

Fallon Health

2026 Formulary (List of Covered Drugs or “Drug List”)

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

Formulary ID: 00026302 Version: 13

This formulary was updated on 5/28/2026. For more recent information or other questions, please contact Fallon Health Customer Service at 1-800-325-5669 (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 {updated date}. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the 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'll 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're 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're 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're 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'll later provide you with information about the specific change(s) we've 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 the drug should 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've 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 won't affect you if you're currently taking the drug. Generally, if you're taking a drug on our 2026 formulary that was covered at the beginning of the year, we won't discontinue or reduce coverage of the drug during the 2026 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 don't affect you. However, on January 1 of the next year, such changes would affect you, and it's important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of {effective date}. 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 2 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're 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're not sure what category to look under, you should look for your drug in the Index that begins on page 103. 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'll 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’ll 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 2 capsules a day per prescription for *duloxetine*. This may be in addition to a standard 1-month or 3-month supply.
- **Step Therapy:** In some cases, Fallon Medicare Plus requires you to first try certain drugs to treat your medical condition before we’ll 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 doesn’t 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’ve 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 are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that aren’t normally covered by a Medicare Prescription Drug Plan.

What if my drug isn’t on the formulary?

If your drug isn’t 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 doesn’t cover your drug, you have 2 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's not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you wouldn't 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'll 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 wouldn't 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 isn't on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that aren't 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'll 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're a member of our plan.

For each of your drugs that isn't on our formulary or has a coverage restriction, we'll 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 isn't approved, after your first 30-day supply, we won't pay for these drugs, even if you've been a member of the plan less than 108 days.

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

If you're a current member being admitted to or discharged from a long-term care facility, you'll 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.

Updated: 5/28/2026

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 [medicare.gov](https://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 103.

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 (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'll need to get approval from Fallon Health before you fill your prescriptions. If you don't get approval, Fallon Health 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're newly starting on this drug, you need to get approval from Fallon Health before you fill your prescriptions. If you don't get approval, Fallon Health may not cover the drug. Prior authorization isn't required if you've 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 2 capsules a day per prescription for <i>duloxetine</i> . This may be in addition to a standard 1-month or 3-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'll cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Health may not cover Drug B unless you try Drug A first. If Drug A doesn't work for you, Fallon Health will then cover Drug B.

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Drug	Status	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule</i>	Tier 1	MO; QL (60 EA per 30 days)
<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 25 mg</i>	Tier 2	MO
<i>diclofenac sodium oral tablet delayed release 50 mg, 75 mg</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 4	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 2	MO
<i>indomethacin oral capsule 25 mg</i>	Tier 1	MO
<i>indomethacin oral capsule 50 mg</i>	Tier 2	MO
<i>ketorolac tromethamine oral tablet</i>	Tier 2	QL (20 EA per 30 days)
<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 2	MO
<i>naproxen oral suspension</i>	Tier 4	MO
<i>naproxen oral tablet</i>	Tier 1	MO
<i>naproxen oral tablet delayed release 375 mg</i>	Tier 2	MO
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	MO
<i>naproxen sodium oral tablet 550 mg</i>	Tier 2	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 10 mcg/hr, 20 mcg/hr, 5 mcg/hr</i>	Tier 3	QL (4 EA per 28 days); NEDS

Drug	Status	Requirements/Limits
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 7.5 mcg/hr</i>	Tier 4	QL (4 EA per 28 days); 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
<i>methadone hcl oral solution 10 mg/5ml</i>	Tier 3	NEDS
<i>methadone hcl oral solution 5 mg/5ml</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
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>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	Tier 2	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	Tier 2	NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	Tier 2	NEDS
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	Tier 1	NEDS
<i>hydromorphone hcl oral tablet</i>	Tier 2	NEDS
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 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

Drug	Status	Requirements/Limits
Anesthetics		
Local Anesthetics		
ASPERCREME LIDOCAINE EXTERNAL PATCH	Tier 3	NT
<i>lidocaine external ointment 5 %</i>	Tier 1	QL (150 GM per 30 days)
<i>lidocaine external patch 4 %</i>	Tier 2	NT
<i>lidocaine external patch 5 %</i>	Tier 3	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	QL (250 ML per 30 days)
<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 (30 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	Tier 3	MO
<i>disulfiram oral tablet</i>	Tier 3	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 2	
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	QL (60 EA per 30 days)
NICOTROL INHALATION INHALER	Tier 4	QL (2688 EA per 365 days)

Drug	Status	Requirements/Limits
NICOTROL NS NASAL SOLUTION	Tier 4	QL (360 ML per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	Tier 3	QL (504 EA per 365 days)
<i>varenicline tartrate oral tablet</i>	Tier 2	QL (504 EA per 365 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	
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
Antibacterials, Other		
<i>bacitracin ophthalmic ointment</i>	Tier 4	
<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 ML 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, 600 mg/4ml, 900 mg/6ml</i>	Tier 6	HI
<i>clindamycin phosphate vaginal cream</i>	Tier 4	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Tier 6	HI
<i>daptomycin intravenous solution reconstituted</i>	Tier 6	HI
<i>fosfomycin tromethamine oral packet</i>	Tier 2	

Drug	Status	Requirements/Limits
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	QL (1800 ML per 28 days); NEDS
<i>linezolid oral tablet</i>	Tier 3	QL (56 EA per 28 days)
<i>methenamine hippurate oral tablet</i>	Tier 3	
<i>metronidazole external cream</i>	Tier 2	
<i>metronidazole external gel 0.75 %</i>	Tier 2	
<i>metronidazole external gel 1 %</i>	Tier 4	
<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 (110 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	
<i>ssd external cream</i>	Tier 2	
<i>tigecycline intravenous solution reconstituted</i>	Tier 6	HI
<i>tinidazole oral tablet 250 mg</i>	Tier 3	
<i>tinidazole oral tablet 500 mg</i>	Tier 2	
<i>trimethoprim oral tablet</i>	Tier 2	
<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 3	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	Tier 3	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
Beta-Lactam, Cephalosporins		
<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

Drug	Status	Requirements/Limits
<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 4	
<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>ceftaroline fosamil intravenous solution reconstituted</i>	Tier 6	HI
<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	
<i>cephalexin oral capsule 750 mg</i>	Tier 3	
<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
Beta-Lactam, Other		
<i>aztreonam injection solution reconstituted</i>	Tier 6	HI

Drug	Status	Requirements/Limits
<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 4	
<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 400-57 mg</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 6	HI
<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 L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	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 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

Drug	Status	Requirements/Limits
<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>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	Tier 6	HI
Macrolides		
<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
<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 4	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 4	
<i>erythromycin ophthalmic ointment</i>	Tier 2	
<i>erythromycin oral tablet delayed release</i>	Tier 4	
<i>fidaxomicin oral tablet</i>	Tier 5	QL (20 EA per 10 days); NEDS
Quinolones		
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	

Drug	Status	Requirements/Limits
<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 OPTHALMIC OINTMENT	Tier 4	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 2	
<i>sulfadiazine oral tablet</i>	Tier 5	NEDS
<i>sulfamethoxazole-trimethoprim oral suspension</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 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 50 mg, 75 mg</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		
<i>brivaracetam oral solution</i>	Tier 4	PA NS
<i>brivaracetam oral tablet</i>	Tier 4	PA NS
BRIVIACT ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
BRIVIACT ORAL TABLET	Tier 5	PA NS; MO; NEDS

Drug	Status	Requirements/Limits
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	
<i>roweepra oral tablet 500 mg</i>	Tier 2	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Tier 4	MO
SUBVENITE ORAL SUSPENSION	Tier 4	
<i>subvenite oral tablet</i>	Tier 1	MO
<i>subvenite starter kit-blue oral kit</i>	Tier 4	
<i>subvenite starter kit-green oral kit</i>	Tier 5	NEDS
<i>subvenite starter kit-orange oral kit</i>	Tier 4	
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 X 200 MG, 14 X 50 MG & 14 X 100 MG	Tier 5	QL (28 EA per 28 days); NEDS
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule</i>	Tier 3	MO

Drug	Status	Requirements/Limits
<i>ethosuximide oral solution</i>	Tier 4	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 0.5 mg, 1 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	Tier 1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	Tier 3	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	Tier 3	QL (300 EA per 30 days)
<i>diazepam rectal gel</i>	Tier 4	
EPIDIOLEX ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Tier 2	MO; QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	Tier 2	MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 2	MO; QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	Tier 2	MO; QL (150 EA per 30 days)
NAYZILAM NASAL SOLUTION	Tier 4	QL (10 EA per 30 days)
<i>phenobarbital oral elixir</i>	Tier 2	MO
<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

Drug	Status	Requirements/Limits
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
<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>perampanel oral suspension</i>	Tier 5	PA NS; NEDS
<i>perampanel oral tablet 10 mg, 12 mg</i>	Tier 5	PA NS; NEDS
<i>perampanel oral tablet 2 mg</i>	Tier 4	PA NS; MO
<i>perampanel oral tablet 4 mg, 6 mg, 8 mg</i>	Tier 5	PA NS; MO; NEDS
<i>topiramate oral capsule sprinkle</i>	Tier 2	MO
<i>topiramate oral solution</i>	Tier 4	MO
<i>topiramate oral tablet</i>	Tier 1	MO
Sodium Channel Agents		
<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 4	MO
<i>carbamazepine oral tablet</i>	Tier 2	MO
<i>carbamazepine oral tablet chewable</i>	Tier 2	MO
DILANTIN ORAL CAPSULE 30 MG	Tier 3	MO
<i>epitol oral tablet</i>	Tier 2	MO
<i>eslicarbazepine acetate oral tablet</i>	Tier 4	PA NS; 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</i>	Tier 2	MO
<i>phenytoin oral tablet chewable</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>phenytoin sodium extended oral capsule</i>	Tier 2	MO
<i>rufinamide oral suspension 40 mg/ml</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>memantine hcl-donepezil hcl er oral capsule extended release 24 hour</i>	Tier 4	MO; QL (30 EA per 30 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Tier 4	MO; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	Tier 3	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</i>	Tier 4	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 1.5 mg, 3 mg, 4.5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 6 mg</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour</i>	Tier 4	MO; QL (1 EA per 1 day)
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	QL (60 EA per 30 days); NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Tier 2	MO; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet</i>	Tier 2	MO
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	Tier 5	ST; NEDS
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 36.3 MG, 54.5 MG, 72.6 MG	Tier 5	ST; QL (30 EA per 30 days); NEDS
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	ST; NEDS
<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 3	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 100 mg</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier 4	QL (60 EA per 30 days)
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)

Drug	Status	Requirements/Limits
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Tier 4	MO; QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 4	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 4	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 100 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<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 100 mg, 150 mg, 50 mg</i>	Tier 1	MO
<i>trazodone hcl oral tablet 300 mg</i>	Tier 2	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; QL (30 EA per 30 days)
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
<i>nortriptyline hcl oral capsule</i>	Tier 1	MO

Drug	Status	Requirements/Limits
<i>nortriptyline hcl oral solution</i>	Tier 4	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 125 mg</i>	Tier 4	B/D; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 4	B/D; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 4	B/D; QL (8 EA per 30 days)
<i>aprepitant oral capsule therapy pack</i>	Tier 4	B/D; QL (6 EA per 30 days)
<i>dronabinol oral capsule</i>	Tier 4	B/D; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet</i>	Tier 4	B/D; QL (30 EA per 30 days)
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Tier 2	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 2	B/D; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 2	B/D; QL (14 EA per 28 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</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
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	

Drug	Status	Requirements/Limits
<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	QL (90 GM per 30 days)
<i>clotrimazole external solution</i>	Tier 2	QL (30 ML per 30 days)
<i>clotrimazole mouth/throat troche</i>	Tier 2	
CRESEMBA ORAL CAPSULE	Tier 5	PA; NEDS
<i>econazole nitrate external cream</i>	Tier 3	QL (85 GM per 30 days)
<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 100 mg, 200 mg</i>	Tier 2	
<i>fluconazole oral tablet 150 mg, 50 mg</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	

Drug	Status	Requirements/Limits
<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
<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 tablet</i>	Tier 2	
<i>colchicine-probenecid oral tablet</i>	Tier 3	MO
<i>febuxostat oral tablet</i>	Tier 3	MO
<i>probenecid oral tablet</i>	Tier 3	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	QL (8 ML per 30 days); NEDS
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier 4	
<i>ergotamine-caffeine oral tablet</i>	Tier 3	QL (24 EA per 28 days)
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 10 mg</i>	Tier 2	MO
<i>timolol maleate oral tablet 20 mg</i>	Tier 4	MO
<i>timolol maleate oral tablet 5 mg</i>	Tier 3	MO
UBRELVY ORAL TABLET	Tier 5	PA; QL (16 EA per 30 days); NEDS
Serotonin 5-Ht-Receptor Agonists		
<i>rizatriptan benzoate oral tablet</i>	Tier 2	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 2	QL (18 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 (5 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 60 mg</i>	Tier 3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg</i>	Tier 2	MO
<i>dapsone oral tablet 25 mg</i>	Tier 3	MO
<i>rifabutin oral capsule</i>	Tier 4	
Antituberculars		
<i>ethambutol hcl oral tablet</i>	Tier 3	
<i>isoniazid oral syrup</i>	Tier 4	MO
<i>isoniazid oral tablet</i>	Tier 1	MO
PRIFTIN ORAL TABLET	Tier 4	
<i>pyrazinamide oral tablet</i>	Tier 4	
<i>rifampin intravenous solution reconstituted</i>	Tier 6	HI
<i>rifampin oral capsule</i>	Tier 4	
SIRTURO ORAL TABLET	Tier 5	PA; NEDS
TRECTOR 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
<i>lomustine oral capsule 10 mg, 40 mg</i>	Tier 4	
<i>lomustine oral capsule 100 mg</i>	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	

Drug	Status	Requirements/Limits
ERLEADA ORAL TABLET	Tier 5	PA NS; NEDS
EULEXIN ORAL CAPSULE	Tier 4	
<i>nilutamide oral tablet</i>	Tier 5	NEDS
NUBEQA ORAL TABLET	Tier 5	PA NS; NEDS
XTANDI ORAL CAPSULE	Tier 5	PA NS; NEDS
XTANDI ORAL TABLET	Tier 5	PA NS; NEDS
YONSA ORAL TABLET	Tier 5	PA NS; NEDS
Antiangiogenic Agents		
<i>lenalidomide oral capsule</i>	Tier 5	PA NS; LA; NEDS
<i>pomalidomide oral capsule 1 mg, 2 mg</i>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>pomalidomide oral capsule 3 mg, 4 mg</i>	Tier 5	PA NS; NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
POMALYST ORAL CAPSULE 3 MG, 4 MG	Tier 5	PA NS; NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA NS; MO; NEDS
Antiestrogens/Modifiers		
<i>fulvestrant intramuscular solution prefilled syringe</i>	Tier 5	NEDS
INLURIYO ORAL TABLET	Tier 5	PA NS; 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
DROXIA ORAL CAPSULE	Tier 4	
<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 3	
ONUREG ORAL TABLET	Tier 5	PA NS; NEDS
TABLOID ORAL TABLET	Tier 5	NEDS
Antineoplastics, Other		
<i>bleomycin sulfate injection solution reconstituted</i>	Tier 2	B/D

Drug	Status	Requirements/Limits
<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
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
LUMAKRAS ORAL TABLET 240 MG	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
NINLARO ORAL CAPSULE	Tier 5	PA NS; NEDS
ODOMZO ORAL CAPSULE	Tier 5	PA NS; NEDS
OJJAARA ORAL TABLET 100 MG, 200 MG	Tier 5	PA NS; NEDS
OJJAARA ORAL TABLET 150 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
ONCASPAR INJECTION SOLUTION	Tier 5	NEDS
ORGOVYX ORAL TABLET	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
TAGRISSE 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
VORANIGO ORAL TABLET	Tier 5	PA NS; QL (60 EA per 30 days); 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

Drug	Status	Requirements/Limits
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, 80 MG	Tier 5	PA NS; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
ZOLINZA ORAL CAPSULE	Tier 5	PA NS; NEDS
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	Tier 2	MO
<i>exemestane oral tablet</i>	Tier 3	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

Drug	Status	Requirements/Limits
ALUNBRIG ORAL TABLET THERAPY PACK	Tier 5	PA NS; QL (60 EA per 365 days); NEDS
AUGTYRO ORAL CAPSULE	Tier 5	PA NS; NEDS
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	Tier 5	PA NS; NEDS
AYVAKIT ORAL TABLET	Tier 5	PA NS; QL (1 EA per 1 day); NEDS
BALVERSA ORAL TABLET	Tier 5	PA NS; NEDS
BOSULIF ORAL 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
BRUKINSA ORAL TABLET	Tier 5	PA NS; NEDS
CABOMETYX ORAL TABLET 20 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
CABOMETYX ORAL TABLET 40 MG, 60 MG	Tier 5	PA NS; NEDS
CALQUENCE ORAL TABLET	Tier 5	PA NS; NEDS
CAPRELSA ORAL TABLET 100 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	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
ENSACOVE ORAL CAPSULE	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; QL (30 EA per 30 days); NEDS
<i>everolimus oral tablet soluble</i>	Tier 5	PA NS; 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

Drug	Status	Requirements/Limits
HERNEXEOS ORAL TABLET	Tier 5	PA NS; NEDS
HYRNUO ORAL TABLET	Tier 5	PA NS; NEDS
IBTROZI ORAL CAPSULE	Tier 5	PA NS; NEDS
ICLUSIG ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 3	
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 5	
IMBRUVICA ORAL CAPSULE 140 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	Tier 5	PA NS; QL (28 EA per 28 days); NEDS
IMBRUVICA ORAL SUSPENSION	Tier 5	PA NS; NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG	Tier 5	PA NS; QL (28 EA per 28 days); NEDS
IMBRUVICA ORAL TABLET 420 MG	Tier 5	PA NS; NEDS
IMKELDI ORAL SOLUTION	Tier 5	PA NS; NEDS
INLYTA ORAL TABLET	Tier 5	PA NS; NEDS
INREBIC ORAL CAPSULE	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
JAKAFI ORAL TABLET	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	Tier 5	PA NS; NEDS
JAYPIRCA ORAL TABLET 50 MG	Tier 5	PA NS; QL (30 EA per 30 days); 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
KOSELUGO ORAL CAPSULE SPRINKLE	Tier 5	PA NS; NEDS
<i>lapatinib ditosylate oral tablet</i>	Tier 5	PA NS; LA; NEDS
LAZCLUZE ORAL TABLET 240 MG	Tier 5	PA NS; NEDS

Drug	Status	Requirements/Limits
LAZCLUZE ORAL TABLET 80 MG	Tier 5	PA NS; QL (60 EA per 30 days); 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
MODEYSO ORAL CAPSULE	Tier 5	PA NS; NEDS
NERLYNX ORAL TABLET	Tier 5	PA NS; QL (180 EA per 30 days); NEDS
<i>nilotinib d-tartrate oral capsule</i>	Tier 5	PA NS; NEDS
<i>nilotinib hcl oral capsule</i>	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 200 mg</i>	Tier 5	PA NS; NEDS
PEMAZYRE ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
QINLOCK ORAL TABLET	Tier 5	PA NS; NEDS

Drug	Status	Requirements/Limits
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 200 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
RUBRACA ORAL TABLET 250 MG, 300 MG	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; QL (240 EA per 30 days); NEDS
<i>sorafenib tosylate oral tablet</i>	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
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; QL (30 EA per 30 days); NEDS
TRUQAP ORAL TABLET	Tier 5	PA NS; NEDS
TRUQAP ORAL TABLET THERAPY PACK 160 MG	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
YULITHIRA ORAL TABLET	Tier 4	PA NS; QL (30 EA per 30 days)
ZEJULA ORAL TABLET 100 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
ZEJULA ORAL TABLET 200 MG, 300 MG	Tier 5	PA NS; NEDS

Drug	Status	Requirements/Limits
ZELBORAF ORAL TABLET	Tier 5	PA NS; NEDS
ZYKADIA ORAL TABLET	Tier 5	PA NS; NEDS
Retinoids		
<i>bexarotene external gel</i>	Tier 5	PA NS; NEDS
<i>bexarotene oral capsule</i>	Tier 5	NEDS
PANRETIN EXTERNAL GEL	Tier 5	NEDS
<i>tretinoin oral capsule</i>	Tier 5	NEDS
Treatment Adjuncts		
<i>lederle leucovorin oral tablet</i>	Tier 2	
<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 10 mg</i>	Tier 3	
<i>leucovorin calcium oral tablet 15 mg, 25 mg</i>	Tier 4	
<i>leucovorin calcium oral tablet 5 mg</i>	Tier 2	
<i>mesna oral tablet</i>	Tier 5	NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	Tier 4	
<i>ivermectin oral tablet</i>	Tier 2	PA
<i>praziquantel oral tablet</i>	Tier 2	
Antiprotozoals		
<i>atovaquone oral suspension</i>	Tier 4	
<i>atovaquone-proguanil hcl oral tablet</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	
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

Drug	Status	Requirements/Limits
Pediculicides/Scabicides		
<i>malathion external lotion</i>	Tier 4	
<i>permethrin external cream</i>	Tier 3	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg</i>	Tier 2	MO
<i>benztropine mesylate oral tablet 1 mg, 2 mg</i>	Tier 1	MO
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	MO
Antiparkinson Agents, Other		
<i>entacapone oral tablet</i>	Tier 4	MO
Dopamine Agonists		
<i>bromocriptine mesylate oral capsule</i>	Tier 3	MO
<i>bromocriptine mesylate oral tablet</i>	Tier 4	MO
<i>pramipexole dihydrochloride oral tablet</i>	Tier 2	MO
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	Tier 2	MO
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 8 mg</i>	Tier 3	MO
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg, 6 mg</i>	Tier 4	MO
<i>ropinirole hcl oral tablet</i>	Tier 2	MO
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet</i>	Tier 4	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier 2	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 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

Drug	Status	Requirements/Limits
<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</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 3	
<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
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 4	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual</i>	Tier 4	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS

Drug	Status	Requirements/Limits
COBENFY ORAL CAPSULE	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; QL (112 EA per 365 days); NEDS
FANAPT ORAL TABLET	Tier 5	ST; QL (60 EA per 30 days); NEDS
FANAPT TITRATION PACK A ORAL TABLET	Tier 4	ST; QL (16 EA per 365 days)
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 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
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 4	
<i>olanzapine oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	Tier 4	MO; QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	Tier 5	PA NS; QL (90 EA per 30 days); NEDS
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 1.5 mg, 3 mg, 9 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier 5	MO; NEDS

Drug	Status	Requirements/Limits
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 150 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
REXULTI ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); 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 0.5 MG, 0.75 MG	Tier 5	ST; QL (1 EA per 1 day); NEDS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 5	ST; MO; QL (1 EA per 1 day); NEDS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Tier 4	QL (60 EA per 30 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	Tier 4	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	Tier 4	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg</i>	Tier 2	QL (270 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	Tier 4	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	Tier 4	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	Tier 4	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 4	QL (120 EA per 30 days); NEDS
VERSACLOZ ORAL SUSPENSION	Tier 5	QL (540 ML per 30 days); 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	

Drug	Status	Requirements/Limits
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET	Tier 5	NEDS
PREVYMIS ORAL PACKET	Tier 5	PA; NEDS
PREVYMIS ORAL TABLET	Tier 5	PA; MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 5	MO; NEDS
<i>valganciclovir hcl oral tablet</i>	Tier 3	MO
ZIRGAN OPHTHALMIC GEL	Tier 4	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	Tier 4	PA; MO
BARACLUDE ORAL SOLUTION	Tier 5	MO; QL (600 ML per 30 days); NEDS
<i>entecavir oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 4	MO
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL PACKET 150-37.5 MG	Tier 5	PA; QL (84 EA per 365 days); NEDS
EPCLUSA ORAL PACKET 200-50 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
EPCLUSA ORAL TABLET 200-50 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
EPCLUSA ORAL TABLET 400-100 MG	Tier 5	PA; QL (84 EA per 365 days); NEDS
HARVONI ORAL PACKET 33.75-150 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
HARVONI ORAL PACKET 45-200 MG	Tier 5	PA; QL (336 EA per 365 days); NEDS
HARVONI ORAL TABLET 45-200 MG	Tier 5	PA; QL (336 EA per 365 days); NEDS
HARVONI ORAL TABLET 90-400 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
MAVYRET ORAL PACKET	Tier 5	PA; QL (560 EA per 365 days); NEDS
MAVYRET ORAL TABLET	Tier 5	PA; QL (336 EA per 365 days); NEDS
VOSEVI ORAL TABLET	Tier 5	PA; QL (84 EA per 365 days); 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 2	
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 2	
<i>acyclovir oral tablet 400 mg</i>	Tier 1	
<i>acyclovir oral tablet 800 mg</i>	Tier 2	
<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	QL (120 EA per 30 days)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 5	QL (30 EA per 30 days); NEDS
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 5	MO; QL (30 EA per 30 days); NEDS
GENVOYA ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
ISENTRESS HD ORAL TABLET	Tier 5	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	Tier 5	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET	Tier 5	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier 5	MO; QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier 4	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
SYMTUZA ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
TIVICAY ORAL TABLET 50 MG	Tier 5	MO; QL (60 EA per 30 days); NEDS

Drug	Status	Requirements/Limits
TIVICAY PD ORAL TABLET SOLUBLE	Tier 5	MO; QL (180 EA per 30 days); NEDS
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
EDURANT ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
EDURANT PED ORAL TABLET SOLUBLE	Tier 5	QL (180 EA per 30 days); NEDS
<i>efavirenz oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df oral tablet</i>	Tier 5	QL (30 EA per 30 days); NEDS
<i>etravirine oral tablet</i>	Tier 5	MO; QL (60 EA per 30 days); NEDS
INTELENCE ORAL TABLET 25 MG	Tier 4	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	Tier 3	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
PIFELTRO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>rilpivirine hcl oral tablet</i>	Tier 5	QL (30 EA per 30 days); NEDS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	Tier 4	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
DELSTRIGO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 120-15 MG	Tier 5	QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 200-25 MG	Tier 5	MO; QL (30 EA per 30 days); NEDS
DOVATO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>emtricitabine oral capsule</i>	Tier 4	MO; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	Tier 5	MO; QL (30 EA per 30 days); NEDS
EMTRIVA ORAL SOLUTION	Tier 4	MO; QL (850 ML per 30 days)
IDVYNZO ORAL TABLET	Tier 5	QL (30 EA per 30 days); NEDS
JULUCA ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>lamivudine oral solution 10 mg/ml</i>	Tier 4	MO; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier 3	MO; QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE	Tier 4	QL (180 EA per 30 days)
VIREAD ORAL POWDER	Tier 5	MO; QL (240 GM per 30 days); NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>zidovudine oral capsule</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	Tier 2	MO; QL (1920 ML per 30 days)
<i>zidovudine oral tablet</i>	Tier 3	MO; QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
<i>maraviroc oral tablet 150 mg</i>	Tier 5	MO; QL (60 EA per 30 days); NEDS
<i>maraviroc oral tablet 300 mg</i>	Tier 5	MO; QL (120 EA per 30 days); 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
SUNLENCA ORAL TABLET	Tier 5	QL (24 EA per 168 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	Tier 5	QL (8 EA per 365 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	Tier 5	QL (10 EA per 365 days); NEDS
TYBOST ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	Tier 5	MO; QL (120 EA per 30 days); NEDS
<i>atazanavir sulfate oral capsule 150 mg</i>	Tier 4	MO
<i>atazanavir sulfate oral capsule 200 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	Tier 4	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	Tier 5	QL (30 EA per 30 days); NEDS
EVOTAZ ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
FOSAMPRENAVIR CALCIUM ORAL TABLET	Tier 5	MO; QL (120 EA per 30 days); NEDS
KALETRA ORAL SOLUTION	Tier 4	
<i>lopinavir-ritonavir oral solution</i>	Tier 4	
<i>lopinavir-ritonavir oral tablet</i>	Tier 4	MO
NORVIR ORAL PACKET	Tier 4	MO; QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG	Tier 5	QL (30 EA per 30 days); NEDS
PREZCOBIX ORAL TABLET 800-150 MG	Tier 5	MO; QL (30 EA per 30 days); NEDS
PREZISTA ORAL SUSPENSION	Tier 5	QL (400 ML per 30 days); NEDS
PREZISTA ORAL TABLET 150 MG	Tier 5	QL (180 EA per 30 days); NEDS
PREZISTA ORAL TABLET 75 MG	Tier 4	QL (300 EA per 30 days)
REYATAZ ORAL PACKET	Tier 5	MO; QL (180 EA per 30 days); NEDS
<i>ritonavir oral tablet</i>	Tier 3	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	Tier 5	MO; QL (300 EA per 30 days); NEDS
VIRACEPT ORAL TABLET 625 MG	Tier 5	MO; QL (120 EA per 30 days); NEDS
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	Tier 2	MO
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 2	
<i>amantadine hcl oral tablet</i>	Tier 2	MO
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	Tier 2	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	Tier 2	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	QL (1080 ML per 365 days)

Drug	Status	Requirements/Limits
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 4	QL (240 EA per 365 days)
<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>bupirone hcl oral tablet</i>	Tier 2	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 2	
<i>hydroxyzine hcl oral tablet</i>	Tier 2	
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	Tier 1	QL (150 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	Tier 4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	Tier 3	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Tier 3	QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE	Tier 2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 3	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>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
Bipolar Agents		
Bipolar Agents, Other		
<i>ziprasidone hcl oral capsule</i>	Tier 3	MO; QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
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)
DAPAGLIFLOZIN ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)
FARXIGA ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)
<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; QL (30 EA per 30 days)
<i>liraglutide subcutaneous solution pen-injector</i>	Tier 3	PA; MO; QL (9 ML per 30 days)
<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)
<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

Drug	Status	Requirements/Limits
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)
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 HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 3	QL (0.4 ML per 1 day)
GVOKE HYOPEN 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 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
Glycemic Agents		
<i>diazoxide oral suspension</i>	Tier 5	MO; NEDS
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG	Tier 3	
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Tier 4	
BD INS SYR ULTRAFINE 1/2UNIT	Tier 4	

Drug	Status	Requirements/Limits
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 31G X 5/16" 0.3 ML	Tier 4	
BD INSULIN SYRINGE ULTRAFINE 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 SYR ULTRAFINE 31G X 15/64" 1 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	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
FIASP INJECTION SOLUTION	Tier 3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	
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 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier 3	MO

Drug	Status	Requirements/Limits
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
<i>insulin aspart flexpen subcutaneous solution pen-injector</i>	Tier 3	
<i>insulin aspart injection solution</i>	Tier 3	
<i>insulin aspart penfill subcutaneous solution cartridge</i>	Tier 3	
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	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	Tier 3	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
NOVOLOG INJECTION SOLUTION	Tier 3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	
NOVOLOG RELION INJECTION SOLUTION	Tier 3	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 4	

Drug	Status	Requirements/Limits
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
Blood Glucose Supplies		
Glucose Monitoring Test Supplies		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	Tier 3	QL (5 EA per 1 day)
ACCU-CHEK GUIDE TEST IN VITRO STRIP	Tier 3	QL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW IN VITRO STRIP	Tier 3	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 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)
BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)

Drug	Status	Requirements/Limits
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CARESENS N GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CARETOUCH TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHEK TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHOICE MICRO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHOICE NO CODING IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CONTOUR NEXT TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CONTOUR TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
DEXCOM G6 RECEIVER DEVICE	Tier 4	PA
DEXCOM G6 SENSOR	Tier 4	PA
DEXCOM G6 TRANSMITTER	Tier 4	PA
DEXCOM G7 RECEIVER DEVICE	Tier 4	PA
DEXCOM G7 SENSOR	Tier 4	PA
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 SENSOR/HOLDER	Tier 4	PA
EVERSENSE SMART TRANSMITTER	Tier 4	PA
FONDCIRCLE BLOOD GLUCOSE MONIT KIT	Tier 4	PA; QL (1 EA per 365 days)

Drug	Status	Requirements/Limits
FONDCIRCLE BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
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
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 BLUE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ONETOUCH ULTRA IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ONETOUCH ULTRA TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ONETOUCH VERIO IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
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)
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
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP	Tier 4	PA; QL (150 EA per 30 days)
Blood Products And Modifiers		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule</i>	Tier 4	QL (60 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 3	MO; QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	Tier 3	MO; QL (90 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 4	
<i>enoxaparin sodium injection solution prefilled syringe</i>	Tier 4	
<i>rivaroxaban oral suspension reconstituted</i>	Tier 3	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 3	MO; QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 3	MO; QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	QL (102 EA per 365 days)
Blood Products And Modifiers, 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
Hemostasis Agents		
<i>tranexamic acid oral tablet</i>	Tier 3	
Platelet Modifying Agents		
DOPTELET ORAL TABLET	Tier 5	PA; NEDS
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE	Tier 5	PA; NEDS
<i>prasugrel hcl oral tablet</i>	Tier 4	MO
WAYRILZ ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days); NEDS
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 4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Tier 5	NEDS

Drug	Status	Requirements/Limits
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	Tier 3	
<i>heparin sodium (porcine) injection solution 20000 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 4	MO
CABLIVI INJECTION KIT	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>eltrombopag olamine oral packet</i>	Tier 5	PA; NEDS
<i>eltrombopag olamine oral tablet</i>	Tier 5	PA; NEDS
<i>plerixafor subcutaneous solution</i>	Tier 5	PA; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 4	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier 5	PA; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier 6	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 4	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
<i>ticagrelor oral tablet 60 mg</i>	Tier 3	
<i>ticagrelor oral tablet 90 mg</i>	Tier 3	MO
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Tier 2	MO
<i>clonidine transdermal patch weekly 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 4	MO
<i>guanfacine hcl oral tablet</i>	Tier 2	MO
<i>methyl dopa oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>midodrine hcl oral tablet 10 mg</i>	Tier 3	
<i>midodrine hcl oral tablet 2.5 mg, 5 mg</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
ENTRESTO ORAL CAPSULE SPRINKLE	Tier 3	QL (240 EA per 30 days)
<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>sacubitril-valsartan oral tablet</i>	Tier 3	MO; QL (60 EA per 30 days)
<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 10-12.5 mg, 20-25 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	Tier 1	MO; QL (2 EA per 1 day)

Drug	Status	Requirements/Limits
<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 100 mg</i>	Tier 3	MO
<i>amiodarone hcl oral tablet 200 mg, 400 mg</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
<i>propafenone hcl oral tablet</i>	Tier 2	MO
<i>quinidine gluconate er oral tablet extended release</i>	Tier 4	MO
<i>quinidine sulfate oral tablet</i>	Tier 2	MO
<i>sotalol hcl (af) oral tablet</i>	Tier 2	MO
<i>sotalol hcl oral tablet</i>	Tier 2	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	Tier 2	MO
<i>atenolol oral tablet</i>	Tier 1	MO
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	MO
<i>betaxolol hcl oral tablet</i>	Tier 3	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i>	Tier 2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	MO
<i>carvedilol oral tablet</i>	Tier 1	MO
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	Tier 2	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 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</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

Drug	Status	Requirements/Limits
<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
<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 120 mg, 180 mg, 420 mg</i>	Tier 2	MO
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg</i>	Tier 3	MO
<i>diltiazem hcl oral tablet</i>	Tier 2	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>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 120 mg, 40 mg</i>	Tier 1	MO
<i>verapamil hcl oral tablet 80 mg</i>	Tier 2	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet</i>	Tier 2	MO
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (2.4 ML per 28 days); NEDS

Drug	Status	Requirements/Limits
CORLANOR ORAL SOLUTION	Tier 4	PA; MO; QL (450 ML per 30 days)
<i>digoxin oral solution</i>	Tier 2	MO
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 2	MO
<i>droxidopa oral capsule 100 mg</i>	Tier 4	PA
<i>droxidopa oral capsule 200 mg, 300 mg</i>	Tier 5	PA; NEDS
<i>ivabradine hcl oral tablet</i>	Tier 4	PA; QL (60 EA per 30 days)
<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 3	MO
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (0.5 ML per 84 days); NEDS
<i>telmisartan-amlodipine oral tablet</i>	Tier 2	MO
VANRAFIA ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
VERQUVO ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
WEGOVI 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
WEGOVI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	Tier 5	PA; QL (3 ML per 28 days); NEDS
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral tablet 125 mg</i>	Tier 2	MO
<i>acetazolamide oral tablet 250 mg</i>	Tier 3	MO
<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 4	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>torseamide oral tablet</i>	Tier 2	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet</i>	Tier 2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>eplerenone oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 4	PA; MO; QL (1 EA per 1 day)
KERENDIA ORAL TABLET 40 MG	Tier 4	PA; 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
INZIRQO ORAL SUSPENSION RECONSTITUTED	Tier 4	PA
<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	
<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 4	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

Drug	Status	Requirements/Limits
<i>colesevelam hcl oral packet</i>	Tier 2	MO
<i>colesevelam hcl oral tablet</i>	Tier 4	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 1000 mg, 750 mg</i>	Tier 2	MO
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 3	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; QL (2 ML per 28 days)
<i>prevalite oral packet</i>	Tier 3	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	PA; MO; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; MO; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (3 ML per 28 days)
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
<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 ointment</i>	Tier 4	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 2	MO
<i>nitroglycerin translingual solution</i>	Tier 3	MO

Drug	Status	Requirements/Limits
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, 15 mg</i>	Tier 3	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule extended release 24 hour 5 mg</i>	Tier 3	MO; QL (60 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, 5 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 3	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 4	MO; QL (30 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)
<i>dexmethylphenidate hcl oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>guanfacine hcl oral tablet extended release 24 hour</i>	Tier 2	MO
<i>methylphenidate hcl oral (osm) oral tablet extended release 18 mg, 54 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral (osm) oral tablet extended release 27 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	Tier 3	QL (90 EA per 30 days)
<i>methylphenidate hcl oral (diffus) oral tablet extended release 27 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral (diffus) oral tablet extended release 54 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	Tier 4	MO

Drug	Status	Requirements/Limits
<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; QL (120 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; QL (30 EA per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Tier 5	PA; QL (56 EA per 365 days); NEDS
DUVYZAT ORAL SUSPENSION	Tier 5	PA; QL (360 ML per 30 days); NEDS
FORZINITY SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (14 ML per 28 days); NEDS
INGREZZA ORAL CAPSULE 40 MG	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE 60 MG, 80 MG	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	Tier 5	PA; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier 5	PA; QL (56 EA per 365 days); NEDS
NUEDEXTA ORAL CAPSULE	Tier 5	PA; MO; 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; QL (30 EA per 30 days); 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 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	Tier 4	MO; QL (900 ML per 30 days)
SAVELLA ORAL TABLET	Tier 3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	Tier 3	QL (110 EA per 365 days)

Drug	Status	Requirements/Limits
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
BETASERON SUBCUTANEOUS KIT	Tier 5	PA; MO; QL (15 EA per 30 days); NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier 3	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i>	Tier 4	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	Tier 4	PA; QL (120 EA per 365 days)
<i>fingolimod hcl oral capsule</i>	Tier 5	PA; QL (30 EA per 30 days); NEDS
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier 5	PA; MO; QL (30 ML per 30 days); NEDS
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 5	PA; MO; QL (12 ML per 28 days); NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (0.4 ML per 28 days); NEDS
<i>teriflunomide oral tablet</i>	Tier 5	PA; QL (30 EA per 30 days); 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
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 3	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	
<i>kourzeq mouth/throat paste</i>	Tier 2	
<i>periogard mouth/throat solution</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg</i>	Tier 3	MO
<i>pilocarpine hcl oral tablet 7.5 mg</i>	Tier 4	MO

Drug	Status	Requirements/Limits
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 4	
<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 AUTO-INJECTOR	Tier 5	PA; QL (8 ML per 28 days); NEDS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (6 ML per 28 days); NEDS
<i>ammonium lactate external cream</i>	Tier 2	
<i>ammonium lactate external lotion</i>	Tier 2	
<i>azelaic acid external gel</i>	Tier 3	QL (100 GM per 30 days)
<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 (60 ML per 30 days)
CLARAVIS ORAL CAPSULE 10 MG, 40 MG	Tier 4	
<i>claravis oral capsule 20 mg</i>	Tier 4	
<i>clobetasol prop emollient base external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream</i>	Tier 2	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 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	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	Tier 3	QL (60 ML per 30 days)
CORTANE-B EXTERNAL LOTION	Tier 3	NT
<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)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
<i>erythromycin external gel</i>	Tier 2	
<i>erythromycin external solution</i>	Tier 2	
EUCRISA EXTERNAL OINTMENT	Tier 4	PA
<i>fluorouracil external cream 0.5 %</i>	Tier 4	QL (30 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	Tier 3	QL (40 GM per 30 days)
<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	QL (48 EA per 30 days)
<i>iodoquinol-hc-aloe polysacch external gel</i>	Tier 2	NT
<i>iodoquinol-hydrocortisone-aloe external cream</i>	Tier 2	NT
<i>mupirocin calcium external cream</i>	Tier 3	
NEMLUVIO SUBCUTANEOUS AUTO- INJECTOR	Tier 5	PA; QL (2 EA per 28 days); NEDS
<i>pimecrolimus external cream</i>	Tier 3	
<i>podofilox external solution</i>	Tier 3	
PRAMOSONE EXTERNAL CREAM 1-1 %	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 4	QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	Tier 2	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 4	
<i>tacrolimus external ointment</i>	Tier 3	QL (120 GM per 30 days)
<i>tazarotene external cream</i>	Tier 3	QL (60 GM per 30 days)
<i>tazarotene external gel</i>	Tier 4	QL (100 GM per 30 days)
<i>tretinoin external cream 0.025 %</i>	Tier 2	
<i>tretinoin external cream 0.05 %, 0.1 %</i>	Tier 3	
<i>tretinoin external gel</i>	Tier 3	
VYTONE EXTERNAL CREAM	Tier 3	NT

Drug	Status	Requirements/Limits
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
<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 4	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 7.4 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
<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 20 meq</i>	Tier 4	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 4	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Tier 3	

Drug	Status	Requirements/Limits
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg), 5 meq (540 mg)</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 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, 500 mg</i>	Tier 5	MO; NEDS
JYNARQUE ORAL TABLET	Tier 5	PA; QL (120 EA per 30 days); NEDS
<i>kionex combination suspension</i>	Tier 3	
<i>penicillamine oral tablet</i>	Tier 5	NEDS
<i>sodium polystyrene sulfonate combination suspension</i>	Tier 3	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	Tier 3	
TOLVAPTAN (HYPONATREMIA) ORAL TABLET 15 MG	Tier 5	PA; QL (120 EA per 30 days); NEDS
<i>tolvaptan (hyponatremia) oral tablet 30 mg</i>	Tier 5	PA; QL (120 EA per 30 days); NEDS
TOLVAPTAN ORAL TABLET 15 MG	Tier 5	PA; QL (120 EA per 30 days); NEDS
<i>tolvaptan oral tablet 30 mg</i>	Tier 5	PA; QL (120 EA per 30 days); NEDS
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
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier 6	B/D; HI

Drug	Status	Requirements/Limits
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		
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 20 mg</i>	Tier 3	
<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 10-3.5-12 MG- GM -GM/175ML	Tier 3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 4	
GATTEX SUBCUTANEOUS KIT	Tier 5	PA; MO; NEDS
IQIRVO ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); 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 +rfid injection solution</i>	Tier 2	

Drug	Status	Requirements/Limits
<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	QL (30 EA per 30 days)
RELISTOR ORAL TABLET	Tier 5	QL (90 EA per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	Tier 5	QL (18 ML per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	Tier 5	QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	Tier 5	QL (12 ML per 30 days); NEDS
REZDIFFRA ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>ursodiol oral capsule 300 mg</i>	Tier 3	MO
<i>ursodiol oral tablet</i>	Tier 3	MO
VOQUEZNA DUAL PAK ORAL THERAPY PACK	Tier 4	PA
VOQUEZNA ORAL TABLET 10 MG	Tier 4	PA; QL (30 EA per 30 days)
VOQUEZNA ORAL TABLET 20 MG	Tier 4	PA; QL (60 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	Tier 4	PA
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 3	
<i>cimetidine oral tablet 300 mg</i>	Tier 3	MO
<i>cimetidine oral tablet 400 mg, 800 mg</i>	Tier 4	MO
<i>famotidine oral suspension reconstituted</i>	Tier 3	MO
<i>famotidine oral tablet 20 mg, 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; QL (30 EA per 30 days)
<i>lubiprostone oral capsule</i>	Tier 3	MO; QL (60 EA per 30 days)
Laxatives		
<i>constulose oral solution</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>enulose oral solution</i>	Tier 2	MO
<i>gavilyte-c oral solution reconstituted</i>	Tier 2	
<i>gavilyte-g oral solution reconstituted</i>	Tier 2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	Tier 2	
<i>generlac oral solution</i>	Tier 2	MO
<i>lactulose oral solution</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 4	MO
<i>sucralfate oral tablet</i>	Tier 2	MO
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule delayed release</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release</i>	Tier 2	MO; QL (60 EA per 30 days)
<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)
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
<i>betaine oral powder</i>	Tier 5	MO; NEDS
CERDELGA ORAL CAPSULE	Tier 5	PA; MO; NEDS

Drug	Status	Requirements/Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier 3	MO
CYSTAGON ORAL CAPSULE	Tier 4	MO
<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
PROLASTIN-C INTRAVENOUS SOLUTION	Tier 6	PA; HI
<i>sapropterin dihydrochloride oral packet</i>	Tier 5	PA; MO; NEDS
<i>sapropterin dihydrochloride oral tablet</i>	Tier 5	PA; NEDS
SODIUM PHENYL BUTYRATE ORAL TABLET	Tier 5	MO; NEDS
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (20 ML per 28 days); NEDS
<i>yargesa oral capsule</i>	Tier 5	PA; NEDS
<i>zelvysia oral packet</i>	Tier 5	PA; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	PA; HI
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 4	MO
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	NEDS
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (0.8 ML per 28 days); NEDS

Drug	Status	Requirements/Limits
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 3	MO
<i>tolterodine tartrate oral tablet 1 mg</i>	Tier 2	MO
<i>tolterodine tartrate oral tablet 2 mg</i>	Tier 3	MO
<i>tropium chloride er oral capsule extended release 24 hour</i>	Tier 3	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 4	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	
ELMIRON ORAL CAPSULE	Tier 5	NEDS
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule</i>	Tier 3	MO
<i>calcium acetate (phos binder) oral tablet</i>	Tier 3	MO
<i>calcium acetate oral tablet 667 mg</i>	Tier 3	MO
<i>sevelamer carbonate oral packet</i>	Tier 4	MO
<i>sevelamer carbonate oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>sevelamer hcl oral tablet 800 mg</i>	Tier 2	MO
Glucose Monitoring Test Supplies		
Glucose Monitoring Test Supplies		
ACCU-CHEK AVIVA PLUS KIT	Tier 3	QL (1 EA per 365 days)
ACCU-CHEK GUIDE KIT	Tier 3	QL (1 EA per 365 days)
ACCU-CHEK GUIDE ME KIT	Tier 3	QL (1 EA per 365 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
AGAMREE ORAL SUSPENSION	Tier 5	PA; QL (300 ML per 30 days); NEDS
<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)
<i>betamethasone dipropionate aug external ointment</i>	Tier 3	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)
<i>desonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>desonide external ointment</i>	Tier 4	QL (120 GM per 30 days)
<i>desoximetasone external cream</i>	Tier 4	QL (100 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 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg</i>	Tier 1	
<i>dexamethasone oral tablet 2 mg, 6 mg</i>	Tier 2	

Drug	Status	Requirements/Limits
<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 (60 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 3	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</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 external cream 1 %</i>	Tier 2	
<i>hydrocortisone external cream 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	QL (240 ML per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Tier 2	QL (100 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	Tier 4	QL (180 GM per 30 days)
<i>medpura hydrocortisone external cream</i>	Tier 2	
<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</i>	Tier 3	
<i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>	Tier 2	

Drug	Status	Requirements/Limits
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>prednisone oral solution</i>	Tier 4	
<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 (454 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 2	QL (150 GM per 30 days)
<i>triderm external cream 0.5 %</i>	Tier 1	QL (454 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 3	MO
<i>desmopressin acetate injection solution</i>	Tier 5	NEDS
<i>desmopressin acetate oral tablet</i>	Tier 3	MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	Tier 4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 5	PA; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE	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

Drug	Status	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>mifepristone oral tablet 300 mg</i>	Tier 5	PA; QL (120 EA per 30 days); NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol oral capsule</i>	Tier 4	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 2	MO
<i>testosterone cypionate intramuscular solution 200 mg/ml (1 ml)</i>	Tier 2	
<i>testosterone enanthate intramuscular solution</i>	Tier 3	MO
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 3	PA; MO
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Tier 4	PA; MO
Estrogens		
ABIGALE LO ORAL TABLET	Tier 3	MO
<i>abigale oral tablet</i>	Tier 3	MO
<i>altavera oral tablet</i>	Tier 2	MO
<i>alyacen 1/35 oral tablet</i>	Tier 2	MO
<i>amethia oral tablet</i>	Tier 2	QL (91 EA per 91 days)
<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; QL (91 EA per 91 days)
<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 4	MO
<i>blisovi fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>briellyn oral tablet</i>	Tier 3	MO

Drug	Status	Requirements/Limits
<i>camrese lo oral tablet</i>	Tier 2	QL (91 EA per 91 days)
<i>camrese oral tablet</i>	Tier 2	QL (91 EA per 91 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier 4	MO
<i>cryselle oral tablet</i>	Tier 2	MO
<i>cyred eq oral tablet</i>	Tier 2	MO
<i>daysee oral tablet</i>	Tier 2	QL (91 EA per 91 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</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 0.01 %</i>	Tier 3	MO
<i>estradiol vaginal tablet</i>	Tier 3	MO
<i>estradiol-norethindrone acet oral tablet</i>	Tier 3	MO
ESTRING VAGINAL RING 7.5 MCG/24HR	Tier 4	MO; QL (1 EA per 90 days)
<i>estrogens conjugated oral tablet</i>	Tier 4	
<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
<i>galbriela oral tablet chewable</i>	Tier 2	MO
HAILEY 24 FE ORAL TABLET	Tier 4	MO
<i>hailey fe 1/20 oral tablet</i>	Tier 2	MO
HALOETTE VAGINAL RING	Tier 4	MO
<i>iclevia oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>introvale oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>isibloom oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>jaimiess oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>jasmiel oral tablet</i>	Tier 2	MO
JINTELI ORAL TABLET	Tier 3	MO
<i>jolessa oral tablet</i>	Tier 2	QL (91 EA per 91 days)
<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 3	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; QL (91 EA per 91 days)
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 3	MO; QL (91 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Tier 3	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Tier 4	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 2	MO
<i>levora 0.15/30 (28) oral tablet</i>	Tier 2	MO
<i>lojaimiess oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>loryna oral tablet</i>	Tier 2	MO
<i>low-ogestrel oral tablet</i>	Tier 2	MO
<i>luizza 1.5/30 oral tablet</i>	Tier 2	MO
<i>luizza 1/20 oral tablet</i>	Tier 2	MO
<i>lutera 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

Drug	Status	Requirements/Limits
MENEST ORAL TABLET 0.625 MG, 2.5 MG	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
<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 4	MO
<i>minzoya oral tablet</i>	Tier 2	MO
<i>necon 0.5/35 (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>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>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
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
OCELLA ORAL TABLET	Tier 4	MO
<i>pimtreea 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>rivelsa oral tablet</i>	Tier 2	QL (91 EA per 91 days)
<i>rosyrah oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>setlakin oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)

Drug	Status	Requirements/Limits
<i>simpesse oral tablet</i>	Tier 2	QL (91 EA per 91 days)
<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>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>tydemy oral tablet</i>	Tier 2	MO
<i>valtya 1/35 oral tablet</i>	Tier 2	MO
<i>valtya 1/50 oral tablet</i>	Tier 2	MO
<i>velivet oral tablet</i>	Tier 2	MO
<i>vienva oral tablet</i>	Tier 2	MO
<i>viorele oral tablet</i>	Tier 2	MO
VYFEMLA ORAL TABLET	Tier 3	MO
<i>vylibra oral tablet</i>	Tier 2	MO
WYMZYA FE ORAL TABLET CHEWABLE	Tier 3	MO
<i>xarah fe oral tablet</i>	Tier 2	MO
<i>xelria fe oral tablet chewable</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	

Drug	Status	Requirements/Limits
<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 3	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 4	MO
<i>megestrol acetate oral tablet</i>	Tier 2	
<i>meleya oral tablet</i>	Tier 2	MO
<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>orquidea 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; QL (30 EA per 30 days)
<i>raloxifene hcl oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox oral tablet</i>	Tier 1	MO

Drug	Status	Requirements/Limits
<i>levo-t oral tablet</i>	Tier 1	MO
<i>levothyroxine sodium oral tablet</i>	Tier 1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 75 mcg, 88 mcg</i>	Tier 1	MO
<i>levoxyl oral tablet 50 mcg</i>	Tier 2	MO
<i>liomny oral tablet</i>	Tier 2	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)		
CRENESSITY ORAL CAPSULE 100 MG	Tier 5	PA; QL (120 EA per 30 days); NEDS
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	Tier 5	PA; QL (90 EA per 30 days); NEDS
CRENESSITY ORAL SOLUTION	Tier 5	PA; QL (240 ML per 30 days); NEDS
ISTURISA ORAL TABLET 1 MG	Tier 5	PA; MO; QL (240 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	Tier 5	PA; MO; QL (360 EA per 30 days); NEDS
LYSODREN ORAL TABLET	Tier 5	NEDS
PALSONIFY ORAL TABLET 20 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS
PALSONIFY ORAL TABLET 30 MG	Tier 5	PA; QL (120 EA per 30 days); NEDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	Tier 3	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	Tier 4	QL (1 EA per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG	Tier 4	QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	Tier 4	QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	Tier 4	QL (1 EA per 28 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA NS; QL (4 EA per 365 days); NEDS

Drug	Status	Requirements/Limits
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
<i>leuprolide acetate injection kit</i>	Tier 4	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Tier 5	QL (1 EA per 28 days); NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Tier 5	QL (1 EA per 84 days); NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Tier 5	QL (1 EA per 112 days); NEDS
<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; QL (1 EA per 28 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (60 ML per 30 days); NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	Tier 5	PA NS; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	Tier 5	PA; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	LA; MO; NEDS
SYNAREL NASAL SOLUTION	Tier 5	NEDS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	Tier 2	MO
<i>propylthiouracil oral tablet</i>	Tier 2	MO
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	Tier 6	PA; HI
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	PA; HI
EKTERLY ORAL TABLET	Tier 5	PA; QL (120 EA per 30 days); NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
ICATIBANT ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
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
Immune Suppressants		
<i>azathioprine sodium injection solution reconstituted</i>	Tier 5	B/D; NEDS
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION	Tier 5	PA; NEDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML	Tier 5	PA; NEDS
GAMMAGARD ERC INJECTION SOLUTION	Tier 5	PA; NEDS
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 5 GM/50ML	Tier 5	PA; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 5 GM/50ML	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, 10 GM/100ML, 2.5 GM/25ML, 5 GM/50ML	Tier 5	PA; NEDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML	Tier 5	PA; NEDS
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 5	PA; NEDS
Immunological Agents, Other		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier 5	PA NS; LA; MO; NEDS
ANZUPGO EXTERNAL CREAM	Tier 5	PA; QL (60 GM per 28 days); NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
<i>auranofin oral capsule</i>	Tier 5	NEDS

Drug	Status	Requirements/Limits
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
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); NEDS
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 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 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
LEQSELVI ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days); NEDS
OCTAGAM INTRAVENOUS SOLUTION 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	Tier 3	PA; QL (30 EA per 30 days)
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
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 3	QL (20 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	Tier 3	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	Tier 3	QL (30 EA per 5 days)
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML	Tier 5	PA; NEDS
REVCIVI INTRAMUSCULAR SOLUTION	Tier 5	PA; NEDS
RHAPSIDO ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days); NEDS
RINVOQ LQ ORAL SOLUTION	Tier 5	PA; QL (360 ML per 30 days); 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 (60 ML per 365 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 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Tier 5	PA; MO; QL (2.4 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
SOTYKTU ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
STELARA INTRAVENOUS SOLUTION	Tier 5	PA; QL (104 ML per 365 days); NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS

Drug	Status	Requirements/Limits
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 (3 ML per 84 days); NEDS
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	PA; QL (3 ML per 84 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; QL (3 ML per 84 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 ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; QL (2 ML per 56 days); NEDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 5	PA; QL (4 ML per 28 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; MO; QL (2 ML per 56 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Tier 5	PA; QL (2 ML per 28 days); NEDS
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (4 ML per 28 days); NEDS
USTEKINUMAB INTRAVENOUS SOLUTION	Tier 5	PA; QL (104 ML per 365 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; MO; QL (3 ML per 84 days); NEDS
WEZLANA SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (3 ML per 84 days); NEDS
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (3 ML per 84 days); NEDS
XELJANZ ORAL SOLUTION	Tier 5	PA; MO; QL (300 ML per 30 days); NEDS

Drug	Status	Requirements/Limits
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 150 MG/ML, 300 MG/2ML	Tier 5	PA; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 5	PA; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; QL (8 EA per 28 days); 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; QL (3.6 ML per 28 days); 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 (2 EA per 28 days); NEDS
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 5	PA; QL (6 EA per 28 days); NEDS
<i>adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit</i>	Tier 5	PA; QL (3 EA per 28 days); NEDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	B/D
<i>azathioprine oral tablet 50 mg</i>	Tier 2	B/D

Drug	Status	Requirements/Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>cyclosporine modified oral capsule</i>	Tier 4	B/D; MO
<i>cyclosporine modified oral solution</i>	Tier 4	B/D; MO
<i>cyclosporine oral capsule</i>	Tier 4	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 (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	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</i>	Tier 4	B/D; MO
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	Tier 5	B/D; MO; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 4	B/D; MO
<i>gengraf oral solution</i>	Tier 4	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
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 80 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS

Drug	Status	Requirements/Limits
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (6 EA per 365 days); NEDS
JYLAMVO ORAL SOLUTION	Tier 4	PA NS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (2.28 ML per 28 days); NEDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (2.28 ML per 28 days); 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	
<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
<i>sirolimus oral solution</i>	Tier 4	B/D; MO
<i>sirolimus oral tablet</i>	Tier 4	B/D; MO
<i>tacrolimus er oral capsule extended release 24 hour</i>	Tier 4	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	Tier 3	B/D; MO
<i>tacrolimus oral capsule 5 mg</i>	Tier 4	B/D; MO
TAVNEOS ORAL CAPSULE	Tier 5	PA; QL (180 EA per 30 days); NEDS
XATMEP ORAL SOLUTION	Tier 4	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; QL (2 EA per 28 days); NEDS

Drug	Status	Requirements/Limits
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; QL (1 EA per 28 days); NEDS
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	QL (1 EA per 252 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
ADACEL INTRAMUSCULAR SUSPENSION	Tier 6	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	QL (1 EA per 999 days)
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	Tier 6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 6	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 6	
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 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	
IPOL INJECTION SUSPENSION	Tier 6	

Drug	Status	Requirements/Limits
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
IXIARO INTRAMUSCULAR SUSPENSION	Tier 6	
JYNNEOS SUBCUTANEOUS SUSPENSION	Tier 6	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	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	QL (0.5 ML per 999 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier 6	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
<i>penmenvy intramuscular suspension reconstituted</i>	Tier 6	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 6	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
RECOMBIVAX HB INJECTION SUSPENSION	Tier 6	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Tier 6	B/D
ROTARIX ORAL SUSPENSION	Tier 6	
ROTATEQ ORAL SOLUTION	Tier 6	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	QL (1 ML per 365 days)

Drug	Status	Requirements/Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 6	QL (2 EA per 999 days)
STAMARIL INJECTION SUSPENSION RECONSTITUTED	Tier 6	
TENIVAC INTRAMUSCULAR INJECTABLE	Tier 6	
TENIVAC INTRAMUSCULAR SUSPENSION	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	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 6	
VAQTA INTRAMUSCULAR SUSPENSION	Tier 6	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	Tier 6	
VARIZIG INTRAMUSCULAR SOLUTION	Tier 6	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	Tier 6	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Tier 6	
YF-VAX SUBCUTANEOUS INJECTABLE	Tier 6	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	

Inflammatory Bowel Disease Agents

Aminosalicylates

<i>balsalazide disodium oral capsule</i>	Tier 4	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 4	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 4	
<i>mesalamine rectal enema</i>	Tier 4	
<i>mesalamine rectal suppository</i>	Tier 4	
<i>mesalamine-cleanser rectal kit</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>sulfasalazine oral tablet</i>	Tier 2	MO
<i>sulfasalazine oral tablet delayed release</i>	Tier 2	MO
Glucocorticoids		
ANALPRAM HC EXTERNAL CREAM 2.5-1 %	Tier 3	NT
ANALPRAM-HC EXTERNAL LOTION	Tier 3	NT
ANUSOL-HC RECTAL SUPPOSITORY	Tier 3	NT
<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 3	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
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)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; NEDS
<i>calcitonin (salmon) injection solution</i>	Tier 5	NEDS
<i>calcitonin (salmon) nasal solution</i>	Tier 3	MO; QL (3.7 ML per 30 days)
<i>calcitriol oral capsule</i>	Tier 2	MO
<i>calcitriol oral solution</i>	Tier 4	MO
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 3	MO
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 4	MO
<i>ibandronate sodium oral tablet</i>	Tier 2	MO; QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	QL (2 ML per 365 days)
OSENVELT SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
<i>paricalcitol oral capsule</i>	Tier 4	PA; MO
<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</i>	Tier 4	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	Tier 4	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	Tier 4	MO; QL (1 EA per 1 day)

Drug	Status	Requirements/Limits
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	QL (2 ML per 365 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	Tier 5	PA; MO; NEDS
WYOST 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
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 (2 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	NT
EDEX (2 CARTRIDGE) INTRACAVERNOSAL KIT 40 MCG	Tier 3	NT; QL (4 EA per 30 days)
EDEX (6 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	NT
EDEX (6 CARTRIDGE) INTRACAVERNOSAL KIT 40 MCG	Tier 3	NT; QL (4 EA per 30 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	NT
EDEX INTRACAVERNOSAL KIT 40 MCG	Tier 3	NT; QL (4 EA per 30 days)
<i>hydrocod poli-chlorphe poli er oral suspension extended release</i>	Tier 2	NT
<i>maxi-tuss pe oral elixir 1-2.5 mg/5ml</i>	Tier 2	NT
<i>maxi-tuss pe oral liquid</i>	Tier 2	NT
<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
TUSSLIN ORAL LIQUID	Tier 3	NT
TUSSLIN PEDIATRIC ORAL LIQUID	Tier 3	NT

Drug	Status	Requirements/Limits
<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	QL (200 EA per 30 days)
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM	Tier 4	QL (200 EA per 30 days)
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
ANASPAZ ORAL TABLET DISPERSIBLE	Tier 3	NT; MO
BD DISP NEEDLES 25G X 7/8" , 30G X 1/2"	Tier 4	
BD PEN	Tier 4	
BD PEN MINI	Tier 4	
BD PEN NEEDLE MICRO U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE MINI U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE MINI ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE NANO U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE NANO ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE ORIGINAL U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE	Tier 4	QL (200 EA per 30 days)
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
CEQUR SIMPLICITY 2U DEVICE	Tier 4	PA; QL (1 EA per 4 days)
CEQUR SIMPLICITY INSERTER	Tier 4	PA
COMFORT EZ PEN NEEDLES 32G X 8 MM	Tier 4	QL (200 EA per 30 days)
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; QL (120 EA per 30 days); NEDS
DONNATAL ORAL ELIXIR	Tier 3	NT

Drug	Status	Requirements/Limits
DONNATAL ORAL TABLET	Tier 3	NT
DRISDOL ORAL CAPSULE	Tier 4	NT; MO
DROPLET PEN NEEDLES 32G X 8 MM	Tier 4	QL (200 EA per 30 days)
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8"	Tier 4	
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	QL (200 EA per 30 days)
<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
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
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	QL (200 EA per 30 days)
METANX ORAL CAPSULE	Tier 3	NT
<i>methylergonovine maleate oral tablet</i>	Tier 5	QL (56 EA per 365 days); 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

Drug	Status	Requirements/Limits
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 4	PA; QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 4	PA; QL (1 EA per 3 days)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	Tier 4	PA; QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	Tier 4	PA; QL (1 EA per 3 days)
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 4	PA; QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	Tier 4	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	Tier 4	PA; QL (1 EA per 3 days)
<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	QL (200 EA per 30 days)
<i>phenobarbital-belladonna alk oral elixir</i>	Tier 3	NT
PHENOHYTRO ORAL ELIXIR	Tier 3	NT
PHENOHYTRO ORAL TABLET	Tier 3	NT
<i>phytonadione oral tablet</i>	Tier 2	NT
<i>potassium aminobenzoate powder</i>	Tier 3	NT
PRESERVISION AREDS 2 ORAL CAPSULE	Tier 3	NT
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	QL (200 EA per 30 days)
RENAL ORAL CAPSULE	Tier 3	NT
SLO-NIACIN ORAL TABLET EXTENDED RELEASE	Tier 3	NT
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
<i>triphrocaps oral capsule</i>	Tier 2	NT
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
ULTICARE PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
ULTILET PEN NEEDLE 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
ULTRA-THIN II PEN NEEDLES	Tier 4	QL (200 EA per 30 days)
VENOFER INTRAVENOUS SOLUTION	Tier 3	NT
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Tier 2	NT; MO

Drug	Status	Requirements/Limits
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; QL (2.5 ML per 25 days)
RHOPRESSA OPHTHALMIC SOLUTION	Tier 3	MO; QL (2.5 ML per 25 days)
<i>travoprost (bak free) ophthalmic solution</i>	Tier 3	MO; QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION	Tier 4	QL (5 ML per 25 days)
Ophthalmic Agents, Other		
<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	
<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 3	MO
ROCKLATAN OPHTHALMIC SOLUTION	Tier 4	MO; QL (2.5 ML per 25 days)
TRYPTYR OPHTHALMIC SOLUTION	Tier 4	PA; QL (60 EA per 30 days)
XDEMVIY OPHTHALMIC SOLUTION	Tier 5	QL (10 ML per 42 days); NEDS
Ophthalmic Anti-Allergy Agents		
ALOCRIAL OPHTHALMIC 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	

Drug	Status	Requirements/Limits
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 3	MO
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	Tier 4	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 2	MO
<i>brinzolamide ophthalmic suspension</i>	Tier 4	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 4	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MO
<i>pilocarpine hcl ophthalmic solution 1 %</i>	Tier 3	MO
<i>pilocarpine hcl ophthalmic solution 2 %, 4 %</i>	Tier 2	MO
SIMBRINZA OPHTHALMIC SUSPENSION	Tier 4	MO
<i>timolol maleate (once-daily) ophthalmic solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %</i>	Tier 4	MO
<i>timolol maleate ophthalmic gel forming solution 0.5 %</i>	Tier 3	MO
<i>timolol maleate ophthalmic solution</i>	Tier 1	MO
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 4	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Tier 2	QL (12 ML per 365 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	Tier 1	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 2	
<i>diclofenac sodium ophthalmic solution</i>	Tier 2	
<i>difluprednate ophthalmic emulsion</i>	Tier 4	
EYSUVIS OPHTHALMIC SUSPENSION	Tier 4	QL (16.6 ML per 30 days)
<i>fluorometholone ophthalmic suspension</i>	Tier 3	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier 2	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier 2	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 2	
<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 3	
FLAC OTIC OIL	Tier 4	
<i>fluocinolone acetonide otic oil</i>	Tier 3	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 4	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 4	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 4	
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 %</i>	Tier 2	QL (60 ML per 30 days)
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION	Tier 3	NT
CLARITIN CHILDRENS ORAL TABLET CHEWABLE	Tier 3	NT
CLARITIN ORAL CAPSULE	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

Drug	Status	Requirements/Limits
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>ciproheptadine 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 tablet chewable</i>	Tier 2	NT
<i>loratadine oral tablet</i>	Tier 2	NT
NASACORT ALLERGY 24HR NASAL AEROSOL	Tier 3	NT
<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		
ARNUTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO; QL (30 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 3	MO; QL (60 EA per 30 days)
<i>budesonide inhalation suspension</i>	Tier 4	B/D; MO; QL (4 ML per 1 day)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 2	QL (50 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	Tier 3	MO; QL (120 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	Tier 3	MO; QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	Tier 3	MO; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	Tier 3	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Tier 3	MO; QL (21.2 GM per 30 days)
<i>fluticasone propionate nasal suspension</i>	Tier 2	

Drug	Status	Requirements/Limits
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; QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO; QL (8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 3	MO; QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution</i>	Tier 2	B/D; MO; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution</i>	Tier 2	MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 2	B/D; MO; QL (540 ML per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	Tier 3	MO; QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 3	MO
<i>tiotropium bromide inhalation capsule</i>	Tier 3	QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Tier 2	MO; QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	Tier 2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	Tier 2	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Tier 2	B/D; MO; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 2	B/D; MO; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Tier 2	B/D; MO; QL (100 EA per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 3	MO
<i>albuterol sulfate oral tablet</i>	Tier 4	MO
<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	

Drug	Status	Requirements/Limits
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>	Tier 3	B/D; MO; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	Tier 2	B/D; MO; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Tier 4	B/D; MO; QL (90 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	Tier 2	B/D; MO; QL (270 ML per 30 days)
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	MO; QL (30 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO; QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 3	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet</i>	Tier 4	MO
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE	Tier 5	PA; MO; QL (560 EA per 28 days); NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG	Tier 5	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	Tier 5	PA; MO; QL (56 EA per 28 days); NEDS
KALYDECO ORAL TABLET	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
ORKAMBI ORAL PACKET	Tier 5	PA; MO; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	Tier 5	PA; MO; QL (112 EA per 28 days); NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 5	B/D; MO; NEDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	Tier 5	PA; MO; QL (56 EA per 28 days); NEDS
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
TOBI PODHALER INHALATION CAPSULE	Tier 5	MO; QL (224 EA per 56 days); 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 (84 EA per 28 days); NEDS

Drug	Status	Requirements/Limits
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 4	MO
Phosphodiesterase Inhibitors, Airways Disease		
ELIXOPHYLLIN ORAL ELIXIR	Tier 4	MO
OHTUVAYRE INHALATION SUSPENSION	Tier 5	PA; QL (150 ML per 30 days); NEDS
<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 4	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; QL (90 EA per 30 days); NEDS
ALYQ ORAL TABLET	Tier 4	PA; MO; QL (60 EA per 30 days)
<i>ambrisentan oral tablet</i>	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
<i>bosentan oral tablet</i>	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
<i>bosentan oral tablet soluble</i>	Tier 5	PA; MO; QL (112 EA per 28 days); NEDS
OPSUMIT ORAL TABLET	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; QL (336 EA per 365 days); NEDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; QL (672 EA per 365 days); NEDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; QL (504 EA per 365 days); 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 3	PA; MO; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	Tier 4	PA; MO; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS

Drug	Status	Requirements/Limits
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	Tier 5	PA; QL (400 EA per 365 days); NEDS
VENTAVIS INHALATION SOLUTION	Tier 5	PA; MO; QL (270 ML per 30 days); NEDS
WINREVAIR SUBCUTANEOUS KIT	Tier 5	PA; QL (1 EA per 21 days); NEDS
Pulmonary Fibrosis Agents		
JASCAYD ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days); NEDS
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 3	B/D
AIRSUPRA INHALATION AEROSOL	Tier 3	QL (32.1 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 3	MO; QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL	Tier 3	MO; QL (10.7 GM per 30 days)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT	Tier 3	QL (12 GM per 30 days)
BREYNA INHALATION AEROSOL 80-4.5 MCG/ACT	Tier 3	QL (13.8 GM per 30 days)
BRINSUPRI ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO; QL (24 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	Tier 3	MO; QL (12 GM per 30 days)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	Tier 3	MO; QL (13.8 GM per 30 days)
Respiratory Tract/Pulmonary Agents		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 3	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL	Tier 3	MO; QL (24 GM per 30 days)
<i>biogtuss oral liquid 10-15-300 mg/5ml</i>	Tier 2	NT
BREZTRI AEROSPHERE INHALATION AEROSOL	Tier 3	MO; QL (23.6 GM per 28 days)
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET	Tier 3	NT

Drug	Status	Requirements/Limits
<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; QL (1 ML per 28 days); NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	Tier 4	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
<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>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier 3	MO; QL (60 EA per 30 days)
<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>mometasone furoate nasal suspension</i>	Tier 2	QL (34 GM per 30 days)
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 6.25-15 mg/5ml</i>	Tier 2	NT
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 2	NT
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 3	MO; QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier 3	MO; QL (60 EA per 30 days)
ZYRTEC ALLERGY ORAL TABLET	Tier 3	NT

Drug	Status	Requirements/Limits
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 5 MG/5ML	Tier 3	NT
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Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 350 mg</i>	Tier 2	PA
<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)
Sleep Disorders, Other		
LUMRYZ STARTER PACK ORAL THERAPY PACK	Tier 5	PA; QL (56 EA per 365 days); NEDS
<i>modafinil oral tablet</i>	Tier 2	PA; MO; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	Tier 3	QL (30 EA per 30 days)
<i>sodium oxybate oral solution</i>	Tier 5	PA; LA; QL (540 ML per 30 days); NEDS
Sleep Promoting Agents		
BELSOMRA ORAL TABLET	Tier 3	QL (30 EA per 30 days)
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ELURYNG	71	<i>eszopiclone</i>	102	<i>finasteride</i>	66
EMPAVELI	78	<i>ethacrynic acid</i>	52	<i>finngolimod hcl</i>	57
EMSAM	16	<i>ethambutol hcl</i>	21	FINTEPLA	12
<i>emtricitabine</i>	36	<i>ethosuximide</i>	12, 13	<i>finzala</i>	71
<i>emtricitabine-tenofovir df</i>	37	<i>ethynodiol diac-eth estradiol</i>	71	FIRMAGON	77
<i>emtricitab- rilpivir-tenofov df</i>	36	<i>etodolac</i>	3	FIRMAGON (240 MG DOSE)	76
EMTRIVA	37	<i>etodolac er</i>	3	FLAC	95
<i>enalapril maleate</i>	49	<i>etonogestrel-ethinyl estradiol</i>	71	FLEBOGAMMA DIF	78, 79
<i>enalapril-hydrochlorothiazide</i> ...	49	<i>etravirine</i>	36	<i>flecainide acetate</i>	50
ENBREL	83	EUCRISA	59	FLORIVA	91
ENBREL MINI	83	EULEXIN	22	<i>fluconazole</i>	19
ENBREL SURECLICK	83	<i>euthyrox</i>	75	<i>fluconazole in sodium chloride</i> ...	19
<i>endocet</i>	4	<i>everolimus</i>	25, 83	<i>flucytosine</i>	19
ENGERIX-B	85	EVERSENSE		<i>fludrocortisone acetate</i>	68
<i>enilloring</i>	71	SENSOR/HOLDER	45	<i>flunisolide</i>	96
ENLITE GLUCOSE		EVERSENSE SMART		<i>fluocinolone acetonide</i>	68, 95
SENSOR	45	TRANSMITTER	45	<i>fluocinolone acetonide body</i>	68
<i>enoxaparin sodium</i>	47	EVOTAZ	38	<i>fluocinolone acetonide scalp</i>	68
ENPRESSE-28	71	EXEL COMFORT POINT		<i>fluocinonide</i>	68
ENSACOVE	25	PEN NEEDLE	91	<i>fluocinonide emulsified base</i>	68
<i>enskyce</i>	71	<i>exemestane</i>	24	<i>fluorometholone</i>	94
<i>entacapone</i>	30	EXXUA	16	<i>fluorouracil</i>	59
<i>entecavir</i>	34	EXXUA TITRATION PACK ..	16	<i>fluoxetine hcl</i>	17
ENTRESTO	49	EYSUVIS	94	<i>fluphenazine decanoate</i>	31
<i>enulose</i>	64	<i>ezetimibe</i>	54	FLUPHENAZINE HCL	31
ENVARUSUS XR	83	<i>ezetimibe-simvastatin</i>	54	<i>fluphenazine hcl</i>	31
EPCLUSA	34	<i>falmina</i>	71	<i>flurbiprofen</i>	3
EPIDIOLEX	13	<i>famciclovir</i>	35	<i>flurbiprofen sodium</i>	94
<i>epinastine hcl</i>	93	<i>famotidine</i>	63	<i>fluticasone propionate</i>	68, 96
<i>epinephrine</i>	97	FANAPT	32	<i>fluticasone propionate diskus</i>	96
<i>epitol</i>	14	FANAPT TITRATION		<i>fluticasone propionate hfa</i>	96
<i>eplerenone</i>	52	PACK A	32	<i>fluticasone-salmeterol</i>	101
EPRONTIA	14	FARXIGA	40	<i>fluvastatin sodium</i>	53
<i>ergocalciferol</i>	91	FASENRA	101	<i>fluvastatin sodium er</i>	53
ERGOMAR	20	FASENRA PEN	101	<i>fluvoxamine maleate</i>	17
<i>ergotamine-caffeine</i>	20	<i>fa-vitamin b-6-vitamin b-12</i>	91	<i>fluvoxamine maleate er</i>	17
ERIVEDGE	25	<i>febuxostat</i>	20	FOLBIC	91
ERLEADA	22	<i>feirza 1.5/30</i>	71	FOLGARD OS	91
<i>erlotinib hcl</i>	25	<i>feirza 1/20</i>	71	FOLGARD RX	91
<i>errin</i>	75	<i>felbamate</i>	14	<i>folic acid</i>	91
<i>ertapenem sodium</i>	9	<i>felodipine er</i>	51	<i>folic d3</i>	91

FOLTANX	91	GAMMAGARD S/D LESS		HAILEY 24 FE	71
<i>fondaparinux sodium</i>	47	IGA	78	<i>hailey fe 1/20</i>	71
FONDCIRCLE BLOOD		GAMMAKED	78	<i>halobetasol propionate</i>	68
GLUCOSE MONIT	45	GAMMAPLEX	78, 79	HALOETTE	71
FONDCIRCLE BLOOD		GAMUNEX-C	78	<i>haloperidol</i>	31
GLUCOSE TEST	46	GARDASIL 9	85	<i>haloperidol decanoate</i>	31
FORZINITY	56	<i>gatifloxacin</i>	10	<i>haloperidol lactate</i>	31
FOSAMPRENAVIR		GATTEX	62	HARVONI	34
CALCIUM	38	<i>gavilyte-c</i>	64	HAVRIX	85
<i>fosfomycin tromethamine</i>	6	<i>gavilyte-g</i>	64	HEATHER	75
<i>fosinopril sodium</i>	49	<i>gavilyte-n with flavor pack</i>	64	HEMATOGEN	91
<i>fosinopril sodium-hctz</i>	49	GAVRETO	23	HEMMOREX-HC	88
<i>fosphenytoin sodium</i>	14	<i>gefitinib</i>	25	<i>heparin sodium (porcine)</i>	48
FOTIVDA	25	<i>gemfibrozil</i>	53	<i>heparin sodium (porcine) pf</i>	48
FRAGMIN	47	GEMTESA	66	HEPLISAV-B	85
FREESTYLE INSULINX		<i>generlac</i>	64	HERNEXEOS	26
TEST	46	<i>gengraf</i>	83	HIBERIX	85
FREESTYLE LIBRE 14 DAY		GENOTROPIN	69	HUMALOG	42
READER	46	GENOTROPIN MINIQUICK	69	HUMALOG JUNIOR	
FREESTYLE LIBRE 14 DAY		<i>gentamicin in saline</i>	6	KWIKPEN	42
SENSOR	46	<i>gentamicin sulfate</i>	6	HUMALOG KWIKPEN	42
FREESTYLE LIBRE 2 PLUS		GENVOYA	35	HUMALOG MIX 50/50	
SENSOR	46	GILOTRIF	23	KWIKPEN	42
FREESTYLE LIBRE 2		GLATIRAMER ACETATE	57	HUMALOG MIX 75/25	42
READER	46	GLEOSTINE	21	HUMALOG MIX 75/25	
FREESTYLE LIBRE 2		<i>glimepiride</i>	40	KWIKPEN	42
SENSOR	46	<i>glipizide</i>	40	HUMIRA (1 PEN)	83
FREESTYLE LIBRE 3 PLUS		<i>glipizide er</i>	40	HUMIRA (2 PEN)	83
SENSOR	46	<i>glipizide-metformin hcl</i>	41	HUMIRA (2 SYRINGE)	83
FREESTYLE LIBRE 3		GLOBAL ALCOHOL PREP		HUMIRA-CD/UC/HS	
READER	46	EASE	7	STARTER	83
FREESTYLE LIBRE 3		GLUCAGON EMERGENCY	41	HUMIRA-	
SENSOR	46	<i>glyburide</i>	40	PSORIASIS/UEVIT	
FREESTYLE LIBRE		<i>glyburide-metformin</i>	41	STARTER	84
READER	46	<i>glycopyrrolate</i>	62	HUMULIN 70/30	42
FREESTYLE LITE TEST	46	GLYXAMBI	40	HUMULIN 70/30 KWIKPEN	42
FREESTYLE PRECISION		GOMEKLI	25	HUMULIN N	43
NEO TEST	46	<i>granisetron hcl</i>	18	HUMULIN N KWIKPEN	43
FREESTYLE TEST	46	<i>griseofulvin microsize</i>	19	HUMULIN R	43
FRUZAQLA	25	<i>griseofulvin ultramicrosize</i>	19	HUMULIN R U-500	
<i>fulvestrant</i>	22	<i>guaifenesin-codeine</i>	101	(CONCENTRATED)	43
<i>furosemide</i>	52	<i>guanfacine hcl</i>	48	HUMULIN R U-500	
FUZEON	37	<i>guanfacine hcl er</i>	55	KWIKPEN	43
FYAVOLV	71	GUARDIAN LINK 3		<i>hydralazine hcl</i>	54
FYCOMPA	14	TRANSMITTER	46	<i>hydrochlorothiazide</i>	53
<i>gabapentin</i>	13	GUARDIAN REAL-TIME		<i>hydrocod poli-chlorphe poli er</i> ... 89	
<i>galantamine hydrobromide</i>	15	REPLACE PED	46	<i>hydrocodone-acetaminophen</i>	4
<i>galantamine hydrobromide er</i> ... 15		GUARDIAN SENSOR (3)	46	<i>hydrocortisone</i>	68, 88
<i>galbriela</i>	71	GVOKE HYPOPEN 2-PACK	41	<i>hydrocortisone (perianal)</i>	59
<i>gallifrey</i>	75	GVOKE KIT	41	<i>hydrocortisone ace-pramoxine</i> ... 59	
GAMMAGARD	78	GVOKE PFS	41	<i>hydrocortisone acetate</i>	88
GAMMAGARD ERC	78	HAEGARDA	77	<i>hydrocortisone valerate</i>	68

<i>hydrocortisone-acetic acid</i>	95	INTELENCE	36	JUNEL 1.5/30	72
<i>hydrocortisone-iodoquinol</i>	59	<i>intralipid</i>	62	JUNEL 1/20	72
<i>hydrocort-pramoxine (perianal)</i>	59	INTRALIPID	62	JUNEL FE 1.5/30	72
<i>hydromorphone hcl</i>	4	<i>introvale</i>	71	JUNEL FE 1/20	72
<i>hydroxychloroquine sulfate</i>	29	INVEGA HAFYERA	32	JUNEL FE 24	72
<i>hydroxyurea</i>	22	INVEGA SUSTENNA	32	JYLAMVO	84
<i>hydroxyzine hcl</i>	39	INVEGA TRINZA	32	JYNARQUE	61
<i>hydroxyzine pamoate</i>	96	INZIRQO	53	JYNNEOS	86
<i>hyoscyamine sulfate</i>	91	<i>iodoquinol-hc-aloe polysacch</i>	59	KALETRA	38
<i>hyoscyamine sulfate er</i>	91	<i>iodoquinol-hydrocortisone-aloe</i>	59	KALYDECO	98
HYRNUO	26	IPOL	85	<i>kariva</i>	72
<i>ibandronate sodium</i>	88	<i>ipratropium bromide</i>	97	<i>kcl in dextrose-nacl</i>	60
IBRANCE	23	<i>ipratropium-albuterol</i>	97	KELNOR 1/35	72
IBTROZI	26	IQIRVO	62	KELNOR 1/50	72
<i>ibu</i>	3	<i>irbesartan</i>	49	KERENDIA	53
<i>ibuprofen</i>	3	<i>irbesartan-hydrochlorothiazide</i>	49	KESIMPTA	57
ICATIBANT ACETATE	77	ISENTRESS	35	<i>ketoconazole</i>	19
<i>iclevia</i>	71	ISENTRESS HD	35	<i>ketorolac tromethamine</i>	3, 94
ICLUSIG	26	<i>isibloom</i>	71	KEVZARA	84
<i>icosapent ethyl</i>	54	ISOLYTE-P IN D5W	62	KINERET	84
IDHIFA	24	ISOLYTE-S PH 7.4	60	KINRIX	86
IDVYNZO	37	<i>isoniazid</i>	21	<i>kionex</i>	61
ILARIS	82	<i>isosorbide dinitrate</i>	54	KISQALI (200 MG DOSE)	26
<i>imatinib mesylate</i>	26	<i>isosorbide mononitrate</i>	54	KISQALI (400 MG DOSE)	26
IMBRUVICA	26	<i>isosorbide mononitrate er</i>	54	KISQALI (600 MG DOSE)	26
<i>imipenem-cilastatin</i>	9	<i>isradipine</i>	51	<i>klor-con</i>	60
<i>imipramine hcl</i>	17	ISTURISA	76	<i>klor-con 10</i>	60
<i>imiquimod</i>	59	ITOVEBI	26	<i>klor-con m10</i>	60
IMKELDI	26	<i>itraconazole</i>	19	<i>klor-con m15</i>	60
IMOVAX RABIES	85	<i>ivabradine hcl</i>	52	<i>klor-con m20</i>	60
IMPAVIDO	29	<i>ivermectin</i>	29	KLOXXADO	5
INBRIJA	30	IWILFIN	23	KOSELUGO	26
<i>incassia</i>	75	IXCHIQ	86	<i>kourzeq</i>	57
INCRELEX	69	IXIARO	86	K-PHOS NO 2	60
INCRUSE ELLIPTA	97	<i>jaimiess</i>	72	K-PHOS-NEUTRAL	91
<i>indapamide</i>	53	JAKAFI	26	KRAZATI	23
<i>indomethacin</i>	3	JAKAFI XR	26	<i>kurvelo</i>	72
<i>indomethacin er</i>	3	<i>jantoven</i>	48	<i>labetalol hcl</i>	50
INFANRIX	85	JANUMET	41	<i>lacosamide</i>	14
INGREZZA	56	JANUMET XR	41	<i>lactulose</i>	64
INLURIYO	22	JANUVIA	40	LAGEVRIO	79
INLYTA	26	JARDIANCE	40	<i>lamivudine</i>	34, 37
INQOVI	22	JASCAYD	100	<i>lamivudine-zidovudine</i>	37
INREBIC	26	<i>jasmiel</i>	72	<i>lamotrigine</i>	12, 40
<i>insulin aspart</i>	43	JAYPIRCA	26	<i>lamotrigine starter kit-blue</i>	12
<i>insulin aspart flexpen</i>	43	JENTADUETO	41	<i>lamotrigine starter kit-green</i>	12
<i>insulin aspart penfill</i>	43	JENTADUETO XR	41	<i>lamotrigine starter kit-orange</i>	12
<i>insulin lispro</i>	43	JINTELI	72	<i>lanreotide acetate</i>	77
INSULIN LISPRO (1 UNIT DIAL)	43	<i>jolessa</i>	72	<i>lansoprazole</i>	64
<i>insulin lispro junior kwikpen</i>	43	JUBBONTI	88	LANTUS	43
<i>insulin lispro prot & lispro</i>	43	<i>juleber</i>	72	LANTUS SOLOSTAR	43
		JULUCA	37	<i>lapatinib ditosylate</i>	26

<i>larin 1.5/30</i>	72	<i>lidocaine hcl</i>	5	<i>lutea</i>	72
<i>larin 1/20</i>	72	<i>lidocaine hcl (pf)</i>	5	LYBALVI	32
<i>larin fe 1.5/30</i>	72	<i>lidocaine pain relief</i>	5	<i>lyleq</i>	75
<i>larin fe 1/20</i>	72	<i>lidocaine viscous hcl</i>	5	LYLLANA	72
<i>latanoprost</i>	93	<i>lidocaine-prilocaine</i>	5	LYNPARZA	27
LAZCLUZE	26, 27	LILETTA (52 MG)	74	LYSODREN	76
<i>lederle leucovorin</i>	29	<i>linezolid</i>	7	LYTGOBI (12 MG DAILY DOSE)	27
LEENA	72	LINZESS	63	LYTGOBI (16 MG DAILY DOSE)	27
<i>leflunomide</i>	79	<i>liomny</i>	76	LYTGOBI (20 MG DAILY DOSE)	27
<i>lenalidomide</i>	22	<i>liothyronine sodium</i>	76	<i>lyza</i>	75
LENVIMA (10 MG DAILY DOSE)	27	<i>liraglutide</i>	40	<i>magnesium sulfate</i>	60
LENVIMA (12 MG DAILY DOSE)	27	<i>lisinopril</i>	49	<i>malathion</i>	30
LENVIMA (14 MG DAILY DOSE)	27	<i>lisinopril-hydrochlorothiazide</i>	49	<i>maraviroc</i>	37
LENVIMA (18 MG DAILY DOSE)	27	LITETOUCH PEN NEEDLES	91	<i>marlissa</i>	72
LENVIMA (20 MG DAILY DOSE)	27	<i>lithium</i>	40	MARPLAN	16
LENVIMA (24 MG DAILY DOSE)	27	<i>lithium carbonate</i>	40	MATULANE	21
LENVIMA (4 MG DAILY DOSE)	27	<i>lithium carbonate er</i>	40	<i>matzim la</i>	51
LENVIMA (8 MG DAILY DOSE)	27	LIVDELZI	62	MAVYRET	34
LEQSELVI	79	LIVTENCITY	34	<i>maxi-tuss pe</i>	89
<i>lessina</i>	72	<i>lojaimiess</i>	72	<i>meclizine hcl</i>	18
<i>letrozole</i>	24	<i>lomustine</i>	21	<i>medpura hydrocortisone</i>	68
<i>leucovorin calcium</i>	29	LONSURF	22	<i>medroxyprogesterone acetate</i>	75
LEUKERAN	21	<i>loperamide hcl</i>	62	<i>mefloquine hcl</i>	29
<i>leuprolide acetate</i>	77	<i>lopinavir-ritonavir</i>	38	<i>megestrol acetate</i>	75
<i>levalbuterol hcl</i>	98	<i>loratadine</i>	96	MEKINIST	27
<i>levalbuterol tartrate</i>	98	<i>loratadine childrens</i>	96	MEKTOVI	27
<i>levetiracetam</i>	12	<i>loratadine-d 12hr</i>	101	<i>meleya</i>	75
<i>levetiracetam er</i>	12	<i>loratadine-d 24hr</i>	101	<i>meloxicam</i>	3
<i>levobunolol hcl</i>	94	<i>lorazepam</i>	39	<i>memantine hcl</i>	15
<i>levocarnitine</i>	91	<i>lorazepam intensol</i>	39	<i>memantine hcl er</i>	15
<i>levocetirizine dihydrochloride</i>	96	LORBRENA	27	<i>memantine hcl-donepezil hcl er</i> ..	15
<i>levofloxacin</i>	10, 11	<i>loryna</i>	72	MENEST	73
<i>levofloxacin in d5w</i>	10	<i>losartan potassium</i>	49	MENQUADFI	86
<i>levonest</i>	72	<i>losartan potassium-hctz</i>	49	MENVEO	86
<i>levonorgest-eth est & eth est</i>	72	<i>loteprednol etabonate</i>	94	<i>mercaptopurine</i>	22
<i>levonorgest-eth estrad 91-day</i>	72	<i>lovastatin</i>	53	<i>meropenem</i>	9
<i>levonorgestrel-ethinyl estrad</i>	72	<i>low-ogestrel</i>	72	<i>mesalamine</i>	87
<i>levonorg-eth estrad triphasic</i>	72	<i>loxapine succinate</i>	31	<i>mesalamine-cleanser</i>	87
<i>levora 0.15/30 (28)</i>	72	<i>lubiprostone</i>	63	<i>mesna</i>	29
<i>levo-t</i>	76	<i>luizza 1.5/30</i>	72	METANX	91
<i>levothyroxine sodium</i>	76	<i>luizza 1/20</i>	72	<i>metformin hcl</i>	40
<i>levoxyl</i>	76	LUMAKRAS	23	<i>metformin hcl er</i>	40
<i>l-glutamine</i>	65	LUMIGAN	93	<i>methadone hcl</i>	4
<i>lidocaine</i>	5	LUMRYZ STARTER PACK	102	<i>methazolamide</i>	52
		LUPRON DEPOT (1-MONTH)	77	<i>methenamine hippurate</i>	7
		LUPRON DEPOT (3-MONTH)	77	<i>methimazole</i>	77
		LUPRON DEPOT (4-MONTH)	77	<i>methocarbamol</i>	102
		<i>lurasidone hcl</i>	32	<i>methotrexate sodium</i>	84
				<i>methotrexate sodium (pf)</i>	84

<i>methsuximide</i>	13	<i>morphine sulfate (concentrate)</i>	4	<i>niacin er</i>	91
<i>methyldopa</i>	48	<i>morphine sulfate (pf)</i>	4	<i>niacin er (antihyperlipidemic)</i>	54
<i>methylergonovine maleate</i>	91	<i>morphine sulfate er</i>	4	<i>niacor</i>	54
<i>methylphenidate hcl</i>	55, 56	MOTOFEN	63	<i>nicardipine hcl</i>	51
<i>methylphenidate hcl er</i>	55	MOUNJARO	40	NICOTROL	5
<i>methylphenidate hcl er (osm)</i>	55	MOVANTIK	63	NICOTROL NS	6
<i>methylphenidate hcl er(diffus)</i>	55	<i>moxifloxacin hcl</i>	11	<i>nifedipine er</i>	51
<i>methylprednisolone</i>	68	<i>moxifloxacin hcl in nacl</i>	11	<i>nifedipine er osmotic release</i>	51
<i>methylprednisolone acetate</i>	20	MRESVIA	86	<i>nikki</i>	73
<i>methylprednisolone sodium succ</i>	68	MULTAQ	50	<i>nilotinib d-tartrate</i>	27
<i>metoclopramide hcl</i>	63	MULTIGEN FOLIC	91	<i>nilotinib hcl</i>	27
<i>metoclopramide hcl +rfid</i>	62	<i>multiple electro type 1 ph 7.4</i>	60	<i>nilutamide</i>	22
<i>metolazone</i>	53	<i>mupirocin</i>	7	NINLARO	23
<i>metoprolol succinate er</i>	50	<i>mupirocin calcium</i>	59	<i>nitazoxanide</i>	29
<i>metoprolol tartrate</i>	50	<i>mycophenolate mofetil</i>	84	<i>nitisinone</i>	65
<i>metoprolol-hydrochlorothiazide</i>	50	<i>mycophenolate sodium</i>	84	NITRO-BID	54
<i>metronidazole</i>	7	MYNEPHRON	91	<i>nitrofurantoin monohyd macro</i>	7
<i>metyrosine</i>	52	MYRBETRIQ	66	<i>nitroglycerin</i>	54
<i>mexiletine hcl</i>	50	<i>na sulfate-k sulfate-mg sulf</i>	60	<i>nora-be</i>	75
<i>mibelas 24 fe</i>	73	<i>nabumetone</i>	3	<i>norelgestromin-eth estradiol</i>	75
<i>micafungin sodium</i>	19	<i>nadolol</i>	50	<i>norethin ace-eth estrad-fe</i>	73
<i>miconazole 3</i>	19	<i>nafacillin sodium</i>	9	<i>norethindrone</i>	75
<i>microgestin 1.5/30</i>	73	<i>naloxone hcl</i>	5	<i>norethindrone acetate</i>	75
<i>microgestin 1/20</i>	73	<i>naltrexone hcl</i>	5	<i>norethindrone acet-ethinyl est</i>	73
<i>microgestin fe 1.5/30</i>	73	NAMZARIC	15	<i>norethindrone-eth estradiol</i>	73
<i>microgestin fe 1/20</i>	73	<i>naproxen</i>	3	<i>norgestimate-eth estradiol</i>	73
<i>midodrine hcl</i>	49	<i>naproxen dr</i>	3	<i>norgestim-eth estrad triphasic</i>	73
MIEBO	93	<i>naproxen sodium</i>	3	NORTREL 0.5/35 (28)	73
<i>mifepristone</i>	70	NASACORT ALLERGY		NORTREL 1/35 (21)	73
<i>miglitol</i>	40	24HR	96	NORTREL 1/35 (28)	73
<i>miglustat</i>	65	NASCOBAL	91	NORTREL 7/7/7	73
<i>mili</i>	73	NATACYN	19	<i>nortriptyline hcl</i>	17, 18
<i>mimvey</i>	73	<i>nateglinide</i>	40	NORVIR	38
<i>minocycline hcl</i>	11	NAYZILAM	13	NOVOLIN R FLEXPEN	43
<i>minoxidil</i>	54	<i>necon 0.5/35 (28)</i>	73	NOVOLOG	43
<i>minzoya</i>	73	<i>nefazodone hcl</i>	17	NOVOLOG FLEXPEN	43
MIPLYFFA	65	NEMLUVIO	59	NOVOLOG FLEXPEN	
<i>mirtazapine</i>	16	<i>neomycin sulfate</i>	6	RELION	43
<i>misoprostol</i>	64	<i>neomycin-bacitracin zn-</i>		NOVOLOG PENFILL	43
M-M-R II	86	<i>polymyx</i>	93	NOVOLOG RELION	43
<i>modafinil</i>	102	<i>neomycin-polymyxin-dexameth</i> ...95		NUBEQA	22
MODEYSO	27	<i>neomycin-polymyxin-gramicidin</i>	93	NUCALA	101
<i>moexipril hcl</i>	49	<i>neomycin-polymyxin-hc</i>	7, 95	NUEDEXTA	56
<i>molindone hcl</i>	31	<i>neo-polycin</i>	93	NULEV	91
<i>mometasone furoate</i>	68, 101	<i>neo-polycin hc</i>	93	NUPLAZID	32
<i>mondoxyne nl</i>	11	NERLYNX	27	NURTEC	20
MONOJECT		<i>nevirapine</i>	36	NUTRILIPID	62
HYPODERMIC NEEDLE	91	<i>nevirapine er</i>	36	NUZYRA	11
MONOJECT INSULIN		NEXLETOL	52	<i>nyamyc</i>	19
SYRINGE	43, 91	NEXLIZET	52	<i>nylia 1/35</i>	73
<i>montelukast sodium</i>	97	NEXPLANON	74	<i>nylia 7/7/7</i>	73
<i>morphine sulfate</i>	4	<i>niacin (antihyperlipidemic)</i>	54	<i>nystatin</i>	19

<i>nystatin-triamcinolone</i>	19	ORENITRAM MONTH 3	99	PENTACEL	86
<i>nystop</i>	19	ORGOVYX	23	<i>pentamidine isethionate</i>	29
OCELLA	73	ORKAMBI	98	<i>pentoxifylline er</i>	52
OCTAGAM	78, 79	<i>orphenadrine citrate er</i>	102	<i>perampanel</i>	14
<i>octreotide acetate</i>	69, 77	<i>orquidea</i>	75	<i>perindopril erbumine</i>	49
ODACTRA	80	ORSERDU	22	<i>periogard</i>	57
ODEFSEY	36	<i>oseltamivir phosphate</i>	38	<i>permethrin</i>	30
ODOMZO	23	OSEVELT	88	<i>perphenazine</i>	31
OFEV	100	OSPHENA	75	PERSERIS	32
<i>ofloxacin</i>	11	OTEZLA	84	<i>phenelzine sulfate</i>	16
OGSIVEO	24	<i>oxacillin sodium</i>	9	<i>phenobarbital</i>	13
OHTUVAYRE	99	<i>oxaprozin</i>	3	<i>phenobarbital-belladonna alk</i> ...	92
OJEMDA	27	<i>oxcarbazepine</i>	14	PHENOHYTRO	92
OJJAARA	23	<i>oxybutynin chloride</i>	66	<i>phenytek</i>	14
<i>olanzapine</i>	32	<i>oxybutynin chloride er</i>	66	<i>phenytoin</i>	14
<i>olmesartan medoxomil</i>	49	<i>oxycodone hcl</i>	4	<i>phenytoin sodium extended</i>	15
<i>olmesartan medoxomil-hctz</i>	49	<i>oxycodone-acetaminophen</i>	4	<i>phytonadione</i>	92
<i>omega-3-acid ethyl esters</i>	54	OZEMPIC (0.25 OR 0.5		PIFELTRO	36
<i>omeprazole</i>	64	MG/DOSE)	40	<i>pilocarpine hcl</i>	57, 94
OMNIPOD 5 DEXG7G6		OZEMPIC (1 MG/DOSE)	40	<i>pimecrolimus</i>	59
INTRO GEN 5	92	OZEMPIC (2 MG/DOSE)	40	<i>pimozide</i>	31
OMNIPOD 5 DEXG7G6		<i>paba</i>	92	<i>pimtreea</i>	73
PODS GEN 5	92	<i>paliperidone er</i>	32	<i>pindolol</i>	50
OMNIPOD 5 LIBRE2 G6		PALSONIFY	76	<i>pioglitazone hcl</i>	40
INTRO GEN5	92	PANRETIN	29	<i>pioglitazone hcl-glimepiride</i>	41
OMNIPOD 5 LIBRE2 PLUS		<i>pantoprazole sodium</i>	64	<i>pioglitazone hcl-metformin hcl</i> ...	41
G6 PODS	92	<i>paricalcitol</i>	88	<i>piperacillin sod-tazobactam so</i> ...	10
OMNIPOD DASH INTRO		<i>paroxetine hcl</i>	17, 39	PIQRAY (200 MG DAILY	
(GEN 4)	92	<i>paroxetine hcl er</i>	17	DOSE)	24
OMNIPOD DASH PDM		PAXLOVID (150/100)	80	PIQRAY (250 MG DAILY	
(GEN 4)	92	PAXLOVID (300/100 &		DOSE)	24
OMNIPOD DASH PODS		150/100)	80	PIQRAY (300 MG DAILY	
(GEN 4)	92	PAXLOVID (300/100)	80	DOSE)	24
ONCASPAR	23	<i>pazopanib hcl</i>	27	<i>pirfenidone</i>	100
<i>ondansetron</i>	18	<i>pb-hyoscy-atropine-</i>		<i>piroxicam</i>	3
<i>ondansetron hcl</i>	18	<i>scopolamine</i>	92	<i>pitavastatin calcium</i>	53
ONETOUCH ULTRA	46	PEDIARIX	86	PLENAMINE	60
ONETOUCH ULTRA BLUE		PEDVAX HIB	86	<i>plerixafor</i>	48
TEST	46	<i>peg 3350-kcl-na bicarb-nacl</i>	64	PNV-DHA	62
ONETOUCH ULTRA TEST ..	46	<i>peg-3350/electrolytes</i>	64	<i>podofilox</i>	59
ONETOUCH VERIO	46	<i>peg-3350/electrolytes/ascorbat</i> ...	64	<i>polycin</i>	93
ONUREG	22	PEGASYS	35	<i>polymyxin b sulfate</i>	7
OPIPZA	32	<i>peg-kcl-nacl-nasulf-na asc-c</i>	64	<i>polymyxin b-trimethoprim</i>	93
OPSUMIT	99	PEMAZYRE	27	<i>pomalidomide</i>	22
OPTIUMEZ TEST	46	PEN NEEDLES	92	POMALYST	22
OPVEE	5	PENBRAYA	86	<i>portia-28</i>	73
ORACIT	60	<i>penicillamine</i>	61	<i>posaconazole</i>	19
ORENCIA	80	<i>penicillin g pot in dextrose</i>	9	<i>potassium aminobenzoate</i>	92
ORENCIA CLICKJECT	80	<i>penicillin g potassium</i>	9	<i>potassium chloride</i>	60
ORENITRAM	99	<i>penicillin g sodium</i>	10	<i>potassium chloride crys er</i>	60
ORENITRAM MONTH 1	99	<i>penicillin v potassium</i>	10	<i>potassium chloride er</i>	60
ORENITRAM MONTH 2	99	<i>penmenvy</i>	86	<i>potassium citrate er</i>	60, 61

<i>potassium cl in dextrose 5%</i>	61	PRODIGY NO CODING	RELION INSULIN		
PRALUENT	54	BLOOD GLUC	46	SYRINGE	44
<i>pramipexole dihydrochloride</i>	30	PROGRAF	84	RELI-ON INSULIN	
PRAMOSONE	59	PROLASTIN-C	65	SYRINGE	44
<i>prasugrel hcl</i>	47	<i>promethazine hcl</i>	18	RELION PRIME TEST	46
<i>pravastatin sodium</i>	53	<i>promethazine-codeine</i>	101	RELION ULTIMA TEST	46
<i>praziquantel</i>	29	<i>promethazine-dm</i>	101	RELISTOR	63
<i>prazosin hcl</i>	49	PROMETHEGAN	18	RENAL	92
PRECISION XTRA BLOOD					
GLUCOSE	46	<i>propafenone hcl</i>	50	<i>repaglinide</i>	40
<i>prednisolone</i>	68	<i>propafenone hcl er</i>	50	REPATHA	54
<i>prednisolone acetate</i>	95	<i>propracaine hcl</i>	93	REPATHA PUSHTRONEX	
<i>prednisolone sodium phosphate</i>	68	<i>propranolol hcl</i>	51	SYSTEM	54
PREDNISOLONE SODIUM					
PHOSPHATE	95	<i>propranolol hcl er</i>	51	REPATHA SURECLICK	54
<i>prednisone</i>	69	<i>propylthiouracil</i>	77	RESTASIS	93
PREDNISONONE INTENSOL	69	PROQUAD	86	RESTASIS MULTIDOSE	93
PREFERRED PLUS					
INSULIN SYRINGE	43	PROSOL	61	RETACRIT	48
<i>pregabalin</i>	56	<i>protriptyline hcl</i>	18	RETEVMO	23
PREMARIN	73	<i>pseudoeph-bromphen-dm</i>	101	REVCОВI	80
PREMASOL	61	PULMOZYME	98	REVUFORJ	28
PREMPHASE	73	PURE COMFORT PEN			
PREMPRO	73	NEEDLE	92	REXULTI	33
<i>prenatal</i>	62	<i>pyrazinamide</i>	21	REYATAZ	38
PRESERVISION AREDS	92	<i>pyridostigmine bromide</i>	21	REZDIFFRA	63
PRESERVISION AREDS 2	92	<i>pyridostigmine bromide er</i>	21	REZLIDHIA	24
PRESERVISION AREDS					
2+MULTI VIT	92	<i>pyrimethamine</i>	29	REZUROCK	84
PRESERVISION/LUTEIN	92	PYRUKYND	65	RHAPSIDO	80
PREVACID 24HR	64	PYRUKYND TAPER PACK ..	65	RHOPRESSA	93
<i>prevalite</i>	54	QINLOCK	27	RIBAVIRIN	35
PREVIDENT	58	QUADRACEL	86	<i>ribavirin</i>	35
PREVIDENT 5000					
BOOSTER PLUS	58	<i>quetiapine fumarate</i>	33	<i>rifabutin</i>	21
PREVIDENT 5000 PLUS	57	QUICKTEK TEST	46	<i>rifampin</i>	21
PREVYMIS	34	<i>quinapril hcl</i>	49	<i>rilpivirine hcl</i>	36
PREZCOBIX	38	<i>quinapril-hydrochlorothiazide</i>	49	<i>riluzole</i>	56
PREZISTA	38	<i>quinidine gluconate er</i>	50	<i>rimantadine hcl</i>	39
PRIFTIN	21	<i>quinidine sulfate</i>	50	RINVOQ	80
<i>primaquine phosphate</i>	29	<i>quinine sulfate</i>	29	RINVOQ LQ	80
<i>primidone</i>	13	RABAVERT	86	<i>risedronate sodium</i>	88
PRIORIX	86	RALDESY	17	<i>risperidone</i>	33
PRIVIGEN	78, 80	<i>raloxifene hcl</i>	75	<i>risperidone microspheres er</i>	33
PROAIR RESPICLICK	98	<i>ramelteon</i>	102	<i>ritonavir</i>	38
<i>probenecid</i>	20	<i>ramipril</i>	50	<i>rivaroxaban</i>	47
<i>prochlorperazine</i>	31	<i>ranolazine er</i>	52	<i>rivastigmine</i>	15
<i>prochlorperazine maleate</i>	31	<i>rasagiline mesylate</i>	30	<i>rivastigmine tartrate</i>	15
PROCTOCORT	88	<i>reclipsen</i>	73	<i>rivelsa</i>	73
<i>procto-med hc</i>	59	RECOMBIVAX HB	86	<i>rizatRIPTAN benzoate</i>	20
<i>proctosol hc</i>	59	REDEMPLO	52	ROCKLATAN	93
<i>proctozone-hc</i>	59	REGANEX	59	<i>roflumilast</i>	99
		RELENZA DISKHALER	39	ROMVIMZA	28
		RELION BLOOD GLUCOSE			
		TEST	46	<i>ropinirole hcl</i>	30
		RELION CONFIRM/MICRO			
		TEST	46	<i>ropinirole hcl er</i>	30
				<i>rosuvastatin calcium</i>	53
				<i>rosyrah</i>	73
				ROTARIX	86

ROTATEQ	86	SOLTAMOX	22	SYNAREL	77
<i>roweepra</i>	12	SOMATULINE DEPOT	77	SYNJARDY	41
ROZLYTREK	28	SOMAVERT	77	SYNJARDY XR	41
RUBRACA	28	<i>sorafenib tosylate</i>	28	SYNTHROID	76
RUCONEST	78	<i>sotalol hcl</i>	50	TABLOID	22
<i>rufinamide</i>	15	<i>sotalol hcl (af)</i>	50	TABRECTA	28
RUKOBIA	37	SOTYKTU	80	<i>tacrolimus</i>	59, 84
RYDAPT	28	SPIRIVA RESPIMAT	97	<i>tacrolimus er</i>	84
RYTARY	30	<i>spironolactone</i>	53	<i>tadalafil</i>	66
<i>sacubitril-valsartan</i>	49	<i>spironolactone-hctz</i>	53	<i>tadalafil (pah)</i>	99
<i>sajazir</i>	78	<i>sprintec 28</i>	74	TAFINLAR	28
<i>salsalate</i>	3	SPRITAM	12	TAGRISSE	23
SANTYL	59	SPS (SODIUM		TALTZ	81
<i>sapropterin dihydrochloride</i>	65	POLYSTYRENE SULF)	61	TALZENNA	28
SAVELLA	56	<i>sronyx</i>	74	<i>tamoxifen citrate</i>	22
SAVELLA TITRATION		<i>ssd</i>	7	<i>tamsulosin hcl</i>	66
PACK	56	STAMARIL	87	TARINA 24 FE	74
SCSEMBLIX	28	STELARA	80, 81	<i>tarina fe 1/20 eq</i>	74
<i>scopolamine</i>	18	STENDRA	89	<i>tasimelteon</i>	56
SECUADO	33	STEQEYMA	81	TAVNEOS	84
<i>selegiline hcl</i>	30, 31	STIOLTO RESPIMAT	100	<i>taysofy</i>	74
<i>selenium sulfide</i>	59	STIVARGA	28	<i>tazarotene</i>	59
SELZENTRY	37	STOBOCLO	89	TAZICEF	8
SEREVENT DISKUS	98	STREPTOMYCIN SULFATE ..	6	TAZVERIK	28
<i>sertraline hcl</i>	17	STRIBILD	35	TECHLITE INSULIN	
<i>setlakin</i>	73	SUBVENITE	12	SYRINGE	44
<i>sevelamer carbonate</i>	66	<i>subvenite</i>	12	<i>telmisartan</i>	49
<i>sevelamer hcl</i>	67	<i>subvenite starter kit-blue</i>	12	<i>telmisartan-amlodipine</i>	52
<i>sharobel</i>	75	<i>subvenite starter kit-green</i>	12	<i>telmisartan-hctz</i>	49
SHINGRIX	86, 87	<i>subvenite starter kit-orange</i>	12	<i>temazepam</i>	102
SIGNIFOR	77	<i>sucalfate</i>	64	TENIVAC	87
SIGNIFOR LAR	77	SULFACETAMIDE		<i>tenofovir disoproxil fumarate</i>	37
<i>sildenafil citrate</i>	89, 99	SODIUM	11	TEPMETKO	28
<i>silodosin</i>	66	<i>sulfacetamide sodium</i>	11	<i>terazosin hcl</i>	66
<i>silver sulfadiazine</i>	7	<i>sulfacetamide sodium (acne)</i>	59	<i>terbinafine hcl</i>	19
SIMBRINZA	94	<i>sulfacetamide-prednisolone</i>	95	<i>terbutaline sulfate</i>	98
<i>simpesse</i>	74	<i>sulfadiazine</i>	11	<i>terconazole</i>	19, 20
<i>simvastatin</i>	53	<i>sulfamethoxazole-trimethoprim</i> ..	11	<i>teriflunomide</i>	57
<i>sirolimus</i>	84	<i>sulfasalazine</i>	88	<i>teriparatide</i>	89
SIRTURO	21	<i>sulindac</i>	3	<i>testosterone</i>	70
SKYCLARYS	56	<i>sumatriptan succinate</i>	20	<i>testosterone cypionate</i>	70
SKYRIZI	80	<i>sunitinib malate</i>	28	<i>testosterone enanthate</i>	70
SKYRIZI PEN	80	SUNLENCA	37	<i>tetrabenazine</i>	56
SLO-NIACIN	92	SURE COMFORT PEN		<i>tetracycline hcl</i>	11
<i>sodium chloride</i>	61, 92	NEEDLES	92	THALOMID	22
<i>sodium fluoride</i>	61, 89	SYEDA	74	<i>theophylline</i>	99
<i>sodium oxybate</i>	102	SYMBICORT	100	<i>theophylline er</i>	99
SODIUM		SYMDEKO	98	<i>thioridazine hcl</i>	31
PHENYLBUTYRATE	65	SYMLINPEN 120	40	<i>thiotepa</i>	21
<i>sodium phenylbutyrate</i>	65	SYMLINPEN 60	41	<i>thiothixene</i>	31
<i>sodium polystyrene sulfonate</i>	61	SYMPAZAN	13	<i>tiadylt er</i>	51
<i>solifenacin succinate</i>	66	SYMITUZA	35	<i>tiagabine hcl</i>	13

TIBSOVO	24	<i>triderm</i>	69	USTEKINUMAB	81
<i>ticagrelor</i>	48	TRIENTINE HCL	61	<i>valacyclovir hcl</i>	35
TICOVAC	87	<i>tri-estarylla</i>	74	VALCHLOR	21
<i>tigecycline</i>	7	<i>trifluoperazine hcl</i>	31	<i>valganciclovir hcl</i>	34
TILIA FE	74	<i>trifluridine</i>	35	<i>valproic acid</i>	13
<i>timolol maleate</i>	20, 94	<i>trihexyphenidyl hcl</i>	30	<i>valsartan</i>	49
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<i>tinidazole</i>	7	TRIKAFTA	98, 99	VALTOCO 10 MG DOSE	13
<i>tiotropium bromide</i>	97	TRI-LEGEST FE	74	VALTOCO 15 MG DOSE	13
TIVICAY	35	<i>tri-lo-estarylla</i>	74	VALTOCO 20 MG DOSE	13
TIVICAY PD	36	<i>tri-lo-sprintec</i>	74	VALTOCO 5 MG DOSE	13
<i>tizanidine hcl</i>	33	<i>trimethoprim</i>	7	<i>valtya 1/35</i>	74
TOBI PODHALER	98	<i>tri-mili</i>	74	<i>valtya 1/50</i>	74
TOBRADEX	95	<i>trimipramine maleate</i>	18	<i>vancomycin hcl</i>	7
<i>tobramycin</i>	6, 98	TRINTELLIX	16	VANFLYTA	28
<i>tobramycin sulfate</i>	6	<i>triphrocaps</i>	92	VANRAFIA	52
<i>tobramycin-dexamethasone</i>	95	<i>tri-sprintec</i>	74	VAQTA	87
<i>tolterodine tartrate</i>	66	TRIUMEQ	37	<i>ardenafil hcl</i>	90
<i>tolterodine tartrate er</i>	66	TRIUMEQ PD	37	<i>varenicline tartrate</i>	6
TOLVAPTAN	61	<i>trivora (28)</i>	74	<i>varenicline tartrate (starter)</i>	6
<i>tolvaptan</i>	61	<i>tri-vylibra</i>	74	VARIVAX	87
TOLVAPTAN		<i>tri-vylibra lo</i>	74	VARIZIG	87
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<i>tolvaptan (hyponatremia)</i>	61	<i>trospium chloride</i>	66	<i>velivet</i>	74
<i>topiramate</i>	14	<i>trospium chloride er</i>	66	VELTASSA	61
<i>toremifene citrate</i>	22	TRUE METRIX PRO		VENCLEXTA	23
<i>torpenz</i>	28	BLOOD GLUCOSE	47	VENCLEXTA STARTING	
<i>torseamide</i>	52	TRUEPLUS 5-BEVEL PEN		PACK	23
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TOUJEO SOLOSTAR	44	TRULICITY	41	<i>venlafaxine hcl</i>	39
TPN ELECTROLYTES	62	TRUMENBA	87	<i>venlafaxine hcl er</i>	17
TRADJENTA	41	TRUQAP	28	VENOFER	92
<i>tramadol hcl</i>	4	TRYPTYR	93	VENTAVIS	100
<i>tramadol-acetaminophen</i>	4	TUKYSA	23	VEOZAH	56
<i>trandolapril</i>	50	TURALIO	28	<i>verapamil hcl</i>	51
<i>trandolapril-verapamil hcl er</i>	50	<i>turqoz</i>	74	<i>verapamil hcl er</i>	51
<i>tranexamic acid</i>	47	TUSSLIN	89	VERQUVO	52
<i>tranylcypramine sulfate</i>	16	TUSSLIN PEDIATRIC	89	VERSACLOZ	33
TRAVASOL	61	TWINRIX	87	VERZENIO	24
<i>travoprost (bak free)</i>	93	<i>tyblume</i>	74	<i>vienna</i>	74
<i>trazodone hcl</i>	17	TYBOST	37	<i>vigabatrin</i>	13
TRECTOR	21	<i>tydemy</i>	74	<i>vigadrone</i>	13
TRELEGY ELLIPTA	101	TYPHIM VI	87	VIGAFYDE	14
TREMFYA	81	UBRELVY	20	VIGPODER	14
TREMFYA ONE-PRESS	81	ULTICARE PEN NEEDLES ...	92	<i>vilazodone hcl</i>	17
TREMFYA PEN	81	ULTILET PEN NEEDLE	92	VIMKUNYA	87
TREMFYA-CD/UC		ULTRA-THIN II PEN		<i>viorele</i>	74
INDUCTION	81	NEEDLES	92	VIRACEPT	38
<i>tretinoin</i>	29, 59	UNITHROID	76	VIREAD	37
<i>triamcinolone acetanide</i> . 58, 69, 96		UPTRAVI	99	<i>vitamin d (ergocalciferol)</i>	92
<i>triamterene</i>	53	UPTRAVI TITRATION	100	VITRAKVI	24
<i>triamterene-hctz</i>	53	<i>ursodiol</i>	63	VIVITROL	5

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VIZIMPRO.....	28	XPOVIO (40 MG TWICE WEEKLY).....	24		
VONJO.....	28	XPOVIO (60 MG ONCE WEEKLY).....	24		
VOQUEZNA.....	63	XPOVIO (60 MG TWICE WEEKLY).....	24		
VOQUEZNA DUAL PAK.....	63	XPOVIO (80 MG ONCE WEEKLY).....	24		
VOQUEZNA TRIPLE PAK.....	63	XPOVIO (80 MG TWICE WEEKLY).....	24		
VORANIGO.....	23	XTANDI.....	22		
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This formulary was updated on 5/28/2026. For more recent information or other questions, please contact Fallon Health Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/medicare.

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