe</i>	70
STIOLTO RESPIMAT	90	<i>taperdex 7-day</i>	65	<i>timolol maleate</i>	21, 85
STIVARGA	27	<i>tarina 24 fe</i>	70	<i>timolol maleate (once-daily)</i>	85
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<i>subvenite starter kit-blue</i>	13	TAVALISSE	44	<i>monohydrate</i>	88
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<i>subvenite starter kit-orange</i>	13	<i>taysofy</i>	70	TIVICAY PD	34
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<i>sulindac</i>	3	TEFLARO	9	TOLVAPTAN	58
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<i>sunitinib malate</i>	27	<i>telmisartan</i>	46	<i>topiramate</i>	15
SUNLENCA	36	<i>telmisartan-amlodipine</i>	49	<i>topiramate er</i>	15
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This formulary was updated on 11/28/2023. For more recent information or other questions, please contact Fallon Medicare Plus Customer Service at 1-800-325-5669 (TTY users should call TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/medicare.