

Fallon Health

2023 Formulary (List of Covered Drugs)

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

Formulary ID: 00023432: Version: 13

This formulary was updated on 03/28/2023. For more recent information or other questions, please contact Fallon Health Customer Service at 1-800-325-5669 (TTY users should call TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/medicare.

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

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

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

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

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

Updated: 03282023

What is the Fallon Health Formulary?

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

Can the Formulary (drug list) change?

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means

these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

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

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 91. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

cover Drug B.

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you

a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

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

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

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

For more information

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

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

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

Fallon Medicare Plus Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Fallon Medicare Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 91.

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

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

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

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Miscellaneous Therapeutic Agents	80
Ophthalmic Agents	82
Otic Agents	85
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Drug	Status	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule</i>	Tier 1	MO
<i>diclofenac potassium oral tablet 25 mg</i>	Tier 5	NEDS
<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 oral tablet delayed release</i>	Tier 1	MO
<i>diclofenac-misoprostol oral tablet delayed release</i>	Tier 2	MO
<i>diflunisal oral tablet</i>	Tier 2	MO
<i>etodolac er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>fenoprofen calcium oral capsule 400 mg</i>	Tier 1	MO
<i>fenoprofen calcium oral tablet</i>	Tier 1	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	Tier 1	MO
<i>ibuprofen oral suspension</i>	Tier 2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	MO
<i>indomethacin er oral capsule extended release</i>	Tier 1	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	MO
<i>ketoprofen er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	Tier 2	MO
<i>ketorolac tromethamine oral tablet</i>	Tier 2	
<i>meclofenamate sodium oral capsule</i>	Tier 2	MO
<i>meloxicam oral tablet</i>	Tier 1	MO
<i>nabumetone oral tablet</i>	Tier 2	MO
<i>naproxen oral suspension</i>	Tier 5	MO; NEDS
<i>naproxen oral tablet</i>	Tier 1	MO
<i>naproxen oral tablet delayed release</i>	Tier 1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	MO
<i>oxaprozin oral tablet</i>	Tier 2	MO
<i>piroxicam oral capsule</i>	Tier 2	MO
<i>salsalate oral tablet</i>	Tier 2	MO
<i>sulindac oral tablet</i>	Tier 2	MO
Opioid Analgesics, Long-Acting		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG	Tier 4	QL (60 EA per 30 days); NEDS
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG	Tier 5	QL (60 EA per 30 days); NEDS
<i>buprenorphine transdermal patch weekly</i>	Tier 2	NEDS

Drug	Status	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 2	NEDS
<i>levorphanol tartrate oral tablet</i>	Tier 5	NEDS
<i>methadone hcl injection solution</i>	Tier 5	NEDS
<i>methadone hcl oral solution</i>	Tier 2	NEDS
<i>methadone hcl oral tablet</i>	Tier 2	NEDS
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 2	NEDS
<i>morphine sulfate er oral tablet extended release</i>	Tier 2	NEDS
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg</i>	Tier 2	QL (2 EA per 1 day); NEDS
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	Tier 5	QL (2 EA per 1 day); NEDS
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	Tier 3	QL (2 EA per 1 day); NEDS
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	Tier 5	QL (2 EA per 1 day); NEDS
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #3 oral tablet</i>	Tier 1	NEDS
<i>acetaminophen-codeine oral solution</i>	Tier 2	NEDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	Tier 1	NEDS
<i>butorphanol tartrate nasal solution</i>	Tier 2	NEDS
<i>codeine sulfate oral tablet</i>	Tier 2	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>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 5	PA; QL (4 EA per 1 day); NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	Tier 2	PA; QL (4 EA per 1 day); NEDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier 2	NEDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	Tier 1	NEDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 2	NEDS
<i>hydromorphone hcl oral liquid</i>	Tier 2	NEDS
<i>hydromorphone hcl oral tablet</i>	Tier 2	NEDS

Drug	Status	Requirements/Limits
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 2	PA; NEDS
<i>meperidine hcl oral solution</i>	Tier 2	NEDS
<i>meperidine hcl oral tablet 50 mg</i>	Tier 2	NEDS
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</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 2	NEDS
<i>oxycodone hcl oral capsule</i>	Tier 2	NEDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 2	NEDS
<i>oxycodone hcl oral solution</i>	Tier 2	NEDS
<i>oxycodone hcl oral tablet</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
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	Tier 1	QL (200 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Tier 2	PA
<i>lidocaine hcl (pf) injection solution 1 %</i>	Tier 1	
<i>lidocaine hcl external solution</i>	Tier 2	
<i>lidocaine hcl injection solution 1 %, 2 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal external gel</i>	Tier 2	
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier 1	
<i>lidocaine-prilocaine external cream</i>	Tier 2	QL (200 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	Tier 2	MO
<i>disulfiram oral tablet</i>	Tier 2	MO
Opioid Dependence Treatments		
<i>buprenorphine hcl injection solution</i>	Tier 2	
<i>buprenorphine hcl sublingual tablet sublingual</i>	Tier 6	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	Tier 6	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Tier 6	

Drug	Status	Requirements/Limits
LUCEMYRA ORAL TABLET	Tier 5	NEDS
<i>naltrexone hcl oral tablet</i>	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 5	NEDS
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID	Tier 6	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 6	
<i>naloxone hcl injection solution cartridge</i>	Tier 6	
<i>naloxone hcl injection solution prefilled syringe</i>	Tier 6	
<i>naloxone hcl nasal liquid</i>	Tier 6	
NARCAN NASAL LIQUID	Tier 6	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	Tier 4	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier 2	
NICOTROL INHALATION INHALER	Tier 4	
<i>varenicline tartrate oral tablet</i>	Tier 2	QL (56 EA per 28 days)
<i>varenicline tartrate oral tablet therapy pack</i>	Tier 2	QL (53 EA per 28 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 6	HI
<i>gentak ophthalmic ointment</i>	Tier 1	
<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 10 mg/ml</i>	Tier 6	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	Tier 6	HI
<i>gentamicin sulfate ophthalmic solution</i>	Tier 1	
<i>neomycin sulfate oral tablet</i>	Tier 2	
<i>paromomycin sulfate oral capsule</i>	Tier 2	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 5	NEDS
<i>tobramycin ophthalmic solution</i>	Tier 1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	Tier 6	HI
ZEMDRI INTRAVENOUS SOLUTION	Tier 6	HI

Drug	Status	Requirements/Limits
Antibacterials, Other		
<i>bacitracin ophthalmic ointment</i>	Tier 2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 2	
CLEOCIN VAGINAL SUPPOSITORY	Tier 4	
<i>clindamycin hcl oral capsule</i>	Tier 2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier 2	
<i>clindamycin phosphate external gel</i>	Tier 2	QL (75 GM per 30 days)
<i>clindamycin phosphate external lotion</i>	Tier 2	
<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 2	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Tier 6	HI
<i>dalvance intravenous solution reconstituted</i>	Tier 6	HI
<i>daptomycin intravenous solution reconstituted</i>	Tier 6	HI
<i>firvanq oral solution reconstituted 25 mg/ml</i>	Tier 1	
<i>fosfomycin tromethamine oral packet</i>	Tier 2	
GLOBAL ALCOHOL PREP EASE PAD	Tier 4	
<i>linezolid intravenous solution 600 mg/300ml</i>	Tier 6	HI
<i>linezolid oral suspension reconstituted</i>	Tier 5	NEDS
<i>linezolid oral tablet</i>	Tier 2	
<i>methenamine hippurate oral tablet</i>	Tier 2	
<i>metronidazole external cream</i>	Tier 2	
<i>metronidazole external gel</i>	Tier 2	
<i>metronidazole external lotion</i>	Tier 4	
<i>metronidazole intravenous solution 500 mg/100ml</i>	Tier 6	HI
<i>metronidazole oral tablet</i>	Tier 1	
<i>metronidazole vaginal gel</i>	Tier 2	
<i>mupirocin external ointment</i>	Tier 2	QL (220 GM per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule 25 mg, 50 mg</i>	Tier 2	QL (56 EA per 14 days)

Drug	Status	Requirements/Limits
<i>nitrofurantoin monohydrate macro oral capsule</i>	Tier 2	
<i>nitrofurantoin oral suspension</i>	Tier 5	NEDS
<i>polymyxin b sulfate injection solution reconstituted</i>	Tier 6	HI
<i>rosadan external cream</i>	Tier 2	
<i>rosadan external gel</i>	Tier 2	
<i>silver sulfadiazine external cream</i>	Tier 2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
SOLOSEC ORAL PACKET	Tier 4	
<i>ssd external cream</i>	Tier 2	
<i>tigecycline intravenous solution reconstituted</i>	Tier 6	HI
<i>tinidazole oral tablet</i>	Tier 2	
<i>trimethoprim oral tablet</i>	Tier 2	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	Tier 6	HI
<i>vancomycin hcl oral capsule 125 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	Tier 2	QL (240 EA per 30 days)
<i>vancomycin hcl oral solution reconstituted</i>	Tier 1	
<i>vandazole vaginal gel</i>	Tier 2	
XIFAXAN ORAL TABLET 550 MG	Tier 5	MO; QL (3 EA per 1 day); NEDS
Beta-Lactam, Cephalosporins		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier 2	
<i>cefaclor oral capsule</i>	Tier 2	
<i>cefadroxil oral capsule</i>	Tier 2	
<i>cefadroxil oral suspension reconstituted</i>	Tier 2	
<i>cefadroxil oral tablet</i>	Tier 2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	Tier 6	HI
<i>cefdinir oral capsule</i>	Tier 2	
<i>cefdinir oral suspension reconstituted</i>	Tier 2	
<i>cefepime hcl injection solution reconstituted</i>	Tier 6	HI
<i>cefixime oral capsule</i>	Tier 2	
<i>cefixime oral suspension reconstituted</i>	Tier 2	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	Tier 2	

Drug	Status	Requirements/Limits
<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 2	
<i>cefpodoxime proxetil oral tablet</i>	Tier 2	
<i>cefprozil oral suspension reconstituted</i>	Tier 2	
<i>cefprozil oral tablet</i>	Tier 2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	Tier 6	HI
<i>ceftazidime intravenous solution reconstituted</i>	Tier 6	HI
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	Tier 6	HI
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	Tier 6	HI
<i>cefuroxime axetil oral tablet</i>	Tier 2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	Tier 6	HI
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	Tier 6	HI
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral capsule 750 mg</i>	Tier 2	
<i>cephalexin oral suspension reconstituted</i>	Tier 2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	Tier 4	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 6	HI
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	Tier 6	HI
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
Beta-Lactam, Other		
<i>aztreonam injection solution reconstituted</i>	Tier 6	HI
<i>ertapenem sodium injection solution reconstituted</i>	Tier 6	HI
<i>imipenem-cilastatin intravenous solution reconstituted</i>	Tier 6	HI
<i>meropenem intravenous solution reconstituted</i>	Tier 6	HI

Drug	Status	Requirements/Limits
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted</i>	Tier 1	
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</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 C-R 900/300 INTRAMUSCULAR SUSPENSION	Tier 4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	Tier 4	
<i>dicloxacillin sodium oral capsule</i>	Tier 2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 6	HI
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	Tier 6	HI
<i>oxacillin sodium in dextrose intravenous solution</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 20000000 unit</i>	Tier 6	HI
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	Tier 6	
<i>penicillin g sodium injection solution reconstituted</i>	Tier 6	HI

Drug	Status	Requirements/Limits
<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
<i>zosyn intravenous solution 2-0.25 gm/50ml, 3-0.375 gm/50ml</i>	Tier 6	HI
Macrolides		
AZASITE OPHTHALMIC SOLUTION	Tier 4	
<i>azithromycin intravenous solution reconstituted</i>	Tier 6	HI
<i>azithromycin oral suspension reconstituted</i>	Tier 2	
<i>azithromycin oral tablet</i>	Tier 1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier 2	
<i>clarithromycin oral suspension reconstituted</i>	Tier 2	
<i>clarithromycin oral tablet</i>	Tier 2	
DIFICID ORAL SUSPENSION RECONSTITUTED	Tier 5	QL (136 ML per 10 days); NEDS
DIFICID ORAL TABLET	Tier 5	QL (20 EA per 10 days); NEDS
<i>e.e.s. 400 oral tablet</i>	Tier 2	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 6	HI
<i>erythromycin base oral capsule delayed release particles</i>	Tier 2	
<i>erythromycin base oral tablet</i>	Tier 2	
<i>erythromycin base oral tablet delayed release 333 mg, 500 mg</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	Tier 5	NEDS
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 2	
<i>erythromycin ophthalmic ointment</i>	Tier 1	
<i>erythromycin oral tablet delayed release 250 mg</i>	Tier 1	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 2	
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
CILOXAN OPHTHALMIC OINTMENT	Tier 3	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>ciprofloxacin hcl oral tablet 100 mg</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	HI
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 2	
<i>levofloxacin oral solution</i>	Tier 2	
<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 2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted</i>	Tier 6	HI
<i>doxycycline hyclate oral capsule</i>	Tier 2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 2	
<i>doxycycline monohydrate oral capsule</i>	Tier 2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier 2	
<i>doxycycline monohydrate oral tablet</i>	Tier 2	
<i>minocycline hcl oral capsule</i>	Tier 2	
<i>minocycline hcl oral tablet</i>	Tier 2	
<i>mondoxylene nl oral capsule 100 mg</i>	Tier 2	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>tetracycline hcl oral capsule</i>	Tier 2	

Drug	Status	Requirements/Limits
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
BRIVIACT ORAL TABLET	Tier 5	PA NS; MO; NEDS
DIACOMIT ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
DIACOMIT ORAL PACKET	Tier 5	PA NS; MO; NEDS
FINTEPLA ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
<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>roweepra oral tablet 500 mg</i>	Tier 2	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Tier 4	MO
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 50 MG	Tier 5	MO; QL (90 EA per 30 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Tier 4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 5	QL (28 EA per 28 days); NEDS
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	Tier 4	MO
<i>ethosuximide oral capsule</i>	Tier 2	MO
<i>ethosuximide oral solution</i>	Tier 2	MO
ZONISADE ORAL SUSPENSION	Tier 4	ST
<i>zonisamide oral capsule</i>	Tier 2	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension</i>	Tier 2	PA NS; MO
<i>clobazam oral tablet</i>	Tier 2	PA NS; MO
<i>clonazepam oral tablet</i>	Tier 1	
<i>clonazepam oral tablet dispersible</i>	Tier 2	

Drug	Status	Requirements/Limits
DIAZEPAM INTENSOL ORAL CONCENTRATE	Tier 2	QL (240 ML per 30 days)
<i>diazepam rectal gel</i>	Tier 2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 2	MO
EPIDIOLEX ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
<i>gabapentin oral capsule</i>	Tier 2	MO
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 2	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 2	MO
NAYZILAM NASAL SOLUTION	Tier 5	QL (10 EA per 30 days); NEDS
<i>phenobarbital oral elixir</i>	Tier 2	MO
<i>phenobarbital oral tablet</i>	Tier 2	MO
<i>primidone oral tablet</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</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	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	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
Glutamate Reducing Agents		
<i>felbamate oral suspension</i>	Tier 5	MO; NEDS
<i>felbamate oral tablet</i>	Tier 2	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>lamotrigine oral kit 25 & 50 & 100 mg</i>	Tier 2	
<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>topiramate er oral capsule er 24 hour sprinkle</i>	Tier 2	MO
<i>topiramate oral capsule sprinkle</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>topiramate oral tablet</i>	Tier 1	MO
Sodium Channel Agents		
APTIOM ORAL TABLET	Tier 5	PA NS; MO; NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier 2	MO
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier 2	MO
<i>carbamazepine oral suspension</i>	Tier 2	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
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier 4	MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	Tier 2	
<i>lacosamide oral solution</i>	Tier 2	MO
<i>lacosamide oral tablet</i>	Tier 2	MO
<i>oxcarbazepine oral suspension</i>	Tier 2	MO
<i>oxcarbazepine oral tablet</i>	Tier 2	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 2	MO
<i>phenytoin oral tablet chewable</i>	Tier 2	MO
<i>phenytoin sodium extended oral capsule</i>	Tier 2	MO
<i>rufinamide oral suspension</i>	Tier 5	PA NS; MO; NEDS
<i>rufinamide oral tablet 200 mg</i>	Tier 3	PA NS; MO
<i>rufinamide oral tablet 400 mg</i>	Tier 5	PA NS; MO; NEDS
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet</i>	Tier 2	MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier 4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	MO
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>galantamine hydrobromide oral solution</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>galantamine hydrobromide oral tablet</i>	Tier 2	MO
<i>rivastigmine tartrate oral capsule</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour</i>	Tier 2	MO; QL (1 EA per 1 day)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour</i>	Tier 2	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 4	ST; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	Tier 2	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	Tier 2	MO
<i>bupropion hcl oral tablet</i>	Tier 2	MO
<i>mirtazapine oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	Tier 2	MO; QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET	Tier 4	MO
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier 5	PA NS; MO; NEDS
MARPLAN ORAL TABLET	Tier 3	MO
<i>phenelzine sulfate oral tablet</i>	Tier 2	MO
<i>tranylcypromine sulfate oral tablet</i>	Tier 2	MO
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor		
<i>citalopram hydrobromide oral solution</i>	Tier 2	MO
<i>citalopram hydrobromide oral tablet</i>	Tier 1	MO
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	MO; QL (1 EA per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	Tier 2	MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier 4	MO; QL (60 EA per 30 days)

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

Drug	Status	Requirements/Limits
<i>desipramine hcl oral tablet</i>	Tier 2	MO
<i>doxepin hcl oral capsule</i>	Tier 2	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
<i>nortriptyline hcl oral solution</i>	Tier 2	MO
<i>perphenazine-amitriptyline oral tablet</i>	Tier 2	MO
<i>protriptyline hcl oral tablet</i>	Tier 2	MO
<i>trimipramine maleate oral capsule</i>	Tier 2	MO

Antiemetics

Antiemetics, Other

<i>doxylamine-pyridoxine oral tablet delayed release</i>	Tier 2	
<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 syrup</i>	Tier 1	
<i>promethazine hcl oral tablet</i>	Tier 1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 2	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	Tier 2	
<i>scopolamine transdermal patch 72 hour</i>	Tier 2	

Emetogenic Therapy Adjuncts

<i>aprepitant oral capsule</i>	Tier 2	PA
<i>dronabinol oral capsule</i>	Tier 3	B/D
EMEND ORAL SUSPENSION RECONSTITUTED	Tier 4	PA
<i>granisetron hcl oral tablet</i>	Tier 2	B/D
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Tier 2	
<i>ondansetron hcl oral solution</i>	Tier 2	B/D
<i>ondansetron hcl oral tablet</i>	Tier 2	B/D
<i>ondansetron oral tablet dispersible</i>	Tier 2	B/D
SYNDROS ORAL SOLUTION	Tier 5	B/D; NEDS

Antifungals

Antifungals

ABELCET INTRAVENOUS SUSPENSION	Tier 6	B/D; HI
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	B/D; HI
<i>amphotericin b liposome intravenous suspension reconstituted</i>	Tier 6	B/D
BREXAFEMME ORAL TABLET	Tier 5	PA; QL (4 EA per 1 day); NEDS

Drug	Status	Requirements/Limits
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>ciclodan external solution</i>	Tier 3	
<i>ciclopirox external gel</i>	Tier 2	QL (100 GM per 30 days)
<i>ciclopirox external shampoo</i>	Tier 4	
<i>ciclopirox external solution</i>	Tier 3	
<i>ciclopirox olamine external cream</i>	Tier 2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 2	QL (60 ML per 30 days)
<i>clotrimazole external cream</i>	Tier 2	
<i>clotrimazole external solution</i>	Tier 2	QL (30 ML per 30 days)
<i>clotrimazole mouth/throat troche</i>	Tier 2	
<i>econazole nitrate external cream</i>	Tier 3	QL (85 GM per 30 days)
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
EXELDERM EXTERNAL CREAM	Tier 3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	Tier 6	HI
<i>fluconazole oral suspension reconstituted</i>	Tier 2	
<i>fluconazole oral tablet</i>	Tier 1	
<i>flucytosine oral capsule</i>	Tier 5	NEDS
<i>griseofulvin microsize oral suspension</i>	Tier 2	
<i>griseofulvin microsize oral tablet</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier 2	
<i>itraconazole oral capsule</i>	Tier 2	
<i>itraconazole oral solution</i>	Tier 5	NEDS
<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	
NOXAFIL ORAL SUSPENSION	Tier 5	PA; MO; NEDS
<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	

Drug	Status	Requirements/Limits
<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)
OXISTAT EXTERNAL LOTION	Tier 3	
<i>posaconazole oral tablet delayed release</i>	Tier 5	PA; MO; NEDS
<i>terbinafine hcl oral tablet</i>	Tier 1	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	Tier 2	
<i>terconazole vaginal suppository</i>	Tier 2	
VIVJOA ORAL CAPSULE THERAPY PACK	Tier 4	PA; QL (18 EA per 90 days)
<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 2	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	MO
<i>colchicine oral capsule</i>	Tier 2	
<i>colchicine oral tablet</i>	Tier 2	
<i>colchicine-probenecid oral tablet</i>	Tier 2	MO
<i>febuxostat oral tablet</i>	Tier 2	MO
<i>probenecid oral tablet</i>	Tier 2	MO
Anti-Inflammatory Agents		
Glucocorticoids		
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	Tier 2	
Nonsteroidal Anti-Inflammatory Drugs		
<i>etodolac oral capsule</i>	Tier 2	MO
<i>etodolac oral tablet</i>	Tier 2	MO
<i>flurbiprofen oral tablet</i>	Tier 2	MO
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection solution</i>	Tier 5	QL (8 ML per 30 days); NEDS
<i>dihydroergotamine mesylate nasal solution</i>	Tier 5	NEDS
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier 5	NEDS
<i>ergotamine-caffeine oral tablet</i>	Tier 2	

Drug	Status	Requirements/Limits
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (1 ML per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
EPRONTIA ORAL SOLUTION	Tier 4	
<i>timolol maleate oral tablet</i>	Tier 2	MO
UBRELVY ORAL TABLET	Tier 5	PA; QL (16 EA per 30 days); NEDS
Serotonin 5-Ht-Receptor Agonists		
<i>rizatriptan benzoate oral tablet</i>	Tier 2	QL (36 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 2	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 2	QL (8 ML per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier 3	
<i>pyridostigmine bromide oral solution</i>	Tier 5	NEDS
<i>pyridostigmine bromide oral tablet</i>	Tier 2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	Tier 2	MO
<i>rifabutin oral capsule</i>	Tier 2	
Antituberculars		
<i>ethambutol hcl oral tablet</i>	Tier 2	
<i>isoniazid oral syrup</i>	Tier 2	MO
<i>isoniazid oral tablet</i>	Tier 1	MO
PASER ORAL PACKET	Tier 4	
<i>pretomanid oral tablet</i>	Tier 2	
PRIFTIN ORAL TABLET	Tier 4	
<i>pyrazinamide oral tablet</i>	Tier 2	
<i>rifampin intravenous solution reconstituted</i>	Tier 6	HI
<i>rifampin oral capsule</i>	Tier 2	
SIRTURO ORAL TABLET	Tier 5	PA; NEDS
TRECATOR ORAL TABLET	Tier 4	

Drug	Status	Requirements/Limits
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Tier 2	B/D
<i>cyclophosphamide oral tablet</i>	Tier 2	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 4	
LEUKERAN ORAL TABLET	Tier 5	NEDS
MATULANE ORAL CAPSULE	Tier 5	NEDS
<i>thiotepa injection solution reconstituted 15 mg</i>	Tier 5	NEDS
VALCHLOR EXTERNAL GEL	Tier 5	PA NS; NEDS
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 2	PA NS
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 5	PA NS; NEDS
<i>bicalutamide oral tablet</i>	Tier 2	
ERLEADA ORAL TABLET 60 MG	Tier 5	PA NS; NEDS
<i>flutamide oral capsule</i>	Tier 2	
<i>nilutamide oral tablet</i>	Tier 5	NEDS
NUBEQA ORAL TABLET	Tier 5	PA NS; NEDS
XTANDI ORAL CAPSULE	Tier 5	PA NS; NEDS
XTANDI ORAL TABLET	Tier 5	PA NS; NEDS
YONSA ORAL TABLET	Tier 5	PA NS; NEDS
Antiangiogenic Agents		
<i>lenalidomide oral capsule</i>	Tier 5	PA NS; LA; NEDS
POMALYST ORAL CAPSULE	Tier 5	PA NS; NEDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	Tier 5	PA NS; NEDS
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	Tier 5	PA NS; LA; NEDS
THALOMID ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	Tier 5	NEDS
<i>fulvestrant intramuscular solution</i>	Tier 5	NEDS
<i>fulvestrant intramuscular solution prefilled syringe</i>	Tier 5	NEDS
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

Drug	Status	Requirements/Limits
Antimetabolites		
<i>hydroxyurea oral capsule</i>	Tier 2	
INQOVI ORAL TABLET	Tier 5	PA NS; QL (5 EA per 28 days); NEDS
LONSURF ORAL TABLET	Tier 5	PA NS; NEDS
<i>mercaptopurine oral tablet</i>	Tier 2	
ONUREG ORAL TABLET	Tier 5	PA NS; NEDS
PURIXAN ORAL SUSPENSION	Tier 5	NEDS
SIKLOS ORAL TABLET 100 MG	Tier 4	
SIKLOS ORAL TABLET 1000 MG	Tier 5	NEDS
TABLOID ORAL TABLET	Tier 4	
Antineoplastics, Other		
<i>azacitidine injection suspension reconstituted</i>	Tier 5	PA NS; NEDS
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	Tier 2	B/D
<i>bortezomib injection solution reconstituted 3.5 mg</i>	Tier 5	NEDS
COTELLIC ORAL TABLET	Tier 5	PA NS; NEDS
GAVRETO ORAL CAPSULE	Tier 5	PA NS; NEDS
GILOTRIF ORAL TABLET	Tier 5	PA NS; NEDS
IBRANCE ORAL CAPSULE	Tier 5	PA NS; NEDS
IBRANCE ORAL TABLET	Tier 5	PA NS; NEDS
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KRAZATI ORAL TABLET	Tier 5	PA NS; NEDS
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	Tier 2	
LUMAKRAS ORAL TABLET	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
NINLARO ORAL CAPSULE	Tier 5	PA NS; NEDS
ODOMZO ORAL CAPSULE	Tier 5	PA NS; NEDS
ONCASPAR INJECTION SOLUTION	Tier 5	NEDS
ORGOVYX ORAL TABLET	Tier 5	PA NS; NEDS
RETEVMO ORAL CAPSULE	Tier 5	PA NS; NEDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA NS; NEDS

Drug	Status	Requirements/Limits
TAGRISSE ORAL TABLET	Tier 5	PA NS; NEDS
TUKYSA ORAL TABLET	Tier 5	PA NS; NEDS
VELCADE INJECTION SOLUTION RECONSTITUTED	Tier 5	NEDS
VENCLEXTA ORAL TABLET 10 MG	Tier 4	PA NS
VENCLEXTA ORAL TABLET 100 MG, 50 MG	Tier 5	PA NS; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
WELIREG ORAL TABLET	Tier 5	PA NS; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 5	PA NS; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 5	PA NS; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 5	PA NS; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Tier 5	PA NS; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 5	PA NS; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
ZOLINZA ORAL CAPSULE	Tier 5	PA NS; NEDS
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	Tier 2	MO
<i>exemestane oral tablet</i>	Tier 2	MO
<i>letrozole oral tablet</i>	Tier 2	MO
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE	Tier 5	PA NS; NEDS
IDHIFA ORAL TABLET	Tier 5	PA NS; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
TIBSOVO ORAL TABLET	Tier 5	PA NS; NEDS
VERZENIO ORAL TABLET	Tier 5	PA NS; NEDS
VITRAKVI ORAL CAPSULE	Tier 5	PA NS; NEDS

Drug	Status	Requirements/Limits
VITRAKVI ORAL SOLUTION	Tier 5	PA NS; NEDS
XOSPATA ORAL TABLET	Tier 5	PA NS; NEDS
ZYDELIG ORAL TABLET	Tier 5	PA NS; NEDS
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE	Tier 5	PA NS; NEDS
ALUNBRIG ORAL TABLET	Tier 5	PA NS; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
AYVAKIT ORAL TABLET	Tier 5	PA NS; QL (1 EA per 1 day); NEDS
BALVERSA ORAL TABLET	Tier 5	PA NS; NEDS
BOSULIF ORAL TABLET	Tier 5	PA NS; NEDS
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5	PA NS; NEDS
BRUKINSA ORAL CAPSULE	Tier 5	PA NS; NEDS
CABOMETYX ORAL TABLET	Tier 5	PA NS; NEDS
CALQUENCE ORAL CAPSULE	Tier 5	PA NS; NEDS
CALQUENCE ORAL TABLET	Tier 5	PA NS; NEDS
CAPRELSA ORAL TABLET	Tier 5	PA NS; NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 5	PA NS; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 5	PA NS; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier 5	PA NS; NEDS
DAURISMO ORAL TABLET	Tier 5	PA NS; NEDS
ERIVEDGE ORAL CAPSULE	Tier 5	PA NS; NEDS
<i>erlotinib hcl oral tablet</i>	Tier 5	PA NS; NEDS
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	PA NS; NEDS
<i>everolimus oral tablet soluble</i>	Tier 5	PA NS; NEDS
EXKIVITY ORAL CAPSULE	Tier 5	PA NS; NEDS
FARYDAK ORAL CAPSULE	Tier 5	PA NS; NEDS
FOTIVDA ORAL CAPSULE	Tier 5	PA NS; NEDS
ICLUSIG ORAL TABLET	Tier 5	PA NS; NEDS
<i>imatinib mesylate oral tablet</i>	Tier 2	
IMBRUVICA ORAL CAPSULE	Tier 5	PA NS; NEDS
IMBRUVICA ORAL SUSPENSION	Tier 5	PA NS; NEDS
IMBRUVICA ORAL TABLET	Tier 5	PA NS; NEDS
INLYTA ORAL TABLET	Tier 5	PA NS; NEDS
INREBIC ORAL CAPSULE	Tier 5	PA NS; NEDS

Drug	Status	Requirements/Limits
IRESSA ORAL TABLET	Tier 5	PA NS; NEDS
JAKAFI ORAL TABLET	Tier 5	PA NS; NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KOSELUGO ORAL CAPSULE 10 MG	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
KOSELUGO ORAL CAPSULE 25 MG	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
<i>lapatinib ditosylate oral tablet</i>	Tier 5	PA NS; LA; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LORBRENA ORAL TABLET	Tier 5	PA NS; NEDS
LYNPARZA ORAL TABLET	Tier 5	PA NS; NEDS
MEKINIST ORAL TABLET	Tier 5	PA NS; NEDS
MEKTOVI ORAL TABLET	Tier 5	PA NS; NEDS
NERLYNX ORAL TABLET	Tier 5	PA NS; NEDS
PEMAZYRE ORAL TABLET	Tier 5	PA NS; NEDS
QINLOCK ORAL TABLET	Tier 5	PA NS; NEDS
ROZLYTREK ORAL CAPSULE	Tier 5	PA NS; NEDS
RUBRACA ORAL TABLET	Tier 5	PA NS; NEDS
RYDAPT ORAL CAPSULE	Tier 5	PA NS; NEDS
SCEMBLIX ORAL TABLET 20 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	Tier 5	PA NS; NEDS

Drug	Status	Requirements/Limits
<i>sorafenib tosylate oral tablet</i>	Tier 5	PA NS; NEDS
SPRYCEL ORAL TABLET	Tier 5	PA NS; NEDS
STIVARGA ORAL TABLET	Tier 5	PA NS; NEDS
<i>sunitinib malate oral capsule</i>	Tier 5	PA NS; NEDS
TABRECTA ORAL TABLET	Tier 5	PA NS; NEDS
TAFINLAR ORAL CAPSULE	Tier 5	PA NS; NEDS
TALZENNA ORAL CAPSULE	Tier 5	PA NS; NEDS
TASIGNA ORAL CAPSULE	Tier 5	PA NS; NEDS
TAZVERIK ORAL TABLET	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
TEPMETKO ORAL TABLET	Tier 5	PA NS; NEDS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; QL (21 EA per 28 days); NEDS
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; QL (42 EA per 28 days); NEDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; QL (42 EA per 28 days); NEDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; QL (63 EA per 28 days); NEDS
TURALIO ORAL CAPSULE 200 MG	Tier 5	PA NS; NEDS
UKONIQ ORAL TABLET	Tier 5	PA NS; NEDS
VIZIMPRO ORAL TABLET	Tier 5	PA NS; NEDS
VONJO ORAL CAPSULE	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
VOTRIENT ORAL TABLET	Tier 5	PA NS; NEDS
XALKORI ORAL CAPSULE	Tier 5	PA NS; NEDS
ZEJULA ORAL CAPSULE	Tier 5	PA NS; NEDS
ZELBORAF ORAL TABLET	Tier 5	PA NS; NEDS
ZYKADIA ORAL TABLET	Tier 5	PA NS; NEDS
Retinoids		
<i>bexarotene external gel</i>	Tier 5	PA NS; NEDS
<i>bexarotene oral capsule</i>	Tier 5	NEDS
PANRETIN EXTERNAL GEL	Tier 5	NEDS
<i>tretinoin oral capsule</i>	Tier 5	NEDS
Treatment Adjuncts		
<i>leucovorin calcium injection solution 100 mg/10ml</i>	Tier 2	
<i>leucovorin calcium oral tablet</i>	Tier 2	
MESNEX ORAL TABLET	Tier 5	NEDS

Drug	Status	Requirements/Limits
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	Tier 5	NEDS
<i>ivermectin oral tablet</i>	Tier 2	
<i>praziquantel oral tablet</i>	Tier 2	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	Tier 5	NEDS
<i>atovaquone oral suspension</i>	Tier 2	
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 2	
<i>chloroquine phosphate oral tablet</i>	Tier 2	MO
COARTEM ORAL TABLET	Tier 4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	Tier 2	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 2	MO
IMPAVIDO ORAL CAPSULE	Tier 5	NEDS
KRINTAFEL ORAL TABLET	Tier 4	
<i>mefloquine hcl oral tablet</i>	Tier 2	MO
<i>nitazoxanide oral tablet</i>	Tier 5	NEDS
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier 2	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	Tier 2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 2	
<i>pyrimethamine oral tablet</i>	Tier 5	NEDS
<i>quinine sulfate oral capsule</i>	Tier 2	PA
Pediculicides/Scabicides		
<i>lindane external shampoo</i>	Tier 2	
<i>malathion external lotion</i>	Tier 2	
<i>permethrin external cream</i>	Tier 3	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet</i>	Tier 1	MO
<i>trihexyphenidyl hcl oral solution</i>	Tier 2	MO
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	MO
Antiparkinson Agents, Other		
<i>entacapone oral tablet</i>	Tier 2	MO
<i>tolcapone oral tablet</i>	Tier 5	MO; NEDS

Drug	Status	Requirements/Limits
Dopamine Agonists		
<i>apomorphine hcl subcutaneous solution cartridge</i>	Tier 5	PA; NEDS
<i>bromocriptine mesylate oral capsule</i>	Tier 2	MO
<i>bromocriptine mesylate oral tablet</i>	Tier 2	MO
KYNMOBI SUBLINGUAL FILM	Tier 5	PA; NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier 4	MO
<i>pramipexole dihydrochloride oral tablet</i>	Tier 2	MO
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>ropinirole hcl oral tablet</i>	Tier 2	MO
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet</i>	Tier 2	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier 2	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 2	MO
INBRIJA INHALATION CAPSULE	Tier 5	PA; MO; QL (10 EA per 1 day); NEDS
RYTARY ORAL CAPSULE EXTENDED RELEASE	Tier 4	ST; MO
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet</i>	Tier 2	MO
<i>selegiline hcl oral capsule</i>	Tier 2	MO
<i>selegiline hcl oral tablet</i>	Tier 2	MO
ZELAPAR ORAL TABLET DISPERSIBLE	Tier 5	MO; NEDS
Antipsychotics		
1St Generation/Typical		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	Tier 4	
<i>chlorpromazine hcl oral concentrate</i>	Tier 2	MO
<i>chlorpromazine hcl oral tablet</i>	Tier 2	MO
<i>fluphenazine decanoate injection solution</i>	Tier 2	

Drug	Status	Requirements/Limits
FLUPHENAZINE HCL INJECTION SOLUTION	Tier 4	
FLUPHENAZINE HCL ORAL CONCENTRATE	Tier 4	MO
FLUPHENAZINE HCL ORAL ELIXIR	Tier 4	MO
<i>fluphenazine hcl oral tablet</i>	Tier 2	MO
<i>haloperidol decanoate intramuscular solution</i>	Tier 2	
<i>haloperidol lactate injection solution</i>	Tier 2	
<i>haloperidol lactate oral concentrate</i>	Tier 2	MO
<i>haloperidol oral tablet</i>	Tier 1	MO
<i>loxapine succinate oral capsule</i>	Tier 2	MO
<i>molindone hcl oral tablet</i>	Tier 2	MO
<i>perphenazine oral tablet</i>	Tier 2	MO
<i>pimozide oral tablet</i>	Tier 2	MO
<i>prochlorperazine maleate oral tablet</i>	Tier 1	MO
<i>prochlorperazine rectal suppository</i>	Tier 2	
<i>thioridazine hcl oral tablet</i>	Tier 1	MO
<i>thiothixene oral capsule</i>	Tier 2	MO
<i>trifluoperazine hcl oral tablet</i>	Tier 2	MO
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Tier 5	MO; NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier 5	MO; NEDS
<i>aripiprazole oral solution</i>	Tier 2	MO
<i>aripiprazole oral tablet</i>	Tier 2	MO
<i>aripiprazole oral tablet dispersible</i>	Tier 5	MO; NEDS
<i>asenapine maleate sublingual tablet sublingual</i>	Tier 2	MO
CAPLYTA ORAL CAPSULE	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
FANAPT ORAL TABLET	Tier 5	ST; NEDS
FANAPT TITRATION PACK ORAL TABLET	Tier 4	ST
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier 5	NEDS

Drug	Status	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 5	NEDS
LATUDA ORAL TABLET	Tier 5	MO; NEDS
<i>lurasidone hcl oral tablet</i>	Tier 2	MO
LYBALVI ORAL TABLET	Tier 5	ST; QL (30 EA per 30 days); NEDS
NUPLAZID ORAL CAPSULE	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Tier 2	
<i>olanzapine oral tablet</i>	Tier 2	MO
<i>olanzapine oral tablet dispersible</i>	Tier 2	MO
<i>paliperidone er oral tablet extended release 24 hour</i>	Tier 2	MO
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier 5	MO; NEDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	MO
REXULTI ORAL TABLET	Tier 5	MO; NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	Tier 3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	Tier 5	NEDS
<i>risperidone oral solution</i>	Tier 2	MO; QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible</i>	Tier 2	MO; QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE	Tier 5	ST; MO; QL (1 EA per 1 day); NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier 4	ST
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Tier 2	

Drug	Status	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Tier 4	
Treatment-Resistant		
<i>clozapine oral tablet</i>	Tier 2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	Tier 2	
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 5	NEDS
VERSACLOZ ORAL SUSPENSION	Tier 5	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet</i>	Tier 2	
<i>dantrolene sodium oral capsule</i>	Tier 2	
<i>tizanidine hcl oral tablet</i>	Tier 2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET	Tier 5	NEDS
PREVYMIS ORAL TABLET	Tier 5	PA; MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 5	MO; NEDS
<i>valganciclovir hcl oral tablet</i>	Tier 2	MO
ZIRGAN OPHTHALMIC GEL	Tier 4	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	Tier 2	PA; MO
BARACLUDE ORAL SOLUTION	Tier 5	MO; NEDS
<i>entecavir oral tablet</i>	Tier 2	MO
EPIVIR HBV ORAL SOLUTION	Tier 3	MO
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
<i>lamivudine oral tablet 100 mg</i>	Tier 2	MO
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL PACKET	Tier 5	PA; NEDS
EPCLUSA ORAL TABLET	Tier 5	PA; NEDS
HARVONI ORAL PACKET	Tier 5	PA; NEDS
HARVONI ORAL TABLET 90-400 MG	Tier 5	PA; NEDS
<i>ledipasvir-sofosbuvir oral tablet</i>	Tier 5	PA; NEDS
<i>sofosbuvir-velpatasvir oral tablet</i>	Tier 5	PA; NEDS
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
MAVYRET ORAL PACKET	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
MAVYRET ORAL TABLET	Tier 5	PA; NEDS
VOSEVI ORAL TABLET	Tier 5	PA; NEDS
Anti-Hepatitis C (Hcv) Agents, Other		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	NEDS
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED	Tier 5	NEDS
<i>ribavirin oral capsule</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension</i>	Tier 2	
<i>acyclovir oral tablet</i>	Tier 1	
<i>acyclovir sodium intravenous solution</i>	Tier 6	B/D; HI
<i>famciclovir oral tablet</i>	Tier 2	
SITAVIG BUCCAL TABLET	Tier 5	NEDS
<i>trifluridine ophthalmic solution</i>	Tier 2	
<i>valacyclovir hcl oral tablet</i>	Tier 2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 5	NEDS
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 5	MO; NEDS
GENVOYA ORAL TABLET	Tier 5	MO; NEDS
ISENTRESS HD ORAL TABLET	Tier 5	MO; NEDS
ISENTRESS ORAL PACKET	Tier 5	MO; NEDS
ISENTRESS ORAL TABLET	Tier 5	MO; NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier 5	MO; NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier 3	MO
STRIBILD ORAL TABLET	Tier 5	MO; NEDS
SYMTUZA ORAL TABLET	Tier 5	MO; NEDS
TIVICAY ORAL TABLET 10 MG	Tier 3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier 5	MO; NEDS
TIVICAY PD ORAL TABLET SOLUBLE	Tier 5	MO; NEDS

Drug	Status	Requirements/Limits
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET	Tier 5	MO; NEDS
EDURANT ORAL TABLET	Tier 5	MO; NEDS
<i>efavirenz oral capsule</i>	Tier 1	MO
<i>efavirenz oral tablet</i>	Tier 1	MO
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	Tier 5	MO; NEDS
<i>etravirine oral tablet</i>	Tier 5	MO; NEDS
INTELENCE ORAL TABLET 25 MG	Tier 4	MO
<i>nevirapine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nevirapine oral suspension</i>	Tier 2	MO
<i>nevirapine oral tablet</i>	Tier 2	MO
ODEFSEY ORAL TABLET	Tier 5	MO; NEDS
PIFELTRO ORAL TABLET	Tier 5	MO; NEDS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	Tier 2	MO
<i>abacavir sulfate oral tablet</i>	Tier 2	MO
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 2	MO
CIMDUO ORAL TABLET	Tier 5	MO; NEDS
DELSTRIGO ORAL TABLET	Tier 5	MO; NEDS
DESCOVY ORAL TABLET 120-15 MG	Tier 5	NEDS
DESCOVY ORAL TABLET 200-25 MG	Tier 5	MO; NEDS
DOVATO ORAL TABLET	Tier 5	MO; NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Tier 5	MO; NEDS
<i>emtricitabine oral capsule</i>	Tier 2	MO
<i>emtricitabine-tenofovir df oral tablet</i>	Tier 5	MO; NEDS
EMTRIVA ORAL SOLUTION	Tier 4	MO
JULUCA ORAL TABLET	Tier 5	MO; NEDS
<i>lamivudine oral solution</i>	Tier 2	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 2	MO
<i>lamivudine-zidovudine oral tablet</i>	Tier 2	MO
<i>stavudine oral capsule</i>	Tier 2	MO
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier 2	MO
TRIUMEQ ORAL TABLET	Tier 5	MO; NEDS
TRIZIVIR ORAL TABLET	Tier 5	MO; NEDS

Drug	Status	Requirements/Limits
VIREAD ORAL POWDER	Tier 5	MO; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	MO; NEDS
<i>zidovudine oral capsule</i>	Tier 2	MO
<i>zidovudine oral syrup</i>	Tier 2	MO
<i>zidovudine oral tablet</i>	Tier 2	MO
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
<i>maraviroc oral tablet</i>	Tier 5	MO; NEDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 5	MO; QL (2 EA per 1 day); NEDS
SELZENTRY ORAL SOLUTION	Tier 5	MO; NEDS
SELZENTRY ORAL TABLET 25 MG	Tier 3	MO
SELZENTRY ORAL TABLET 75 MG	Tier 5	MO; NEDS
SUNLENCA ORAL TABLET THERAPY PACK	Tier 5	
TRIUMEQ PD ORAL TABLET SOLUBLE	Tier 5	
TYBOST ORAL TABLET	Tier 3	MO
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	Tier 5	MO; NEDS
<i>atazanavir sulfate oral capsule</i>	Tier 2	MO
EVOTAZ ORAL TABLET	Tier 5	MO; NEDS
FOSAMPRENAVIR CALCIUM ORAL TABLET	Tier 5	MO; NEDS
LEXIVA ORAL SUSPENSION	Tier 4	MO
<i>lopinavir-ritonavir oral solution</i>	Tier 2	MO
<i>lopinavir-ritonavir oral tablet</i>	Tier 2	MO
NORVIR ORAL PACKET	Tier 3	MO
NORVIR ORAL SOLUTION	Tier 3	MO
PREZCOBIX ORAL TABLET	Tier 5	MO; NEDS
PREZISTA ORAL SUSPENSION	Tier 5	NEDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	Tier 5	NEDS
PREZISTA ORAL TABLET 75 MG	Tier 4	
REYATAZ ORAL PACKET	Tier 5	MO; NEDS
<i>ritonavir oral tablet</i>	Tier 2	MO
VIRACEPT ORAL TABLET	Tier 5	MO; NEDS

Drug	Status	Requirements/Limits
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	Tier 2	MO
<i>amantadine hcl oral solution</i>	Tier 2	
<i>amantadine hcl oral tablet</i>	Tier 2	MO
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	QL (25 ML per 1 day)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 4	
<i>rimantadine hcl oral tablet</i>	Tier 2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	Tier 3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	Tier 3	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet</i>	Tier 2	
<i>doxepin hcl oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral syrup</i>	Tier 2	
<i>hydroxyzine hcl oral tablet</i>	Tier 2	
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i>	Tier 2	
<i>alprazolam oral tablet</i>	Tier 1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	Tier 2	
<i>chlordiazepoxide hcl oral capsule</i>	Tier 1	
<i>clorazepate dipotassium oral tablet</i>	Tier 2	
<i>diazepam oral solution 5 mg/5ml</i>	Tier 2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>estazolam oral tablet</i>	Tier 2	QL (1 EA per 1 day)
<i>lorazepam injection solution 2 mg/ml</i>	Tier 2	
<i>lorazepam intensol oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Tier 1	QL (150 EA per 30 days)

Drug	Status	Requirements/Limits
<i>oxazepam oral capsule</i>	Tier 2	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>paroxetine hcl oral tablet</i>	Tier 1	MO
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	Tier 4	
<i>venlafaxine hcl oral tablet</i>	Tier 2	MO
Bipolar Agents		
Bipolar Agents, Other		
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier 2	MO
<i>ziprasidone hcl oral capsule</i>	Tier 2	MO
Mood Stabilizers		
<i>divalproex sodium oral tablet delayed release</i>	Tier 2	MO
<i>lamotrigine oral tablet</i>	Tier 1	MO
<i>lamotrigine oral tablet chewable</i>	Tier 2	MO
<i>lithium carbonate er oral tablet extended release</i>	Tier 2	MO
<i>lithium carbonate oral capsule</i>	Tier 1	MO
<i>lithium carbonate oral tablet</i>	Tier 2	MO
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	Tier 2	MO; QL (3 EA per 1 day)
<i>alogliptin benzoate oral tablet</i>	Tier 2	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	Tier 3	MO
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	MO
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	MO
CYCLOSET ORAL TABLET	Tier 4	MO
FARXIGA ORAL TABLET	Tier 3	MO
<i>glimepiride oral tablet</i>	Tier 1	MO
<i>glipizide er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>glipizide oral tablet</i>	Tier 1	MO
<i>glyburide micronized oral tablet</i>	Tier 2	MO
<i>glyburide oral tablet</i>	Tier 2	MO
GLYXAMBI ORAL TABLET	Tier 3	MO
JANUVIA ORAL TABLET	Tier 3	MO; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET	Tier 3	MO

Drug	Status	Requirements/Limits
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>metformin hcl oral solution</i>	Tier 2	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	MO
<i>miglitol oral tablet</i>	Tier 1	MO
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	QL (2 ML per 28 days)
<i>nateglinide oral tablet</i>	Tier 2	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 3	MO
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
<i>pioglitazone hcl oral tablet</i>	Tier 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Tier 2	MO; QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	Tier 2	MO; QL (8 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
SYNJARDY ORAL TABLET	Tier 3	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
TRADJENTA ORAL TABLET	Tier 3	MO; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
Blood Glucose Regulators		
<i>glipizide-metformin hcl oral tablet</i>	Tier 2	MO
<i>glyburide-metformin oral tablet</i>	Tier 2	MO; QL (4 EA per 1 day)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 3	QL (0.4 ML per 1 day)

Drug	Status	Requirements/Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 3	QL (0.8 ML per 1 day)
GVOKE KIT SUBCUTANEOUS SOLUTION	Tier 3	QL (0.8 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	Tier 3	QL (0.4 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 3	QL (0.8 ML per 1 day)
JANUMET ORAL TABLET	Tier 3	MO; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET	Tier 3	MO; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; QL (2 EA per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier 2	MO
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier 2	MO
Glycemic Agents		
<i>diazoxide oral suspension</i>	Tier 5	MO; NEDS
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier 3	
GLUCAGON EMERGENCY INJECTION KIT	Tier 3	
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Tier 4	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 4	
CVS GAUZE STERILE PAD 2"X2"	Tier 4	
HUMALOG INJECTION SOLUTION	Tier 3	MO
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO

Drug	Status	Requirements/Limits
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMULIN R INJECTION SOLUTION	Tier 3	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Tier 3	MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
<i>insulin lispro injection solution</i>	Tier 3	MO
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Tier 3	MO
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	Tier 3	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
LANTUS SUBCUTANEOUS SOLUTION	Tier 3	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	Tier 4	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
Blood Glucose Supplies		
Glucose Monitoring Test Supplies		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCU-CHEK GUIDE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)

Drug	Status	Requirements/Limits
ACCUTREND GLUCOSE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVANCE INTUITION TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX AMP TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX JAZZ TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX PRESTO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE 3 TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE 4 TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE II CHECK IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE II IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE PLATINUM IN VITRO STRIP	Tier 4	PA
ASSURE PRISM MULTI TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE PRO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
BIOSCANNER GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CARESENS N GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CARETOUCH TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
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)

Drug	Status	Requirements/Limits
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
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
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 READER DEVICE	Tier 4	PA
FREESTYLE LITE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
FREESTYLE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
GUARDIAN LINK 3 TRANSMITTER	Tier 4	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE	Tier 4	PA
GUARDIAN SENSOR (3)	Tier 4	PA
ONETOUCH ULTRA 2 KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH ULTRA MINI KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH VERIO IN VITRO STRIP	Tier 3	QL (5 EA per 1 day)
ONETOUCH VERIO IQ SYSTEM KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH VERIO KIT	Tier 3	QL (1 EA per 365 days)

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

Drug	Status	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 5	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier 2	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Tier 5	NEDS
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 2	
<i>heparin sodium (porcine) pf injection solution</i>	Tier 2	
<i>jantoven oral tablet</i>	Tier 1	MO
<i>warfarin sodium oral tablet</i>	Tier 1	MO
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule</i>	Tier 2	MO
CABLIVI INJECTION KIT	Tier 5	PA; NEDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	Tier 5	NEDS
MOZOBIL SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
MULPLETA ORAL TABLET	Tier 5	PA; NEDS
OXBRYTA ORAL TABLET 300 MG	Tier 5	PA; QL (8 EA per 1 day); NEDS
OXBRYTA ORAL TABLET 500 MG	Tier 5	PA; MO; QL (5 EA per 1 day); NEDS
OXBRYTA ORAL TABLET SOLUBLE	Tier 5	PA; QL (8 EA per 1 day); NEDS
PROMACTA ORAL PACKET	Tier 5	PA; MO; NEDS
PROMACTA ORAL TABLET	Tier 5	PA; MO; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 4	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier 5	PA; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier 6	
Hemostasis Agents		
<i>tranexamic acid oral tablet</i>	Tier 2	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 2	MO
BRILINTA ORAL TABLET	Tier 3	MO
<i>cilostazol oral tablet</i>	Tier 2	MO
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 30 days)

Drug	Status	Requirements/Limits
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	MO
<i>dipyridamole oral tablet</i>	Tier 2	MO
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	Tier 1	MO
<i>clonidine transdermal patch weekly</i>	Tier 2	MO
<i>guanfacine hcl oral tablet</i>	Tier 2	MO
<i>methyldopa oral tablet</i>	Tier 2	MO
<i>midodrine hcl oral tablet</i>	Tier 2	
Alpha-Adrenergic Blocking Agents		
<i>phenoxybenzamine hcl oral capsule</i>	Tier 5	NEDS
<i>prazosin hcl oral capsule</i>	Tier 2	MO
Angiotensin II Receptor Antagonists		
<i>amlodipine-olmesartan oral tablet</i>	Tier 2	MO
<i>candesartan cilexetil oral tablet</i>	Tier 2	MO
<i>candesartan cilexetil-hctz oral tablet</i>	Tier 2	MO
ENTRESTO ORAL TABLET	Tier 3	MO
<i>irbesartan oral tablet</i>	Tier 1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>losartan potassium oral tablet</i>	Tier 1	MO
<i>losartan potassium-hctz oral tablet</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet</i>	Tier 2	MO
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier 2	MO
<i>telmisartan oral tablet</i>	Tier 2	MO
<i>telmisartan-hctz oral tablet</i>	Tier 2	MO
<i>valsartan oral tablet</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>captopril oral tablet</i>	Tier 2	MO
<i>enalapril maleate oral tablet</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>fosinopril sodium oral tablet</i>	Tier 1	MO
<i>fosinopril sodium-hctz oral tablet</i>	Tier 2	MO
<i>lisinopril oral tablet</i>	Tier 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier 1	MO

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

Drug	Status	Requirements/Limits
<i>metoprolol tartrate oral tablet</i>	Tier 1	MO
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	MO
<i>pindolol oral tablet</i>	Tier 2	MO
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>propranolol hcl oral solution</i>	Tier 2	MO
<i>propranolol hcl oral tablet</i>	Tier 2	MO
Calcium Channel Blocking Agents		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier 2	MO
<i>amlodipine besylate oral tablet</i>	Tier 1	MO
<i>amlodipine besylate-valsartan oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	Tier 4	MO
<i>cartia xt oral capsule extended release 24 hour</i>	Tier 2	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier 2	MO
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</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 oral tablet</i>	Tier 1	MO
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier 2	MO
<i>felodipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>isradipine oral capsule</i>	Tier 2	MO
<i>matzim la oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nicardipine hcl oral capsule</i>	Tier 2	MO
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nifedipine oral capsule</i>	Tier 2	MO
<i>taztia xt oral capsule extended release 24 hour</i>	Tier 2	MO
<i>tiadylt er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
KERENDIA ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
<i>spironolactone oral tablet</i>	Tier 1	MO
<i>spironolactone-hctz oral tablet</i>	Tier 2	MO
<i>triamterene oral capsule</i>	Tier 2	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 2	MO
<i>triamterene-hctz oral tablet</i>	Tier 2	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	MO
<i>hydrochlorothiazide oral capsule</i>	Tier 1	MO
<i>hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>indapamide oral tablet</i>	Tier 1	MO
<i>metolazone oral tablet</i>	Tier 2	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 2	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 2	MO
<i>gemfibrozil oral tablet</i>	Tier 2	MO
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet</i>	Tier 1	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>fluvastatin sodium oral capsule</i>	Tier 2	MO
<i>lovastatin oral tablet</i>	Tier 1	MO
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO; QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet</i>	Tier 2	MO
<i>simvastatin oral tablet</i>	Tier 1	MO; QL (1.5 EA per 1 day)
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	Tier 2	MO
<i>cholestyramine light oral powder</i>	Tier 2	MO
<i>cholestyramine oral packet</i>	Tier 2	MO
<i>cholestyramine oral powder</i>	Tier 2	MO
<i>colesevelam hcl oral packet</i>	Tier 2	MO
<i>colesevelam hcl oral tablet</i>	Tier 2	MO
<i>colestipol hcl oral packet</i>	Tier 2	MO
<i>colestipol hcl oral tablet</i>	Tier 2	MO

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

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

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

Drug	Status	Requirements/Limits
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 5	MO; NEDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 5	MO; NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (1.6 ML per 30 days); NEDS
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	Tier 5	PA; QL (74 EA per 365 days); NEDS

Dental And Oral Agents

Dental And Oral Agents

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

Dermatological Agents

Dermatological Agents

<i>acitretin oral capsule</i>	Tier 2	
<i>acyclovir external ointment</i>	Tier 2	QL (15 GM per 14 days)
<i>adapalene external gel 0.1 %</i>	Tier 2	
<i>adapalene external solution</i>	Tier 5	NEDS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
<i>ammonium lactate external cream</i>	Tier 2	
<i>ammonium lactate external lotion</i>	Tier 2	
<i>azelaic acid external gel</i>	Tier 3	
<i>calcipotriene external cream</i>	Tier 3	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier 4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier 4	QL (120 ML per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 2	
<i>clobetasol prop emollient base external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>clobetasol propionate emulsion external foam</i>	Tier 4	
<i>clobetasol propionate external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external foam</i>	Tier 4	

Drug	Status	Requirements/Limits
<i>clobetasol propionate external gel</i>	Tier 3	QL (60 GM per 30 days)
<i>clobetasol propionate external lotion</i>	Tier 4	
<i>clobetasol propionate external ointment</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier 4	
<i>clobetasol propionate external solution</i>	Tier 3	QL (59 ML per 30 days)
<i>clocortolone pivalate external cream</i>	Tier 2	
CLODAN EXTERNAL SHAMPOO	Tier 4	
<i>clotrimazole-betamethasone external cream</i>	Tier 2	
<i>clotrimazole-betamethasone external lotion</i>	Tier 3	
CONDYLOX EXTERNAL GEL	Tier 4	
<i>diclofenac sodium external gel 1 %</i>	Tier 2	QL (960 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	Tier 3	QL (200 GM per 30 days)
<i>doxepin hcl external cream</i>	Tier 2	QL (90 GM per 30 days)
<i>doxycycline oral capsule delayed release</i>	Tier 2	
DUOBRII EXTERNAL LOTION	Tier 5	PA; NEDS
<i>erythromycin external gel</i>	Tier 2	
<i>erythromycin external solution</i>	Tier 2	
<i>fluorouracil external cream 0.5 %</i>	Tier 5	NEDS
<i>fluorouracil external cream 5 %</i>	Tier 2	
<i>fluorouracil external solution</i>	Tier 4	
<i>hydrocortisone (perianal) external cream</i>	Tier 2	
<i>imiquimod external cream 5 %</i>	Tier 4	
<i>methoxsalen rapid oral capsule</i>	Tier 5	NEDS
<i>mupirocin calcium external cream</i>	Tier 2	
OPZELURA EXTERNAL CREAM	Tier 5	PA; QL (240 GM per 30 days); NEDS
<i>pimecrolimus external cream</i>	Tier 3	
<i>podofilox external solution</i>	Tier 2	
<i>procto-med hc external cream</i>	Tier 2	
<i>procto-pak external cream</i>	Tier 2	
<i>proctosol hc external cream</i>	Tier 2	
<i>proctozone-hc external cream</i>	Tier 2	
REGRANEX EXTERNAL GEL	Tier 5	NEDS
SANTYL EXTERNAL OINTMENT	Tier 3	QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	Tier 2	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 2	
<i>tacrolimus external ointment</i>	Tier 3	
<i>tazarotene external cream</i>	Tier 3	

Drug	Status	Requirements/Limits
<i>tazarotene external gel</i>	Tier 4	
TAZORAC EXTERNAL CREAM 0.05 %	Tier 4	
TOVET EXTERNAL FOAM	Tier 4	
<i>tretinoin external cream</i>	Tier 2	
<i>tretinoin external gel</i>	Tier 2	
VTAMA EXTERNAL CREAM	Tier 5	PA; QL (60 GM per 30 days); NEDS
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>aminosyn ii intravenous solution 15 %</i>	Tier 6	B/D
<i>carglumic acid oral tablet soluble</i>	Tier 5	PA; NEDS
CLINISOL SF INTRAVENOUS SOLUTION	Tier 6	B/D; HI
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	Tier 6	HI
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	Tier 6	HI
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	Tier 6	HI
<i>klor-con 10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m15 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m20 oral tablet extended release</i>	Tier 2	MO
<i>klor-con oral packet 20 meq</i>	Tier 2	MO
<i>klor-con oral tablet extended release</i>	Tier 2	MO
K-PHOS NO 2 ORAL TABLET	Tier 4	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Tier 6	HI
<i>na sulfate-k sulfate-mg sulf oral solution</i>	Tier 4	
ORACIT ORAL SOLUTION	Tier 4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	Tier 6	HI
PLASMA-LYTE A INTRAVENOUS SOLUTION	Tier 6	HI
PLENAMINE INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>potassium chloride crys er oral tablet extended release</i>	Tier 2	MO
<i>potassium chloride er oral capsule extended release</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>potassium chloride er oral tablet extended release</i>	Tier 2	MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	Tier 6	HI
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	Tier 6	HI
<i>potassium chloride oral packet</i>	Tier 2	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 2	MO
<i>potassium citrate er oral tablet extended release</i>	Tier 2	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	Tier 6	HI
PREMASOL INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
PROSOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Tier 6	HI
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 1	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier 4	
TRAVASOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox oral tablet soluble</i>	Tier 5	MO; NEDS
<i>deferiprone oral tablet</i>	Tier 5	PA; MO; NEDS
DOJOLVI ORAL LIQUID	Tier 5	PA; MO; NEDS
JYNARQUE ORAL TABLET	Tier 5	PA; NEDS
JYNARQUE ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
<i>penicillamine oral tablet</i>	Tier 5	NEDS
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
TOLVAPTAN ORAL TABLET 15 MG	Tier 5	PA; NEDS
<i>tolvaptan oral tablet 30 mg</i>	Tier 5	PA; NEDS
TRIENTINE HCL ORAL CAPSULE	Tier 5	NEDS
VELTASSA ORAL PACKET	Tier 5	MO; NEDS
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	Tier 6	B/D; HI

Drug	Status	Requirements/Limits
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 6	HI
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %	Tier 6	HI
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	Tier 6	HI
<i>intralipid intravenous emulsion 20 %</i>	Tier 6	B/D; HI
INTRALIPID INTRAVENOUS EMULSION 30 %	Tier 6	B/D; HI
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 6	HI
NUTRILIPID INTRAVENOUS EMULSION	Tier 6	B/D; HI
PROCALAMINE INTRAVENOUS SOLUTION	Tier 6	B/D
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	Tier 6	HI
Vitamins		
<i>doxercalciferol oral capsule</i>	Tier 3	MO
PNV-DHA ORAL CAPSULE	Tier 4	
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	
<i>vp-pnv-dha oral capsule</i>	Tier 2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	Tier 1	
<i>dicyclomine hcl oral solution</i>	Tier 2	
<i>dicyclomine hcl oral tablet</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>glycopyrrolate oral solution</i>	Tier 2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>methscopolamine bromide oral tablet</i>	Tier 4	
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	Tier 5	PA NS; MO; NEDS
BYLVAY ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
CLENPIQ ORAL SOLUTION	Tier 3	
<i>diphenoxylate-atropine oral liquid</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	
GATTEX SUBCUTANEOUS KIT	Tier 5	PA; MO; NEDS
LIVMARLI ORAL SOLUTION	Tier 5	PA; QL (90 ML per 30 days); NEDS
<i>loperamide hcl oral capsule</i>	Tier 2	
<i>metoclopramide hcl injection solution</i>	Tier 2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
MOTOFEN ORAL TABLET	Tier 4	
MOVANTI ORAL TABLET	Tier 3	
OICALIVA ORAL TABLET	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	Tier 4	
RELISTOR ORAL TABLET	Tier 5	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	Tier 5	NEDS
<i>ursodiol oral capsule 300 mg</i>	Tier 2	MO
<i>ursodiol oral tablet</i>	Tier 2	MO
XERMELO ORAL TABLET	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 2	MO
<i>cimetidine oral tablet 200 mg</i>	Tier 2	
<i>cimetidine oral tablet 300 mg</i>	Tier 2	MO
<i>cimetidine oral tablet 400 mg, 800 mg</i>	Tier 2	MO
<i>famotidine oral suspension reconstituted</i>	Tier 2	MO
<i>famotidine oral tablet 20 mg</i>	Tier 2	MO
<i>famotidine oral tablet 40 mg</i>	Tier 2	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet</i>	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS

Drug	Status	Requirements/Limits
LINZESS ORAL CAPSULE	Tier 3	MO
<i>lubiprostone oral capsule</i>	Tier 3	MO
Laxatives		
<i>constulose oral solution</i>	Tier 2	MO
<i>enulose oral solution</i>	Tier 2	MO
<i>gavilyte-c oral solution reconstituted</i>	Tier 2	
<i>gavilyte-g oral solution reconstituted</i>	Tier 2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	Tier 2	
<i>generlac oral solution</i>	Tier 2	MO
<i>lactulose oral solution 10 gm/15ml</i>	Tier 2	MO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Tier 2	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 2	
Protectants		
<i>misoprostol oral tablet</i>	Tier 2	MO
<i>sucralfate oral suspension</i>	Tier 2	MO
<i>sucralfate oral tablet</i>	Tier 2	MO
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE	Tier 3	MO
<i>dexlansoprazole oral capsule delayed release</i>	Tier 3	MO
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier 3	MO
<i>lansoprazole oral capsule delayed release</i>	Tier 2	MO
<i>omeprazole oral capsule delayed release 10 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	MO; QL (2 EA per 1 day)
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	PA; HI; LA
<i>betaine oral powder</i>	Tier 5	MO; NEDS

Drug	Status	Requirements/Limits
CERDELGA ORAL CAPSULE	Tier 5	PA; MO; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier 3	MO
CYSTAGON ORAL CAPSULE	Tier 4	MO
ENDARI ORAL PACKET	Tier 5	PA; NEDS
GALAFOLD ORAL CAPSULE	Tier 5	PA; MO; NEDS
GLASSIA INTRAVENOUS SOLUTION	Tier 6	PA; HI
<i>miglustat oral capsule</i>	Tier 5	PA; MO; NEDS
<i>nitisinone oral capsule</i>	Tier 5	PA; MO; NEDS
ORFADIN ORAL CAPSULE 20 MG	Tier 5	PA; MO; NEDS
ORFADIN ORAL SUSPENSION	Tier 5	PA; MO; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	PA; HI
RAVICTI ORAL LIQUID	Tier 5	MO; NEDS
RUZURGI ORAL TABLET	Tier 5	PA; MO; NEDS
<i>sapropterin dihydrochloride oral packet</i>	Tier 5	PA; MO; NEDS
SODIUM PHENYL BUTYRATE ORAL TABLET	Tier 5	MO; NEDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	PA; HI
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier 4	MO
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>flavoxate hcl oral tablet</i>	Tier 2	MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Tier 4	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>oxybutynin chloride oral syrup</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet</i>	Tier 1	MO
<i>solifenacin succinate oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>tolterodine tartrate oral tablet</i>	Tier 2	MO
<i>trospium chloride er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>trospium chloride oral tablet</i>	Tier 2	MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 2	MO; QL (1 EA per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	MO
<i>doxazosin mesylate oral tablet</i>	Tier 2	MO
<i>dutasteride oral capsule</i>	Tier 2	MO
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>finasteride oral tablet 5 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>silodosin oral capsule</i>	Tier 2	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 2	PA; MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>terazosin hcl oral capsule</i>	Tier 1	MO
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	Tier 2	
ELMIRON ORAL CAPSULE	Tier 5	NEDS
Phosphate Binders		
AURYXIA ORAL TABLET	Tier 5	PA; MO; NEDS
<i>calcium acetate (phos binder) oral capsule</i>	Tier 2	MO
<i>calcium acetate oral tablet 667 mg</i>	Tier 2	MO
<i>sevelamer carbonate oral packet</i>	Tier 5	MO; NEDS
<i>sevelamer carbonate oral tablet</i>	Tier 2	MO
<i>sevelamer hcl oral tablet</i>	Tier 2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR INJECTION GEL	Tier 5	PA; NEDS
<i>ala-cort external cream</i>	Tier 2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external cream</i>	Tier 2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 2	QL (240 GM per 30 days)

Drug	Status	Requirements/Limits
<i>amcinonide external cream</i>	Tier 2	
<i>amcinonide external lotion</i>	Tier 2	
AMCINONIDE EXTERNAL OINTMENT	Tier 4	
<i>betamethasone dipropionate aug external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Tier 4	QL (180 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 4	QL (150 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone valerate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 2	QL (150 GM per 30 days)
CAPEX EXTERNAL SHAMPOO	Tier 4	
CORTROPHIN INJECTION GEL	Tier 5	PA; NEDS
<i>desonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>desonide external lotion</i>	Tier 4	QL (240 ML per 30 days)
<i>desonide external ointment</i>	Tier 4	QL (240 GM per 30 days)
<i>desoximetasone external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>desoximetasone external gel</i>	Tier 4	QL (180 GM per 30 days)
<i>desoximetasone external ointment</i>	Tier 4	QL (180 GM per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>dexamethasone oral elixir</i>	Tier 2	
<i>dexamethasone oral solution</i>	Tier 2	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>dexamethasone oral tablet therapy pack</i>	Tier 2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Tier 2	
<i>diflorasone diacetate external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>diflorasone diacetate external ointment</i>	Tier 5	QL (180 GM per 30 days); NEDS
EMFLAZA ORAL SUSPENSION	Tier 5	PA; NEDS
EMFLAZA ORAL TABLET	Tier 5	PA; NEDS
<i>fludrocortisone acetate oral tablet</i>	Tier 2	MO
<i>fluocinolone acetonide body external oil</i>	Tier 3	
<i>fluocinolone acetonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external ointment</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	Tier 4	QL (90 ML per 30 days)

Drug	Status	Requirements/Limits
<i>fluocinolone acetonide scalp external oil</i>	Tier 3	
<i>fluocinonide emulsified base external cream</i>	Tier 4	QL (120 GM per 30 days)
<i>fluocinonide external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	Tier 4	QL (60 ML per 30 days)
<i>fluticasone propionate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>fluticasone propionate external lotion</i>	Tier 4	QL (240 ML per 30 days)
<i>fluticasone propionate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>halcinonide external cream</i>	Tier 3	
<i>halobetasol propionate external cream</i>	Tier 4	QL (150 GM per 30 days)
<i>halobetasol propionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
HALOG EXTERNAL OINTMENT	Tier 4	
<i>hydrocortisone butyrate external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>hydrocortisone butyrate external ointment</i>	Tier 4	QL (180 GM per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	QL (240 ML per 30 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	Tier 4	QL (180 GM per 30 days)
MEDROL ORAL TABLET 2 MG	Tier 4	
<i>methylprednisolone oral tablet</i>	Tier 2	
<i>methylprednisolone oral tablet therapy pack</i>	Tier 2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Tier 2	
<i>mometasone furoate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external solution</i>	Tier 2	
<i>prednicarbate external ointment</i>	Tier 2	QL (180 GM per 30 days)
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>prednisone oral solution</i>	Tier 2	
<i>prednisone oral tablet</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>prednisone oral tablet therapy pack</i>	Tier 2	
RECORLEV ORAL TABLET	Tier 5	PA; QL (240 EA per 30 days); NEDS
<i>taperdex 7-day oral tablet therapy pack 1.5 mg (27)</i>	Tier 2	
TEXACORT EXTERNAL SOLUTION	Tier 4	QL (240 ML per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	Tier 4	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	QL (150 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 1	QL (150 GM per 30 days)
<i>triderm external cream 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triderm external cream 0.5 %</i>	Tier 1	QL (150 GM per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</i>	Tier 2	MO
<i>desmopressin acetate injection solution</i>	Tier 5	NEDS
<i>desmopressin acetate oral tablet</i>	Tier 2	MO
<i>desmopressin acetate spray nasal solution</i>	Tier 2	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 12 MG	Tier 5	PA; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	Tier 4	PA
INCRELEX SUBCUTANEOUS SOLUTION	Tier 5	PA; LA; MO; NEDS
<i>octreotide acetate subcutaneous solution prefilled syringe</i>	Tier 2	MO
STIMATE NASAL SOLUTION	Tier 5	MO; NEDS

Drug	Status	Requirements/Limits
VYNDAMAX ORAL CAPSULE	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
VYNDAQEL ORAL CAPSULE	Tier 5	PA; MO; QL (4 EA per 1 day); NEDS
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM ORAL TABLET	Tier 5	PA; MO; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
<i>oxandrolone oral tablet</i>	Tier 2	PA
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	Tier 4	PA; MO
<i>danazol oral capsule</i>	Tier 2	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	Tier 2	MO
<i>testosterone enanthate intramuscular solution</i>	Tier 2	MO
<i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 2	PA; MO
Estrogens		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	Tier 4	MO; QL (8 EA per 28 days)
<i>altavera oral tablet</i>	Tier 2	MO
<i>alyacen 1/35 oral tablet</i>	Tier 2	MO
<i>amabelz oral tablet</i>	Tier 2	MO
<i>amethia oral tablet</i>	Tier 2	MO
<i>amethyst oral tablet</i>	Tier 2	MO
ANGELIQ ORAL TABLET	Tier 4	MO
<i>apri oral tablet</i>	Tier 2	MO
<i>aranelle oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>ashlyna oral tablet</i>	Tier 2	MO
<i>aubra eq oral tablet</i>	Tier 2	MO
<i>aviane oral tablet</i>	Tier 2	MO
<i>balziva oral tablet</i>	Tier 2	MO
<i>blisovi 24 fe oral tablet</i>	Tier 2	MO
<i>blisovi fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>briellyn oral tablet</i>	Tier 2	MO
<i>camrese lo oral tablet</i>	Tier 2	MO
<i>caziant oral tablet</i>	Tier 2	MO
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	Tier 4	MO
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier 4	MO
<i>cryselle-28 oral tablet</i>	Tier 2	MO
<i>cyred eq oral tablet</i>	Tier 2	MO
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 2	MO
<i>dolishale oral tablet</i>	Tier 2	MO
<i>dotti transdermal patch twice weekly</i>	Tier 2	MO; QL (8 EA per 28 days)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	Tier 2	MO
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 2	MO
<i>eluryng vaginal ring</i>	Tier 2	MO
<i>emoquette oral tablet</i>	Tier 2	MO
<i>enpresse-28 oral tablet</i>	Tier 2	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	Tier 2	MO
<i>estarylla oral tablet</i>	Tier 2	MO
<i>estradiol oral tablet</i>	Tier 1	MO
<i>estradiol transdermal patch twice weekly</i>	Tier 2	MO; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 2	MO
<i>estradiol vaginal tablet</i>	Tier 2	MO
<i>estradiol-norethindrone acet oral tablet</i>	Tier 2	MO
ESTRING VAGINAL RING	Tier 4	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier 2	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 2	MO
<i>falmina oral tablet</i>	Tier 2	MO
FEMRING VAGINAL RING	Tier 4	MO
<i>femynor oral tablet</i>	Tier 2	MO
<i>finzala oral tablet chewable</i>	Tier 2	MO
<i>fyavolv oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>gemmily oral capsule</i>	Tier 2	MO
<i>hailey 24 fe oral tablet</i>	Tier 2	MO
<i>iclevia oral tablet</i>	Tier 2	MO
<i>introvale oral tablet</i>	Tier 2	MO
<i>isibloom oral tablet</i>	Tier 2	MO
<i>jasmiel oral tablet</i>	Tier 2	MO
<i>jinteli oral tablet</i>	Tier 2	MO
<i>juleber oral tablet</i>	Tier 2	MO
<i>junel 1.5/30 oral tablet</i>	Tier 2	MO
<i>junel 1/20 oral tablet</i>	Tier 2	MO
<i>junel fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>junel fe 1/20 oral tablet</i>	Tier 2	MO
<i>junel fe 24 oral tablet</i>	Tier 2	MO
<i>kaitlib fe oral tablet chewable</i>	Tier 2	MO
<i>kariva oral tablet</i>	Tier 2	MO
<i>kelnor 1/35 oral tablet</i>	Tier 2	MO
<i>kelnor 1/50 oral tablet</i>	Tier 2	MO
<i>kurvelo oral tablet</i>	Tier 2	MO
<i>larin 1.5/30 oral tablet</i>	Tier 2	MO
<i>larin 1/20 oral tablet</i>	Tier 2	MO
<i>larin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>larin fe 1/20 oral tablet</i>	Tier 2	MO
<i>larissia oral tablet</i>	Tier 2	MO
<i>layolis fe oral tablet chewable</i>	Tier 2	MO
<i>leena oral tablet</i>	Tier 2	MO
<i>lessina oral tablet</i>	Tier 2	MO
<i>levonest oral tablet</i>	Tier 2	MO
<i>levonorgest-eth est & eth est oral tablet</i>	Tier 2	MO
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 2	MO
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 2	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 2	MO
<i>levora 0.15/30 (28) oral tablet</i>	Tier 2	MO
<i>loryna oral tablet</i>	Tier 2	MO
<i>low-ogestrel oral tablet</i>	Tier 2	MO
<i>lutera oral tablet</i>	Tier 2	MO
<i>lyllana transdermal patch twice weekly</i>	Tier 2	MO; QL (8 EA per 28 days)
<i>marlissa oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
MENEST ORAL TABLET	Tier 4	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier 4	MO
<i>merzee oral capsule</i>	Tier 2	MO
<i>microgestin 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin 1/20 oral tablet</i>	Tier 2	MO
<i>microgestin 24 fe oral tablet</i>	Tier 2	MO
<i>microgestin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin fe 1/20 oral tablet</i>	Tier 2	MO
<i>mili oral tablet</i>	Tier 2	MO
<i>mimvey oral tablet</i>	Tier 2	MO
<i>necon 0.5/35 (28) oral tablet</i>	Tier 2	MO
<i>necon 1/35 (28) oral tablet</i>	Tier 2	MO
<i>nikki oral tablet</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral capsule</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 2	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethindrone-eth estradiol oral tablet</i>	Tier 2	MO
<i>norethindron-ethinyl estrad-fe oral tablet</i>	Tier 2	MO
<i>norethin-eth estradiol-fe oral tablet chewable</i>	Tier 2	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 2	MO
<i>norgestim-eth estrad triphasic oral tablet</i>	Tier 2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier 2	MO
<i>nortrel 1/35 (21) oral tablet</i>	Tier 2	MO
<i>nortrel 1/35 (28) oral tablet</i>	Tier 2	MO
<i>nortrel 7/7/7 oral tablet</i>	Tier 2	MO
<i>nylia 1/35 oral tablet</i>	Tier 2	MO
<i>nylia 7/7/7 oral tablet</i>	Tier 2	MO
<i>nymyo oral tablet</i>	Tier 2	MO
<i>ocella oral tablet</i>	Tier 2	MO
<i>orsythia oral tablet</i>	Tier 2	MO
<i>pimtrea oral tablet</i>	Tier 2	MO
<i>pirmella 1/35 oral tablet</i>	Tier 2	MO
<i>portia-28 oral tablet</i>	Tier 2	MO
<i>prefest oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
PREMARIN ORAL TABLET	Tier 4	MO
PREMARIN VAGINAL CREAM	Tier 3	MO
PREMPHASE ORAL TABLET	Tier 4	MO
PREMPRO ORAL TABLET	Tier 4	MO
<i>previfem oral tablet</i>	Tier 2	MO
<i>reclipsen oral tablet</i>	Tier 2	MO
<i>rivelsa oral tablet</i>	Tier 2	MO
<i>setlakin oral tablet</i>	Tier 2	MO
<i>sprintec 28 oral tablet</i>	Tier 2	MO
<i>sronyx oral tablet</i>	Tier 2	MO
<i>syeda oral tablet</i>	Tier 2	MO
<i>tarina 24 fe oral tablet</i>	Tier 2	MO
<i>tarina fe 1/20 eq oral tablet</i>	Tier 2	MO
<i>taysofy oral capsule</i>	Tier 2	MO
<i>tilia fe oral tablet</i>	Tier 2	MO
<i>tri-estarylla oral tablet</i>	Tier 2	MO
<i>tri-legest fe oral tablet</i>	Tier 2	MO
<i>tri-lo-estarylla oral tablet</i>	Tier 2	MO
<i>tri-lo-sprintec oral tablet</i>	Tier 2	MO
<i>tri-mili oral tablet</i>	Tier 2	MO
<i>trinessa (28) oral tablet</i>	Tier 2	MO
<i>tri-nymyo oral tablet</i>	Tier 2	MO
<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>tydemy oral tablet</i>	Tier 2	MO
<i>velivet oral tablet</i>	Tier 2	MO
<i>vienva oral tablet</i>	Tier 2	MO
<i>vyfemla oral tablet</i>	Tier 2	MO
<i>vylibra oral tablet</i>	Tier 2	MO
<i>wymzya fe oral tablet chewable</i>	Tier 2	MO
<i>yuvafem vaginal tablet</i>	Tier 2	MO
<i>zovia 1/35 (28) oral tablet</i>	Tier 2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
BIJUVA ORAL CAPSULE	Tier 4	MO

Drug	Status	Requirements/Limits
<i>estradiol vaginal cream</i>	Tier 1	MO
Progestins		
<i>camila oral tablet</i>	Tier 2	MO
CRINONE VAGINAL GEL	Tier 4	PA
<i>deblitane oral tablet</i>	Tier 2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Tier 3	QL (0.65 ML per 90 days)
<i>errin oral tablet</i>	Tier 2	MO
<i>hydroxyprogesterone caproate intramuscular solution</i>	Tier 5	NEDS
<i>incassia oral tablet</i>	Tier 2	MO
<i>lyleq oral tablet</i>	Tier 2	MO
<i>lyza oral tablet</i>	Tier 2	MO
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	Tier 1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 2	MO
<i>megestrol acetate oral tablet</i>	Tier 2	
<i>nora-be oral tablet</i>	Tier 2	MO
<i>norethindrone acetate oral tablet</i>	Tier 2	MO
<i>norethindrone oral tablet</i>	Tier 2	MO
<i>sharobel oral tablet</i>	Tier 2	MO
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET	Tier 4	PA; MO
<i>raloxifene hcl oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox oral tablet</i>	Tier 1	MO
<i>levo-t oral tablet</i>	Tier 1	MO
<i>levothyroxine sodium oral tablet</i>	Tier 1	MO
<i>levoxyl oral tablet</i>	Tier 1	MO
<i>liothyronine sodium oral tablet</i>	Tier 2	MO

Drug	Status	Requirements/Limits
SYNTHROID ORAL TABLET	Tier 4	MO
<i>unithroid oral tablet</i>	Tier 1	MO
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA ORAL TABLET	Tier 5	PA; MO; NEDS
LYSODREN ORAL TABLET	Tier 5	NEDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	Tier 2	QL (32 EA per 30 days)
ELIGARD SUBCUTANEOUS KIT	Tier 4	
<i>lanreotide acetate subcutaneous solution</i>	Tier 5	PA NS; NEDS
<i>leuprolide acetate injection kit</i>	Tier 5	NEDS
LEUPROLIDE ACETATE INTRAMUSCULAR INJECTABLE	Tier 4	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Tier 5	NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Tier 5	NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Tier 5	NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier 2	MO
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Tier 5	MO; NEDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	Tier 5	MO; NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	Tier 5	PA NS; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	LA; MO; NEDS
SYNAREL NASAL SOLUTION	Tier 5	NEDS

Drug	Status	Requirements/Limits
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	Tier 2	MO
<i>propylthiouracil oral tablet</i>	Tier 2	MO
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	Tier 6	PA; HI
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	PA; HI
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
ICATIBANT ACETATE SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>sajazir subcutaneous solution</i>	Tier 5	PA; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier 5	PA; QL (4 ML per 28 days); NEDS
Antiangiogenic Agents		
EMPAVELI SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (200 ML per 28 days); NEDS
Immune Suppressants		
<i>azathioprine sodium injection solution reconstituted</i>	Tier 5	B/D; NEDS
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	Tier 6	B/D; HI
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	Tier 6	B/D; HI
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	Tier 6	B/D; HI
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	B/D; HI
GAMMAKED INJECTION SOLUTION 1 GM/10ML	Tier 6	B/D; HI

Drug	Status	Requirements/Limits
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	Tier 6	B/D; HI
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	Tier 6	B/D; HI
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	Tier 6	B/D; HI
PANZYGA INTRAVENOUS SOLUTION	Tier 6	B/D; HI
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	Tier 6	B/D; HI
Immunological Agents, Other		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier 5	PA NS; LA; MO; NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA NS; NEDS
CIBINQO ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier 5	PA; MO; NEDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier 5	PA; MO; NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 5	PA; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Tier 5	PA; MO; NEDS
<i>leflunomide oral tablet</i>	Tier 2	MO
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 5	PA; MO; NEDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS

Drug	Status	Requirements/Limits
RIDAURA ORAL CAPSULE	Tier 5	MO; NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	Tier 5	PA; QL (1 EA per 1 day); NEDS
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
SKYRIZI INTRAVENOUS SOLUTION	Tier 5	PA; MO; NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Tier 5	PA; QL (1.2 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Tier 5	PA; MO; QL (2.4 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
SOTYKTU ORAL TABLET	Tier 5	PA; NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
XELJANZ ORAL SOLUTION	Tier 5	PA; MO; NEDS
XELJANZ ORAL TABLET	Tier 5	PA; MO; NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; MO; NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
Immunomodulators		
ILARIS SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
SYNAGIS INTRAMUSCULAR SOLUTION	Tier 5	PA; NEDS
Immunosuppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>azathioprine oral tablet</i>	Tier 2	B/D; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 5	PA; NEDS
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; NEDS
<i>cyclosporine modified oral capsule</i>	Tier 2	B/D; MO
<i>cyclosporine modified oral solution</i>	Tier 2	B/D; MO
<i>cyclosporine oral capsule</i>	Tier 2	B/D; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; QL (8 EA per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (3 ML per 30 days); NEDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 5	B/D; MO; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 2	B/D; MO
<i>gengraf oral solution</i>	Tier 2	B/D; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS

Drug	Status	Requirements/Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA PEN-PSOR/UEVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
LUPKYNIS ORAL CAPSULE	Tier 5	PA; MO; QL (6 EA per 1 day); NEDS
<i>methotrexate oral tablet</i>	Tier 2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution reconstituted</i>	Tier 2	
<i>methotrexate sodium oral tablet</i>	Tier 2	
<i>mycophenolate mofetil oral capsule</i>	Tier 2	B/D; MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier 5	B/D; MO; NEDS
<i>mycophenolate mofetil oral tablet</i>	Tier 2	B/D; MO

Drug	Status	Requirements/Limits
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 2	B/D; MO
OTEZLA ORAL TABLET	Tier 5	PA; MO; NEDS
OTEZLA ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
PROGRAF ORAL PACKET	Tier 4	B/D; MO
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	MO
REZUROCK ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days); NEDS
SANDIMMUNE ORAL SOLUTION	Tier 4	B/D; MO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>sirolimus oral solution</i>	Tier 5	B/D; MO; NEDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	Tier 2	B/D; MO
<i>sirolimus oral tablet 2 mg</i>	Tier 5	B/D; MO; NEDS
<i>tacrolimus oral capsule</i>	Tier 2	B/D; MO
TAVNEOS ORAL CAPSULE	Tier 5	PA; QL (180 EA per 30 days); NEDS
<i>trexall oral tablet</i>	Tier 2	
XATMEP ORAL SOLUTION	Tier 4	
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
ADACEL INTRAMUSCULAR SUSPENSION	Tier 6	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	Tier 6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 6	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 6	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier 6	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 6	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Tier 6	B/D

Drug	Status	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
HAVRIX INTRAMUSCULAR SUSPENSION	Tier 6	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 6	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED	Tier 6	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
INFANRIX INTRAMUSCULAR SUSPENSION	Tier 6	
IPOL INJECTION INJECTABLE	Tier 6	
IXIARO INTRAMUSCULAR SUSPENSION	Tier 6	
JYNNEOS SUBCUTANEOUS SUSPENSION	Tier 6	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
MENACTRA INTRAMUSCULAR SOLUTION	Tier 6	
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 6	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier 6	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
<i>prehevbrio intramuscular suspension</i>	Tier 6	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 6	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	

Drug	Status	Requirements/Limits
RECOMBIVAX HB INJECTION SUSPENSION	Tier 6	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Tier 6	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 6	
ROTATEQ ORAL SOLUTION	Tier 6	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 6	QL (2 EA per 999 days)
STAMARIL INJECTION SUSPENSION RECONSTITUTED	Tier 6	
TDVAX INTRAMUSCULAR SUSPENSION	Tier 6	
TENIVAC INTRAMUSCULAR INJECTABLE	Tier 6	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier 6	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 6	
VAQTA INTRAMUSCULAR SUSPENSION	Tier 6	
VARIVAX SUBCUTANEOUS INJECTABLE	Tier 6	
VARIZIG INTRAMUSCULAR SOLUTION	Tier 6	
YF-VAX SUBCUTANEOUS INJECTABLE	Tier 6	

Inflammatory Bowel Disease Agents

Aminosalicylates

<i>balsalazide disodium oral capsule</i>	Tier 2	
DIPENTUM ORAL CAPSULE	Tier 5	MO; NEDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 2	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 2	
<i>mesalamine rectal enema</i>	Tier 2	
<i>mesalamine rectal suppository</i>	Tier 2	
<i>mesalamine-cleanser rectal kit</i>	Tier 2	
<i>sulfasalazine oral tablet</i>	Tier 2	MO
<i>sulfasalazine oral tablet delayed release</i>	Tier 2	MO

Drug	Status	Requirements/Limits
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour</i>	Tier 5	NEDS
<i>budesonide oral capsule delayed release particles</i>	Tier 2	
<i>hydrocortisone oral tablet</i>	Tier 2	
<i>hydrocortisone rectal enema</i>	Tier 2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) injection solution</i>	Tier 5	NEDS
<i>calcitonin (salmon) nasal solution</i>	Tier 2	MO
<i>calcitriol oral capsule</i>	Tier 2	MO
<i>calcitriol oral solution</i>	Tier 2	MO
<i>cinacalcet hcl oral tablet</i>	Tier 2	MO
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	Tier 5	PA; MO; NEDS
FOSAMAX PLUS D ORAL TABLET	Tier 4	MO
<i>ibandronate sodium oral tablet</i>	Tier 2	MO; QL (1 EA per 28 days)
<i>paricalcitol oral capsule</i>	Tier 2	PA; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA
<i>risedronate sodium oral tablet 150 mg</i>	Tier 2	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	Tier 2	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	Tier 5	PA; MO; NEDS
XGEVA SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS 31G X 6 MM	Tier 4	
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM	Tier 4	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	Tier 4	
BD DISP NEEDLES 25G X 7/8" , 30G X 1/2"	Tier 4	

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 1/2UNIT	Tier 4	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	Tier 4	
BD PEN	Tier 4	
BD PEN MINI	Tier 4	
BD PEN NEEDLE MICRO U/F	Tier 4	
BD PEN NEEDLE MINI U/F	Tier 4	
BD PEN NEEDLE NANO 2ND GEN	Tier 4	
BD PEN NEEDLE NANO U/F	Tier 4	
BD PEN NEEDLE ORIGINAL U/F	Tier 4	
BD PEN NEEDLE SHORT U/F	Tier 4	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Tier 4	
BD SYRINGE LUER-LOK 1 ML	Tier 4	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	Tier 4	
COMFORT EZ PEN NEEDLES 32G X 8 MM	Tier 4	
CRYSVITA SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
<i>dichlorphenamide oral tablet</i>	Tier 5	PA; NEDS
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
DROPLET PEN NEEDLES 32G X 8 MM	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8"	Tier 4	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Tier 4	
HYPODERMIC NEEDLE 25G X 3/4" , 26G X 3/8" , 26G X 5/8"	Tier 4	
INSUPEN SENSITIVE 32G X 8 MM	Tier 4	
KEVEYIS ORAL TABLET	Tier 5	PA; NEDS
<i>levocarnitine oral solution</i>	Tier 2	MO
<i>levocarnitine oral tablet</i>	Tier 2	MO
LITETOUCH PEN NEEDLES 29G X 12.7MM	Tier 4	
<i>methylergonovine maleate oral tablet</i>	Tier 5	NEDS

Drug	Status	Requirements/Limits
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 26G X 1/2" , 27G X 1/2" , 30G X 3/4"	Tier 4	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	Tier 4	
NATPARA SUBCUTANEOUS CARTRIDGE	Tier 5	PA; MO; NEDS
PEN NEEDLES 30G X 8 MM	Tier 4	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 4	
PURE COMFORT PEN NEEDLE 32G X 8 MM	Tier 4	
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Tier 4	
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
TECHLITE PEN NEEDLES 32G X 8 MM	Tier 4	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Tier 4	
ULTICARE PEN NEEDLES 29G X 12.7MM	Tier 4	
ULTILET PEN NEEDLE 29G X 12.7MM	Tier 4	
ULTRA-THIN II PEN NEEDLES	Tier 4	
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	Tier 3	MO
COMBIGAN OPHTHALMIC SOLUTION	Tier 3	MO
<i>latanoprost ophthalmic solution</i>	Tier 2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 3	MO
RHOPRESSA OPHTHALMIC SOLUTION	Tier 3	MO
<i>travoprost (bak free) ophthalmic solution</i>	Tier 2	MO
Ophthalmic Agents, Other		
<i>ak-poly-bac ophthalmic ointment</i>	Tier 2	
ATROPINE SULFATE OPHTHALMIC OINTMENT	Tier 4	MO

Drug	Status	Requirements/Limits
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 2	MO
CYSTADROPS OPHTHALMIC SOLUTION	Tier 5	PA; MO; NEDS
CYSTARAN OPHTHALMIC SOLUTION	Tier 5	PA; MO; NEDS
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	
<i>proparacaine hcl ophthalmic solution</i>	Tier 2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 3	MO
RESTASIS OPHTHALMIC EMULSION	Tier 2	MO
ROCKLATAN OPHTHALMIC SOLUTION	Tier 4	MO
Ophthalmic Anti-Allergy Agents		
ALOCRILOPHTHALMIC SOLUTION	Tier 4	
<i>azelastine hcl ophthalmic solution</i>	Tier 2	
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	
<i>epinastine hcl ophthalmic solution</i>	Tier 2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 2	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 2	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier 3	MO
<i>apraclonidine hcl ophthalmic solution</i>	Tier 2	
<i>betaxolol hcl ophthalmic solution</i>	Tier 2	MO
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution</i>	Tier 2	MO
<i>brinzolamide ophthalmic suspension</i>	Tier 1	MO
<i>carteolol hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	Tier 2	MO
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier 3	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MO

Drug	Status	Requirements/Limits
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	MO
SIMBRINZA OPHTHALMIC SUSPENSION	Tier 3	MO
<i>timolol maleate (once-daily) ophthalmic solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic gel forming solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic solution</i>	Tier 1	MO
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	Tier 2	MO
Ophthalmic Anti-Inflammatories		
ALOMIDE OPHTHALMIC SOLUTION	Tier 4	
ALREX OPHTHALMIC SUSPENSION	Tier 3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier 3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 2	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 2	
<i>diclofenac sodium ophthalmic solution</i>	Tier 2	
<i>difluprednate ophthalmic emulsion</i>	Tier 2	
EYSUVIS OPHTHALMIC SUSPENSION	Tier 4	QL (16.6 ML per 30 days)
<i>fluorometholone ophthalmic suspension</i>	Tier 2	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier 2	
FML FORTE OPHTHALMIC SUSPENSION	Tier 3	
FML OPHTHALMIC OINTMENT	Tier 3	
INVELTYS OPHTHALMIC SUSPENSION	Tier 4	
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<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	
MAXIDEX OPHTHALMIC SUSPENSION	Tier 3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 2	
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PRED MILD OPHTHALMIC SUSPENSION	Tier 4	
PRED-G OPHTHALMIC SUSPENSION	Tier 3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier 3	
<i>prednisolone acetate ophthalmic suspension</i>	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	Tier 4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 2	
TOBRADEX OPHTHALMIC OINTMENT	Tier 3	

Drug	Status	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 2	
Otic Agents		
Otic Agents		
<i>acetazol hc otic solution</i>	Tier 2	
<i>acetic acid otic solution</i>	Tier 2	
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 2	
<i>flac otic oil</i>	Tier 2	
<i>fluocinolone acetonide otic oil</i>	Tier 2	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 2	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 2	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	Tier 2	
<i>cyproheptadine hcl oral tablet</i>	Tier 2	
<i>diphenhydramine hcl injection solution</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule</i>	Tier 2	
<i>levocetirizine dihydrochloride oral tablet</i>	Tier 2	QL (1 EA per 1 day)
<i>olopatadine hcl nasal solution</i>	Tier 2	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	Tier 2	MO
<i>budesonide inhalation suspension</i>	Tier 2	B/D; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	Tier 3	MO
FLOVENT HFA INHALATION AEROSOL	Tier 3	MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 2	
<i>fluticasone propionate nasal suspension</i>	Tier 2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	MO

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 2	MO; QL (2 EA per 1 day)
<i>zileuton er oral tablet extended release 12 hour</i>	Tier 5	MO; QL (4 EA per 1 day); NEDS
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier 4	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 3	MO
<i>ipratropium bromide inhalation solution</i>	Tier 2	B/D; MO
<i>ipratropium bromide nasal solution</i>	Tier 2	MO
<i>ipratropium-albuterol inhalation solution</i>	Tier 2	B/D; MO
SPIRIVA HANDIHALER INHALATION CAPSULE	Tier 3	MO
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution</i>	Tier 1	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Tier 2	B/D; MO
<i>albuterol sulfate oral syrup</i>	Tier 2	MO
<i>albuterol sulfate oral tablet</i>	Tier 2	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	Tier 2	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 2	
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier 2	B/D; MO
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	MO
PROAIR HFA INHALATION AEROSOL SOLUTION	Tier 3	MO
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 3	MO

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

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

Drug	Status	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; MO; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Tier 5	PA; NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 3	MO
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet</i>	Tier 2	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier 2	
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule</i>	Tier 2	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	Tier 2	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	Tier 2	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual</i>	Tier 2	
Sleep Disorders, Other		
<i>doxepin hcl oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>modafinil oral tablet</i>	Tier 2	PA; MO; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>sodium oxybate oral solution</i>	Tier 5	PA; LA; NEDS
<i>triazolam oral tablet</i>	Tier 2	QL (60 EA per 30 days)
XYREM ORAL SOLUTION	Tier 5	PA; LA; NEDS
XYWAV ORAL SOLUTION	Tier 5	PA; NEDS
Sleep Promoting Agents		
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<i>cefprozil</i>	9	CLINIMIX E/DEXTROSE (2.75/5)	56	COMETRIQ (140 MG DAILY DOSE)	25
<i>ceftazidime</i>	9	CLINIMIX E/DEXTROSE (4.25/10)	57	COMETRIQ (60 MG DAILY DOSE)	25
<i>ceftriaxone sodium</i>	9	CLINIMIX E/DEXTROSE (4.25/5)	57	COMFORT ASSIST INSULIN SYRINGE	39
<i>cefuroxime axetil</i>	9	CLINIMIX E/DEXTROSE (5/15)	57	COMFORT EZ PEN NEEDLES	81
<i>cefuroxime sodium</i>	9	CLINIMIX E/DEXTROSE (5/20)	57	COMPLERA	34
<i>celecoxib</i>	3	CLINIMIX/DEXTROSE (4.25/10)	57	CONDYLOX	54
CELONTIN	13	CLINIMIX/DEXTROSE (4.25/5)	57	<i>constulose</i>	59
<i>cephalexin</i>	9	CLINIMIX/DEXTROSE (5/15)	57	CONTOUR NEXT TEST	42
CERDELGA	60	CLINIMIX/DEXTROSE (5/20)	57	CONTOUR TEST	42
<i>cevimeline hcl</i>	53	CLINISOL SF	55	COPIKTRA	24
<i>chlordiazepoxide hcl</i>	36	<i>clobazam</i>	13	CORLANOR	48
<i>chlordiazepoxide-amitriptyline</i> ..	17	<i>clobetasol prop emollient base</i> ..	53	CORTROPHIN	62
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<i>chloroquine phosphate</i>	28	<i>clobetasol propionate e</i>	53	COSENTYX (300 MG DOSE)	73
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<i>chlorpromazine hcl</i>	29	<i>clocortolone pivalate</i>	54	COSENTYX SENSOREADY PEN	73
<i>chlorthalidone</i>	49	CLODAN	54	COTELLIC	23
<i>cholestyramine</i>	49	<i>clomipramine hcl</i>	17	CREON	60
<i>cholestyramine light</i>	49			CRINONE	70
CIBINQO	73			<i>cromolyn sodium</i>	83, 87
<i>ciclodan</i>	19			<i>cryselle-28</i>	66
<i>ciclopirox</i>	19			CRYSVITA	81
<i>ciclopirox olamine</i>	19			CVS GAUZE STERILE	39
<i>cilostazol</i>	44			<i>cyclobenzaprine hcl</i>	89
CILOXAN	11			<i>cyclopentolate hcl</i>	83
CIMDUO	34			<i>cyclophosphamide</i>	22
<i>cimetidine</i>	58				
<i>cimetidine hcl</i>	58				
CIMZIA	75				
<i>cinacalcet hcl</i>	80				
CINRYZE	72				
<i>ciprofloxacin hcl</i>	11, 12				
<i>ciprofloxacin in d5w</i>	12				

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<i>cyclosporine</i>	75	<i>diazoxide</i>	39	<i>dronabinol</i>	18
<i>cyclosporine modified</i>	75	<i>dichlorphenamide</i>	81	DROPLET INSULIN	
<i>cyproheptadine hcl</i>	85	<i>diclofenac potassium</i>	3	SYRINGE	81
<i>cyred eq</i>	66	<i>diclofenac sodium</i>	3, 54, 84	DROPLET PEN NEEDLES ... 81	
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CYSTAGON	60	<i>diclofenac-misoprostol</i>	3	<i>drospirenone-ethinyl estradiol</i> ... 66	
CYSTARAN	83	<i>dicloxacillin sodium</i>	10	<i>droxidopa</i>	48
<i>dalfampridine er</i>	52	<i>dicyclomine hcl</i>	57	<i>duloxetine hcl</i>	17
<i>dalvance</i>	7	DIFICID	11	DUOBRII	54
<i>danazol</i>	65	<i>diflorasone diacetate</i>	62	DUPIXENT	73
<i>dantrolene sodium</i>	32	<i>diflunisal</i>	3	<i>duramorph</i>	4
<i>dapsone</i>	21	<i>difluprednate</i>	84	<i>dutasteride</i>	61
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<i>daptomycin</i>	7	<i>digox</i>	48	<i>e.e.s. 400</i>	11
<i>darifenacin hydrobromide er</i> 60		<i>digoxin</i>	48	EASY PLUS II GLUCOSE	
DAURISMO	25	<i>dihydroergotamine mesylate</i> 20		TEST	42
<i>deblitane</i>	70	DILANTIN	15	EASY STEP TEST	42
<i>deferasirox</i>	56	<i>diltiazem hcl</i>	47	EASY TALK BLOOD	
<i>deferiprone</i>	56	<i>diltiazem hcl er</i>	47	GLUCOSE TEST	42
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<i>desonide</i>	62	<i>diphtheria-tetanus toxoids dt</i> 77		EDURANT	34
<i>desoximetasone</i>	62	<i>dipyridamole</i>	45	<i>efavirenz</i>	34
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DEXAMETHASONE		<i>divalproex sodium er</i>	21	ELIQUIS	43
INTENSOL	62	<i>dofetilide</i>	46	ELIQUIS DVT/PE	
<i>dexamethasone sodium</i>		DOJOLVI	56	STARTER PACK	43
<i>phosphate</i>	62, 84	<i>dolishale</i>	66	ELIXOPHYLLIN	87
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<i>dexmethylphenidate hcl</i>	51	DOVATO	34	EMPAVELI	72
<i>dexmethylphenidate hcl er</i>	51	<i>doxazosin mesylate</i>	61	EMSAM	16
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<i>dextrose</i>	57	<i>doxy 100</i>	12	EMTRIVA	34
DEXTROSE-NACL	57	<i>doxycycline</i>	54	<i>enalapril maleate</i>	45
<i>dextrose-nacl</i>	57	<i>doxycycline hyclate</i>	12	<i>enalapril-hydrochlorothiazide</i> ... 45	
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<i>diazepam</i>	14, 36	<i>doxylamine-pyridoxine</i>	18	ENBREL MINI	75

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ENDARI	60	<i>etravirine</i>	34	<i>fluconazole</i>	19
<i>endocet</i>	4	<i>euthyrox</i>	70	<i>fluconazole in sodium chloride</i> ..	19
ENGERIX-B	77	<i>everolimus</i>	25, 75	<i>flucytosine</i>	19
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<i>enoxaparin sodium</i>	43	EVERSENSE SMART		<i>fluocinolone acetonide</i>	62, 85
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<i>enskyce</i>	66	EVOTAZ	35	<i>fluocinolone acetonide scalp</i>	63
ENSPRYNG	75	EVRYSDI	52	<i>fluocinonide</i>	63
<i>entacapone</i>	28	EXEL COMFORT POINT		<i>fluocinonide emulsified base</i>	63
<i>entecavir</i>	32	PEN NEEDLE	81	<i>fluorometholone</i>	84
ENTRESTO	45	EXELDERM	19	<i>fluorouracil</i>	54
<i>enulose</i>	59	<i>exemestane</i>	24	<i>fluoxetine hcl</i>	17
EPCLUSA	32	EXKIVITY	25	<i>fluoxetine hcl (pmdd)</i>	17
EPIDIOLEX	14	EXSERVAN	52	<i>fluphenazine decanoate</i>	29
<i>epinastine hcl</i>	83	EYSUVIS	84	FLUPHENAZINE HCL	30
<i>epinephrine</i>	86	<i>ezetimibe</i>	50	<i>fluphenazine hcl</i>	30
<i>epitol</i>	15	<i>ezetimibe-simvastatin</i>	50	<i>flurazepam hcl</i>	89
EPIVIR HBV	32	<i>falmina</i>	66	<i>flurbiprofen</i>	20
<i>eplerenone</i>	48	<i>famciclovir</i>	33	<i>flurbiprofen sodium</i>	84
EPRONTIA	21	<i>famotidine</i>	58	<i>flutamide</i>	22
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<i>ergoloid mesylates</i>	15	PACK	30	<i>fluvastatin sodium er</i>	49
ERGOMAR	20	FARXIGA	37	<i>fluvoxamine maleate</i>	17
<i>ergotamine-caffeine</i>	20	FARYDAK	25	<i>fluvoxamine maleate er</i>	17
ERIVEDGE	25	FASENRA	88	FML	84
ERLEADA	22	FASENRA PEN	88	FML FORTE	84
<i>erlotinib hcl</i>	25	<i>febuxostat</i>	20	<i>fondaparinux sodium</i>	44
<i>errin</i>	70	<i>felbamate</i>	14	FORTEO	80
<i>ertapenem sodium</i>	9	<i>felodipine er</i>	47	FOSAMAX PLUS D	80
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LACTOBIONATE	11	<i>femynor</i>	66	CALCIUM	35
<i>erythromycin</i>	11, 54	<i>fenofibrate</i>	49	<i>fosfomycin tromethamine</i>	7
<i>erythromycin base</i>	11	<i>fenofibrate micronized</i>	49	<i>fosinopril sodium</i>	45
<i>erythromycin ethylsuccinate</i>	11	<i>fenoprofen calcium</i>	3	<i>fosinopril sodium-hctz</i>	45
<i>erythromycin stearate</i>	11	<i>fentanyl</i>	4	<i>fosphenytoin sodium</i>	15
<i>escitalopram oxalate</i>	17	<i>fentanyl citrate</i>	4	FOTIVDA	25
<i>esomeprazole magnesium</i>	59	FETZIMA	17	FRAGMIN	44
<i>estarylla</i>	66	FETZIMA TITRATION	17	FREESTYLE INSULINX	
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<i>estradiol-norethindrone acet</i>	66	FINTEPLA	13	READER	42
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<i>eszopiclone</i>	89	FIRDAPSE	52	SENSOR	42
<i>ethacrynic acid</i>	48	<i>firvanq</i>	7	FREESTYLE LIBRE	
<i>ethambutol hcl</i>	21	<i>flac</i>	85	READER	42
<i>ethosuximide</i>	13	<i>flavoxate hcl</i>	60	FREESTYLE LITE TEST	42
<i>ethynodiol diac-eth estradiol</i>	66	FLEBOGAMMA DIF	72	FREESTYLE PRECISION	
<i>etodolac</i>	20	<i>flecainide acetate</i>	46	NEO TEST	42
<i>etodolac er</i>	3	FLOVENT DISKUS	85	FREESTYLE TEST	42

<i>fulvestrant</i>	22	<i>griseofulvin microsize</i>	19	HUMULIN 70/30 KWIKPEN ..	40
<i>furosemide</i>	48	<i>griseofulvin ultramicrosize</i>	19	HUMULIN N	40
FUZEON	35	<i>guanfacine hcl</i>	45	HUMULIN N KWIKPEN	40
<i>fyavolv</i>	66	<i>guanfacine hcl er</i>	51	HUMULIN R	40
FYCOMPA	14	GUARDIAN LINK 3		HUMULIN R U-500	
<i>gabapentin</i>	14	TRANSMITTER	42	(CONCENTRATED)	40
GALAFOLD	60	GUARDIAN REAL-TIME		HUMULIN R U-500	
<i>galantamine hydrobromide</i> ...	15, 16	REPLACE PED	42	KWIKPEN	40
<i>galantamine hydrobromide er</i> ...	15	GUARDIAN SENSOR (3)	42	<i>hydralazine hcl</i>	50
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IGA	72	GVOKE KIT	39	<i>hydrocodone-ibuprofen</i>	4
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GAMMAPLEX	73	HAEGARDA	72	<i>hydrocortisone (perianal)</i>	54
GAMUNEX-C	73	<i>hailey 24 fe</i>	67	<i>hydrocortisone butyrate</i>	63
GARDASIL 9	78	<i>halcinonide</i>	63	<i>hydrocortisone valerate</i>	63
<i>gatifloxacin</i>	12	<i>halobetasol propionate</i>	63	<i>hydrocortisone-acetic acid</i>	85
GATTEX	58	HALOG	63	<i>hydromorphone hcl</i>	4
<i>gavilyte-c</i>	59	<i>haloperidol</i>	30	<i>hydroxychloroquine sulfate</i>	28
<i>gavilyte-g</i>	59	<i>haloperidol decanoate</i>	30	<i>hydroxyprogesterone caproate</i> ...	70
<i>gavilyte-n with flavor pack</i>	59	<i>haloperidol lactate</i>	30	<i>hydroxyurea</i>	23
GAVRETO	23	HARVONI	32	<i>hydroxyzine hcl</i>	36
<i>gemfibrozil</i>	49	HAVRIX	78	<i>hydroxyzine pamoate</i>	85
<i>gemmily</i>	67	<i>heparin sodium (porcine)</i>	44	HYPODERMIC NEEDLE	81
<i>generlac</i>	59	<i>heparin sodium (porcine) pf</i>	44	<i>ibandronate sodium</i>	80
<i>gengraf</i>	75	HEPLISAV-B	78	IBRANCE	23
GENOTROPIN	64	HETLIOZ	52	<i>ibu</i>	3
GENOTROPIN MINIQUICK	64	HETLIOZ LQ	52	<i>ibuprofen</i>	3
<i>gentak</i>	6	HIBERIX	78	ICATIBANT ACETATE	72
<i>gentamicin in saline</i>	6	HUMALOG	39, 40	<i>iclevia</i>	67
<i>gentamicin sulfate</i>	6	HUMALOG JUNIOR		ICLUSIG	25
GENVOYA	33	KWIKPEN	39	<i>icosapent ethyl</i>	50
GILOTRIF	23	HUMALOG KWIKPEN	39	IDHIFA	24
GLASSIA	60	HUMALOG MIX 50/50	39	ILARIS	75
GLATIRAMER ACETATE	52	HUMALOG MIX 50/50		<i>imatinib mesylate</i>	25
<i>glatopa</i>	53	KWIKPEN	39	IMBRUVICA	25
GLATOPA	53	HUMALOG MIX 75/25	40	<i>imipenem-cilastatin</i>	9
GLEOSTINE	22	HUMALOG MIX 75/25		<i>imipramine hcl</i>	18
<i>glimepiride</i>	37	KWIKPEN	39	<i>imiquimod</i>	54
<i>glipizide</i>	37	HUMIRA	76	IMOVAX RABIES	78
<i>glipizide er</i>	37	HUMIRA PEDIATRIC		IMPAVIDO	28
<i>glipizide-metformin hcl</i>	38	CROHNS START	75	INBRIJA	29
GLOBAL ALCOHOL PREP		HUMIRA PEN	76	<i>incassia</i>	70
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GLUCAGON EMERGENCY	39	HUMIRA PEN-PEDIATRIC		<i>indapamide</i>	49
<i>glyburide</i>	37	UC START	76	<i>indomethacin</i>	3
<i>glyburide micronized</i>	37	HUMIRA PEN-PS/UV/ADOL		<i>indomethacin er</i>	3
<i>glyburide-metformin</i>	38	HS START	76	INFANRIX	78
<i>glycopyrrolate</i>	58	HUMIRA PEN-PSOR/UEVIT		INGREZZA	52
GLYXAMBI	37	STARTER	76	INLYTA	25
<i>granisetron hcl</i>	18	HUMULIN 70/30	40	INQOVI	23

INREBIC	25	<i>junel fe 1/20</i>	67	<i>lamotrigine starter kit-green</i>	14
<i>insulin lispro</i>	40	<i>junel fe 24</i>	67	<i>lamotrigine starter kit-orange</i>	14
INSULIN LISPRO (1 UNIT DIAL)	40	JUXTAPID	50	<i>lanreotide acetate</i>	71
<i>insulin lispro junior kwikpen</i>	40	JYNARQUE	56	<i>lansoprazole</i>	59
<i>insulin lispro prot & lispro</i>	40	JYNNEOS	78	LANTUS	40
INSUPEN SENSITIVE	81	<i>kaitlib fe</i>	67	LANTUS SOLOSTAR	40
INTELENCE	34	KALYDECO	87	<i>lapatinib ditosylate</i>	26
<i>intralipid</i>	57	<i>kariva</i>	67	<i>larin 1.5/30</i>	67
INTRALIPID	57	<i>kcl in dextrose-nacl</i>	55	<i>larin 1/20</i>	67
INTRON A	32	KCL-LACTATED		<i>larin fe 1.5/30</i>	67
<i>introvale</i>	67	RINGERS-D5W	55	<i>larin fe 1/20</i>	67
INVEGA HAFYERA	30	<i>kelnor 1/35</i>	67	<i>larissia</i>	67
INVEGA SUSTENNA	30, 31	<i>kelnor 1/50</i>	67	<i>latanoprost</i>	82
INVEGA TRINZA	31	KERENDIA	49	LATUDA	31
INVELTYS	84	KESIMPTA	53	<i>layolis fe</i>	67
IOPIDINE	83	<i>ketoconazole</i>	19	<i>ledipasvir-sofosbuvir</i>	32
IPOL	78	<i>ketoprofen</i>	3	<i>leena</i>	67
<i>ipratropium bromide</i>	86	<i>ketoprofen er</i>	3	<i>leflunomide</i>	73
<i>ipratropium-albuterol</i>	86	<i>ketorolac tromethamine</i>	3, 84	<i>lenalidomide</i>	22
<i>irbesartan</i>	45	KEVEYIS	81	LENVIMA (10 MG DAILY DOSE)	26
<i>irbesartan-hydrochlorothiazide</i> ..	45	KEVZARA	76	LENVIMA (12 MG DAILY DOSE)	26
IRESSA	26	KINERET	76	LENVIMA (14 MG DAILY DOSE)	26
ISENTRESS	33	KINRIX	78	LENVIMA (18 MG DAILY DOSE)	26
ISENTRESS HD	33	KISQALI (200 MG DOSE)	26	LENVIMA (20 MG DAILY DOSE)	26
<i>isibloom</i>	67	KISQALI (400 MG DOSE)	26	LENVIMA (24 MG DAILY DOSE)	26
ISOLYTE-P IN D5W	57	KISQALI (600 MG DOSE)	26	LENVIMA (4 MG DAILY DOSE)	26
ISOLYTE-S PH 7.4	55	KISQALI FEMARA (200 MG DOSE)	23	LENVIMA (8 MG DAILY DOSE)	26
<i>isoniazid</i>	21	KISQALI FEMARA (400 MG DOSE)	23	<i>lessina</i>	67
<i>isosorbide dinitrate</i>	50	KISQALI FEMARA (600 MG DOSE)	23	<i>letrozole</i>	24
<i>isosorbide mononitrate</i>	50	<i>klor-con</i>	55	<i>leucovorin calcium</i>	23, 27
<i>isosorbide mononitrate er</i>	50	<i>klor-con 10</i>	55	LEUKERAN	22
<i>isradipine</i>	47	<i>klor-con m10</i>	55	LEUKINE	44
ISTURISA	71	<i>klor-con m15</i>	55	<i>leuprolide acetate</i>	71
<i>itraconazole</i>	19	<i>klor-con m20</i>	55	LEUPROLIDE ACETATE	71
<i>ivermectin</i>	28	KLOXXADO	6	<i>levalbuterol hcl</i>	86
IXIARO	78	KORLYM	65	<i>levalbuterol tartrate</i>	86
JAKAFI	26	KOSELUGO	26	<i>levetiracetam</i>	13
<i>jantoven</i>	44	K-PHOS NO 2	55	<i>levetiracetam er</i>	13
JANUMET	39	KRAZATI	23	<i>levobunolol hcl</i>	83
JANUMET XR	39	KRINTAFEL	28	<i>levocarnitine</i>	81
JANUVIA	37	<i>kurvelo</i>	67	<i>levocetirizine dihydrochloride</i>	85
JARDIANCE	37	KYNMOBI	29	<i>levofloxacin</i>	12
<i>jasmiel</i>	67	<i>labetalol hcl</i>	46	<i>levofloxacin in d5w</i>	12
JENTADUETO	39	<i>lacosamide</i>	15	<i>levonest</i>	67
JENTADUETO XR	39	<i>lactulose</i>	59		
<i>jinteli</i>	67	<i>lamivudine</i>	32, 34		
<i>juleber</i>	67	<i>lamivudine-zidovudine</i>	34		
JULUCA	34	<i>lamotrigine</i>	14, 37		
<i>junel 1.5/30</i>	67	<i>lamotrigine starter kit-blue</i>	14		
<i>junel 1/20</i>	67				
<i>junel fe 1.5/30</i>	67				

<i>levonorgest-eth est & eth est</i>	67	<i>lurasidone hcl</i>	31	<i>methylropa</i>	45
<i>levonorgest-eth estrad 91-day</i>	67	<i>lutera</i>	67	<i>methylergonovine maleate</i>	81
<i>levonorgestrel-ethinyl estrad</i>	67	LYBALVI	31	<i>methylphenidate hcl</i>	51, 52
<i>levonorg-eth estrad triphasic</i>	67	<i>lyleq</i>	70	<i>methylphenidate hcl er</i>	51
<i>levora 0.15/30 (28)</i>	67	<i>lyllana</i>	67	<i>methylphenidate hcl er (cd)</i>	51
<i>levorphanol tartrate</i>	4	LYNPARZA	26	<i>methylphenidate hcl er (la)</i>	51
<i>levo-t</i>	70	LYSODREN	71	<i>methylphenidate hcl er (osm)</i>	51
<i>levothyroxine sodium</i>	70	<i>lyza</i>	70	<i>methylprednisolone</i>	63
<i>levoxyl</i>	70	<i>magnesium sulfate</i>	55	<i>methylprednisolone acetate</i>	20
LEXIVA	35	<i>malathion</i>	28	<i>methylprednisolone sodium succ</i>	63
<i>lidocaine</i>	5	<i>maraviroc</i>	35	<i>metoclopramide hcl</i>	58
<i>lidocaine hcl</i>	5	<i>marlissa</i>	67	<i>metolazone</i>	49
<i>lidocaine hcl (pf)</i>	5	MARPLAN	16	<i>metoprolol succinate er</i>	46
<i>lidocaine hcl urethral/mucosal</i>	5	MATULANE	22	<i>metoprolol tartrate</i>	47
<i>lidocaine viscous hcl</i>	5	<i>matzim la</i>	47	<i>metoprolol-hydrochlorothiazide</i>	47
<i>lidocaine-prilocaine</i>	5	MAVYRET	32, 33	<i>metronidazole</i>	7
<i>lindane</i>	28	MAXIDEX	84	<i>metyrosine</i>	48
<i>linezolid</i>	7	<i>meclizine hcl</i>	18	<i>mexiletine hcl</i>	46
LINZESS	59	<i>meclofenamate sodium</i>	3	<i>micafungin sodium</i>	19
<i>liothyronine sodium</i>	70	MEDROL	63	<i>miconazole 3</i>	19
<i>lisinopril</i>	45	<i>medroxyprogesterone acetate</i>	70	<i>microgestin 1.5/30</i>	68
<i>lisinopril-hydrochlorothiazide</i>	45	<i>mefloquine hcl</i>	28	<i>microgestin 1/20</i>	68
LITETOUCH PEN		<i>megestrol acetate</i>	70	<i>microgestin 24 fe</i>	68
NEEDLES	81	MEKINIST	26	<i>microgestin fe 1.5/30</i>	68
<i>lithium carbonate</i>	37	MEKTOVI	26	<i>microgestin fe 1/20</i>	68
<i>lithium carbonate er</i>	37	<i>meloxicam</i>	3	<i>midodrine hcl</i>	45
LIVMARLI	58	<i>memantine hcl</i>	16	<i>miglitol</i>	38
LIVTENCITY	32	<i>memantine hcl er</i>	16	<i>miglustat</i>	60
LONSURF	23	MENACTRA	78	<i>mili</i>	68
<i>loperamide hcl</i>	58	MENEST	68	<i>mimvey</i>	68
<i>lopinavir-ritonavir</i>	35	MENOSTAR	68	<i>minocycline hcl</i>	12
<i>lorazepam</i>	36	MENQUADFI	78	<i>minoxidil</i>	50
<i>lorazepam intensol</i>	36	MENVEO	78	<i>mirtazapine</i>	16
LORBRENA	26	<i>meperidine hcl</i>	5	<i>misoprostol</i>	59
<i>loryna</i>	67	<i>mercaptapurine</i>	23	M-M-R II	78
<i>losartan potassium</i>	45	<i>meropenem</i>	9	<i>modafinil</i>	89
<i>losartan potassium-hctz</i>	45	<i>merzee</i>	68	<i>moexipril hcl</i>	46
<i>loteprednol etabonate</i>	84	<i>mesalamine</i>	79	<i>molindone hcl</i>	30
<i>lovastatin</i>	49	<i>mesalamine-cleanser</i>	79	<i>mometasone furoate</i>	63, 88
<i>low-ogestrel</i>	67	MESNEX	27	<i>mondoxyne nl</i>	12
<i>loxapine succinate</i>	30	<i>metformin hcl</i>	38	MONOJECT	
<i>lubiprostone</i>	59	<i>metformin hcl er</i>	38	HYPODERMIC NEEDLE	82
LUCEMYRA	6	<i>methadone hcl</i>	4	MONOJECT INSULIN	
LUMAKRAS	23	<i>methazolamide</i>	48	SYRINGE	82
LUMIGAN	82	<i>methenamine hippurate</i>	7	<i>montelukast sodium</i>	86
LUPKYNIS	76	<i>methimazole</i>	72	<i>morphine sulfate</i>	5
LUPRON DEPOT (1-MONTH)	71	<i>methocarbamol</i>	89	<i>morphine sulfate (concentrate)</i>	5
LUPRON DEPOT (3-MONTH)	71	<i>methotrexate</i>	76	<i>morphine sulfate (pf)</i>	5
LUPRON DEPOT (4-MONTH)	71	<i>methotrexate sodium</i>	76	<i>morphine sulfate er</i>	4
		<i>methotrexate sodium (pf)</i>	76	MOTOFEN	58
		<i>methoxsalen rapid</i>	54	MOUNJARO	38
		<i>methscopolamine bromide</i>	58	MOVANTIK	58

<i>moxifloxacin hcl</i>	12	<i>nitisinone</i>	60	<i>omeprazole</i>	59
<i>moxifloxacin hcl in nacl</i>	12	NITRO-BID	50	ONCASPAR	23
MOZOBIL	44	<i>nitrofurantoin</i>	8	<i>ondansetron</i>	18
MULPLETA	44	<i>nitrofurantoin macrocrystal</i>	7	<i>ondansetron hcl</i>	18
MULTAQ	46	<i>nitrofurantoin monohyd macro</i>	8	ONETOUCH ULTRA 2	42
<i>mupirocin</i>	7	<i>nitroglycerin</i>	50	ONETOUCH ULTRA MINI ..	42
<i>mupirocin calcium</i>	54	<i>nora-be</i>	70	ONETOUCH VERIO	42
<i>mycophenolate mofetil</i>	76	<i>norethin ace-eth estrad-fe</i>	68	ONETOUCH VERIO FLEX	
<i>mycophenolate sodium</i>	77	<i>norethindrone</i>	70	SYSTEM	42
MYRBETRIQ	60	<i>norethindrone acetate</i>	70	ONETOUCH VERIO IQ	
<i>na sulfate-k sulfate-mg sulf</i>	55	<i>norethindrone acet-ethinyl est</i>	68	SYSTEM	42
<i>nabumetone</i>	3	<i>norethindrone-eth estradiol</i>	68	ONUREG	23
<i>nadolol</i>	47	<i>norethindron-ethinyl estrad-fe</i>	68	OPSUMIT	88
<i>nafacillin sodium</i>	10	<i>norethin-eth estradiol-fe</i>	68	OPTIUMEZ TEST	43
<i>naloxone hcl</i>	6	<i>norgestimate-eth estradiol</i>	68	OPZELURA	54
<i>naltrexone hcl</i>	6	<i>norgestim-eth estrad triphasic</i>	68	ORACIT	55
NAMZARIC	15	NORPACE CR	46	ORENCIA	73
<i>naproxen</i>	3	<i>nortrel 0.5/35 (28)</i>	68	ORENCIA CLICKJECT	73
<i>naproxen sodium</i>	3	<i>nortrel 1/35 (21)</i>	68	ORENITRAM	88
NARCAN	6	<i>nortrel 1/35 (28)</i>	68	ORFADIN	60
NATACYN	19	<i>nortrel 7/7/7</i>	68	ORGOVYX	23
<i>nateglinide</i>	38	<i>nortriptyline hcl</i>	18	ORKAMBI	87
NATPARA	82	NORVIR	35	ORLADEYO	48
NAYZILAM	14	NOXAFIL	19	<i>orphenadrine citrate er</i>	89
<i>necon 0.5/35 (28)</i>	68	NUBEQA	22	<i>orsythia</i>	68
<i>necon 1/35 (28)</i>	68	NUCALA	89	<i>oseltamivir phosphate</i>	36
<i>nefazodone hcl</i>	17	NUDEXTA	52	OSMOPREP	58
<i>neomycin sulfate</i>	6	NUPLAZID	31	OSPHENA	70
<i>neomycin-bacitracin zn-</i>		NUTRILIPID	57	OTEZLA	77
<i>polymyx</i>	83	NUZYRA	12	<i>oxacillin sodium</i>	10
<i>neomycin-polymyxin-dexameth</i> ..	84	<i>nyamyc</i>	19	<i>oxacillin sodium in dextrose</i>	10
<i>neomycin-polymyxin-gramicidin</i>	83	<i>nylia 1/35</i>	68	<i>oxandrolone</i>	65
<i>neomycin-polymyxin-hc</i>	7, 85	<i>nylia 7/7/7</i>	68	<i>oxaprozin</i>	3
NERLYNX	26	<i>nymyo</i>	68	<i>oxazepam</i>	37
NEUPRO	29	<i>nystatin</i>	19, 20	OXBRYTA	44
NEVANAC	84	<i>nystatin-triamcinolone</i>	20	<i>oxcarbazepine</i>	15
<i>nevirapine</i>	34	<i>nystop</i>	20	OXISTAT	20
<i>nevirapine er</i>	34	OICALIVA	58	<i>oxybutynin chloride</i>	60
NEXLETOL	48	<i>ocella</i>	68	<i>oxybutynin chloride er</i>	60
NEXLIZET	48	OCTAGAM	73	<i>oxycodone hcl</i>	5
<i>niacin (antihyperlipidemic)</i>	50	<i>octreotide acetate</i>	64, 71	<i>oxycodone hcl er</i>	4
<i>niacin er (antihyperlipidemic)</i> ...	50	ODEFSEY	34	<i>oxycodone-acetaminophen</i>	5
<i>niacor</i>	50	ODOMZO	23	OXYCONTIN	4
<i>nicardipine hcl</i>	47	OFEV	88	OZEMPIC (0.25 OR 0.5	
NICOTROL	6	<i>ofloxacin</i>	12	MG/DOSE)	38
<i>nifedipine</i>	47	<i>olanzapine</i>	31	OZEMPIC (1 MG/DOSE)	38
<i>nifedipine er</i>	47	<i>olanzapine-fluoxetine hcl</i>	37	OZEMPIC (2 MG/DOSE)	38
<i>nifedipine er osmotic release</i>	47	<i>olmesartan medoxomil</i>	45	<i>paliperidone er</i>	31
<i>nikki</i>	68	<i>olmesartan medoxomil-hctz</i>	45	PANRETIN	27
<i>nilutamide</i>	22	<i>olopatadine hcl</i>	83, 85	<i>pantoprazole sodium</i>	59
NINLARO	23	OLUMIANT	73	PANZYGA	73
<i>nitazoxanide</i>	28	<i>omega-3-acid ethyl esters</i>	50	<i>paricalcitol</i>	80

<i>paromomycin sulfate</i>	6	PLASMA-LYTE A	55	<i>primidone</i>	14
<i>paroxetine hcl</i>	17, 37	PLENAMINE	55	PRIORIX	78
<i>paroxetine hcl er</i>	17	PNV-DHA	57	PRIVIGEN	73
PASER	21	<i>podofilox</i>	54	PROAIR HFA	86
PEDIARIX	78	<i>polymyxin b sulfate</i>	8	PROAIR RESPICLICK	86
PEDVAX HIB	78	<i>polymyxin b-trimethoprim</i>	83	<i>probenecid</i>	20
<i>peg 3350-kcl-na bicarb-nacl</i>	59	POMALYST	22	PROCALAMINE	57
<i>peg-3350/electrolytes</i>	59	<i>portia-28</i>	68	<i>prochlorperazine</i>	30
<i>peg-3350/electrolytes/ascorbat</i> ...59		<i>posaconazole</i>	20	<i>prochlorperazine maleate</i>	30
PEGASYS	33	<i>potassium chloride</i>	56	<i>procto-med hc</i>	54
<i>peg-kcl-nacl-nasulf-na asc-c</i>	59	<i>potassium chloride crys er</i>	55	<i>procto-pak</i>	54
PEMAZYRE	26	<i>potassium chloride er</i>	55, 56	<i>proctosol hc</i>	54
PEN NEEDLES	82	<i>potassium chloride in nacl</i>	56	<i>proctozone-hc</i>	54
<i>penicillamine</i>	56	<i>potassium citrate er</i>	56	PRODIGY NO CODING	
<i>penicillin g pot in dextrose</i>	10	<i>potassium cl in dextrose 5%</i>	56	BLOOD GLUC	43
<i>penicillin g potassium</i>	10	PRALUENT	50	PROGRAF	77
<i>penicillin g sodium</i>	10	<i>pramipexole dihydrochloride</i>	29	PROLASTIN-C	60
<i>penicillin v potassium</i>	11	<i>prasugrel hcl</i>	43	PROLIA	80
PENTACEL	78	<i>pravastatin sodium</i>	49	PROMACTA	44
<i>pentamidine isethionate</i>	28	<i>praziquantel</i>	28	<i>promethazine hcl</i>	18
<i>pentoxifylline er</i>	48	<i>prazosin hcl</i>	45	<i>promethegan</i>	18
<i>perindopril erbumine</i>	46	PRECISION XTRA BLOOD		<i>propafenone hcl</i>	46
<i>perio gard</i>	53	GLUCOSE	43	<i>propafenone hcl er</i>	46
<i>permethrin</i>	28	PRED MILD	84	<i>propracaine hcl</i>	83
<i>perphenazine</i>	30	PRED-G	84	<i>propranolol hcl</i>	47
<i>perphenazine-amitriptyline</i>	18	PRED-G S.O.P.	84	<i>propranolol hcl er</i>	47
PERSERIS	31	<i>prednicarbate</i>	63	<i>propylthiouracil</i>	72
<i>phenelzine sulfate</i>	16	<i>prednisolone</i>	63	PROQUAD	78
<i>phenobarbital</i>	14	<i>prednisolone acetate</i>	84	PROSOL	56
<i>phenoxybenzamine hcl</i>	45	<i>prednisolone sodium phosphate</i> ..	63	<i>protriptyline hcl</i>	18
<i>phenytoin</i>	15	PREDNISOLONE SODIUM		PTS PANELS GLUCOSE	
<i>phenytoin sodium extended</i>	15	PHOSPHATE	84	TEST	43
PIFELTRO	34	<i>prednisone</i>	63, 64	PULMICORT FLEXHALER ..	85
<i>pilocarpine hcl</i>	53, 84	PREDNISON	63	PULMOZYME	87
<i>pimecrolimus</i>	54	PREFERRED PLUS		PURE COMFORT PEN	
<i>pimozide</i>	30	INSULIN SYRINGE	82	NEEDLE	82
<i>pimtreea</i>	68	<i>prefest</i>	68	PURIXAN	23
<i>pindolol</i>	47	<i>pregabalin</i>	52	<i>pyrazinamide</i>	21
<i>pioglitazone hcl</i>	38	<i>prehevbrio</i>	78	<i>pyridostigmine bromide</i>	21
<i>pioglitazone hcl-glimepiride</i>	39	PREMARIN	69	<i>pyridostigmine bromide er</i>	21
<i>pioglitazone hcl-metformin hcl</i> ...39		PREMASOL	56	<i>pyrimethamine</i>	28
<i>piperacillin sod-tazobactam so</i> ...11		PREMPHASE	69	PYRUKYND	43
PIQRAY (200 MG DAILY		PREMPRO	69	PYRUKYND TAPER PACK ...43	
DOSE)	24	<i>prenatal</i>	57	QINLOCK	26
PIQRAY (250 MG DAILY		<i>pretomanid</i>	21	QUADRACEL	78
DOSE)	24	<i>prevalite</i>	50	<i>quetiapine fumarate</i>	31
PIQRAY (300 MG DAILY		<i>previfem</i>	69	QUICKTEK TEST	43
DOSE)	24	PREVYMIS	32	<i>quinapril hcl</i>	46
<i>pirfenidone</i>	88	PREZCOBIX	35	<i>quinapril-hydrochlorothiazide</i> ...46	
<i>pirmella 1/35</i>	68	PREZISTA	35	<i>quinidine gluconate er</i>	46
<i>piroxicam</i>	3	PRIFTIN	21	<i>quinidine sulfate</i>	46
PLASMA-LYTE 148	55	<i>primaquine phosphate</i>	28	<i>quinine sulfate</i>	28

RABAVERT	78	<i>rivastigmine</i>	16	<i>sirolimus</i>	77
<i>raloxifene hcl</i>	70	<i>rivastigmine tartrate</i>	16	SIRTURO	21
<i>ramelteon</i>	89	<i>rivelsa</i>	69	SITAVIG	33
<i>ramipril</i>	46	<i>rizatriptan benzoate</i>	21	SIVEXTRO	8
<i>ranolazine er</i>	48	ROCKLATAN	83	SKYRIZI	74
<i>rasagiline mesylate</i>	29	<i>roflumilast</i>	87	SKYRIZI (150 MG DOSE)	74
RAVICTI	60	<i>ropinirole hcl</i>	29	SKYRIZI PEN	74
<i>reclipsen</i>	69	<i>ropinirole hcl er</i>	29	<i>sodium chloride</i>	56
RECOMBIVAX HB	79	<i>rosadan</i>	8	<i>sodium fluoride</i>	56
RECORLEV	64	<i>rosuvastatin calcium</i>	49	<i>sodium oxybate</i>	89
RECTIV	50	ROTARIX	79	SODIUM	
REDITREX	77	ROTATEQ	79	PHENYL BUTYRATE	60
REGRANEX	54	<i>roweepra</i>	13	<i>sodium polystyrene sulfonate</i>	56
RELENZA DISKHALER	36	ROZLYTREK	26	<i>sofosbuvir-velpatasvir</i>	32
<i>relexxii</i>	52	RUBRACA	26	<i>solifenacin succinate</i>	60
RELION BLOOD GLUCOSE		RUCONEST	72	SOLOSEC	8
TEST	43	<i>rufinamide</i>	15	SOLTAMOX	22
RELION CONFIRM/MICRO		RUKOBIA	35	SOMATULINE DEPOT	71
TEST	43	RUZURGI	60	SOMAVERT	71
RELION INSULIN		RYDAPT	26	<i>sorafenib tosylate</i>	27
SYRINGE	82	RYTARY	29	<i>sorine</i>	46
RELI-ON INSULIN		<i>sajazir</i>	72	<i>sotalol hcl</i>	46
SYRINGE	40	<i>salsalate</i>	3	<i>sotalol hcl (af)</i>	46
RELION PRIME TEST	43	SANDIMMUNE	77	SOTYKTU	74
RELION ULTIMA TEST	43	SANTYL	54	SPIRIVA HANDIHALER	86
RELISTOR	58	<i>sapropterin dihydrochloride</i>	60	SPIRIVA RESPIMAT	86
<i>repaglinide</i>	38	SAVELLA	52	<i>spironolactone</i>	49
REPATHA	50	SAVELLA TITRATION		<i>spironolactone-hctz</i>	49
REPATHA PUSHTRONEX		PACK	52	<i>sprintec 28</i>	69
SYSTEM	50	SCSEMBLIX	26	SPRITAM	13
REPATHA SURECLICK	50	<i>scopolamine</i>	18	SPRYCEL	27
RESTASIS	83	SECUADO	31	<i>sronyx</i>	69
RESTASIS MULTIDOSE	83	<i>selegiline hcl</i>	29	<i>ssd</i>	8
RETACRIT	44	<i>selenium sulfide</i>	54	STAMARIL	79
RETEVMO	23	SELZENTRY	35	<i>stavudine</i>	34
REVLIMID	22	SEREVENT DISKUS	86	STELARA	74
REXULTI	31	<i>sertraline hcl</i>	17	STIMATE	64
REYATAZ	35	<i>setlakin</i>	69	STIOLTO RESPIMAT	88
REZUROCK	77	<i>sevelamer carbonate</i>	61	STIVARGA	27
RHOPRESSA	82	<i>sevelamer hcl</i>	61	STREPTOMYCIN SULFATE ..	6
RIBAVIRIN	33	<i>sharobel</i>	70	STRIBILD	33
<i>ribavirin</i>	33	SHINGRIX	79	<i>sucralfate</i>	59
RIDAURA	74	SIGNIFOR	71	SULFACETAMIDE	
<i>rifabutin</i>	21	SIGNIFOR LAR	71	SODIUM	12
<i>rifampin</i>	21	SIKLOS	23	<i>sulfacetamide sodium</i>	12
<i>riluzole</i>	52	<i>sildenafil citrate</i>	88	<i>sulfacetamide sodium (acne)</i>	54
<i>rimantadine hcl</i>	36	SILIQ	74	<i>sulfacetamide-prednisolone</i>	84
RINVOQ	74	<i>silodosin</i>	61	<i>sulfadiazine</i>	12
<i>risedronate sodium</i>	80	<i>silver sulfadiazine</i>	8	<i>sulfamethoxazole-trimethoprim</i> ..	12
RISPERDAL CONSTA	31	SIMBRINZA	84	<i>sulfasalazine</i>	79
<i>risperidone</i>	31	SIMPONI	77	<i>sulindac</i>	3
<i>ritonavir</i>	35	<i>simvastatin</i>	49	<i>sumatriptan succinate</i>	21

<i>sunitinib malate</i>	27	<i>telmisartan</i>	45	<i>torsemid</i>	48
SUNLENCA	35	<i>telmisartan-amlodipine</i>	48	TOUJEO MAX SOLOSTAR ...	40
SUPRAX	9	<i>telmisartan-hctz</i>	45	TOUJEO SOLOSTAR	40
SUPREP BOWEL PREP KIT ..	56	<i>temazepam</i>	89	TOVET	55
SURE COMFORT PEN		TENIVAC	79	TPN ELECTROLYTES	57
NEEDLES	82	<i>tenofovir disoproxil fumarate</i>	34	TRACLEER	88
<i>syeda</i>	69	TEPMETKO	27	TRADJENTA	38
SYMBICORT	88	<i>terazosin hcl</i>	61	<i>tramadol hcl</i>	5
SYMDEKO	87	<i>terbinafine hcl</i>	20	<i>tramadol-acetaminophen</i>	5
SYMJEPI	87	<i>terbutaline sulfate</i>	87	<i>trandolapril</i>	46
SYMLINPEN 120	38	<i>terconazole</i>	20	<i>trandolapril-verapamil hcl er</i>	46
SYMLINPEN 60	38	<i>teriparatide (recombinant)</i>	80	<i>tranexamic acid</i>	44
SYMPAZAN	14	<i>testosterone</i>	65	<i>tranylcypromine sulfate</i>	16
SYMTUZA	33	<i>testosterone cypionate</i>	65	TRAVASOL	56
SYNAGIS	75	<i>testosterone enanthate</i>	65	<i>travoprost (bak free)</i>	82
SYNAREL	71	<i>tetrabenazine</i>	52	<i>trazodone hcl</i>	17
SYNDROS	18	<i>tetracycline hcl</i>	12	TRECATOR	21
SYNJARDY	38	TEXACORT	64	TRELEGY ELLIPTA	89
SYNJARDY XR	38	THALOMID	22	TREMFYA	74
SYNRIBO	23	THEO-24	87	<i>tretinoin</i>	27, 55
SYNTHROID	71	<i>theophylline</i>	87	<i>trexall</i>	77
TABLOID	23	<i>theophylline er</i>	87	<i>triamcinolone acetonide</i>	53, 64
TABRECTA	27	<i>thioridazine hcl</i>	30	<i>triamterene</i>	49
<i>tacrolimus</i>	54, 77	<i>thiotepa</i>	22	<i>triamterene-hctz</i>	49
<i>tadalafil</i>	61	<i>thiothixene</i>	30	<i>triazolam</i>	89
<i>tadalafil (pah)</i>	88	<i>tiadylt er</i>	47	<i>triderm</i>	64
TAFINLAR	27	<i>tiagabine hcl</i>	14	TRIENTINE HCL	56
TAGRISSE	24	TIBSOVO	24	<i>tri-estarylla</i>	69
TAKHZYRO	72	TICOVAC	79	<i>trifluoperazine hcl</i>	30
TALTZ	74	<i>tigecycline</i>	8	<i>trifluridine</i>	33
TALZENNA	27	TIGLUTIK	52	<i>trihexyphenidyl hcl</i>	28
<i>tamoxifen citrate</i>	22	<i>tilia fe</i>	69	TRIJARDY XR	38
<i>tamsulosin hcl</i>	61	<i>timolol maleate</i>	21, 84	TRIKAFTA	87
<i>taperdex 7-day</i>	64	<i>timolol maleate (once-daily)</i>	84	<i>tri-legest fe</i>	69
<i>tarina 24 fe</i>	69	<i>timolol maleate pf</i>	84	<i>tri-lo-estarylla</i>	69
<i>tarina fe 1/20 eq</i>	69	<i>tinidazole</i>	8	<i>tri-lo-sprintec</i>	69
TASIGNA	27	TIVICAY	33	<i>trimethoprim</i>	8
<i>tasimelteon</i>	52	TIVICAY PD	33	<i>tri-mili</i>	69
TAVALISSE	43	<i>tizanidine hcl</i>	32	<i>trimipramine maleate</i>	18
TAVNEOS	77	TOBI PODHALER	87	<i>trinessa (28)</i>	69
<i>taysofy</i>	69	TOBRADEX	84	TRINTELLIX	16
<i>tazarotene</i>	54, 55	<i>tobramycin</i>	6, 87	<i>tri-nymyo</i>	69
TAZICEF	9	<i>tobramycin sulfate</i>	6	<i>tri-sprintec</i>	69
TAZORAC	55	<i>tobramycin-dexamethasone</i>	85	TRIUMEQ	34
<i>taztia xt</i>	47	<i>tolcapone</i>	28	TRIUMEQ PD	35
TAZVERIK	27	<i>tolterodine tartrate</i>	61	<i>trivora (28)</i>	69
TDVAX	79	<i>tolterodine tartrate er</i>	61	<i>tri-vylibra</i>	69
TECHLITE INSULIN		TOLVAPTAN	56	<i>tri-vylibra lo</i>	69
SYRINGE	82	<i>tolvaptan</i>	56	TRIZIVIR	34
TECHLITE PEN NEEDLES ...	82	<i>topiramate</i>	14, 15	TROPHAMINE	56
TEFLARO	9	<i>topiramate er</i>	14	<i>tropium chloride</i>	61
TEGSEDI	60	<i>toremifene citrate</i>	22	<i>tropium chloride er</i>	61

TRUEPLUS 5-BEVEL PEN NEEDLES	82	<i>venlafaxine hcl er</i>	17	XPOVIO (100 MG ONCE WEEKLY)	24
TRULICITY	38	VENTAVIS	88	XPOVIO (40 MG ONCE WEEKLY)	24
TRUMENBA	79	<i>verapamil hcl</i>	48	XPOVIO (40 MG TWICE WEEKLY)	24
TRUSELTIQ (100MG DAILY DOSE)	27	<i>verapamil hcl er</i>	47, 48	XPOVIO (60 MG ONCE WEEKLY)	24
TRUSELTIQ (125MG DAILY DOSE)	27	VERQUVO	48	XPOVIO (60 MG TWICE WEEKLY)	24
TRUSELTIQ (50MG DAILY DOSE)	27	VERSACLOZ	32	XPOVIO (80 MG ONCE WEEKLY)	24
TRUSELTIQ (75MG DAILY DOSE)	27	VERZENIO	24	XPOVIO (80 MG TWICE WEEKLY)	24
TUKYSA	24	VICTOZA	38	XTANDI	22
TURALIO	27	<i>vienna</i>	69	XYREM	89
TWINRIX	79	<i>vigabatrin</i>	14	XYWAV	89
TYBOST	35	<i>vigadrone</i>	14	YF-VAX	79
<i>tydemy</i>	69	VIIBRYD STARTER PACK ..	17	YONSA	22
TYPHIM VI	79	<i>vilazodone hcl</i>	17	<i>yuvafem</i>	69
UBRELVY	21	VIRACEPT	35	<i>zafirlukast</i>	86
UKONIQ	27	VIREAD	35	<i>zaleplon</i>	89
ULTICARE PEN NEEDLES ..	82	VITRAKVI	24, 25	ZARXIO	44
ULTILET PEN NEEDLE	82	VIVITROL	6	ZEJULA	27
ULTRA-THIN II PEN NEEDLES	82	VIVJOA	20	ZELAPAR	29
<i>unithroid</i>	71	VIZIMPRO	27	ZELBORAF	27
UPTRAVI	88	VONJO	27	ZEMAIRA	60
<i>ursodiol</i>	58	<i>voriconazole</i>	20	ZEMDRI	6
VABOMERE	8	VOSEVI	33	ZENPEP	60
<i>valacyclovir hcl</i>	33	VOTRIENT	27	ZEPOSIA	53
VALCHLOR	22	<i>vp-pnv-dha</i>	57	ZEPOSIA 7-DAY STARTER PACK	53
<i>valganciclovir hcl</i>	32	VRAYLAR	31	ZEPOSIA STARTER KIT	53
<i>valproic acid</i>	14	VTAMA	55	ZERBAXA	9
<i>valsartan</i>	45	<i>vyfemla</i>	69	<i>zidovudine</i>	35
<i>valsartan-hydrochlorothiazide</i> ...	45	<i>vylibra</i>	69	<i>zileuton er</i>	86
VALTOCO 10 MG DOSE	14	VYNDAMAX	65	ZIMHI	6
VALTOCO 15 MG DOSE	14	VYNDAQEL	65	<i>ziprasidone hcl</i>	37
VALTOCO 20 MG DOSE	14	<i>warfarin sodium</i>	44	<i>ziprasidone mesylate</i>	31
VALTOCO 5 MG DOSE	14	WELIREG	24	ZIRGAN	32
<i>vancomycin hcl</i>	8	<i>wymzya fe</i>	69	ZOLINZA	24
<i>vandazole</i>	8	XALKORI	27	<i>zolpidem tartrate</i>	89
VAQTA	79	XARELTO	43	<i>zolpidem tartrate er</i>	89
<i>varenicline tartrate</i>	6	XARELTO STARTER PACK ..	43	ZONISADE	13
VARIVAX	79	XATMEP	77	<i>zonisamide</i>	13
VARIZIG	79	XCOPRI	13	ZORBTIVE	65
VELCADE	24	XCOPRI (250 MG DAILY DOSE)	13	<i>zosyn</i>	11
<i>velivet</i>	69	XCOPRI (350 MG DAILY DOSE)	13	<i>zovia 1/35 (28)</i>	69
VELTASSA	56	XELJANZ	74	ZYDELIG	25
VENCLEXTA	24	XELJANZ XR	74	ZYKADIA	27
VENCLEXTA STARTING PACK	24	XERMELO	58	ZYPREXA RELPREVV	32
<i>venlafaxine besylate er</i>	37	XGEVA	80		
<i>venlafaxine hcl</i>	37	XIFAXAN	8		
		XIGDUO XR	38		
		XOFLUZA (40 MG DOSE)	36		
		XOFLUZA (80 MG DOSE)	36		
		XOLAIR	74		
		XOSPATA	25		



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This formulary was updated on 03/28/2023. For more recent information or other questions, please contact Fallon Medicare Plus Customer Service at 1-800-325-5669 (TTY users should call TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/medicare.