

Fallon Health

2025 Formulary

(List of Covered Drugs or “Drug List”)

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

Formulary ID: 00025375: Version: 16

This formulary was updated on 05/28/2025. 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 (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/medicare.

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 Drug List (formulary) for our plan which is current as of May 28, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Fallon Health Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by 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 change?

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

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

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

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Fallon Health Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy

restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of May 28, 2025. 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 97. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1 “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Fallon Medicare Plus requires you or your prescriber 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 two capsules a day per prescription for *duloxetine*. 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 v for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer 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 them 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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.
- 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.

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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current member being admitted to or discharged from a long-term care facility, you will be able to get an early refill on your medications if needed.

For more information

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

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

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

Fallon Health 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 99.

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 (7 days a week, Oct. 1–March 31), 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. (7 days a week, Oct. 1–March 31).
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 two capsules a day per prescription for <i>duloxetine</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.

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Drug	Status	Requirements/Limits
Analgesics		
Analgesics		
JOURNAVX ORAL TABLET	Tier 4	QL (30 EA per 90 days)
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule</i>	Tier 1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	MO
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>diclofenac sodium external solution 1.5 %</i>	Tier 4	PA
<i>diclofenac sodium oral tablet delayed release</i>	Tier 1	MO
<i>diclofenac-misoprostol oral tablet delayed release</i>	Tier 3	MO
<i>diflunisal oral tablet</i>	Tier 2	MO
<i>etodolac er oral tablet extended release 24 hour</i>	Tier 3	MO
<i>etodolac oral capsule</i>	Tier 3	MO
<i>etodolac oral tablet</i>	Tier 3	MO
<i>flurbiprofen oral tablet</i>	Tier 2	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	Tier 1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	Tier 2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	MO
<i>indomethacin er oral capsule extended release</i>	Tier 1	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	MO
<i>ketorolac tromethamine oral tablet</i>	Tier 2	
<i>meloxicam oral tablet</i>	Tier 1	MO
<i>nabumetone oral tablet</i>	Tier 2	MO
<i>naproxen dr oral tablet delayed release 500 mg</i>	Tier 1	MO
<i>naproxen oral suspension</i>	Tier 5	MO; NEDS
<i>naproxen oral tablet</i>	Tier 1	MO
<i>naproxen oral tablet delayed release 375 mg</i>	Tier 1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	MO
<i>oxaprozin oral tablet</i>	Tier 2	MO
<i>piroxicam oral capsule</i>	Tier 3	MO
<i>salsalate oral tablet</i>	Tier 2	MO
<i>sulindac oral tablet</i>	Tier 2	MO
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly</i>	Tier 3	NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 4	NEDS
<i>methadone hcl injection solution</i>	Tier 5	NEDS

Drug	Status	Requirements/Limits
<i>methadone hcl oral solution</i>	Tier 2	NEDS
<i>methadone hcl oral tablet</i>	Tier 2	NEDS
<i>morphine sulfate er oral tablet extended release</i>	Tier 3	NEDS
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg</i>	Tier 2	QL (2 EA per 1 day); NEDS
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	Tier 5	QL (2 EA per 1 day); NEDS
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution</i>	Tier 2	NEDS
<i>acetaminophen-codeine oral tablet</i>	Tier 1	NEDS
<i>duramorph injection solution 1 mg/ml</i>	Tier 2	NEDS
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	NEDS
<i>endocet oral tablet 2.5-325 mg</i>	Tier 2	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 5	PA; NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	Tier 4	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier 2	NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	NEDS
<i>hydromorphone hcl oral tablet</i>	Tier 2	NEDS
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 2	PA; NEDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 2	NEDS
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	Tier 2	NEDS
<i>morphine sulfate oral solution</i>	Tier 2	NEDS
<i>morphine sulfate oral tablet</i>	Tier 4	NEDS
<i>oxycodone hcl oral solution</i>	Tier 2	NEDS
<i>oxycodone hcl oral tablet</i>	Tier 2	NEDS
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	Tier 2	NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	NEDS
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	NEDS
<i>tramadol-acetaminophen oral tablet</i>	Tier 2	NEDS
Opioidanalgesics,Short-Acting		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	Tier 2	NEDS

Drug	Status	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 2	NEDS
Anesthetics		
Local Anesthetics		
ASPERCREME LIDOCAINE EXTERNAL PATCH	Tier 3	NT
<i>lidocaine external ointment 5 %</i>	Tier 1	QL (200 GM per 30 days)
<i>lidocaine external patch 4 %</i>	Tier 2	NT
<i>lidocaine external patch 5 %</i>	Tier 2	PA; QL (3 EA per 1 day)
<i>lidocaine hcl (pf) injection solution 1 %</i>	Tier 1	
<i>lidocaine hcl external solution</i>	Tier 2	
<i>lidocaine hcl injection solution 1 %, 2 %</i>	Tier 1	
<i>lidocaine pain relief external patch</i>	Tier 2	NT
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier 1	
<i>lidocaine-prilocaine external cream</i>	Tier 2	QL (200 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	Tier 2	MO
<i>disulfiram oral tablet</i>	Tier 2	MO
Opioid Dependence Treatments		
<i>buprenorphine hcl injection solution</i>	Tier 2	
<i>buprenorphine hcl sublingual tablet sublingual</i>	Tier 6	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	Tier 6	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Tier 6	
<i>naltrexone hcl oral tablet</i>	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 5	NEDS
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID	Tier 6	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 6	
<i>naloxone hcl injection solution cartridge</i>	Tier 6	
<i>naloxone hcl injection solution prefilled syringe</i>	Tier 6	
<i>naloxone hcl nasal liquid</i>	Tier 6	
OPVEE NASAL SOLUTION	Tier 4	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier 2	

Drug	Status	Requirements/Limits
NICOTROL INHALATION INHALER	Tier 4	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	Tier 2	QL (53 EA per 28 days)
<i>varenicline tartrate oral tablet</i>	Tier 2	QL (56 EA per 28 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 6	HI
ARIKAYCE INHALATION SUSPENSION	Tier 5	PA; NEDS
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	Tier 6	HI
<i>gentamicin sulfate external cream</i>	Tier 3	
<i>gentamicin sulfate external ointment</i>	Tier 3	
<i>gentamicin sulfate injection solution</i>	Tier 6	HI
<i>gentamicin sulfate ophthalmic solution</i>	Tier 1	
<i>neomycin sulfate oral tablet</i>	Tier 2	
<i>paromomycin sulfate oral capsule</i>	Tier 2	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 5	NEDS
<i>tobramycin ophthalmic solution</i>	Tier 1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	Tier 6	HI
ZEMDRI INTRAVENOUS SOLUTION	Tier 6	HI
Antibacterials, Other		
<i>bacitracin ophthalmic ointment</i>	Tier 2	
<i>clindamycin hcl oral capsule</i>	Tier 2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier 4	
<i>clindamycin phos (once-daily) external gel</i>	Tier 2	QL (75 GM per 30 days)
<i>clindamycin phos (twice-daily) external gel</i>	Tier 2	QL (75 GM per 30 days)
<i>clindamycin phosphate external lotion</i>	Tier 2	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution</i>	Tier 2	QL (60 ML per 30 days)
<i>clindamycin phosphate in d5w intravenous solution</i>	Tier 6	HI
<i>clindamycin phosphate injection solution 300 mg/2ml</i>	Tier 6	
<i>clindamycin phosphate injection solution 600 mg/4ml, 900 mg/6ml</i>	Tier 6	HI
<i>clindamycin phosphate vaginal cream</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Tier 6	HI
<i>dalvance intravenous solution reconstituted</i>	Tier 6	HI
<i>daptomycin intravenous solution reconstituted</i>	Tier 6	HI
<i>fosfomycin tromethamine oral packet</i>	Tier 2	
GLOBAL ALCOHOL PREP EASE PAD	Tier 4	
<i>linezolid intravenous solution 600 mg/300ml</i>	Tier 6	HI
<i>linezolid oral suspension reconstituted</i>	Tier 5	NEDS
<i>linezolid oral tablet</i>	Tier 2	
<i>methenamine hippurate oral tablet</i>	Tier 2	
<i>metronidazole external cream</i>	Tier 2	
<i>metronidazole external gel</i>	Tier 2	
<i>metronidazole external lotion</i>	Tier 4	
<i>metronidazole intravenous solution 500 mg/100ml</i>	Tier 6	HI
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>metronidazole vaginal gel</i>	Tier 2	
<i>mupirocin external ointment</i>	Tier 2	QL (220 GM per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 4	
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier 2	
<i>polymyxin b sulfate injection solution reconstituted</i>	Tier 6	HI
<i>silver sulfadiazine external cream</i>	Tier 2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>ssd external cream</i>	Tier 2	
<i>tigecycline intravenous solution reconstituted</i>	Tier 6	HI
<i>tinidazole oral tablet</i>	Tier 2	
<i>trimethoprim oral tablet</i>	Tier 2	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	Tier 6	HI
<i>vancomycin hcl oral capsule 125 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	Tier 2	QL (240 EA per 30 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	Tier 1	
XIFAXAN ORAL TABLET 550 MG	Tier 5	MO; QL (3 EA per 1 day); NEDS

Drug	Status	Requirements/Limits
Beta-Lactam, Cephalosporins		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier 3	
<i>cefaclor oral capsule</i>	Tier 2	
<i>cefadroxil oral capsule</i>	Tier 2	
<i>cefadroxil oral suspension reconstituted</i>	Tier 2	
<i>cefadroxil oral tablet</i>	Tier 2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	Tier 6	HI
<i>cefдинир oral capsule</i>	Tier 2	
<i>cefдинир oral suspension reconstituted</i>	Tier 2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	Tier 6	HI
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	Tier 6	HI
<i>cefixime oral capsule</i>	Tier 3	
<i>cefixime oral suspension reconstituted</i>	Tier 3	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	Tier 2	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 6	HI
<i>cefoxitin sodium intravenous solution reconstituted</i>	Tier 6	HI
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier 4	
<i>cefpodoxime proxetil oral tablet</i>	Tier 4	
<i>cefprozil oral suspension reconstituted</i>	Tier 2	
<i>cefprozil oral tablet</i>	Tier 2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	Tier 6	HI
<i>ceftazidime intravenous solution reconstituted</i>	Tier 6	HI
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	Tier 6	HI
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	Tier 6	HI
<i>cefuroxime axetil oral tablet</i>	Tier 2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	Tier 6	HI
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	Tier 6	HI
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>cephalexin oral capsule 750 mg</i>	Tier 2	
<i>cephalexin oral suspension reconstituted</i>	Tier 2	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 6	HI
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	Tier 6	HI
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
Beta-Lactam, Other		
<i>aztreonam injection solution reconstituted</i>	Tier 6	HI
<i>ertapenem sodium injection solution reconstituted</i>	Tier 6	HI
<i>imipenem-cilastatin intravenous solution reconstituted</i>	Tier 6	HI
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	Tier 6	HI
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted</i>	Tier 1	
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	Tier 6	HI
<i>ampicillin sodium injection solution reconstituted 125 mg</i>	Tier 6	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	Tier 6	HI
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Tier 6	HI
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	Tier 6	HI
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	Tier 4	

Drug	Status	Requirements/Limits
BICILLIN C-R INTRAMUSCULAR SUSPENSION	Tier 4	
<i>dicloxacillin sodium oral capsule</i>	Tier 2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 6	HI
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	Tier 6	HI
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml</i>	Tier 6	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	Tier 6	HI
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 6	HI
<i>oxacillin sodium intravenous solution reconstituted</i>	Tier 6	HI
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	Tier 6	HI
<i>penicillin g potassium injection solution reconstituted</i>	Tier 6	HI
<i>penicillin g sodium injection solution reconstituted</i>	Tier 6	HI
<i>penicillin v potassium oral solution reconstituted</i>	Tier 1	
<i>penicillin v potassium oral tablet</i>	Tier 1	
<i>pipracillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	Tier 6	HI
<i>zosyn intravenous solution 2-0.25 gm/50ml</i>	Tier 6	
<i>zosyn intravenous solution 3-0.375 gm/50ml</i>	Tier 6	HI
Macrolides		
AZASITE OPHTHALMIC SOLUTION	Tier 4	
<i>azithromycin intravenous solution reconstituted</i>	Tier 6	HI
<i>azithromycin oral suspension reconstituted</i>	Tier 2	
<i>azithromycin oral tablet</i>	Tier 1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier 4	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml</i>	Tier 3	
<i>clarithromycin oral suspension reconstituted 250 mg/5ml</i>	Tier 4	
<i>clarithromycin oral tablet</i>	Tier 2	
DIFICID ORAL SUSPENSION RECONSTITUTED	Tier 5	QL (136 ML per 10 days); NEDS

Drug	Status	Requirements/Limits
DIFICID ORAL TABLET	Tier 5	QL (20 EA per 10 days); NEDS
<i>erythromycin base oral capsule delayed release particles</i>	Tier 4	
<i>erythromycin base oral tablet</i>	Tier 4	
<i>erythromycin base oral tablet delayed release 333 mg, 500 mg</i>	Tier 2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 4	
<i>erythromycin ophthalmic ointment</i>	Tier 1	
<i>erythromycin oral tablet delayed release</i>	Tier 4	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 2	
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
CILOXAN OPHTHALMIC OINTMENT	Tier 4	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	Tier 6	HI
<i>gatifloxacin ophthalmic solution</i>	Tier 2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	Tier 6	HI
<i>levofloxacin intravenous solution</i>	Tier 6	
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 2	
<i>levofloxacin oral solution</i>	Tier 4	
<i>levofloxacin oral tablet</i>	Tier 1	
<i>moxifloxacin hcl in nacl intravenous solution</i>	Tier 6	HI
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 2	
<i>moxifloxacin hcl oral tablet</i>	Tier 2	
<i>ofloxacin ophthalmic solution</i>	Tier 2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
<i>ofloxacin otic solution</i>	Tier 2	
Sulfonamides		
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	Tier 4	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 2	
<i>sulfadiazine oral tablet</i>	Tier 4	

Drug	Status	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted</i>	Tier 6	HI
<i>doxycycline hyclate oral capsule</i>	Tier 2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 3	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier 3	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 3	
<i>minocycline hcl oral capsule</i>	Tier 2	
<i>minocycline hcl oral tablet</i>	Tier 3	
<i>mondoxyne nl oral capsule 100 mg</i>	Tier 3	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>tetracycline hcl oral capsule</i>	Tier 3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
BRIVIACT ORAL TABLET	Tier 5	PA NS; MO; NEDS
DIACOMIT ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
DIACOMIT ORAL PACKET	Tier 5	PA NS; MO; NEDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 2	MO
<i>divalproex sodium oral tablet delayed release</i>	Tier 2	MO
FINTEPLA ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
<i>lamotrigine oral tablet</i>	Tier 1	MO
<i>lamotrigine starter kit-blue oral kit</i>	Tier 2	
<i>lamotrigine starter kit-green oral kit</i>	Tier 5	NEDS
<i>lamotrigine starter kit-orange oral kit</i>	Tier 2	
<i>levetiracetam er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>levetiracetam oral solution</i>	Tier 2	MO
<i>levetiracetam oral tablet</i>	Tier 2	MO
<i>levetiracetam oral tablet disintegrating soluble</i>	Tier 4	

Drug	Status	Requirements/Limits
<i>roweepra oral tablet 500 mg</i>	Tier 2	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Tier 4	MO
<i>subvenite oral tablet</i>	Tier 1	MO
<i>subvenite starter kit-blue oral kit</i>	Tier 2	
<i>subvenite starter kit-green oral kit</i>	Tier 5	NEDS
<i>subvenite starter kit-orange oral kit</i>	Tier 2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 5	MO; QL (56 EA per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	MO; QL (56 EA per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	MO; QL (60 EA per 30 days); NEDS
XCOPRI ORAL TABLET 25 MG	Tier 5	QL (30 EA per 30 days); NEDS
XCOPRI ORAL TABLET 50 MG	Tier 5	MO; QL (90 EA per 30 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Tier 4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 5	QL (28 EA per 28 days); NEDS
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule</i>	Tier 3	MO
<i>ethosuximide oral solution</i>	Tier 3	MO
<i>methsuximide oral capsule</i>	Tier 4	
ZONISADE ORAL SUSPENSION	Tier 4	ST
<i>zonisamide oral capsule</i>	Tier 2	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 4	PA NS; MO
<i>clobazam oral tablet</i>	Tier 4	PA NS; MO
<i>clonazepam oral tablet</i>	Tier 1	
<i>clonazepam oral tablet dispersible</i>	Tier 2	
<i>diazepam rectal gel</i>	Tier 4	
EPIDIOLEX ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
<i>gabapentin oral capsule</i>	Tier 2	MO
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 2	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 2	MO
NAYZILAM NASAL SOLUTION	Tier 4	QL (10 EA per 30 days)
<i>phenobarbital oral elixir</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>phenobarbital oral tablet</i>	Tier 2	MO
<i>primidone oral tablet 125 mg</i>	Tier 2	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 2	MO
SYMPAZAN ORAL FILM	Tier 5	PA NS; MO; NEDS
<i>tiagabine hcl oral tablet</i>	Tier 4	MO
<i>valproic acid oral capsule</i>	Tier 2	MO
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 2	MO
VALTOCO 10 MG DOSE NASAL LIQUID	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 5 MG DOSE NASAL LIQUID	Tier 5	QL (10 EA per 30 days); NEDS
<i>vigabatrin oral packet</i>	Tier 5	PA NS; MO; NEDS
<i>vigabatrin oral tablet</i>	Tier 5	PA NS; MO; NEDS
<i>vigadrone oral packet</i>	Tier 5	PA NS; MO; NEDS
<i>vigadrone oral tablet</i>	Tier 5	PA NS; NEDS
VIGAFYDE ORAL SOLUTION	Tier 5	PA NS; NEDS
VIGPODER ORAL PACKET	Tier 5	PA NS; NEDS
ZTALMY ORAL SUSPENSION	Tier 5	PA NS; NEDS
Glutamate Reducing Agents		
EPRONTIA ORAL SOLUTION	Tier 4	
<i>felbamate oral suspension</i>	Tier 4	MO; NEDS
<i>felbamate oral tablet</i>	Tier 4	MO
FYCOMPA ORAL SUSPENSION	Tier 5	PA NS; MO; NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	Tier 5	PA NS; MO; NEDS
FYCOMPA ORAL TABLET 2 MG	Tier 4	PA NS; MO
<i>topiramate oral capsule sprinkle</i>	Tier 2	MO
<i>topiramate oral tablet</i>	Tier 1	MO
Sodium Channel Agents		
APTOM ORAL TABLET	Tier 5	PA NS; MO; NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier 3	MO
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier 3	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 2	MO
<i>carbamazepine oral tablet</i>	Tier 2	MO
<i>carbamazepine oral tablet chewable</i>	Tier 2	MO

Drug	Status	Requirements/Limits
DILANTIN ORAL CAPSULE 30 MG	Tier 3	MO
<i>epitol oral tablet</i>	Tier 2	MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	Tier 2	
<i>lacosamide oral solution 10 mg/ml</i>	Tier 4	MO
<i>lacosamide oral tablet 100 mg</i>	Tier 2	MO
<i>lacosamide oral tablet 150 mg, 200 mg, 50 mg</i>	Tier 4	MO
<i>oxcarbazepine oral suspension</i>	Tier 4	MO
<i>oxcarbazepine oral tablet</i>	Tier 2	MO
<i>phenytek oral capsule</i>	Tier 2	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 2	MO
<i>phenytoin oral tablet chewable</i>	Tier 2	MO
<i>phenytoin sodium extended oral capsule</i>	Tier 2	MO
<i>rufinamide oral suspension</i>	Tier 5	PA NS; MO; NEDS
<i>rufinamide oral tablet 200 mg</i>	Tier 4	PA NS; MO
<i>rufinamide oral tablet 400 mg</i>	Tier 5	PA NS; MO; NEDS
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet</i>	Tier 2	MO
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour</i>	Tier 4	MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier 4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Tier 4	MO
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg</i>	Tier 3	MO
<i>galantamine hydrobromide er oral capsule extended release 24 hour 24 mg</i>	Tier 4	MO
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	Tier 2	MO
<i>galantamine hydrobromide oral solution</i>	Tier 4	MO
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	Tier 3	MO
<i>galantamine hydrobromide oral tablet 4 mg</i>	Tier 4	MO
<i>rivastigmine tartrate oral capsule</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour</i>	Tier 2	MO; QL (1 EA per 1 day)

Drug	Status	Requirements/Limits
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour</i>	Tier 3	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	MO
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 2	
Antidepressants		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE	Tier 5	ST; QL (60 EA per 30 days); NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	Tier 2	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 2	MO
<i>bupropion hcl oral tablet</i>	Tier 2	MO
<i>mirtazapine oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	Tier 2	MO; QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET	Tier 4	MO; QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Tier 5	PA NS; QL (28 EA per 14 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG	Tier 5	PA NS; QL (14 EA per 14 days); NEDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier 5	PA NS; MO; QL (30 EA per 30 days); NEDS
MARPLAN ORAL TABLET	Tier 4	MO
<i>phenelzine sulfate oral tablet</i>	Tier 2	MO
<i>tranylcypromine sulfate oral tablet</i>	Tier 4	MO
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor		
<i>citalopram hydrobromide oral solution</i>	Tier 3	MO
<i>citalopram hydrobromide oral tablet</i>	Tier 1	MO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	Tier 2	MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier 4	QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Tier 4	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	Tier 2	MO
<i>escitalopram oxalate oral tablet</i>	Tier 1	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	PA NS; MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier 4	PA NS; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule</i>	Tier 1	MO
<i>fluoxetine hcl oral capsule delayed release</i>	Tier 3	MO; QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	Tier 2	MO
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	Tier 2	MO
<i>fluoxetine hcl oral tablet 60 mg</i>	Tier 2	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>fluvoxamine maleate oral tablet</i>	Tier 2	MO
<i>nefazodone hcl oral tablet</i>	Tier 4	MO
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>paroxetine hcl oral suspension</i>	Tier 4	MO
RALDESY ORAL SOLUTION	Tier 5	NEDS
<i>sertraline hcl oral concentrate</i>	Tier 2	MO
<i>sertraline hcl oral tablet</i>	Tier 1	MO
<i>trazodone hcl oral tablet</i>	Tier 1	MO
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>vilazodone hcl oral tablet</i>	Tier 4	PA NS; MO
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	Tier 2	MO
<i>amoxapine oral tablet</i>	Tier 3	MO
<i>clomipramine hcl oral capsule</i>	Tier 3	MO
<i>desipramine hcl oral tablet</i>	Tier 4	MO
<i>doxepin hcl oral capsule</i>	Tier 4	MO
<i>doxepin hcl oral concentrate</i>	Tier 2	MO
<i>imipramine hcl oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>nortriptyline hcl oral capsule</i>	Tier 1	MO
<i>nortriptyline hcl oral solution</i>	Tier 2	MO
<i>protriptyline hcl oral tablet</i>	Tier 4	MO
<i>trimipramine maleate oral capsule</i>	Tier 4	MO
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>promethazine hcl injection solution</i>	Tier 2	
<i>promethazine hcl oral tablet</i>	Tier 1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 4	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG	Tier 4	
<i>scopolamine transdermal patch 72 hour</i>	Tier 4	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule</i>	Tier 4	PA
<i>dronabinol oral capsule</i>	Tier 4	B/D
<i>granisetron hcl oral tablet</i>	Tier 4	B/D
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Tier 2	
<i>ondansetron hcl oral solution</i>	Tier 2	B/D
<i>ondansetron hcl oral tablet</i>	Tier 2	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 2	B/D
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	Tier 6	B/D; HI
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	B/D; HI
<i>amphotericin b liposome intravenous suspension reconstituted</i>	Tier 6	B/D; HI
BREXAFEMME ORAL TABLET	Tier 5	PA; QL (4 EA per 1 day); NEDS
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>ciclodan external solution</i>	Tier 3	
<i>ciclopirox external gel</i>	Tier 2	QL (100 GM per 30 days)
<i>ciclopirox external shampoo</i>	Tier 4	
<i>ciclopirox external solution</i>	Tier 3	
<i>ciclopirox olamine external cream</i>	Tier 2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 2	QL (60 ML per 30 days)
<i>clotrimazole external cream</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>clotrimazole external solution</i>	Tier 2	QL (30 ML per 30 days)
<i>clotrimazole mouth/throat troche</i>	Tier 2	
<i>econazole nitrate external cream</i>	Tier 3	QL (85 GM per 30 days)
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	Tier 6	HI
<i>fluconazole oral suspension reconstituted</i>	Tier 2	
<i>fluconazole oral tablet</i>	Tier 1	
<i>flucytosine oral capsule</i>	Tier 5	NEDS
<i>griseofulvin microsize oral suspension</i>	Tier 4	
<i>griseofulvin microsize oral tablet</i>	Tier 4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 4	
<i>itraconazole oral capsule</i>	Tier 4	
<i>ketoconazole external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	Tier 2	
<i>ketoconazole oral tablet</i>	Tier 2	
<i>micafungin sodium intravenous solution reconstituted</i>	Tier 6	HI
<i>miconazole 3 vaginal suppository</i>	Tier 2	
NATACYN OPHTHALMIC SUSPENSION	Tier 4	
<i>nyamyc external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>nystatin external cream</i>	Tier 2	
<i>nystatin external ointment</i>	Tier 2	
<i>nystatin external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>nystatin mouth/throat suspension</i>	Tier 2	
<i>nystatin oral tablet</i>	Tier 2	
<i>nystatin-triamcinolone external cream</i>	Tier 3	
<i>nystatin-triamcinolone external ointment</i>	Tier 3	
<i>nystop external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>posaconazole oral suspension</i>	Tier 5	PA; NEDS
<i>posaconazole oral tablet delayed release</i>	Tier 5	PA; MO; NEDS
<i>terbinafine hcl oral tablet</i>	Tier 1	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	Tier 2	
<i>terconazole vaginal suppository</i>	Tier 4	
<i>voriconazole intravenous solution reconstituted</i>	Tier 6	PA; HI
<i>voriconazole oral suspension reconstituted</i>	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
<i>voriconazole oral tablet</i>	Tier 4	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	MO
<i>colchicine oral capsule</i>	Tier 2	
<i>colchicine oral tablet</i>	Tier 2	
<i>colchicine-probenecid oral tablet</i>	Tier 2	MO
<i>febuxostat oral tablet</i>	Tier 3	MO
<i>probenecid oral tablet</i>	Tier 2	MO
Anti-Inflammatory Agents		
Glucocorticoids		
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	Tier 2	
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 4	
<i>ergotamine-caffeine oral tablet</i>	Tier 3	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (1 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	Tier 5	PA; QL (18 EA per 30 days); NEDS
<i>timolol maleate oral tablet</i>	Tier 2	MO
UBRELVY ORAL TABLET	Tier 5	PA; QL (16 EA per 30 days); NEDS
ZAVZPRET NASAL SOLUTION	Tier 5	PA; QL (12 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 4	QL (8 ML per 30 days)

Drug	Status	Requirements/Limits
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier 4	
<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 4	
Antituberculars		
<i>ethambutol hcl oral tablet</i>	Tier 3	
<i>isoniazid oral syrup</i>	Tier 3	MO
<i>isoniazid oral tablet</i>	Tier 1	MO
PRIFTIN ORAL TABLET	Tier 4	
<i>pyrazinamide oral tablet</i>	Tier 3	
<i>rifampin intravenous solution reconstituted</i>	Tier 6	HI
<i>rifampin oral capsule</i>	Tier 4	
SIRTURO ORAL TABLET	Tier 5	PA; NEDS
TRECATOR ORAL TABLET	Tier 4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Tier 3	B/D
<i>cyclophosphamide oral tablet</i>	Tier 3	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	Tier 4	
GLEOSTINE ORAL CAPSULE 100 MG	Tier 5	NEDS
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>abirtega oral tablet</i>	Tier 2	PA NS
<i>bicalutamide oral tablet</i>	Tier 2	
ERLEADA ORAL TABLET	Tier 5	PA NS; NEDS
EULEXIN ORAL CAPSULE	Tier 4	
<i>nilutamide oral tablet</i>	Tier 5	NEDS

Drug	Status	Requirements/Limits
NUBEQA ORAL TABLET	Tier 5	PA NS; NEDS
XTANDI ORAL CAPSULE	Tier 5	PA NS; NEDS
XTANDI 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
THALOMID ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	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>azacitidine injection suspension reconstituted</i>	Tier 5	PA NS; NEDS
<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 suspension</i>	Tier 5	NEDS
<i>mercaptopurine oral tablet</i>	Tier 2	
ONUREG ORAL TABLET	Tier 5	PA NS; NEDS
PURIXAN ORAL SUSPENSION	Tier 5	NEDS
TABLOID ORAL TABLET	Tier 5	NEDS
Antineoplastics, Other		
<i>bleomycin sulfate injection solution reconstituted</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; QL (30 EA per 30 days); NEDS
IBRANCE ORAL CAPSULE	Tier 5	PA NS; NEDS
IBRANCE ORAL TABLET	Tier 5	PA NS; NEDS
IWILFIN ORAL TABLET	Tier 5	PA NS; NEDS
JYLAMVO ORAL SOLUTION	Tier 5	PA NS; NEDS

Drug	Status	Requirements/Limits
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
LUMAKRAS ORAL TABLET 120 MG, 320 MG	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
RETEVMO ORAL TABLET 120 MG, 160 MG	Tier 5	PA NS; NEDS
RETEVMO ORAL TABLET 40 MG	Tier 5	PA NS; QL (90 EA per 30 days); NEDS
RETEVMO ORAL TABLET 80 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
TAGRISSO ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
TUKYSA ORAL TABLET	Tier 5	PA NS; 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 10 MG, 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

Drug	Status	Requirements/Limits
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
ZOLINZA ORAL CAPSULE	Tier 5	PA NS; NEDS
Antineoplastics, Other		
LUMAKRAS ORAL TABLET 240 MG	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
VORANIGO ORAL TABLET	Tier 5	PA NS; QL (60 EA per 30 days); 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
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE	Tier 5	PA NS; NEDS
IDHIFA ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
OGSIVEO 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		
AKEEGA ORAL TABLET	Tier 5	PA NS; NEDS
ALECENSA ORAL CAPSULE	Tier 5	PA NS; NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Tier 5	PA NS; QL (60 EA per 365 days); NEDS
AUGTYRO ORAL CAPSULE 40 MG	Tier 5	PA NS; NEDS

Drug	Status	Requirements/Limits
AYVAKIT ORAL TABLET	Tier 5	PA NS; QL (1 EA per 1 day); NEDS
BALVERSA ORAL TABLET	Tier 5	PA NS; NEDS
BOSULIF ORAL CAPSULE	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
DANZITEN ORAL TABLET	Tier 5	PA NS; NEDS
<i>dasatinib oral tablet</i>	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
<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	NEDS
FOTIVDA ORAL CAPSULE	Tier 5	PA NS; NEDS
FRUZAQLA ORAL CAPSULE	Tier 5	PA NS; NEDS
<i>gefitinib oral tablet</i>	Tier 5	PA NS; NEDS
GOMEKLI ORAL CAPSULE	Tier 5	PA NS; NEDS
GOMEKLI ORAL TABLET SOLUBLE	Tier 5	PA NS; NEDS
ICLUSIG ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	Tier 3	
IMBRUVICA ORAL CAPSULE	Tier 5	PA NS; NEDS
IMBRUVICA ORAL SUSPENSION	Tier 5	PA NS; NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5	PA NS; NEDS
IMKELDI ORAL SOLUTION	Tier 5	PA NS; NEDS
INLYTA ORAL TABLET	Tier 5	PA NS; NEDS

Drug	Status	Requirements/Limits
INREBIC ORAL CAPSULE	Tier 5	PA NS; NEDS
JAKAFI ORAL TABLET	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET	Tier 5	PA NS; NEDS
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
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

Drug	Status	Requirements/Limits
NERLYNX ORAL TABLET	Tier 5	PA NS; NEDS
OJEMDA ORAL SUSPENSION RECONSTITUTED	Tier 5	PA NS; NEDS
OJEMDA 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
REVUFORJ ORAL TABLET	Tier 5	PA NS; NEDS
ROMVIMZA ORAL CAPSULE	Tier 5	PA NS; NEDS
ROZLYTREK ORAL CAPSULE	Tier 5	PA NS; NEDS
ROZLYTREK ORAL PACKET	Tier 5	PA NS; NEDS
RUBRACA ORAL TABLET	Tier 5	PA NS; NEDS
RYDAPT ORAL CAPSULE	Tier 5	PA NS; NEDS
SCEMBLIX ORAL TABLET 100 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
SCEMBLIX 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; QL (120 EA per 30 days); 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
<i>torpenz oral tablet</i>	Tier 5	PA NS; NEDS
TRUQAP ORAL TABLET	Tier 5	PA NS; NEDS
TURALIO ORAL CAPSULE 125 MG	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
XALKORI ORAL CAPSULE	Tier 5	PA NS; NEDS
XALKORI ORAL CAPSULE SPRINKLE	Tier 5	PA NS; NEDS

Drug	Status	Requirements/Limits
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
Molecular target inhibitors		
AUGTYRO ORAL CAPSULE 160 MG	Tier 5	PA NS; NEDS
ITOVEBI ORAL TABLET 3 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
ITOVEBI ORAL TABLET 9 MG	Tier 5	PA NS; NEDS
LAZCLUZE ORAL TABLET 240 MG	Tier 5	PA NS; NEDS
LAZCLUZE ORAL TABLET 80 MG	Tier 5	PA NS; QL (60 EA per 30 days); 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</i>	Tier 2	
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	Tier 2	
<i>leucovorin calcium oral tablet</i>	Tier 2	
<i>mesna oral tablet</i>	Tier 5	NEDS
MESNEX ORAL TABLET	Tier 5	NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	Tier 4	NEDS
<i>ivermectin oral tablet 3 mg</i>	Tier 2	PA
<i>praziquantel oral tablet</i>	Tier 2	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	Tier 5	NEDS
<i>atovaquone oral suspension</i>	Tier 4	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	Tier 2	
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	Tier 4	
<i>chloroquine phosphate oral tablet</i>	Tier 4	MO
COARTEM ORAL TABLET	Tier 4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg</i>	Tier 2	

Drug	Status	Requirements/Limits
IMPAVIDO ORAL CAPSULE	Tier 5	NEDS
<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 4	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	Tier 4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 3	
<i>pyrimethamine oral tablet</i>	Tier 5	NEDS
<i>quinine sulfate oral capsule</i>	Tier 4	PA
Pediculicides/Scabicides		
<i>malathion external lotion</i>	Tier 4	
<i>permethrin external cream</i>	Tier 3	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet</i>	Tier 1	MO
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	MO
Antiparkinson Agents, Other		
<i>entacapone oral tablet</i>	Tier 2	MO
Dopamine Agonists		
<i>apomorphine hcl subcutaneous solution cartridge</i>	Tier 5	PA; NEDS
<i>bromocriptine mesylate oral capsule</i>	Tier 3	MO
<i>bromocriptine mesylate oral tablet</i>	Tier 3	MO
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
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

Drug	Status	Requirements/Limits
<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 4	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 4	MO
<i>selegiline hcl oral capsule</i>	Tier 3	MO
<i>selegiline hcl oral tablet</i>	Tier 3	MO
Antipsychotics		
1st Generation/Typical		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	Tier 4	
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	Tier 2	MO
<i>chlorpromazine hcl oral concentrate 30 mg/ml</i>	Tier 4	MO
<i>chlorpromazine hcl oral tablet</i>	Tier 4	MO
<i>fluphenazine decanoate injection solution</i>	Tier 4	
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 4	MO
<i>haloperidol decanoate intramuscular solution</i>	Tier 4	
<i>haloperidol lactate injection solution</i>	Tier 2	
<i>haloperidol lactate oral concentrate 2 mg/ml</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 4	MO
<i>perphenazine oral tablet</i>	Tier 4	MO
<i>pimozide oral tablet</i>	Tier 4	MO
<i>prochlorperazine maleate oral tablet</i>	Tier 1	MO
<i>prochlorperazine rectal suppository</i>	Tier 2	
<i>thioridazine hcl oral tablet</i>	Tier 3	MO
<i>thiothixene oral capsule</i>	Tier 4	MO
<i>trifluoperazine hcl oral tablet</i>	Tier 3	MO

Drug	Status	Requirements/Limits
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 10 mg</i>	Tier 5	MO; NEDS
<i>aripiprazole oral tablet dispersible 15 mg</i>	Tier 4	MO
<i>asenapine maleate sublingual tablet sublingual</i>	Tier 4	MO
CAPLYTA ORAL CAPSULE	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
FANAPT ORAL TABLET 1 MG	Tier 4	ST; NEDS
FANAPT ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	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
<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
<i>olanzapine intramuscular solution reconstituted</i>	Tier 3	
<i>olanzapine oral tablet</i>	Tier 2	MO
<i>olanzapine oral tablet dispersible</i>	Tier 4	MO
OPIPZA ORAL FILM 10 MG, 5 MG	Tier 5	PA NS; QL (90 EA per 30 days); NEDS

Drug	Status	Requirements/Limits
OPIPZA ORAL FILM 2 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>paliperidone er oral tablet extended release 24 hour</i>	Tier 4	MO
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier 5	MO; NEDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	MO
<i>quetiapine fumarate oral tablet 150 mg</i>	Tier 2	
REXULTI ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	Tier 3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG	Tier 4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	Tier 5	NEDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg</i>	Tier 2	
<i>risperidone microspheres er intramuscular suspension reconstituted er 25 mg</i>	Tier 4	
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	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 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 4	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible 0.5 mg</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 3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Tier 4	
2nd generation/Atypical		
COBENFY ORAL CAPSULE	Tier 5	PA NS; QL (60 EA per 30 days); NEDS

Drug	Status	Requirements/Limits
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; QL (112 EA per 365 days); NEDS
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 4	
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 4	NEDS
VERSACLOZ ORAL SUSPENSION	Tier 5	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>dantrolene sodium oral capsule</i>	Tier 4	
<i>tizanidine hcl oral tablet</i>	Tier 2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET	Tier 5	NEDS
PREVYMIS ORAL PACKET 120 MG	Tier 5	PA; NEDS
PREVYMIS ORAL PACKET 20 MG	Tier 4	PA
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 4	MO
<i>entecavir oral tablet</i>	Tier 4	MO
<i>lamivudine oral tablet 100 mg</i>	Tier 4	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	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

Drug	Status	Requirements/Limits
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 3	
<i>ribavirin oral tablet 200 mg</i>	Tier 3	
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5ml</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 3	
<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 4	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

Drug	Status	Requirements/Limits
<i>efavirenz oral capsule</i>	Tier 4	MO
<i>efavirenz oral tablet</i>	Tier 4	MO
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	Tier 4	MO
<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 400 mg</i>	Tier 4	MO
<i>nevirapine oral suspension</i>	Tier 3	MO
<i>nevirapine oral tablet</i>	Tier 2	MO
ODEFSEY ORAL TABLET	Tier 5	MO; NEDS
PIFELTRO ORAL TABLET	Tier 5	MO; NEDS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	Tier 3	MO
<i>abacavir sulfate oral tablet</i>	Tier 3	MO
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 4	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 3	MO
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 5	MO; NEDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Tier 4	MO
EMTRIVA ORAL SOLUTION	Tier 4	MO
JULUCA ORAL TABLET	Tier 5	MO; NEDS
<i>lamivudine oral solution 10 mg/ml</i>	Tier 4	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 4	MO
<i>lamivudine-zidovudine oral tablet</i>	Tier 2	MO
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier 2	MO
TRIUMEQ ORAL TABLET	Tier 5	MO; NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE	Tier 4	
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

Drug	Status	Requirements/Limits
<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
SUNLENCA ORAL TABLET THERAPY PACK	Tier 5	NEDS
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 4	MO
<i>darunavir oral tablet</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 4	MO
<i>lopinavir-ritonavir oral tablet</i>	Tier 4	MO
NORVIR ORAL PACKET	Tier 4	MO
PREZCOBIX ORAL TABLET	Tier 5	MO; NEDS
PREZISTA ORAL SUSPENSION	Tier 5	NEDS
PREZISTA ORAL TABLET 150 MG	Tier 5	NEDS
PREZISTA ORAL TABLET 75 MG	Tier 4	
REYATAZ ORAL PACKET	Tier 5	MO; NEDS
<i>ritonavir oral tablet</i>	Tier 3	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)

Drug	Status	Requirements/Limits
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 4	
<i>rimantadine hcl oral tablet</i>	Tier 4	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 3	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet</i>	Tier 2	
<i>hydroxyzine hcl oral syrup</i>	Tier 2	
<i>hydroxyzine hcl oral tablet</i>	Tier 2	
Benzodiazepines		
<i>alprazolam oral tablet</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	Tier 4	
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	Tier 3	
DIAZEPAM INTENSOL ORAL CONCENTRATE	Tier 2	QL (240 ML per 30 days)
<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)
LIBERVANT BUCCAL FILM	Tier 4	QL (10 EA per 30 days)
<i>lorazepam injection solution</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)
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

Drug	Status	Requirements/Limits
Bipolar Agents		
Bipolar Agents, Other		
<i>ziprasidone hcl oral capsule</i>	Tier 3	MO
Mood Stabilizers		
<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 4	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	Tier 3	PA; MO; QL (3.4 ML per 28 days)
FARXIGA ORAL TABLET	Tier 3	MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</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>glipizide oral tablet 2.5 mg</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 tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	MO
<i>miglitol oral tablet</i>	Tier 1	MO
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; 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 2 MG/3ML	Tier 3	PA; MO; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 3	PA; MO; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	PA; MO; QL (3 ML per 28 days)

Drug	Status	Requirements/Limits
<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 AUTO-INJECTOR	Tier 3	PA; MO; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	PA; MO; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
Blood Glucose Regulators		
<i>glipizide-metformin hcl oral tablet</i>	Tier 1	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)
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

Drug	Status	Requirements/Limits
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	
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 SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Tier 4	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	Tier 4	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 4	
CVS GAUZE STERILE PAD 2"X2"	Tier 4	
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	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

Drug	Status	Requirements/Limits
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
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	
<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
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	Tier 4	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 4	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	Tier 4	
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	Tier 3	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO

Drug	Status	Requirements/Limits
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 GUIDE TEST 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)
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)

Drug	Status	Requirements/Limits
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
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 PLUS SENSOR	Tier 4	PA

Drug	Status	Requirements/Limits
FREESTYLE LIBRE 2 READER DEVICE	Tier 4	PA
FREESTYLE LIBRE 2 SENSOR	Tier 4	PA
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 4	PA
FREESTYLE LIBRE 3 READER DEVICE	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 BLUE TEST IN VITRO STRIP	Tier 3	QL (5 EA per 1 day)
ONETOUCH ULTRA IN VITRO STRIP	Tier 3	QL (5 EA per 1 day)
ONETOUCH ULTRA TEST IN VITRO STRIP	Tier 3	QL (5 EA per 1 day)
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)
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)

Drug	Status	Requirements/Limits
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 300 mg/3ml</i>	Tier 4	
<i>enoxaparin sodium injection solution prefilled syringe</i>	Tier 4	
XARELTO ORAL TABLET	Tier 3	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	
Blood Products And Modifiers, Other		
MULPLETA ORAL TABLET	Tier 5	PA; NEDS
XOLREMDI ORAL CAPSULE	Tier 5	PA; QL (120 EA per 30 days); NEDS
Platelet Modifying Agents		
DOPTELET ORAL TABLET	Tier 5	PA; NEDS
<i>prasugrel hcl oral tablet</i>	Tier 4	MO
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 5	NEDS
<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</i>	Tier 2	
<i>heparin sodium (porcine) injection solution 20000 unit/ml, 5000 unit/ml</i>	Tier 4	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>	Tier 4	
<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
OXBRYTA ORAL TABLET SOLUBLE	Tier 5	PA; QL (8 EA per 1 day); NEDS
<i>plerixafor subcutaneous solution</i>	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
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 3	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 3	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
<i>dipyridamole oral tablet</i>	Tier 3	MO
Bloodproductsandmodifiers		
Bloodproductsandmodifiers,Other		
VOYDEYA ORAL TABLET	Tier 5	PA; QL (180 EA per 30 days); NEDS
VOYDEYA ORAL TABLET THERAPY PACK	Tier 5	PA; QL (180 EA per 30 days); NEDS
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>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 1	MO
<i>candesartan cilexetil-hctz oral tablet</i>	Tier 1	MO

Drug	Status	Requirements/Limits
ENTRESTO ORAL CAPSULE SPRINKLE	Tier 3	
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 1	MO
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier 1	MO
<i>telmisartan oral tablet</i>	Tier 1	MO
<i>telmisartan-hctz oral tablet</i>	Tier 1	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 1	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
<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 1	MO; QL (1 EA per 1 day)
<i>ramipril oral capsule</i>	Tier 1	MO
<i>trandolapril oral tablet</i>	Tier 1	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>dofetilide oral capsule</i>	Tier 4	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
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 4	MO

Drug	Status	Requirements/Limits
<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 120 mg, 160 mg, 80 mg</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 3	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</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 100 mg, 200 mg, 300 mg</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
<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 1	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 oral capsule extended release 12 hour</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<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 4	MO
<i>matzim la oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nicardipine hcl oral capsule</i>	Tier 4	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>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 4	MO
<i>verapamil hcl er oral tablet extended release</i>	Tier 2	MO
<i>verapamil hcl oral tablet</i>	Tier 1	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet</i>	Tier 2	MO
CORLANOR ORAL SOLUTION	Tier 4	PA; 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
FILSPARI ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>ivabradine hcl oral tablet</i>	Tier 4	PA
<i>metirosine 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)
<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

Drug	Status	Requirements/Limits
<i>methazolamide oral tablet</i>	Tier 4	MO
Diuretics, Loop		
<i>bumetanide oral tablet</i>	Tier 2	MO
<i>ethacrynic acid oral tablet</i>	Tier 2	MO
<i>furosemide injection solution</i>	Tier 6	HI
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 2	MO
<i>furosemide oral tablet</i>	Tier 1	MO
<i>toremide 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)
<i>spironolactone oral tablet</i>	Tier 1	MO
<i>spironolactone-hctz oral tablet</i>	Tier 2	MO
<i>triamterene oral capsule</i>	Tier 2	
<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>pitavastatin calcium oral tablet</i>	Tier 4	

Drug	Status	Requirements/Limits
<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 1	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 3	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 4	MO
<i>colestipol hcl oral tablet</i>	Tier 4	MO
<i>ezetimibe oral tablet</i>	Tier 2	MO
<i>ezetimibe-simvastatin oral tablet</i>	Tier 2	MO
<i>icosapent ethyl oral capsule</i>	Tier 4	
<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 3	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 mononitrate er oral tablet extended release 24 hour</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>isosorbide mononitrate oral tablet</i>	Tier 2	MO
NITRO-BID TRANSDERMAL OINTMENT	Tier 4	MO
<i>nitroglycerin rectal ointment</i>	Tier 4	
<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
Cardiovascularagents		
Cardiovascularagents,Other		
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	Tier 5	PA; QL (2 ML per 28 days); NEDS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	Tier 5	PA; QL (3 ML per 28 days); NEDS
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<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 10 mg, 5 mg</i>	Tier 3	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule extended release 24 hour 15 mg</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 3	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)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg</i>	Tier 2	MO
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 3	MO
<i>dexmethylphenidate hcl oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral capsule extended release 24 hour 25 mg</i>	Tier 2	MO; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg</i>	Tier 4	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 (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	Tier 4	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)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET	Tier 5	PA; MO; NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; NEDS
HETLIOZ LQ ORAL SUSPENSION	Tier 5	PA; MO; NEDS
INGREZZA ORAL CAPSULE	Tier 5	PA; MO; NEDS
INGREZZA ORAL CAPSULE SPRINKLE	Tier 5	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier 5	PA; NEDS
NUEDEXTA ORAL CAPSULE	Tier 5	PA; MO; NEDS
RELYVRIO ORAL PACKET	Tier 5	PA; QL (60 EA per 30 days); NEDS
<i>riluzole oral tablet</i>	Tier 4	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 12.5 mg</i>	Tier 4	PA; MO
<i>tetrabenazine oral tablet 25 mg</i>	Tier 5	PA; MO; NEDS
VEOZAH ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule</i>	Tier 2	MO
<i>pregabalin oral solution</i>	Tier 4	MO

Drug	Status	Requirements/Limits
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 4	PA; MO
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	Tier 4	PA; NEDS
<i>fingolimod hcl oral capsule</i>	Tier 4	PA; NEDS
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 5	PA; NEDS
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(21)	Tier 5	PA; QL (56 EA per 365 days); NEDS
Centralnervoussystemagents		
Centralnervoussystem,Other		
DUVYZAT ORAL SUSPENSION	Tier 5	PA; QL (360 ML per 30 days); NEDS
Dental And Oral Agents		
Dental And Oral Agent		
PREVIDENT 5000 PLUS DENTAL CREAM	Tier 3	NT; MO
Dental And Oral Agents		
<i>cevimeline hcl oral capsule</i>	Tier 2	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>kourzeq mouth/throat paste</i>	Tier 2	
<i>periogard mouth/throat solution</i>	Tier 1	
<i>pilocarpine hcl oral tablet</i>	Tier 2	MO
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	Tier 3	NT; MO
PREVIDENT DENTAL GEL	Tier 3	NT; MO
<i>triamcinolone acetonide mouth/throat paste</i>	Tier 2	
Dermatological Agents		
Dermatological Agents		
ABREVA EXTERNAL CREAM	Tier 3	NT
<i>acitretin oral capsule</i>	Tier 3	
<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; QL (6 ML per 28 days); NEDS
<i>amcinonide external cream</i>	Tier 4	
<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 4	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)
CLARAVIS ORAL CAPSULE 10 MG, 40 MG	Tier 4	
CLARAVIS ORAL CAPSULE 20 MG	Tier 3	
<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 external cream 0.05 %</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 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)
CLODAN EXTERNAL SHAMPOO	Tier 4	
<i>clotrimazole-betamethasone external cream</i>	Tier 2	
<i>clotrimazole-betamethasone external lotion</i>	Tier 3	
CORTANE-B EXTERNAL LOTION	Tier 3	NT
DERMAZENE EXTERNAL CREAM	Tier 3	NT

Drug	Status	Requirements/Limits
<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>diclofenac sodium transdermal gel 1 %</i>	Tier 2	QL (960 GM per 30 days)
<i>doxepin hcl external cream</i>	Tier 2	QL (90 GM per 30 days)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; NEDS
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	Tier 2	NT
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	Tier 2	NT
<i>hydrocort-pramoxine (perianal) external cream</i>	Tier 2	NT
<i>imiquimod external cream 5 %</i>	Tier 4	
<i>iodoquinol-hc-aloe polysacch external gel</i>	Tier 2	NT
<i>iodoquinol-hydrocortisone-aloe external cream</i>	Tier 2	NT
LITFULO ORAL CAPSULE	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>methoxsalen rapid oral capsule</i>	Tier 4	NEDS
<i>mupirocin calcium external cream</i>	Tier 2	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	Tier 5	PA; QL (2 EA per 28 days); NEDS
<i>pimecrolimus external cream</i>	Tier 3	
<i>podofilox external gel</i>	Tier 4	
<i>podofilox external solution</i>	Tier 3	
PRAMOSONE EXTERNAL CREAM	Tier 3	NT
PRAMOSONE EXTERNAL OINTMENT	Tier 3	NT
<i>procto-med hc external cream</i>	Tier 2	
<i>proctosol hc external cream</i>	Tier 2	
<i>proctozone-hc external cream</i>	Tier 2	
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	

Drug	Status	Requirements/Limits
<i>tacrolimus external ointment</i>	Tier 3	QL (120 GM per 30 days)
<i>tazarotene external cream</i>	Tier 3	
<i>tazarotene external gel</i>	Tier 4	
<i>tretinoin external cream</i>	Tier 2	
<i>tretinoin external gel</i>	Tier 3	
VYTONE EXTERNAL CREAM	Tier 3	NT
Dermatologicalagents		
Dermatologicalagents		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (6 ML per 28 days); NEDS
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>aminosyn ii intravenous solution 15 %</i>	Tier 6	B/D; HI
<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 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>na sulfate-k sulfate-mg sulf oral solution</i>	Tier 4	
ORACIT ORAL SOLUTION	Tier 4	
PLENAMINE INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>potassium chloride crys er oral tablet extended release</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<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 er oral tablet extended release 15 meq</i>	Tier 2	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</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
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 90 mg</i>	Tier 3	
<i>deferasirox oral tablet soluble 125 mg</i>	Tier 4	MO
<i>deferasirox oral tablet soluble 250 mg</i>	Tier 4	MO; NEDS
<i>deferasirox oral tablet soluble 500 mg</i>	Tier 5	MO; NEDS
<i>deferiprone oral tablet</i>	Tier 5	PA; MO; NEDS
<i>kionex combination suspension</i>	Tier 3	
<i>penicillamine oral tablet</i>	Tier 5	NEDS
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	Tier 3	
TRIENTINE HCL ORAL CAPSULE 250 MG	Tier 5	NEDS
VELTASSA ORAL PACKET 1 GM	Tier 4	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 4	MO

Drug	Status	Requirements/Limits
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-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %	Tier 6	HI
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 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
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	Tier 6	HI
Vitamins		
<i>doxercalciferol oral capsule</i>	Tier 3	MO
PNV-DHA ORAL CAPSULE	Tier 4	
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	Tier 3	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 3	
<i>dicyclomine hcl oral tablet</i>	Tier 3	

Drug	Status	Requirements/Limits
<i>glycopyrrolate oral solution</i>	Tier 4	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
Gastrointestinal Agents, Other		
CLENPIQ ORAL SOLUTION	Tier 3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 4	
GATTEX SUBCUTANEOUS KIT	Tier 5	PA; MO; NEDS
LIVDELZI ORAL CAPSULE	Tier 5	PA; QL (30 EA 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 5 MG	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
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
VOWST ORAL CAPSULE	Tier 5	PA; NEDS
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	
<i>cimetidine oral tablet 200 mg</i>	Tier 2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 2	MO
<i>famotidine oral suspension reconstituted</i>	Tier 3	MO
<i>famotidine oral tablet 20 mg</i>	Tier 3	MO
<i>famotidine oral tablet 40 mg</i>	Tier 3	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	Tier 4	PA; MO; QL (2 EA per 1 day)
<i>alosetron hcl oral tablet 1 mg</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

Drug	Status	Requirements/Limits
<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 4	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 4	
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		
<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 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)
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE	Tier 3	NT; MO; QL (60 EA per 30 days)
Gastrointestinalagents		
Gastrointestinalagents,Other		
IQIRVO ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
AQNEURSA ORAL PACKET	Tier 5	PA; QL (120 EA per 30 days); NEDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	PA; HI; LA

Drug	Status	Requirements/Limits
<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
DAYBUE ORAL SOLUTION	Tier 5	PA; QL (3600 ML per 30 days); NEDS
GLASSIA INTRAVENOUS SOLUTION	Tier 6	PA; HI
<i>l-glutamine oral packet</i>	Tier 5	PA; NEDS
<i>miglustat oral capsule</i>	Tier 5	PA; MO; NEDS
MIPLYFFA ORAL CAPSULE	Tier 5	PA; QL (90 EA per 30 days); 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
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	Tier 6	PA; HI
<i>sapropterin dihydrochloride oral packet</i>	Tier 5	PA; MO; NEDS
SODIUM PHENYLBUTYRATE ORAL TABLET	Tier 5	MO; NEDS
VIJOICE ORAL PACKET	Tier 5	PA; QL (28 EA per 28 days); NEDS
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	Tier 5	PA; QL (28 EA per 28 days); NEDS
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 5	PA; QL (56 EA per 28 days); NEDS
<i>yargesa oral capsule</i>	Tier 5	PA; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	PA; HI

Drug	Status	Requirements/Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 4	MO
ZOKINVY ORAL CAPSULE	Tier 5	PA; QL (120 EA per 30 days); NEDS
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
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
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Tier 5	
Geneticorenzymedisorder:Replacement, Modifiers,Treatment		
Geneticorenzymedisorder:Replacement, Modifiers,Treatment		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (0.8 ML per 28 days); NEDS
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA ORAL TABLET	Tier 4	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Tier 3	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	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

Drug	Status	Requirements/Limits
<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)
<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 3	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 4	PA; 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	
CUVRIOR ORAL TABLET	Tier 5	PA; NEDS
ELMIRON ORAL CAPSULE	Tier 5	NEDS
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 3	MO
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 3	B/D; MO
<i>calcium acetate oral tablet 667 mg</i>	Tier 3	B/D; MO
<i>sevelamer carbonate oral packet</i>	Tier 4	B/D; MO
<i>sevelamer carbonate oral tablet</i>	Tier 2	B/D; MO
<i>sevelamer hcl oral tablet 800 mg</i>	Tier 2	B/D; MO
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<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>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)

Drug	Status	Requirements/Limits
<i>betamethasone dipropionate aug external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 4	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)
CORTROPHIN INJECTION GEL	Tier 5	PA; NEDS
<i>deflazacort oral suspension</i>	Tier 5	PA; NEDS
<i>deflazacort oral tablet</i>	Tier 5	PA; NEDS
<i>desonide external cream</i>	Tier 4	QL (240 GM 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 ointment 0.25 %</i>	Tier 4	QL (180 GM per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>dexamethasone oral elixir</i>	Tier 2	
<i>dexamethasone oral solution</i>	Tier 2	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Tier 2	
<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 ointment</i>	Tier 2	QL (150 GM per 30 days)
<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)
<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)

Drug	Status	Requirements/Limits
<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)
<i>methylprednisolone oral tablet</i>	Tier 2	
<i>methylprednisolone oral tablet therapy pack</i>	Tier 2	
<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>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</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	
<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 MINIQICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	Tier 4	PA
GENOTROPIN MINIQICK 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	Tier 5	PA; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	Tier 5	PA; LA; MO; NEDS
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	Tier 4	
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	Tier 5	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
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>mifepristone oral tablet 300 mg</i>	Tier 5	PA; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	Tier 4	PA; MO
<i>danazol oral capsule</i>	Tier 4	
<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 3	MO
<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 3	PA; MO

Drug	Status	Requirements/Limits
Estrogens		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	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
AMETHIA ORAL TABLET	Tier 3	MO
<i>amethyst oral tablet</i>	Tier 2	MO
<i>apri oral tablet</i>	Tier 2	MO
ARANELLE ORAL TABLET	Tier 3	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>azurette oral tablet</i>	Tier 2	MO
BALZIVA ORAL TABLET	Tier 3	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
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
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	Tier 3	MO; QL (8 EA per 28 days)
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 3	MO
ELURYNG VAGINAL RING	Tier 3	MO
<i>enilloring vaginal ring</i>	Tier 2	MO
ENPRESSE-28 ORAL TABLET	Tier 3	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	Tier 2	MO
<i>estarylla oral tablet</i>	Tier 2	MO
<i>estradiol oral tablet</i>	Tier 1	MO
<i>estradiol transdermal patch twice weekly</i>	Tier 3	MO; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 3	MO
<i>estradiol vaginal cream</i>	Tier 3	MO
<i>estradiol vaginal tablet</i>	Tier 3	MO

Drug	Status	Requirements/Limits
<i>estradiol-norethindrone acet oral tablet</i>	Tier 3	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 3	MO
<i>falmina oral tablet</i>	Tier 2	MO
<i>feirza 1.5/30 oral tablet</i>	Tier 2	
<i>feirza 1/20 oral tablet</i>	Tier 2	
<i>finzala oral tablet chewable</i>	Tier 2	MO
FYAVOLV ORAL TABLET	Tier 4	MO
HAILEY 24 FE ORAL TABLET	Tier 4	MO
HALOETTE VAGINAL RING	Tier 4	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
JINTELI ORAL TABLET	Tier 3	MO
<i>juleber oral tablet</i>	Tier 2	MO
JUNEL 1.5/30 ORAL TABLET	Tier 3	MO
JUNEL 1/20 ORAL TABLET	Tier 3	MO
JUNEL FE 1.5/30 ORAL TABLET	Tier 3	MO
JUNEL FE 1/20 ORAL TABLET	Tier 3	MO
JUNEL FE 24 ORAL TABLET	Tier 3	MO
<i>kariva oral tablet</i>	Tier 2	MO
KELNOR 1/35 ORAL TABLET	Tier 3	MO
KELNOR 1/50 ORAL TABLET	Tier 3	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
LEENA ORAL TABLET	Tier 3	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 3	MO
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 3	MO
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 3	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<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>lutra oral tablet</i>	Tier 2	MO
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY	Tier 3	MO; QL (8 EA per 28 days)
<i>marlissa oral tablet</i>	Tier 2	MO
MENEST ORAL TABLET	Tier 4	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
MICROGESTIN 24 FE ORAL TABLET	Tier 3	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>minzoya 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 tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 3	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Tier 2	MO
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Tier 3	MO
<i>norethindron-ethinyl estrad-fe oral tablet</i>	Tier 2	MO
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	Tier 3	MO
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	Tier 2	MO
<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
NORTREL 0.5/35 (28) ORAL TABLET	Tier 3	MO
NORTREL 1/35 (21) ORAL TABLET	Tier 3	MO
NORTREL 1/35 (28) ORAL TABLET	Tier 3	MO

Drug	Status	Requirements/Limits
NORTREL 7/7/7 ORAL TABLET	Tier 3	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
OCELLA ORAL TABLET	Tier 4	MO
<i>orsythia oral tablet</i>	Tier 2	MO
<i>pimtree oral tablet</i>	Tier 2	MO
<i>portia-28 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>reclipsen 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
SYEDA ORAL TABLET	Tier 3	MO
TARINA 24 FE ORAL TABLET	Tier 3	MO
<i>tarina fe 1/20 eq oral tablet</i>	Tier 2	MO
<i>taysofy oral capsule</i>	Tier 2	MO
TILIA FE ORAL TABLET	Tier 3	MO
<i>tri-estarylla oral tablet</i>	Tier 2	MO
TRI-LEGEST FE ORAL TABLET	Tier 3	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
<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>turqoz oral tablet</i>	Tier 2	MO
<i>tyblume oral tablet chewable</i>	Tier 2	MO
<i>velivet oral tablet</i>	Tier 2	MO
<i>vienva oral tablet</i>	Tier 2	MO
VYFEMLA ORAL TABLET	Tier 3	MO
<i>vylibra oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
WYMZYA FE ORAL TABLET CHEWABLE	Tier 3	MO
<i>xarah fe oral tablet</i>	Tier 2	MO
YUVAFEM VAGINAL TABLET	Tier 3	MO
<i>zovia 1/35 (28) oral tablet</i>	Tier 2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Tier 3	
NEXPLANON SUBCUTANEOUS IMPLANT	Tier 3	
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	Tier 4	
XULANE TRANSDERMAL PATCH WEEKLY	Tier 3	
Progestins		
<i>camila oral tablet</i>	Tier 2	MO
<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>gallifrey oral tablet</i>	Tier 2	MO
HEATHER ORAL TABLET	Tier 2	
<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
<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)

Drug	Status	Requirements/Limits
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
UNITHROID ORAL TABLET	Tier 1	MO
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA ORAL TABLET 1 MG, 5 MG	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	
ELIGARD SUBCUTANEOUS KIT	Tier 4	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA NS; QL (4 EA per 365 days); NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4	PA NS; QL (1 EA per 28 days)
<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 4	NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Tier 5	NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Tier 5	NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Tier 5	NEDS

Drug	Status	Requirements/Limits
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier 4	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
Hormonal agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal agents, Stimulant/Replacement/Modifying (Adrenal)		
AGAMREE ORAL SUSPENSION	Tier 5	PA; QL (225 ML per 30 days); NEDS
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
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 5	PA; NEDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	Tier 5	PA; NEDS
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	Tier 5	PA; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
GAMMAKED INJECTION SOLUTION 1 GM/10ML	Tier 5	PA; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	Tier 5	PA; NEDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	Tier 5	PA; NEDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	Tier 5	PA; NEDS
PANZYGA INTRAVENOUS SOLUTION	Tier 5	PA; NEDS
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	Tier 5	PA; NEDS
Immunological Agents, Other		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier 5	PA NS; LA; MO; NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
<i>auranofin oral capsule</i>	Tier 5	NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA NS; NEDS
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	Tier 5	PA; QL (2 ML per 28 days); NEDS
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	Tier 5	PA; QL (2 ML per 28 days); NEDS
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
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; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (10 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	Tier 5	PA; MO; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 5	PA; QL (1.34 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 5	PA; MO; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	Tier 5	PA; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	Tier 5	PA; NEDS
LAGEVRIO ORAL CAPSULE	Tier 3	QL (40 EA per 5 days)
<i>leflunomide oral tablet</i>	Tier 2	MO
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Tier 5	PA; NEDS
OLUMIANT ORAL TABLET 4 MG	Tier 4	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	Tier 5	PA; MO; QL (1.6 ML per 28 days); NEDS

Drug	Status	Requirements/Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	Tier 5	PA; MO; QL (2.8 ML per 28 days); NEDS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	Tier 1	QL (20 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	Tier 1	QL (30 EA per 5 days)
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	Tier 5	PA; NEDS
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
SKYRIZI INTRAVENOUS SOLUTION	Tier 5	PA; QL (10 ML per 28 days); 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
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 20 MG/0.25ML	Tier 5	PA; QL (0.5 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier 5	PA; NEDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS

Drug	Status	Requirements/Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; MO; NEDS
WEZLANA SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (3 ML per 84 days); NEDS
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 5	PA; QL (1.5 ML per 84 days); NEDS
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; QL (3 ML per 84 days); NEDS
XELJANZ ORAL SOLUTION	Tier 5	PA; MO; QL (300 ML per 30 days); NEDS
XELJANZ ORAL TABLET	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; 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; QL (2 ML per 28 days); NEDS
Immunosuppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; NEDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 5	PA; QL (6 EA per 28 days); NEDS
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; QL (3 EA per 28 days); NEDS
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; QL (6 EA per 28 days); NEDS
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	Tier 5	PA; QL (1 EA per 28 days); NEDS
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 5	PA; QL (3 EA per 28 days); NEDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	B/D

Drug	Status	Requirements/Limits
<i>azathioprine oral tablet 50 mg</i>	Tier 2	B/D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; NEDS
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; NEDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 5	PA; NEDS
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; NEDS
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; NEDS
<i>cyclosporine modified oral capsule</i>	Tier 3	B/D; MO
<i>cyclosporine modified oral solution</i>	Tier 2	B/D; MO
<i>cyclosporine oral capsule</i>	Tier 3	B/D; MO
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 SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	Tier 4	B/D
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	Tier 5	B/D; NEDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 5	B/D; MO; NEDS
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 3	B/D; MO
GENGRAF ORAL SOLUTION	Tier 3	B/D; MO
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS

Drug	Status	Requirements/Limits
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (3 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
<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	

Drug	Status	Requirements/Limits
<i>mycophenolate mofetil oral capsule</i>	Tier 4	B/D; MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier 5	B/D; MO; NEDS
<i>mycophenolate mofetil oral tablet</i>	Tier 4	B/D; MO
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 4	B/D; MO
OTEZLA ORAL TABLET 20 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS
OTEZLA ORAL TABLET 30 MG	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
OTEZLA ORAL TABLET THERAPY PACK	Tier 5	PA; QL (110 EA per 365 days); NEDS
PROGRAF ORAL PACKET	Tier 4	B/D; 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</i>	Tier 4	B/D; MO
<i>tacrolimus oral capsule</i>	Tier 2	B/D; MO
TAVNEOS ORAL CAPSULE	Tier 5	PA; QL (180 EA per 30 days); NEDS
TREXALL ORAL TABLET	Tier 4	
XATMEP ORAL SOLUTION	Tier 4	
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
ADACEL INTRAMUSCULAR SUSPENSION	Tier 6	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	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	

Drug	Status	Requirements/Limits
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 1440 EL U/ML	Tier 6	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	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	
IPOLE INJECTION INJECTABLE	Tier 6	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
IXIARO INTRAMUSCULAR SUSPENSION	Tier 6	
JYNNEOS SUBCUTANEOUS SUSPENSION	Tier 6	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
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	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	

Drug	Status	Requirements/Limits
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier 6	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
PREHEVBRIO INTRAMUSCULAR SUSPENSION	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	
RABAERT 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	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier 6	

Drug	Status	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 6	
VAQTA INTRAMUSCULAR SUSPENSION	Tier 6	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	Tier 6	
VARIZIG INTRAMUSCULAR SOLUTION	Tier 6	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Tier 6	
YF-VAX SUBCUTANEOUS INJECTABLE	Tier 6	
Immunologicalagents		
Immunologicalagents,Other		
RINVOQ LQ ORAL SOLUTION	Tier 5	PA; QL (360 ML per 30 days); NEDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 5	PA; NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Tier 5	PA; NEDS
Immunosuppressants		
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; QL (2 EA per 28 days); NEDS
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; QL (1 EA per 28 days); NEDS
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule</i>	Tier 2	
<i>mesalamine er oral capsule extended release</i>	Tier 4	
<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 4	
<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		
ANALPRAM HC EXTERNAL CREAM	Tier 3	NT
ANALPRAM-HC EXTERNAL LOTION	Tier 3	NT
ANUSOL-HC RECTAL SUPPOSITORY	Tier 3	NT

Drug	Status	Requirements/Limits
<i>budesonide er oral tablet extended release 24 hour</i>	Tier 5	QL (1 EA per 1 day); NEDS
<i>budesonide oral capsule delayed release particles</i>	Tier 2	QL (3 EA per 1 day)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	Tier 3	NT
<i>hydrocortisone acetate rectal suppository</i>	Tier 2	NT
<i>hydrocortisone oral tablet</i>	Tier 2	
<i>hydrocortisone rectal enema</i>	Tier 2	
PROCTOCORT RECTAL SUPPOSITORY	Tier 3	NT
TARPEYO ORAL CAPSULE DELAYED RELEASE	Tier 5	PA; QL (120 EA per 30 days); NEDS
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 3	MO
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	Tier 5	PA; MO; NEDS
<i>ibandronate sodium oral tablet</i>	Tier 2	MO; QL (1 EA per 28 days)
<i>paricalcitol oral capsule</i>	Tier 4	PA; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA
<i>risedronate sodium oral tablet 150 mg</i>	Tier 4	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	Tier 4	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	Tier 4	MO; QL (1 EA per 1 day)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 600 mcg/2.4ml</i>	Tier 5	PA; NEDS
<i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i>	Tier 5	PA; MO; NEDS
XGEVA SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML	Tier 5	PA; QL (1.12 ML per 28 days); NEDS
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML	Tier 5	PA; QL (1.96 ML per 28 days); NEDS

Drug	Status	Requirements/Limits
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML	Tier 5	PA; QL (2.8 ML per 28 days); NEDS
Miscellaneous		
Miscellaneous		
<i>benzonatate oral capsule 150 mg, 200 mg</i>	Tier 2	NT
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	Tier 3	NT
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	Tier 3	NT; QL (4 EA per 30 days)
CETACAINE EXTERNAL AEROSOL	Tier 3	NT
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	NT
EDEX INTRACAVERNOSAL KIT 40 MCG	Tier 3	NT; QL (4 EA per 30 days)
GILPHEX TR ORAL TABLET 10-388 MG	Tier 3	NT
<i>hydrocod poli-chlorphe poli er oral suspension extended release</i>	Tier 2	NT
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	Tier 2	NT
<i>isoxsuprine hcl oral tablet</i>	Tier 2	NT; MO
<i>maxi-tuss pe oral liquid</i>	Tier 2	NT
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG	Tier 3	NT; QL (6 EA per 30 days)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	NT; QL (4 EA per 30 days)
<i>sodium fluoride mouth/throat solution</i>	Tier 2	NT; MO
STENDRA ORAL TABLET 100 MG, 200 MG	Tier 3	NT
TUSNEL C ORAL SYRUP	Tier 3	NT
TUSSLIN ORAL LIQUID	Tier 3	NT
TUSSLIN PEDIATRIC ORAL LIQUID	Tier 3	NT
<i>vardenafil hcl oral tablet</i>	Tier 2	NT; QL (4 EA per 30 days)
<i>vardenafil hcl oral tablet dispersible</i>	Tier 2	NT; QL (4 EA per 30 days)
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	
ANASPAZ ORAL TABLET DISPERSIBLE	Tier 3	NT; MO
BD DISP NEEDLES 25G X 7/8" , 30G X 1/2"	Tier 4	

Drug	Status	Requirements/Limits
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 SYRINGE LUER-LOK 1 ML	Tier 4	
<i>benzonatate oral capsule 100 mg</i>	Tier 2	NT
CENTRUM ADULTS ORAL TABLET	Tier 3	NT
COMFORT EZ PEN NEEDLES 32G X 8 MM	Tier 4	
<i>cortic-nd otic solution</i>	Tier 2	NT
CORVITE 150 ORAL TABLET	Tier 3	NT
<i>corvite fe oral tablet</i>	Tier 3	NT
COVARYX HS ORAL TABLET	Tier 3	NT; MO
COVARYX ORAL TABLET	Tier 3	NT; MO
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 2	NT
DEPLIN 15 ORAL CAPSULE	Tier 3	NT
<i>dichlorphenamide oral tablet</i>	Tier 5	PA; NEDS
DONNATAL ORAL ELIXIR	Tier 3	NT
DONNATAL ORAL TABLET	Tier 3	NT
DRISDOL ORAL CAPSULE	Tier 4	NT; MO
DROPLET PEN NEEDLES 32G X 8 MM	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8"	Tier 4	
<i>ed-spaz oral tablet dispersible</i>	Tier 3	NT; MO
EEMT HS ORAL TABLET	Tier 3	NT; MO
EEMT ORAL TABLET	Tier 3	NT; MO
<i>ergocalciferol oral capsule</i>	Tier 2	NT; MO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Tier 4	
<i>fa-vitamin b-6-vitamin b-12 oral tablet</i>	Tier 2	NT
FLORIVA ORAL LIQUID	Tier 3	NT
FOLBIC ORAL TABLET	Tier 3	NT
FOLGARD OS ORAL TABLET	Tier 3	NT
FOLGARD RX ORAL TABLET	Tier 3	NT
<i>folic acid oral tablet 1 mg</i>	Tier 2	NT; MO
<i>folic d3 oral capsule</i>	Tier 3	NT

Drug	Status	Requirements/Limits
FOLTANX ORAL TABLET	Tier 3	NT
HEMATOGEN ORAL CAPSULE	Tier 3	NT
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	Tier 2	NT; MO
<i>hyoscyamine sulfate oral tablet dispersible</i>	Tier 3	NT; MO
HYPODERMIC NEEDLE 25G X 3/4" , 26G X 3/8" , 26G X 5/8"	Tier 4	
INSUPEN SENSITIVE 32G X 8 MM	Tier 4	
K-PHOS-NEUTRAL ORAL TABLET	Tier 3	NT; MO
<i>levocarnitine oral solution</i>	Tier 4	MO
<i>levocarnitine oral tablet</i>	Tier 4	MO
LITETOUCH PEN NEEDLES 29G X 12.7MM	Tier 4	
MEPHYTON ORAL TABLET	Tier 4	NT
METANX ORAL CAPSULE	Tier 3	NT
<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 U-100 1 ML	Tier 4	
MULTIGEN FOLIC ORAL TABLET	Tier 3	NT
MYNEPHRON ORAL CAPSULE	Tier 3	NT
NASCOBAL NASAL SOLUTION	Tier 3	NT; MO
<i>niacin er oral tablet extended release</i>	Tier 2	NT
NULEV ORAL TABLET DISPERSIBLE	Tier 3	NT; MO
<i>paba oral tablet</i>	Tier 2	NT
<i>pb-hyoscy-atropine-scopolamine oral elixir</i>	Tier 3	NT
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	Tier 2	NT
PEN NEEDLES 30G X 8 MM	Tier 4	
<i>phenobarbital-belladonna alk oral elixir</i>	Tier 3	NT
<i>phenobarbital-belladonna alk oral tablet</i>	Tier 2	NT
PHENOHYTRO ORAL ELIXIR	Tier 3	NT
PHENOHYTRO ORAL TABLET	Tier 3	NT
<i>phytonadione oral tablet</i>	Tier 2	NT
POTABA ORAL CAPSULE	Tier 3	NT; MO
<i>potassium aminobenzoate powder</i>	Tier 3	NT
PRESERVISION AREDS 2 ORAL CAPSULE	Tier 3	NT

Drug	Status	Requirements/Limits
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	Tier 3	NT
PRESERVISION AREDS ORAL CAPSULE	Tier 3	NT
PRESERVISION/LUTEIN ORAL CAPSULE	Tier 3	NT
PURE COMFORT PEN NEEDLE 32G X 8 MM	Tier 4	
RENAL ORAL CAPSULE	Tier 3	NT
SLO-NIACIN ORAL TABLET EXTENDED RELEASE	Tier 3	NT
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Tier 4	
TESSALON PERLES ORAL CAPSULE	Tier 4	NT
TRIMO-SAN VAGINAL GEL 0.025 %	Tier 3	NT
<i>triphrocaps oral capsule</i>	Tier 2	NT
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	
VENOFER INTRAVENOUS SOLUTION	Tier 3	NT
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Tier 2	NT; MO
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	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		
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>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 2	
CEQUA OPHTHALMIC SOLUTION	Tier 4	

Drug	Status	Requirements/Limits
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 2	MO
MIEBO OPHTHALMIC SOLUTION	Tier 4	PA; QL (12 ML per 30 days)
<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 3	
<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
TYRVAYA NASAL SOLUTION	Tier 4	
XDEMVY OPHTHALMIC SOLUTION	Tier 5	QL (10 ML per 42 days); NEDS
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 3	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 2	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 3	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
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	MO

Drug	Status	Requirements/Limits
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 3	MO
<i>timolol maleate ophthalmic solution</i>	Tier 1	MO
Ophthalmic Anti-Inflammatories		
ALREX OPHTHALMIC SUSPENSION	Tier 3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 2	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Tier 2	
<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	
INVELTYS OPHTHALMIC SUSPENSION	Tier 4	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier 2	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	
<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	
<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>acetic acid otic solution</i>	Tier 2	
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 2	
FLAC OTIC OIL	Tier 4	
<i>fluocinolone acetonide otic oil</i>	Tier 2	

Drug	Status	Requirements/Limits
<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	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
ALLEGRA ALLERGY ORAL TABLET 180 MG	Tier 3	NT
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 3	NT
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	NT
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	Tier 2	
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION	Tier 3	NT
CLARITIN ALLERGY CHILDRENS ORAL SYRUP	Tier 3	NT
CLARITIN CHILDRENS ORAL TABLET CHEWABLE	Tier 3	NT
CLARITIN ORAL CAPSULE	Tier 3	NT
CLARITIN ORAL SOLUTION	Tier 3	NT
CLARITIN ORAL SYRUP	Tier 3	NT
CLARITIN ORAL TABLET	Tier 3	NT
CLARITIN ORAL TABLET CHEWABLE 5 MG	Tier 3	NT
CLARITIN REDITABS ORAL TABLET DISPERSIBLE	Tier 3	NT
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 3	NT
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	NT
<i>cyproheptadine hcl oral tablet</i>	Tier 2	
<i>diphenhydramine hcl injection solution</i>	Tier 2	
<i>fexofenadine hcl oral tablet 180 mg</i>	Tier 2	NT
<i>hydroxyzine pamoate oral capsule</i>	Tier 2	
<i>levocetirizine dihydrochloride oral tablet</i>	Tier 2	QL (1 EA per 1 day)
<i>loratadine childrens oral solution</i>	Tier 2	NT
<i>loratadine childrens oral syrup</i>	Tier 2	NT
<i>loratadine childrens oral tablet chewable</i>	Tier 2	NT
<i>loratadine oral tablet</i>	Tier 2	NT

Drug	Status	Requirements/Limits
NASACORT ALLERGY 24HR NASAL AEROSOL	Tier 3	NT
<i>olopatadine hcl nasal solution</i>	Tier 2	
<i>triamcinolone acetonide nasal aerosol</i>	Tier 2	NT
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 3	NT
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY 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>breo ellipta inhalation aerosol powder breath activated 50-25 mcg/inh</i>	Tier 2	MO
<i>budesonide inhalation suspension</i>	Tier 2	B/D; MO; QL (4 ML per 1 day)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 2	
<i>fluticasone propionate diskus inhalation aerosol powder breath activated</i>	Tier 3	MO
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 44 mcg/act</i>	Tier 3	MO
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	Tier 3	
<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 3	MO; QL (2 EA per 1 day)
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 RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO
<i>tiotropium bromide monohydrate inhalation capsule</i>	Tier 3	
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 2 mg/5ml</i>	Tier 2	MO
<i>albuterol sulfate oral tablet</i>	Tier 4	MO
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	Tier 4	PA; QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	Tier 4	PA; QL (13 GM per 30 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	Tier 3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 3	
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier 2	B/D; MO
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	MO
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 3	MO
<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, 5.8 MG	Tier 5	PA; NEDS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	Tier 5	PA; MO; NEDS
KALYDECO ORAL TABLET	Tier 5	PA; MO; NEDS
ORKAMBI ORAL PACKET	Tier 5	PA; MO; NEDS
ORKAMBI ORAL TABLET	Tier 5	PA; MO; NEDS

Drug	Status	Requirements/Limits
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 3	B/D; MO
<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 4	MO; QL (30 EA per 30 days)
<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 4	PA; MO
<i>ambrisentan oral tablet</i>	Tier 5	PA; MO; NEDS
<i>bosentan oral tablet</i>	Tier 5	PA; MO; NEDS
LIQREV ORAL SUSPENSION	Tier 5	PA; 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
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 tablet 20 mg</i>	Tier 2	PA; MO

Drug	Status	Requirements/Limits
<i>tadalafil (pah) oral tablet</i>	Tier 4	PA; MO
TRACLEER ORAL TABLET SOLUBLE	Tier 5	PA; MO; NEDS
UPTRAVI ORAL TABLET	Tier 5	PA; MO; NEDS
UPTRAVI TITRATION 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; 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
BREYNA INHALATION AEROSOL	Tier 2	
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
<i>biogtuss oral liquid 10-15-300 mg/5ml</i>	Tier 2	NT
BREZTRI AEROSPHERE INHALATION AEROSOL	Tier 3	MO
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET	Tier 3	NT
<i>despec eda oral liquid</i>	Tier 2	NT
<i>dometuss-dmx oral liquid</i>	Tier 2	NT
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	Tier 4	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	Tier 5	PA; MO; NEDS

Drug	Status	Requirements/Limits
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour</i>	Tier 2	NT
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	Tier 2	NT
<i>guaifenesin-codeine oral solution</i>	Tier 2	NT
<i>loratadine-d 12hr oral tablet extended release 12 hour</i>	Tier 2	NT
<i>loratadine-d 24hr oral tablet extended release 24 hour</i>	Tier 2	NT
<i>m-clear wc oral solution</i>	Tier 2	NT
<i>mometasone furoate nasal suspension</i>	Tier 2	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Tier 5	PA; MO; QL (0.4 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
<i>promethazine-codeine oral solution</i>	Tier 2	NT
<i>promethazine-codeine oral syrup</i>	Tier 2	NT
<i>promethazine-dm oral syrup</i>	Tier 2	NT
<i>promethazine-phenyleph-codeine oral syrup</i>	Tier 2	NT
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 2	NT
PX DAYHIST ALLERGY ORAL TABLET	Tier 3	NT
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 3	MO
ZYRTEC ALLERGY ORAL TABLET	Tier 3	NT
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 5 MG/5ML	Tier 3	NT
Respiratorytract/Pulmonaryagents		
Phosphodiesteraseinhibitors,Airwaysdis ease		
OHTUVAYRE INHALATION SUSPENSION	Tier 5	PA; QL (150 ML per 30 days); NEDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 350 mg</i>	Tier 2	PA

Drug	Status	Requirements/Limits
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<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>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	
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LUMRYZ ORAL PACKET	Tier 5	PA; NEDS
<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
Sleep Promoting Agents		
BELSOMRA ORAL TABLET	Tier 3	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 4	QL (30 EA per 30 days)
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COVARYX HS	87	DEXCOM G6 SENSOR	43	<i>dorzolamide hcl-timolol mal</i>	90
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<i>cyanocobalamin</i>	87	<i>dexmethylphenidate hcl</i>	53	<i>doxercalciferol</i>	59
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<i>cyclopentolate hcl</i>	90	<i>dextroamphetamine sulfate</i>	52	<i>doxycycline hyclate</i>	12
<i>cyclophosphamide</i>	21	<i>dextroamphetamine sulfate er</i>	52	<i>doxycycline monohydrate</i>	12
<i>cyclosporine</i>	79	<i>dextrose</i>	59	DRISDOL	87
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<i>danazol</i>	67	<i>diazoxide</i>	40	<i>droxidopa</i>	49
<i>dantrolene sodium</i>	33	<i>dichlorphenamide</i>	87	DULERA	94
DANZITEN	25	<i>diclofenac potassium</i>	3	<i>duloxetine hcl</i>	17
<i>dapsone</i>	21	<i>diclofenac sodium</i>	3, 56, 91	DUPIXENT	76
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<i>daptomycin</i>	7	<i>diclofenac-misoprostol</i>	3	<i>dutasteride</i>	64
<i>darunavir</i>	36	<i>dicloxacin sodium</i>	10	<i>dutasteride-tamsulosin hcl</i>	64
<i>dasatinib</i>	25	<i>dicyclomine hcl</i>	59	DUVYZAT	54
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<i>ed-spaz</i>	87	<i>erlotinib hcl</i>	25	<i>feirza 1.5/30</i>	69
EDURANT	34	<i>errin</i>	72	<i>feirza 1/20</i>	69
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<i>efavirenz</i>	35	<i>erythromycin base</i>	11	<i>fenofibrate</i>	50
<i>efavirenz-emtricitab-tenofo df</i>	35	<i>erythromycin ethylsuccinate</i>	11	<i>fenofibrate micronized</i>	50
<i>efavirenz-lamivudine-tenofovir</i> ...	35	<i>erythromycin stearate</i>	11	<i>fentanyl</i>	3
ELIGARD	73	<i>escitalopram oxalate</i>	17	<i>fentanyl citrate</i>	4
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ELIQUIS DVT/PE		<i>estarylla</i>	68	FETZIMA TITRATION	17
STARTER PACK	45	<i>estradiol</i>	68	<i>fexofenadine hcl</i>	92
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ELURYNG	68	<i>eszopiclone</i>	98	<i>finasteride</i>	64
EMCYT	22	<i>ethacrynic acid</i>	50	<i>finbolimod hcl</i>	54
EMPAVELI	74	<i>ethambutol hcl</i>	21	FINTEPLA	12
EMSAM	16	<i>ethosuximide</i>	13	<i>finzala</i>	69
<i>emtricitabine</i>	35	<i>ethynodiol diac-eth estradiol</i>	69	FIRMAGON	73
<i>emtricitabine-tenofovir df</i>	35	<i>etodolac</i>	3	FIRMAGON (240 MG DOSE)	73
EMTRIVA	35	<i>etodolac er</i>	3	FLAC	91
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<i>enoxaparin sodium</i>	45	SENSOR/HOLDER	43	<i>fluocinolone acetonide scalp</i>	65
ENPRESSE-28	68	EVERSENSE SMART		<i>fluocinonide</i>	65
<i>enskyce</i>	68	TRANSMITTER	43	<i>fluocinonide emulsified base</i>	65
<i>entacapone</i>	29	EVOTAZ	36	<i>fluorometholone</i>	91
<i>entecavir</i>	33	EXEL COMFORT POINT		<i>fluorouracil</i>	56
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<i>enulose</i>	60	<i>exemestane</i>	24	<i>fluphenazine decanoate</i>	30
ENVARUSUS XR	79	EXKIVITY	25	FLUPHENAZINE HCL	30
EPCLUSA	33	EYSUVIS	91	<i>fluphenazine hcl</i>	30
EPIDIOLEX	13	<i>ezetimibe</i>	51	<i>flurbiprofen</i>	3
<i>epinastine hcl</i>	90	<i>ezetimibe-simvastatin</i>	51	<i>flurbiprofen sodium</i>	91
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CALCIUM	36	<i>gavilyte-g</i>	61	<i>haloperidol decanoate</i>	30
<i>fosfomycin tromethamine</i>	7	<i>gavilyte-n with flavor pack</i>	61	<i>haloperidol lactate</i>	30
<i>fosinopril sodium</i>	47	GAVRETO	22	HARVONI	33
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<i>fosphenytoin sodium</i>	15	<i>gemfibrozil</i>	50	HEATHER	72
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FRAGMIN	45	<i>generlac</i>	61	HEMMOREX-HC	85
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<i>fulvestrant</i>	22	GOMEKLI	25	STARTER	80
<i>furosemide</i>	50	<i>granisetron hcl</i>	18	HUMIRA-PS/UV/ADOL HS	
FUZEON	36	<i>griseofulvin microsize</i>	19	STARTER	80
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<i>gabapentin</i>	13	<i>guanfacine hcl</i>	46	STARTER	80
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<i>iclevia</i>	69	ISOLYTE-S PH 7.4	57
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<i>icosapent ethyl</i>	51	<i>isosorbide dinitrate</i>	51
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<i>imipenem-cilastatin</i>	9	ISTURISA	73
<i>imipramine hcl</i>	17	ITOVEBI	28
<i>imiquimod</i>	56	<i>itraconazole</i>	19
IMKELDI	25	<i>ivabradine hcl</i>	49
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		DOSE)	23
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<i>lapatinib ditosylate</i>	26	<i>l-glutamine</i>	62	<i>lutra</i>	70
<i>larin 1.5/30</i>	69	LIBERVANT	37	LYBALVI	31
<i>larin 1/20</i>	69	<i>lidocaine</i>	5	<i>lyleq</i>	72
<i>larin fe 1.5/30</i>	69	<i>lidocaine hcl</i>	5	LYLLANA	70
<i>larin fe 1/20</i>	69	<i>lidocaine hcl (pf)</i>	5	LYNPARZA	26
<i>latanoprost</i>	89	<i>lidocaine pain relief</i>	5	LYSODREN	73
LAZCLUZE	28	<i>lidocaine viscous hcl</i>	5	LYTGOBI (12 MG DAILY	
LEENA	69	<i>lidocaine-prilocaine</i>	5	DOSE)	26
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<i>lenalidomide</i>	22	<i>linezolid</i>	7	DOSE)	26
LENVIMA (10 MG DAILY		LINZESS	60	LYTGOBI (20 MG DAILY	
DOSE)	26	<i>liothyronine sodium</i>	73	DOSE)	26
LENVIMA (12 MG DAILY		LIQREV	95	<i>lyza</i>	72
DOSE)	26	<i>lisinopril</i>	47	<i>magnesium sulfate</i>	57
LENVIMA (14 MG DAILY		<i>lisinopril-hydrochlorothiazide</i>	47	<i>malathion</i>	29
DOSE)	26	LITETOUCH PEN		<i>maraviroc</i>	36
LENVIMA (18 MG DAILY		NEEDLES	88	<i>marlissa</i>	70
DOSE)	26	LITFULO	56	MARPLAN	16
LENVIMA (20 MG DAILY		<i>lithium</i>	38	MATULANE	21
DOSE)	26	<i>lithium carbonate</i>	38	<i>matzim la</i>	49
LENVIMA (24 MG DAILY		<i>lithium carbonate er</i>	38	MAVYRET	33
DOSE)	26	LIVDELZI	60	<i>maxi-tuss pe</i>	86
LENVIMA (4 MG DAILY		LIVTENCITY	33	<i>m-clear wc</i>	97
DOSE)	26	LONSURF	22	<i>meclizine hcl</i>	18
LENVIMA (8 MG DAILY		<i>loperamide hcl</i>	60	<i>medroxyprogesterone acetate</i>	72
DOSE)	26	<i>lopinavir-ritonavir</i>	36	<i>mefloquine hcl</i>	29
<i>lessina</i>	69	<i>loratadine</i>	92	<i>megestrol acetate</i>	72
<i>letrozole</i>	24	<i>loratadine childrens</i>	92	MEKINIST	26
<i>leucovorin calcium</i>	28	<i>loratadine-d 12hr</i>	97	MEKTOVI	26
LEUKERAN	21	<i>loratadine-d 24hr</i>	97	<i>meloxicam</i>	3
<i>leuprolide acetate</i>	73	<i>lorazepam</i>	37	<i>memantine hcl</i>	16
LEUPROLIDE ACETATE (3		<i>lorazepam intensol</i>	37	<i>memantine hcl er</i>	16
MONTH)	73	LORBRENA	26	<i>memantine hcl-donepezil hcl</i>	15
<i>levalbuterol hcl</i>	94	<i>loryna</i>	70	MENACTRA	82
<i>levalbuterol tartrate</i>	94	<i>losartan potassium</i>	47	MENEST	70
<i>levetiracetam</i>	12	<i>losartan potassium-hctz</i>	47	MENQUADFI	82
<i>levetiracetam er</i>	12	<i>loteprednol etabonate</i>	91	MENVEO	82
<i>levobunolol hcl</i>	90	<i>lovastatin</i>	50	<i>meperidine hcl</i>	4
<i>levocarnitine</i>	88	<i>low-ogestrel</i>	70	MEPHYTON	88
<i>levocetirizine dihydrochloride</i>	92	<i>loxapine succinate</i>	30	<i>mercaptopurine</i>	22

meropenem.....	9	MIPLYFFA	62	necon 1/35 (28).....	70
mesalamine.....	84	mirtazapine.....	16	nefazodone hcl.....	17
mesalamine er.....	84	misoprostol.....	61	NEMLUVIO	56
mesalamine-cleanser.....	84	M-M-R II	82	neomycin sulfate.....	6
mesna.....	28	modafinil.....	98	neomycin-bacitracin zn-	
MESNEX	28	moexipril hcl.....	47	polymyx.....	90
METANX	88	molindone hcl.....	30	neomycin-polymyxin-dexameth...	91
metformin hcl.....	38	mometasone furoate.....	66, 97	neomycin-polymyxin-gramicidin	90
metformin hcl er.....	38	mondoxylene nl.....	12	neomycin-polymyxin-hc.....	7, 92
methadone hcl.....	3, 4	MONOJECT		neo-polycin.....	90
methazolamide.....	50	HYPODERMIC NEEDLE	88	neo-polycin hc.....	90
methenamine hippurate.....	7	MONOJECT INSULIN		NERLYNX	27
methimazole.....	74	SYRINGE	41, 88	NEUPRO	29
methocarbamol.....	98	montelukast sodium.....	93	NEVANAC	91
methotrexate sodium.....	80	morphine sulfate.....	4	nevirapine.....	35
methotrexate sodium (pf).....	80	morphine sulfate (concentrate)....	4	nevirapine er.....	35
methoxsalen rapid.....	56	morphine sulfate (pf).....	4	NEXLETOL	49
methsuximide.....	13	morphine sulfate er.....	4	NEXLIZET	49
methyl dopa.....	46	MOTOFEN	60	NEXPLANON	72
methylergonovine maleate.....	88	MOUNJARO	38	niacin (antihyperlipidemic).....	51
methylphenidate hcl.....	53	MOVANTIK	60	niacin er.....	88
methylphenidate hcl er.....	53	moxifloxacin hcl.....	11	niacin er (antihyperlipidemic)....	51
methylphenidate hcl er (osm).....	53	moxifloxacin hcl in nacl.....	11	niacor.....	51
methylprednisolone.....	66	MRESVIA	82	nicardipine hcl.....	49
methylprednisolone acetate.....	20	MULPLETA	45	NICOTROL	6
methylprednisolone sodium succ	66	MULTAQ	47	nifedipine er.....	49
metoclopramide hcl.....	60	MULTIGEN FOLIC	88	nifedipine er osmotic release.....	49
metolazone.....	50	multiple electro type 1 ph 5.5.....	57	nikki.....	70
metoprolol succinate er.....	48	mupirocin.....	7	nilutamide.....	21
metoprolol tartrate.....	48	mupirocin calcium.....	56	NINLARO	23
metoprolol-hydrochlorothiazide.	48	MUSE	86	nitazoxanide.....	29
metronidazole.....	7	mycophenolate mofetil.....	81	nitisinone.....	62
metryrosine.....	49	mycophenolate sodium.....	81	NITRO-BID	52
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microgestin 1/20.....	70	nafcillin sodium.....	10	norethindrone.....	72
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microgestin fe 1.5/30.....	70	naltrexone hcl.....	5	norethindrone acet-ethinyl est....	70
microgestin fe 1/20.....	70	NAMZARIC	15	norethindrone-eth estradiol.....	70
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MIEBO	90	naproxen dr.....	3	norethin-eth estradiol-fe.....	70
mifepristone.....	67	naproxen sodium.....	3	norgestimate-eth estradiol.....	70
miglitol.....	38	NASACORT ALLERGY		norgestim-eth estrad triphasic....	70
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mili.....	70	NASCOBAL	88	NORTREL 1/35 (21)	70
mimvey.....	70	NATACYN	19	NORTREL 1/35 (28)	70
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NUCALA	97	SYSTEM	44	<i>peg-3350/electrolytes</i>	61
NUEDEXTA	53	ONUREG	22	<i>peg-3350/electrolytes/ascorbat</i> ...	61
NULEV	88	OPIPZA	31, 32	PEGASYS	34
NUPLAZID	31	OPSUMIT	95	<i>peg-kcl-nacl-nasulf-na asc-c</i>	61
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NUTRILIPID	59	OPVEE	5	PEN NEEDLES	88
NUZYRA	12	ORACIT	57	PENBRAYA	83
<i>nyamyc</i>	19	ORENCIA	76, 77	<i>penicillamine</i>	58
<i>nylia 1/35</i>	71	ORENCIA CLICKJECT	76	<i>penicillin g pot in dextrose</i>	10
<i>nylia 7/7/7</i>	71	ORENITRAM	95	<i>penicillin g potassium</i>	10
<i>nymyo</i>	71	ORENITRAM MONTH 1	95	<i>penicillin g sodium</i>	10
<i>nystatin</i>	19	ORENITRAM MONTH 2	95	<i>penicillin v potassium</i>	10
<i>nystatin-triamcinolone</i>	19	ORENITRAM MONTH 3	95	PENTACEL	83
<i>nystop</i>	19	ORGOVYX	23	<i>pentamidine isethionate</i>	29
OALIVA	60	ORKAMBI	94	<i>pentoxifylline er</i>	49
OCELLA	71	<i>orphenadrine citrate er</i>	98	<i>perindopril erbumine</i>	47
OCTAGAM	75, 76	ORSERDU	22	<i>periogard</i>	55
<i>octreotide acetate</i>	67, 74	<i>orsythia</i>	71	<i>permethrin</i>	29
ODEFSEY	35	<i>oseltamivir phosphate</i>	36, 37	<i>perphenazine</i>	30
ODOMZO	23	OSPHERA	72	PERSERIS	32
OFEV	96	OTEZLA	81	<i>phenelzine sulfate</i>	16
<i>ofloxacin</i>	11	<i>oxacillin sodium</i>	10	<i>phenobarbital</i>	13, 14
OGSIVEO	24	<i>oxacillin sodium in dextrose</i>	10	<i>phenobarbital-belladonna alk</i>	88
OHTUVAYRE	97	<i>oxaprozin</i>	3	PHENOHYTRO	88
OJEMDA	27	OXBRYTA	45	<i>phenytek</i>	15
OJJAARA	23	<i>oxcarbazepine</i>	15	<i>phenytoin</i>	15
<i>olanzapine</i>	31	<i>oxybutynin chloride</i>	63	<i>phenytoin sodium extended</i>	15
<i>olmesartan medoxomil</i>	47	<i>oxybutynin chloride er</i>	63	<i>phytonadione</i>	88
<i>olmesartan medoxomil-hctz</i>	47	<i>oxycodone hcl</i>	4	PIFELTRO	35
<i>olopatadine hcl</i>	93	<i>oxycodone hcl er</i>	4	<i>pilocarpine hcl</i>	55, 90
OLPRUVA (2 GM DOSE)	62	<i>oxycodone-acetaminophen</i>	4	<i>pimecrolimus</i>	56
OLPRUVA (3 GM DOSE)	62	OZEMPIC (0.25 OR 0.5		<i>pimozide</i>	30
OLPRUVA (4 GM DOSE)	62	MG/DOSE)	38	<i>pimtreea</i>	71
OLPRUVA (5 GM DOSE)	62	OZEMPIC (1 MG/DOSE)	38	<i>pindolol</i>	48
OLPRUVA (6 GM DOSE)	62	OZEMPIC (2 MG/DOSE)	38	<i>pioglitazone hcl</i>	39
OLPRUVA (6.67 GM DOSE) ..	62	<i>paba</i>	88	<i>pioglitazone hcl-glimepiride</i>	39
OLUMIANT	76	<i>paliperidone er</i>	32	<i>pioglitazone hcl-metformin hcl</i> ...	39
<i>omega-3-acid ethyl esters</i>	51	PANRETIN	28	<i>piperacillin sod-tazobactam so</i> ...	10
<i>omeprazole</i>	61	<i>pantoprazole sodium</i>	61	PIQRAY (200 MG DAILY	
ONCASPAR	23	PANZYGA	75	DOSE)	24
<i>ondansetron</i>	18	<i>paricalcitol</i>	85	PIQRAY (250 MG DAILY	
<i>ondansetron hcl</i>	18	<i>paromomycin sulfate</i>	6	DOSE)	24
ONETOUCH ULTRA	44	<i>paroxetine hcl</i>	17, 37	PIQRAY (300 MG DAILY	
ONETOUCH ULTRA 2	44	<i>paroxetine hcl er</i>	17	DOSE)	24
ONETOUCH ULTRA BLUE		PAXLOVID (150/100)	77	<i>pirfenidone</i>	96
TEST	44	PAXLOVID (300/100)	77	<i>piroxicam</i>	3
ONETOUCH ULTRA TEST ...	44	<i>pazopanib hcl</i>	27	<i>pitavastatin calcium</i>	50
ONETOUCH VERIO	44	<i>pb-hyoscy-atropine-</i>		PLENAMINE	57
ONETOUCH VERIO FLEX		<i>scopolamine</i>	88	<i>plerixafor</i>	45
SYSTEM	44	PEDIARIX	82	PNV-DHA	59
		PEDVAX HIB	83	<i>podofilox</i>	56

<i>polycin</i>	90	PREZISTA	36	<i>quetiapine fumarate</i>	32
<i>polymyxin b sulfate</i>	7	PRIFTIN	21	QUICKTEK TEST	44
<i>polymyxin b-trimethoprim</i>	90	<i>primaquine phosphate</i>	29	<i>quinapril hcl</i>	47
POMALYST	22	<i>primidone</i>	14	<i>quinapril-hydrochlorothiazide</i>	47
<i>portia-28</i>	71	PRIORIX	83	<i>quinidine gluconate er</i>	48
<i>posaconazole</i>	19	PRIVIGEN	75, 77	<i>quinidine sulfate</i>	48
POTABA	88	PROAIR RESPICLICK	94	<i>quinine sulfate</i>	29
<i>potassium aminobenzoate</i>	88	<i>probenecid</i>	20	RABAVERT	83
<i>potassium chloride</i>	58	<i>prochlorperazine</i>	30	RALDESY	17
<i>potassium chloride crys er</i>	57	<i>prochlorperazine maleate</i>	30	<i>raloxifene hcl</i>	72
<i>potassium chloride er</i>	58	PROCTOCORT	85	<i>ramelteon</i>	98
<i>potassium citrate er</i>	58	<i>procto-med hc</i>	56	<i>ramipril</i>	47
<i>potassium cl in dextrose 5%</i>	58	<i>proctosol hc</i>	56	<i>ranolazine er</i>	49
PRALUENT	51	<i>proctozone-hc</i>	56	<i>rasagiline mesylate</i>	30
<i>pramipexole dihydrochloride</i>	29	PRODIGY NO CODING		<i>reclipsen</i>	71
PRAMOSONE	56	BLOOD GLUC	44	RECOMBIVAX HB	83
<i>prasugrel hcl</i>	45	PROGRAF	81	REGRANEX	56
<i>pravastatin sodium</i>	51	PROLASTIN-C	62	RELENZA DISKHALER	37
<i>praziquantel</i>	28	PROLIA	85	RELION BLOOD GLUCOSE	
<i>prazosin hcl</i>	46	PROMACTA	46	TEST	44
PRECISION XTRA BLOOD		<i>promethazine hcl</i>	18	RELION CONFIRM/MICRO	
GLUCOSE	44	<i>promethazine-codeine</i>	97	TEST	44
PRED MILD	91	<i>promethazine-dm</i>	97	RELION INSULIN	
<i>prednisolone</i>	66	<i>promethazine-phenyleph-</i>		SYRINGE	41
<i>prednisolone acetate</i>	91	<i>codeine</i>	97	RELI-ON INSULIN	
<i>prednisolone sodium phosphate</i>	66	PROMETHEGAN	18	SYRINGE	41
PREDNISOLONE SODIUM		<i>propafenone hcl</i>	48	RELION PRIME TEST	44
PHOSPHATE	91	<i>propafenone hcl er</i>	47	RELION ULTIMA TEST	44
<i>prednisone</i>	66	<i>proparacaine hcl</i>	90	RELISTOR	60
PREDNISONE INTENSOL	66	<i>propranolol hcl</i>	48	RELYVRIO	53
PREFERRED PLUS		<i>propranolol hcl er</i>	48	RENAL	89
INSULIN SYRINGE	41	<i>propylthiouracil</i>	74	<i>repaglinide</i>	39
<i>pregabalin</i>	53	PROQUAD	83	REPATHA	51
PREHEVBRIO	83	PROSOL	58	REPATHA PUSHTRONEX	
PREMARIN	71	<i>protriptyline hcl</i>	18	SYSTEM	51
PREMASOL	58	<i>pseudoeph-bromphen-dm</i>	97	REPATHA SURECLICK	51
PREMPHASE	71	PTS PANELS GLUCOSE		RESTASIS	90
PREMPRO	71	TEST	44	RESTASIS MULTIDOSE	90
<i>prenatal</i>	59	PULMICORT FLEXHALER ..	93	RETACRIT	46
PRESERVISION AREDS	89	PULMOZYME	95	RETEVMO	23
PRESERVISION AREDS 2	88	PURE COMFORT PEN		REVUFORJ	27
PRESERVISION AREDS		NEEDLE	89	REXULTI	32
2+MULTI VIT	89	PURIXAN	22	REYATAZ	36
PRESERVISION/LUTEIN	89	PX DAYHIST ALLERGY	97	REZLIDHIA	24
PREVACID 24HR	61	<i>pyrazinamide</i>	21	REZUROCK	81
<i>prevalite</i>	51	<i>pyridostigmine bromide</i>	21	RHOPRESSA	89
PREVIDENT	55	<i>pyridostigmine bromide er</i>	21	RIBAVIRIN	34
PREVIDENT 5000		<i>pyrimethamine</i>	29	<i>ribavirin</i>	34
BOOSTER PLUS	55	PYRUKYND	63	RIDAURA	77
PREVIDENT 5000 PLUS	54	PYRUKYND TAPER PACK ..	63	<i>rifabutin</i>	21
PREVYMIS	33	QINLOCK	27	<i>rifampin</i>	21
PREZCOBIX	36	QUADRACEL	83	<i>riluzole</i>	53

<i>rimantadine hcl</i>	37	<i>silver sulfadiazine</i>	7	<i>sulfacetamide sodium (acne)</i>	56
RINVOQ	77	SIMBRINZA	91	<i>sulfacetamide-prednisolone</i>	91
RINVOQ LQ	84	SIMPONI	81	<i>sulfadiazine</i>	11
<i>risedronate sodium</i>	85	<i>simvastatin</i>	51	<i>sulfamethoxazole-trimethoprim</i> ..	12
RISPERDAL CONSTA	32	<i>sirolimus</i>	81	<i>sulfasalazine</i>	84
<i>risperidone</i>	32	SIRTURO	21	<i>sulindac</i>	3
<i>risperidone microspheres er</i>	32	SIVEXTRO	7	<i>sumatriptan succinate</i>	20
<i>ritonavir</i>	36	SKYCLARYS	53	<i>sunitinib malate</i>	27
<i>rivastigmine</i>	15	SKYRIZI	77	SUNLENCA	36
<i>rivastigmine tartrate</i>	15	SKYRIZI PEN	77	SURE COMFORT PEN	
<i>rizatriptan benzoate</i>	20	SLO-NIACIN	89	NEEDLES	89
ROCKLATAN	90	<i>sodium chloride</i>	58	SYEDA	71
<i>roflumilast</i>	95	<i>sodium fluoride</i>	58, 86	SYMBICORT	96
ROMVIMZA	27	<i>sodium oxybate</i>	98	SYMDEKO	95
<i>ropinirole hcl</i>	29	SODIUM		SYMLINPEN 120	39
<i>ropinirole hcl er</i>	29	PHENYLBUTYRATE	62	SYMLINPEN 60	39
<i>rosuvastatin calcium</i>	51	<i>sodium phenylbutyrate</i>	63	SYMPAZAN	14
ROTARIX	83	<i>sodium polystyrene sulfonate</i>	58	SYMTUZA	34
ROTATEQ	83	<i>solifenacin succinate</i>	63	SYNAREL	74
<i>roweepra</i>	13	SOLTAMOX	22	SYNJARDY	39
ROZLYTREK	27	SOMATULINE DEPOT	74	SYNJARDY XR	39
RUBRACA	27	SOMAVERT	74	SYNTHROID	73
RUCONEST	74	<i>sorafenib tosylate</i>	27	TABLOID	22
<i>rufinamide</i>	15	<i>sorine</i>	48	TABRECTA	27
RUKOBIA	36	<i>sotalol hcl</i>	48	<i>tacrolimus</i>	57, 81
RYDAPT	27	<i>sotalol hcl (af)</i>	48	<i>tadalafil</i>	64
RYTARY	30	SOTYKTU	77	<i>tadalafil (pah)</i>	96
<i>sajazir</i>	74	SPIRIVA RESPIMAT	94	TAFINLAR	27
<i>salsalate</i>	3	<i>spironolactone</i>	50	TAGRISSE	23
SANDIMMUNE	81	<i>spironolactone-hctz</i>	50	TALTZ	77
SANTYL	56	<i>sprintec 28</i>	71	TALZENNA	27
<i>sapropterin dihydrochloride</i>	62	SPRITAM	13	<i>tamoxifen citrate</i>	22
SAVELLA	54	SPRYCEL	27	<i>tamsulosin hcl</i>	64
SAVELLA TITRATION		SPS (SODIUM		TARINA 24 FE	71
PACK	54	POLYSTYRENE SULF)	58	<i>tarina fe 1/20 eq</i>	71
SCSEMBLIX	27	<i>sronyx</i>	71	TARPEYO	85
<i>scopolamine</i>	18	<i>ssd</i>	7	TASIGNA	27
SECUADO	32	STAMARIL	83	<i>tasimelteon</i>	53
<i>selegiline hcl</i>	30	STELARA	77	TAVNEOS	81
<i>selenium sulfide</i>	56	STENDRA	86	<i>taysofy</i>	71
SELZENTRY	36	STIOLTO RESPIMAT	96	<i>tazarotene</i>	57
SEREVENT DISKUS	94	STIVARGA	27	TAZICEF	9
<i>sertraline hcl</i>	17	STREPTOMYCIN SULFATE ..	6	<i>taztia xt</i>	49
<i>setlakin</i>	71	STRIBILD	34	TAZVERIK	27
<i>sevelamer carbonate</i>	64	<i>subvenite</i>	13	TDVAX	83
<i>sevelamer hcl</i>	64	<i>subvenite starter kit-blue</i>	13	TECHLITE INSULIN	
<i>sharobel</i>	72	<i>subvenite starter kit-green</i>	13	SYRINGE	41
SHINGRIX	83	<i>subvenite starter kit-orange</i>	13	TEFLARO	9
SIGNIFOR	74	<i>sucrafate</i>	61	<i>telmisartan</i>	47
SIGNIFOR LAR	74	SULFACETAMIDE		<i>telmisartan-amlodipine</i>	49
<i>sildenafil citrate</i>	86, 95	SODIUM	11	<i>telmisartan-hctz</i>	47
<i>silodosin</i>	64	<i>sulfacetamide sodium</i>	11	<i>temazepam</i>	98

TENIVAC	83	<i>tramadol-acetaminophen</i>	4	TRUMENBA	83
<i>tenofovir disoproxil fumarate</i>	35	<i>trandolapril</i>	47	TRUQAP	27
TEPMETKO	27	<i>trandolapril-verapamil hcl er</i>	47	TUKYSA	23
<i>terazosin hcl</i>	64	<i>tranexamic acid</i>	46	TURALIO	27
<i>terbinafine hcl</i>	19	<i>tranylcypromine sulfate</i>	16	<i>turqoz</i>	71
<i>terbutaline sulfate</i>	94	TRAVASOL	58	TUSNEL C	86
<i>terconazole</i>	19	<i>travoprost (bak free)</i>	89	TUSSLIN	86
<i>teriflunomide</i>	54	<i>trazodone hcl</i>	17	TUSSLIN PEDIATRIC	86
<i>teriparatide</i>	85	TRECATOR	21	TWINRIX	83
TESSALON PERLES	89	TRELEGY ELLIPTA	97	<i>tyblume</i>	71
<i>testosterone</i>	67	TREMFYA	78, 84	TYBOST	36
<i>testosterone cypionate</i>	67	TREMFYA CROHNS		TYPHIM VI	83, 84
<i>testosterone enanthate</i>	67	INDUCTION	77	TYRVAYA	90
<i>tetrabenazine</i>	53	TREMFYA ONE-PRESS	77	UBRELVY	20
<i>tetracycline hcl</i>	12	TREMFYA PEN	84	ULTICARE PEN NEEDLES ...	89
THALOMID	22	<i>tretinoin</i>	28, 57	ULTILET PEN NEEDLE	89
<i>theophylline</i>	95	TREXALL	81	ULTRA-THIN II PEN	
<i>theophylline er</i>	95	<i>triamcinolone acetonide</i> ..	55, 66, 93	NEEDLES	89
<i>thioridazine hcl</i>	30	<i>triamterene</i>	50	UNITHROID	73
<i>thiotepa</i>	21	<i>triamterene-hctz</i>	50	UPTRAVI	96
<i>thiothixene</i>	30	<i>triderm</i>	66	UPTRAVI TITRATION	96
<i>tiadylt er</i>	49	TRIENTINE HCL	58	<i>ursodiol</i>	60
<i>tiagabine hcl</i>	14	<i>tri-estarylla</i>	71	VABOMERE	7
TIBSOVO	24	<i>trifluoperazine hcl</i>	30	<i>valacyclovir hcl</i>	34
TICOVAC	83	<i>trifluridine</i>	34	VALCHLOR	21
<i>tigecycline</i>	7	<i>trihexyphenidyl hcl</i>	29	<i>valganciclovir hcl</i>	33
TILIA FE	71	TRIJARDY XR	39	<i>valproic acid</i>	14
<i>timolol maleate</i>	20, 91	TRIKAFTA	95	<i>valsartan</i>	47
<i>timolol maleate (once-daily)</i>	91	TRI-LEGEST FE	71	<i>valsartan-hydrochlorothiazide</i> ...	47
<i>tinidazole</i>	7	<i>tri-lo-estarylla</i>	71	VALTOCO 10 MG DOSE	14
<i>tiotropium bromide</i>		<i>tri-lo-sprintec</i>	71	VALTOCO 15 MG DOSE	14
<i>monohydrate</i>	94	<i>trimethoprim</i>	7	VALTOCO 20 MG DOSE	14
TIVICAY	34	<i>tri-mili</i>	71	VALTOCO 5 MG DOSE	14
TIVICAY PD	34	<i>trimipramine maleate</i>	18	<i>vancomycin hcl</i>	7
<i>tizanidine hcl</i>	33	TRIMO-SAN	89	VANFLYTA	27
TOBI PODHALER	95	<i>trinessa (28)</i>	71	VAQTA	84
TOBRADEX	91	TRINTELLIX	16	<i>varденаfil hcl</i>	86
<i>tobramycin</i>	6, 95	<i>tri-nymyo</i>	71	<i>varenicline tartrate</i>	6
<i>tobramycin sulfate</i>	6	<i>triphrocaps</i>	89	<i>varenicline tartrate (starter)</i>	6
<i>tobramycin-dexamethasone</i>	91	<i>tri-sprintec</i>	71	VARIVAX	84
<i>tolterodine tartrate</i>	63	TRIUMEQ	35	VARIZIG	84
<i>tolterodine tartrate er</i>	63	TRIUMEQ PD	35	<i>velivet</i>	71
<i>topiramate</i>	14	<i>trivora (28)</i>	71	VELTASSA	58
<i>toremifene citrate</i>	22	<i>tri-vylibra</i>	71	VENCLEXTA	23
<i>torpenz</i>	27	<i>tri-vylibra lo</i>	71	VENCLEXTA STARTING	
<i>toremide</i>	50	TRIZIVIR	35	PACK	23
TOUJEO MAX SOLOSTAR ...	41	TROPHAMINE	58	<i>venlafaxine besylate er</i>	37
TOUJEO SOLOSTAR	41	<i>trospium chloride</i>	64	<i>venlafaxine hcl</i>	37
TPN ELECTROLYTES	59	<i>trospium chloride er</i>	64	<i>venlafaxine hcl er</i>	17
TRACLEER	96	TRUEPLUS 5-BEVEL PEN		VENOFER	89
TRADJENTA	39	NEEDLES	89	VENTAVIS	96
<i>tramadol hcl</i>	4	TRULICITY	39	VEOZAH	53

<i>verapamil hcl</i>	49	XERMELO	60	<i>zonisamide</i>	13
<i>verapamil hcl er</i>	49	XGEVA	85	<i>zosyn</i>	10
VERQUVO	49	XIFAXAN	7	<i>zovia 1/35 (28)</i>	72
VERSACLOZ	33	XIGDUO XR	39	ZTALMY	14
VERZENIO	24	XOFLUZA (40 MG DOSE)	37	ZURZUVAE	16
VICTOZA	39	XOFLUZA (80 MG DOSE)	37	ZYDELIG	24
<i>vienva</i>	71	XOLAIR	78	ZYKADIA	28
<i>vigabatrin</i>	14	XOLREMDI	45	ZYMFENTRA (2 PEN)	84
<i>vigadrone</i>	14	XOSPATA	24	ZYMFENTRA (2 SYRINGE)	84
VIGAFYDE	14	XPOVIO (100 MG ONCE WEEKLY)	23	ZYPREXA RELPREVV	32
VIGPODER	14	XPOVIO (40 MG ONCE WEEKLY)	23	ZYRTEC ALLERGY	97
VIJOICE	62	XPOVIO (40 MG TWICE WEEKLY)	23	ZYRTEC CHILDRENS ALLERGY	97
<i>vilazodone hcl</i>	17	XPOVIO (60 MG ONCE WEEKLY)	23	ZYRTEC-D ALLERGY & CONGESTION	93
VIMKUNYA	84	XPOVIO (60 MG TWICE WEEKLY)	23		
VIRACEPT	36	XPOVIO (80 MG ONCE WEEKLY)	23		
VIREAD	35	XPOVIO (80 MG TWICE WEEKLY)	24		
<i>vitamin d (ergocalciferol)</i>	89	XTANDI	22		
VITRAKVI	24	XULANE	72		
VIVITROL	5	<i>yargesa</i>	62		
VIVOTIF	84	YF-VAX	84		
VIZIMPRO	27	YORVIPATH	85, 86		
VONJO	27	YUVAFEM	72		
VORANIGO	24	<i>zafirlukast</i>	93		
<i>voriconazole</i>	19, 20	<i>zaleplon</i>	98		
VOSEVI	33	ZARXIO	46		
VOWST	60	ZAVZPRET	20		
VOYDEYA	46	ZEJULA	28		
VRAYLAR	32	ZELBORAF	28		
VYFEMLA	71	ZEMAIRA	62		
<i>vylibra</i>	71	ZEMDRI	6		
VYNDAMAX	67	ZENPEP	63		
VYNDAQEL	67	ZEPOSIA	54		
VYTONE	57	ZEPOSIA 7-DAY STARTER PACK	54		
WAINUA	63	ZEPOSIA STARTER KIT	54		
<i>warfarin sodium</i>	45	ZERBAXA	9		
WEGOVY	52	<i>zidovudine</i>	36		
WELIREG	23	<i>ziprasidone hcl</i>	38		
WEZLANA	78	<i>ziprasidone mesylate</i>	32		
WYMZYA FE	72	ZIRGAN	33		
XALKORI	27	ZOKINVY	63		
<i>xarah fe</i>	72	ZOLINZA	24		
XARELTO	45	<i>zolpidem tartrate</i>	98		
XARELTO STARTER PACK	45	<i>zolpidem tartrate er</i>	98		
XATMEP	81	ZONISADE	13		
XCOPRI	13				
XCOPRI (250 MG DAILY DOSE)	13				
XCOPRI (350 MG DAILY DOSE)	13				
XDEMVY	90				
XELJANZ	78				
XELJANZ XR	78				



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This formulary was updated on March 31, 2025. 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 (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/medicare.