

Fallon Health

2024 Formulary (List of Covered Drugs)

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

Formulary ID: 00024363: Version:16

This formulary was updated on 06/27/2024. 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.

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 June 27, 2024. 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, 2025, and from time to time during the year.

What is the Fallon Health Formulary?

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

Can the Formulary (drug list) change?

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 June 27, 2024. To get updated information about the drugs covered by Fallon Medicare Plus, please contact us. Our contact information appears on the front and back cover pages. All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur. The formulary and any addenda will also be available online at fallonhealth.org/medicare.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 97. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Fallon Medicare Plus covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs 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 them to prescribe a similar drug that is covered by Fallon Medicare Plus.
- You can ask Fallon Medicare Plus to make an exception and cover your drug. See below for information about how to request an exception.

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to 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 97.

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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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>ec-naproxen oral tablet delayed release 500 mg</i>	Tier 1	MO
<i>etodolac er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>etodolac oral capsule</i>	Tier 2	MO
<i>etodolac oral tablet</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>flurbiprofen oral tablet</i>	Tier 2	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 375 mg</i>	Tier 1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	MO
<i>oxaprozin oral tablet</i>	Tier 2	MO
<i>piroxicam oral capsule</i>	Tier 2	MO
<i>salsalate oral tablet</i>	Tier 2	MO
<i>sulindac oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
Opioid Analgesics, Long-Acting		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG	Tier 4	QL (60 EA per 30 days); NEDS
BELBUCA BUCCAL FILM 750 MCG, 900 MCG	Tier 5	QL (60 EA per 30 days); NEDS
<i>buprenorphine transdermal patch weekly</i>	Tier 2	NEDS
<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
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution</i>	Tier 2	NEDS
<i>acetaminophen-codeine oral tablet</i>	Tier 1	NEDS
<i>butorphanol tartrate nasal solution</i>	Tier 2	NEDS
<i>codeine sulfate oral tablet 15 mg, 60 mg</i>	Tier 2	NEDS
<i>codeine sulfate oral tablet 30 mg</i>	Tier 2	
<i>duramorph injection solution 1 mg/ml</i>	Tier 2	NEDS
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	NEDS
<i>endocet oral tablet 2.5-325 mg</i>	Tier 2	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 5	PA; QL (4 EA per 1 day); NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	Tier 4	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

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

Drug	Status	Requirements/Limits
<i>hydromorphone hcl oral liquid</i>	Tier 2	NEDS
<i>hydromorphone hcl oral tablet</i>	Tier 2	NEDS
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 2	PA; NEDS
<i>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 100 mg/5ml</i>	Tier 2	NEDS
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	Tier 2	NEDS
<i>morphine sulfate oral solution</i>	Tier 2	NEDS
<i>morphine sulfate oral tablet</i>	Tier 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	

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

Drug	Status	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	Tier 6	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Tier 6	
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	
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 (starter) oral tablet therapy pack</i>	Tier 2	QL (53 EA per 28 days)
<i>varenicline tartrate oral tablet</i>	Tier 2	QL (56 EA per 28 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 6	HI
<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</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

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

Drug	Status	Requirements/Limits
ZEMDRI INTRAVENOUS SOLUTION	Tier 6	HI
Antibacterials, Other		
<i>bacitracin 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	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution</i>	Tier 2	QL (60 ML per 30 days)
<i>clindamycin phosphate in d5w intravenous solution</i>	Tier 6	HI
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml</i>	Tier 6	
<i>clindamycin phosphate injection solution 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	

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

Drug	Status	Requirements/Limits
<i>nitrofurantoin macrocrystal oral capsule 25 mg, 50 mg</i>	Tier 2	QL (56 EA per 14 days)
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier 2	
<i>nitrofurantoin oral suspension 25 mg/5ml</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 25 mg/ml, 250 mg/5ml</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>cefдинir oral capsule</i>	Tier 2	
<i>cefдинir oral suspension reconstituted</i>	Tier 2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	Tier 6	HI

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

Drug	Status	Requirements/Limits
<i>cefepime hcl intravenous solution reconstituted 2 gm</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	
<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

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

Drug	Status	Requirements/Limits
Beta-Lactam, Other		
<i>aztreonam injection solution reconstituted</i>	Tier 6	HI
<i>ertapenem sodium injection solution reconstituted</i>	Tier 6	HI
<i>imipenem-cilastatin intravenous solution reconstituted</i>	Tier 6	HI
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	Tier 6	HI
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted</i>	Tier 1	
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 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
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Tier 4	
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

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

Drug	Status	Requirements/Limits
<i>oxacillin sodium intravenous solution reconstituted</i>	Tier 6	HI
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	Tier 6	HI
<i>penicillin g potassium injection solution reconstituted</i>	Tier 6	HI
<i>penicillin g sodium injection solution reconstituted</i>	Tier 6	HI
<i>penicillin v potassium oral solution reconstituted</i>	Tier 1	
<i>penicillin v potassium oral tablet</i>	Tier 1	
<i>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</i>	Tier 6	
<i>zosyn intravenous solution 3-0.375 gm/50ml</i>	Tier 6	HI
Macrolides		
AZASITE OPHTHALMIC SOLUTION	Tier 4	
<i>azithromycin intravenous solution reconstituted</i>	Tier 6	HI
<i>azithromycin oral suspension reconstituted</i>	Tier 2	
<i>azithromycin oral tablet</i>	Tier 1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier 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>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 2	
<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</i>	Tier 2	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 2	

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

Drug	Status	Requirements/Limits
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
CILOXAN OPHTHALMIC OINTMENT	Tier 3	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 2	
<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	
<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 OPHTHALMIC 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	

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

Drug	Status	Requirements/Limits
<i>minocycline hcl oral capsule</i>	Tier 2	
<i>minocycline hcl oral tablet</i>	Tier 2	
<i>mondoxyne nl oral capsule 100 mg</i>	Tier 2	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>tetracycline hcl oral capsule</i>	Tier 2	
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>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	Tier 2	
<i>lamotrigine oral tablet</i>	Tier 1	MO
<i>lamotrigine starter kit-blue oral kit</i>	Tier 2	
<i>lamotrigine starter kit-green oral kit</i>	Tier 5	NEDS
<i>lamotrigine starter kit-orange oral kit</i>	Tier 2	
<i>levetiracetam er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>levetiracetam oral solution</i>	Tier 2	MO
<i>levetiracetam oral tablet</i>	Tier 2	MO
<i>roweepra oral tablet 500 mg</i>	Tier 2	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Tier 4	MO
<i>subvenite oral tablet</i>	Tier 1	MO
<i>subvenite starter kit-blue oral kit</i>	Tier 2	
<i>subvenite starter kit-green oral kit</i>	Tier 5	NEDS
<i>subvenite starter kit-orange oral kit</i>	Tier 2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 5	MO; QL (56 EA per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	MO; QL (56 EA per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	MO; QL (60 EA per 30 days); NEDS
XCOPRI ORAL TABLET 25 MG	Tier 5	QL (30 EA per 30 days); NEDS
XCOPRI ORAL TABLET 50 MG	Tier 5	MO; QL (90 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Tier 4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 5	QL (28 EA per 28 days); NEDS
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule</i>	Tier 2	MO
<i>ethosuximide oral solution</i>	Tier 2	MO
<i>methsuximide oral capsule</i>	Tier 4	
ZONISADE ORAL SUSPENSION	Tier 4	ST
<i>zonisamide oral capsule</i>	Tier 2	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension</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	
<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 125 mg</i>	Tier 2	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	Tier 5	PA NS; MO; NEDS
SYMPAZAN ORAL FILM 5 MG	Tier 4	PA NS; MO
<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

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

Drug	Status	Requirements/Limits
VALTOCO 5 MG DOSE NASAL LIQUID	Tier 5	QL (10 EA per 30 days); NEDS
<i>vigabatrin oral packet</i>	Tier 5	PA NS; MO; NEDS
<i>vigabatrin oral tablet</i>	Tier 5	PA NS; MO; NEDS
<i>vigadrone oral packet</i>	Tier 5	PA NS; MO; NEDS
<i>vigadrone oral tablet</i>	Tier 5	PA NS; NEDS
<i>vigpoder oral packet</i>	Tier 5	PA NS; NEDS
ZTALMY ORAL SUSPENSION	Tier 5	PA NS; NEDS
Glutamate Reducing Agents		
EPRONTIA ORAL SOLUTION	Tier 4	
<i>felbamate oral suspension</i>	Tier 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>topiramate er oral capsule er 24 hour sprinkle</i>	Tier 2	MO
<i>topiramate oral capsule sprinkle</i>	Tier 2	MO
<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 10 mg/ml</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>phenytek oral capsule</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<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
<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 150 mg, 300 mg</i>	Tier 2	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Tier 4	MO

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

Drug	Status	Requirements/Limits
<i>bupropion hcl oral tablet</i>	Tier 2	MO
<i>mirtazapine oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	Tier 2	MO; QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET	Tier 4	MO; QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Tier 5	PA NS; QL (28 EA per 14 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG	Tier 5	PA NS; QL (14 EA per 14 days); NEDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier 5	PA NS; MO; QL (30 EA per 30 days); NEDS
MARPLAN ORAL TABLET	Tier 4	MO
<i>phenelzine sulfate oral tablet</i>	Tier 2	MO
<i>tranylcypromine sulfate oral tablet</i>	Tier 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)
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; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier 4	PA NS; QL (56 EA per 365 days)
<i>fluoxetine hcl (pmdd) oral tablet</i>	Tier 3	MO

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

Drug	Status	Requirements/Limits
<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 10 mg, 20 mg</i>	Tier 2	MO
<i>fluoxetine hcl oral tablet 60 mg</i>	Tier 2	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>fluvoxamine maleate oral tablet</i>	Tier 2	MO
<i>nefazodone hcl oral tablet</i>	Tier 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
<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

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

Drug	Status	Requirements/Limits
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 solution</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; HI
BREXAFEMME ORAL TABLET	Tier 5	PA; QL (4 EA per 1 day); NEDS
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>ciclodan external solution</i>	Tier 3	
<i>ciclopirox external gel</i>	Tier 2	QL (100 GM per 30 days)
<i>ciclopirox external shampoo</i>	Tier 4	
<i>ciclopirox external solution</i>	Tier 3	
<i>ciclopirox olamine external cream</i>	Tier 2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 2	QL (60 ML per 30 days)

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

Drug	Status	Requirements/Limits
<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	
<i>nyamyc external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>nystatin external cream</i>	Tier 2	
<i>nystatin external ointment</i>	Tier 2	
<i>nystatin external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>nystatin mouth/throat suspension</i>	Tier 2	
<i>nystatin oral tablet</i>	Tier 2	
<i>nystatin-triamcinolone external cream</i>	Tier 3	
<i>nystatin-triamcinolone external ointment</i>	Tier 3	
<i>nystop external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>posaconazole oral suspension</i>	Tier 5	PA; NEDS
<i>posaconazole oral tablet delayed release</i>	Tier 5	PA; MO; NEDS
<i>terbinafine hcl oral tablet</i>	Tier 1	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	Tier 2	

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

Drug	Status	Requirements/Limits
<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	
Antimigraine Agents		
Antimigraine Agents		
ZAVZPRET NASAL SOLUTION	Tier 5	PA; QL (12 EA per 30 days); NEDS
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection solution</i>	Tier 5	QL (8 ML per 30 days); NEDS
<i>dihydroergotamine mesylate nasal solution</i>	Tier 4	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier 5	NEDS
<i>ergotamine-caffeine oral tablet</i>	Tier 2	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (1 ML per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
NURTEC ORAL TABLET DISPERSIBLE	Tier 5	PA; QL (18 EA per 30 days); NEDS
<i>timolol maleate oral tablet</i>	Tier 2	MO
UBRELVY ORAL TABLET	Tier 5	PA; QL (16 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
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 4	
<i>pyridostigmine bromide oral tablet</i>	Tier 2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	Tier 2	MO
<i>rifabutin oral capsule</i>	Tier 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	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Tier 2	B/D
<i>cyclophosphamide oral tablet</i>	Tier 3	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	Tier 4	
GLEOSTINE ORAL CAPSULE 100 MG	Tier 5	NEDS
LEUKERAN ORAL TABLET	Tier 5	NEDS
MATULANE ORAL CAPSULE	Tier 5	NEDS

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

Drug	Status	Requirements/Limits
<i>thiotepe injection solution reconstituted 15 mg</i>	Tier 5	NEDS
VALCHLOR EXTERNAL GEL	Tier 5	PA NS; NEDS
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 2	PA NS
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 5	PA NS; NEDS
<i>bicalutamide oral tablet</i>	Tier 2	
ERLEADA ORAL TABLET	Tier 5	PA NS; NEDS
<i>flutamide oral capsule</i>	Tier 2	
<i>nilutamide oral tablet</i>	Tier 5	NEDS
NUBEQA ORAL TABLET	Tier 5	PA NS; NEDS
XTANDI ORAL CAPSULE	Tier 5	PA NS; NEDS
XTANDI ORAL TABLET	Tier 5	PA NS; NEDS
YONSA ORAL TABLET	Tier 5	PA NS; NEDS
Antiangiogenic Agents		
<i>lenalidomide oral capsule</i>	Tier 5	PA NS; LA; NEDS
POMALYST ORAL CAPSULE	Tier 5	PA NS; NEDS
THALOMID ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	Tier 5	NEDS
<i>fulvestrant intramuscular solution</i>	Tier 5	NEDS
<i>fulvestrant intramuscular solution prefilled syringe</i>	Tier 5	NEDS
ORSERDU ORAL TABLET	Tier 5	PA NS; NEDS
SOLTAMOX ORAL SOLUTION	Tier 5	MO; NEDS
<i>tamoxifen citrate oral tablet</i>	Tier 2	MO
<i>toremifene citrate oral tablet</i>	Tier 5	MO; NEDS
Antimetabolites		
<i>hydroxyurea oral capsule</i>	Tier 2	
INQOVI ORAL TABLET	Tier 5	PA NS; QL (5 EA per 28 days); NEDS
LONSURF ORAL TABLET	Tier 5	PA NS; NEDS
<i>mercaptopurine oral tablet</i>	Tier 2	
ONUREG ORAL TABLET	Tier 5	PA NS; NEDS
PURIXAN ORAL SUSPENSION	Tier 5	NEDS
SIKLOS ORAL TABLET 1000 MG	Tier 5	NEDS
TABLOID ORAL TABLET	Tier 4	

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

Drug	Status	Requirements/Limits
Antineoplastics, Other		
<i>azacitidine injection suspension reconstituted</i>	Tier 5	PA NS; NEDS
<i>bleomycin sulfate injection solution reconstituted</i>	Tier 2	B/D
<i>bortezomib injection solution reconstituted 3.5 mg</i>	Tier 5	NEDS
COTELLIC ORAL TABLET	Tier 5	PA NS; NEDS
GAVRETO ORAL CAPSULE	Tier 5	PA NS; NEDS
GILOTRIF ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
IBRANCE ORAL CAPSULE	Tier 5	PA NS; NEDS
IBRANCE ORAL TABLET	Tier 5	PA NS; NEDS
IWILFIN ORAL TABLET	Tier 5	PA NS; NEDS
JYLAMVO ORAL SOLUTION	Tier 4	
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
OJJAARA ORAL TABLET	Tier 5	PA NS; NEDS
ONCASPAR INJECTION SOLUTION	Tier 5	NEDS
ORGOVYX ORAL TABLET	Tier 5	PA NS; NEDS
RETEVMO ORAL CAPSULE	Tier 5	PA NS; NEDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA NS; NEDS
TAGRISSE ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
TUKYSA ORAL TABLET	Tier 5	PA NS; NEDS
VENCLEXTA ORAL TABLET 10 MG	Tier 4	PA NS
VENCLEXTA ORAL TABLET 100 MG, 50 MG	Tier 5	PA NS; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS

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

Drug	Status	Requirements/Limits
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; QL (30 EA per 30 days); NEDS
OGSIVEO ORAL TABLET 50 MG	Tier 5	PA NS; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
REZLIDHIA ORAL CAPSULE	Tier 5	PA NS; NEDS
TIBSOVO ORAL TABLET	Tier 5	PA NS; NEDS
VERZENIO ORAL TABLET	Tier 5	PA NS; NEDS
VITRAKVI ORAL CAPSULE	Tier 5	PA NS; NEDS
VITRAKVI ORAL SOLUTION	Tier 5	PA NS; NEDS
XOSPATA ORAL TABLET	Tier 5	PA NS; NEDS
ZYDELIG ORAL TABLET	Tier 5	PA NS; NEDS
Molecular Target Inhibitors		
AKEEGA ORAL TABLET	Tier 5	PA NS; NEDS

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

Drug	Status	Requirements/Limits
ALECENSA ORAL CAPSULE	Tier 5	PA NS; NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Tier 5	PA NS; QL (60 EA per 365 days); NEDS
AUGTYRO ORAL CAPSULE	Tier 5	PA NS; NEDS
AYVAKIT ORAL TABLET	Tier 5	PA NS; QL (1 EA per 1 day); NEDS
BALVERSA ORAL TABLET	Tier 5	PA NS; NEDS
BOSULIF ORAL CAPSULE	Tier 5	PA NS; NEDS
BOSULIF ORAL TABLET	Tier 5	PA NS; NEDS
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5	PA NS; NEDS
BRUKINSA ORAL CAPSULE	Tier 5	PA NS; NEDS
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 100 mg, 25 mg</i>	Tier 4	PA NS
<i>erlotinib hcl oral tablet 150 mg</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
FRUZAQLA ORAL CAPSULE	Tier 5	PA NS; NEDS
<i>gefitinib oral tablet</i>	Tier 5	PA NS; NEDS
ICLUSIG ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	Tier 2	

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

Drug	Status	Requirements/Limits
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
JAKAFI ORAL TABLET	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	Tier 5	PA NS; NEDS
JAYPIRCA ORAL TABLET 50 MG	Tier 5	PA NS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KOSELUGO ORAL CAPSULE 10 MG	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
KOSELUGO ORAL CAPSULE 25 MG	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
<i>lapatinib ditosylate oral tablet</i>	Tier 5	PA NS; LA; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LORBRENA ORAL TABLET	Tier 5	PA NS; NEDS
LYNPARZA ORAL TABLET	Tier 5	PA NS; NEDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS

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

Drug	Status	Requirements/Limits
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
MEKINIST ORAL SOLUTION RECONSTITUTED	Tier 5	PA NS; NEDS
MEKINIST ORAL TABLET	Tier 5	PA NS; NEDS
MEKTOVI ORAL TABLET	Tier 5	PA NS; NEDS
NERLYNX ORAL TABLET	Tier 5	PA NS; NEDS
<i>pazopanib hcl oral tablet</i>	Tier 5	PA NS; NEDS
PEMAZYRE ORAL TABLET	Tier 5	PA NS; NEDS
QINLOCK ORAL TABLET	Tier 5	PA NS; NEDS
ROZLYTREK ORAL CAPSULE	Tier 5	PA NS; NEDS
ROZLYTREK ORAL PACKET	Tier 5	PA NS; NEDS
RUBRACA ORAL TABLET	Tier 5	PA NS; NEDS
RYDAPT ORAL CAPSULE	Tier 5	PA NS; NEDS
SCEMBLIX ORAL TABLET 20 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	Tier 5	PA NS; NEDS
<i>sorafenib tosylate oral tablet</i>	Tier 5	PA NS; NEDS
SPRYCEL ORAL TABLET	Tier 5	PA NS; NEDS
STIVARGA ORAL TABLET	Tier 5	PA NS; NEDS
<i>sunitinib malate oral capsule</i>	Tier 5	PA NS; NEDS
TABRECTA ORAL TABLET	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
TAFINLAR ORAL CAPSULE	Tier 5	PA NS; NEDS
TAFINLAR ORAL TABLET SOLUBLE	Tier 5	PA NS; NEDS
TALZENNA ORAL CAPSULE	Tier 5	PA NS; NEDS
TASIGNA ORAL CAPSULE	Tier 5	PA NS; NEDS
TAZVERIK ORAL TABLET	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
TEPMETKO ORAL TABLET	Tier 5	PA NS; NEDS
TRUQAP 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

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

Drug	Status	Requirements/Limits
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; QL (63 EA per 28 days); NEDS
TURALIO ORAL CAPSULE	Tier 5	PA NS; NEDS
UKONIQ ORAL TABLET	Tier 5	PA NS; NEDS
VANFLYTA ORAL TABLET	Tier 5	PA NS; NEDS
VIZIMPRO ORAL TABLET	Tier 5	PA NS; NEDS
VONJO ORAL CAPSULE	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
VOTRIENT ORAL TABLET	Tier 5	PA NS; NEDS
XALKORI ORAL CAPSULE	Tier 5	PA NS; NEDS
XALKORI ORAL CAPSULE SPRINKLE	Tier 5	PA NS; NEDS
ZEJULA ORAL CAPSULE	Tier 5	PA NS; NEDS
ZEJULA ORAL TABLET	Tier 5	PA NS; NEDS
ZELBORAF ORAL TABLET	Tier 5	PA NS; NEDS
ZYKADIA ORAL TABLET	Tier 5	PA NS; NEDS
Retinoids		
<i>bexarotene external gel</i>	Tier 5	PA NS; NEDS
<i>bexarotene oral capsule</i>	Tier 5	NEDS
PANRETIN EXTERNAL GEL	Tier 5	NEDS
<i>tretinoin oral capsule</i>	Tier 5	NEDS
Treatment Adjuncts		
<i>leucovorin calcium injection solution</i>	Tier 2	
<i>leucovorin calcium oral tablet</i>	Tier 2	
MESNEX ORAL TABLET	Tier 5	NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	Tier 5	NEDS
<i>ivermectin oral tablet</i>	Tier 2	PA
<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	

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

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

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

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

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

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

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

Drug	Status	Requirements/Limits
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</i>	Tier 2	MO
REXULTI ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	Tier 3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	Tier 5	NEDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg</i>	Tier 2	
<i>risperidone microspheres er intramuscular suspension reconstituted er 25 mg, 37.5 mg, 50 mg</i>	Tier 5	NEDS
<i>risperidone oral solution</i>	Tier 2	MO; QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible</i>	Tier 2	MO; QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE	Tier 5	ST; MO; QL (1 EA per 1 day); NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier 4	ST
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Tier 2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Tier 4	
Treatment-Resistant		
<i>clozapine oral tablet</i>	Tier 2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	Tier 2	
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 5	NEDS

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

Drug	Status	Requirements/Limits
VERSACLOZ ORAL SUSPENSION	Tier 5	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>dantrolene sodium oral capsule</i>	Tier 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 4	MO
<i>entecavir oral tablet</i>	Tier 2	MO
EPIVIR HBV ORAL SOLUTION	Tier 3	MO
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
<i>lamivudine oral tablet 100 mg</i>	Tier 2	MO
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL PACKET	Tier 5	PA; NEDS
EPCLUSA ORAL TABLET	Tier 5	PA; NEDS
HARVONI ORAL PACKET	Tier 5	PA; NEDS
HARVONI ORAL TABLET 90-400 MG	Tier 5	PA; NEDS
<i>ledipasvir-sofosbuvir oral tablet</i>	Tier 5	PA; NEDS
<i>sofosbuvir-velpatasvir oral tablet</i>	Tier 5	PA; NEDS
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
MAVYRET ORAL PACKET	Tier 5	PA; NEDS
MAVYRET ORAL TABLET	Tier 5	PA; NEDS
VOSEVI ORAL TABLET	Tier 5	PA; NEDS
Anti-Hepatitis C (Hcv) Agents, Other		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	NEDS

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

Drug	Status	Requirements/Limits
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	
Antiherpetic 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 4	MO
STRIBILD ORAL TABLET	Tier 5	MO; NEDS
SYMTUZA ORAL TABLET	Tier 5	MO; NEDS
TIVICAY ORAL TABLET 10 MG	Tier 3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier 5	MO; NEDS
TIVICAY PD ORAL TABLET SOLUBLE	Tier 5	MO; NEDS
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET	Tier 5	MO; NEDS
EDURANT ORAL TABLET	Tier 5	MO; NEDS
<i>efavirenz oral capsule</i>	Tier 1	MO

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

Drug	Status	Requirements/Limits
<i>efavirenz oral tablet</i>	Tier 1	MO
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	Tier 4	MO
<i>etravirine oral tablet</i>	Tier 5	MO; NEDS
INTELENCE ORAL TABLET 25 MG	Tier 4	MO
<i>nevirapine er oral tablet extended release 24 hour</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 100-150 mg, 200-300 mg</i>	Tier 4	MO
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</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
TRIUMEQ PD ORAL TABLET SOLUBLE	Tier 5	
TRIZIVIR ORAL TABLET	Tier 5	MO; NEDS
VIREAD ORAL POWDER	Tier 5	MO; NEDS

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

Drug	Status	Requirements/Limits
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	
TYBOST ORAL TABLET	Tier 3	MO
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	Tier 5	MO; NEDS
<i>atazanavir sulfate oral capsule</i>	Tier 2	MO
<i>darunavir oral tablet</i>	Tier 5	NEDS
EVOTAZ ORAL TABLET	Tier 5	MO; NEDS
FOSAMPRENAVIR CALCIUM ORAL TABLET	Tier 5	MO; NEDS
LEXIVA ORAL SUSPENSION	Tier 4	MO
<i>lopinavir-ritonavir oral solution</i>	Tier 2	MO
<i>lopinavir-ritonavir oral tablet</i>	Tier 2	MO
NORVIR ORAL PACKET	Tier 4	MO
NORVIR ORAL SOLUTION	Tier 4	MO
PREZCOBIX ORAL TABLET	Tier 5	MO; NEDS
PREZISTA ORAL SUSPENSION	Tier 5	NEDS
PREZISTA ORAL TABLET 150 MG	Tier 5	NEDS
PREZISTA ORAL TABLET 75 MG	Tier 4	
REYATAZ ORAL PACKET	Tier 5	MO; NEDS
<i>ritonavir oral tablet</i>	Tier 2	MO
VIRACEPT ORAL TABLET	Tier 5	MO; NEDS
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<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	
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	
DIAZEPAM INTENSOL ORAL CONCENTRATE	Tier 2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>estazolam oral tablet</i>	Tier 2	QL (1 EA per 1 day)
<i>lorazepam injection solution</i>	Tier 2	
<i>lorazepam intensol oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Tier 1	QL (150 EA per 30 days)

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

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 chewable</i>	Tier 2	MO
<i>lithium carbonate er oral tablet extended release</i>	Tier 2	MO
<i>lithium carbonate oral capsule</i>	Tier 1	MO
<i>lithium carbonate oral tablet</i>	Tier 2	MO
<i>lithium oral solution</i>	Tier 2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	Tier 2	MO; QL (3 EA per 1 day)
<i>alogliptin benzoate oral tablet</i>	Tier 4	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	Tier 3	PA; MO; QL (3.4 ML per 28 days)
CYCLOSET ORAL TABLET	Tier 4	MO
FARXIGA ORAL TABLET	Tier 3	MO
<i>glimepiride oral tablet</i>	Tier 1	MO
<i>glipizide er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>glipizide oral tablet 2.5 mg</i>	Tier 2	MO
<i>glyburide micronized oral tablet</i>	Tier 2	MO
<i>glyburide oral tablet</i>	Tier 2	MO
GLYXAMBI ORAL TABLET	Tier 3	MO
JANUVIA ORAL TABLET	Tier 3	MO; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET	Tier 3	MO
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier 1	MO

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

Drug	Status	Requirements/Limits
<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	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet</i>	Tier 2	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Tier 3	PA; MO; QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 3	PA; MO; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Tier 3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	Tier 3	PA; MO; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	PA; MO; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	Tier 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Tier 2	MO; QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	Tier 2	MO; QL (8 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
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	PA; MO; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	PA; MO; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
Blood Glucose Regulators		
<i>glipizide-metformin hcl oral tablet</i>	Tier 1	MO

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

Drug	Status	Requirements/Limits
<i>glyburide-metformin oral tablet</i>	Tier 2	MO; QL (4 EA per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.5 MG/0.1ML	Tier 3	QL (0.4 ML per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 1 MG/0.2ML	Tier 3	QL (0.8 ML per 1 day)
GVOKE KIT SUBCUTANEOUS SOLUTION	Tier 3	QL (0.8 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	Tier 3	QL (0.4 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 3	QL (0.8 ML per 1 day)
JANUMET ORAL TABLET	Tier 3	MO; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET	Tier 3	MO; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; QL (2 EA per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier 2	MO
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier 2	MO
Glycemic Agents		
<i>diazoxide oral suspension</i>	Tier 5	MO; NEDS
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier 3	
GLUCAGON EMERGENCY INJECTION KIT	Tier 3	
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Tier 4	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	Tier 4	
BD INSULIN SYRINGE HALF-UNIT	Tier 4	
BD INSULIN SYRINGE U/F 1/2UNIT	Tier 4	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	Tier 4	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Tier 4	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	Tier 4	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 4	

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

Drug	Status	Requirements/Limits
CVS GAUZE STERILE PAD 2"X2"	Tier 4	
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
HUMALOG INJECTION SOLUTION	Tier 3	MO
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	MO
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

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

Drug	Status	Requirements/Limits
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	Tier 3	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
LANTUS SUBCUTANEOUS SOLUTION	Tier 3	MO
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 4	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 4	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	Tier 4	
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
Blood Glucose Supplies		
Glucose Monitoring Test Supplies		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCU-CHEK GUIDE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCUTREND GLUCOSE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVANCE INTUITION TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX AMP TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX JAZZ TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)

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

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

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

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

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

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 300 mg/3ml</i>	Tier 2	
<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		
FABHALTA ORAL CAPSULE	Tier 5	PA; QL (60 EA per 30 days); NEDS
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

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

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

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

Drug	Status	Requirements/Limits
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 2	MO
BRILINTA ORAL TABLET	Tier 3	MO
<i>cilostazol oral tablet</i>	Tier 2	MO
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	MO
<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 1	MO
<i>candesartan cilexetil-hctz oral tablet</i>	Tier 1	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 1	MO
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier 1	MO
<i>telmisartan oral tablet</i>	Tier 1	MO
<i>telmisartan-hctz oral tablet</i>	Tier 1	MO
<i>valsartan oral tablet</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>captopril oral tablet</i>	Tier 2	MO
<i>enalapril maleate oral tablet</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>fosinopril sodium oral tablet</i>	Tier 1	MO
<i>fosinopril sodium-hctz oral tablet</i>	Tier 2	MO
<i>lisinopril oral tablet</i>	Tier 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>moexipril hcl oral tablet</i>	Tier 2	MO
<i>perindopril erbumine oral tablet</i>	Tier 2	MO
<i>quinapril hcl oral tablet</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>ramipril oral capsule</i>	Tier 1	MO
<i>trandolapril oral tablet</i>	Tier 1	MO
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier 2	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet</i>	Tier 2	MO
<i>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

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

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

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

Drug	Status	Requirements/Limits
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nifedipine oral capsule</i>	Tier 2	MO
<i>taztia xt oral capsule extended release 24 hour</i>	Tier 2	MO
<i>tiadylt er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>verapamil hcl er oral tablet extended release</i>	Tier 2	MO
<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
FILSPARI ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); 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

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

Drug	Status	Requirements/Limits
<i>ethacrynic acid oral tablet</i>	Tier 2	MO
<i>furosemide injection solution 10 mg/ml</i>	Tier 6	HI
<i>furosemide injection solution 10 mg/ml (4ml syringe)</i>	Tier 6	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 2	MO
<i>furosemide oral tablet</i>	Tier 1	MO
<i>torseamide oral tablet</i>	Tier 2	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet</i>	Tier 2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>eplerenone oral tablet</i>	Tier 2	MO
KERENDIA ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
<i>spironolactone oral tablet</i>	Tier 1	MO
<i>spironolactone-hctz oral tablet</i>	Tier 2	MO
<i>triamterene oral capsule</i>	Tier 2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 2	MO
<i>triamterene-hctz oral tablet</i>	Tier 2	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	MO
<i>hydrochlorothiazide oral capsule</i>	Tier 1	MO
<i>hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>indapamide oral tablet</i>	Tier 1	MO
<i>metolazone oral tablet</i>	Tier 2	MO
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 2	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 2	MO
<i>gemfibrozil oral tablet</i>	Tier 2	MO
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet</i>	Tier 1	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>fluvastatin sodium oral capsule</i>	Tier 2	MO
<i>lovastatin oral tablet</i>	Tier 1	MO
<i>pitavastatin calcium oral tablet</i>	Tier 4	

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

Drug	Status	Requirements/Limits
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO; QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet</i>	Tier 1	MO
<i>simvastatin oral tablet</i>	Tier 1	MO; QL (1.5 EA per 1 day)
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	Tier 2	MO
<i>cholestyramine light oral powder</i>	Tier 2	MO
<i>cholestyramine oral packet</i>	Tier 2	MO
<i>cholestyramine oral powder</i>	Tier 2	MO
<i>colesevelam hcl oral packet</i>	Tier 2	MO
<i>colesevelam hcl oral tablet</i>	Tier 2	MO
<i>colestipol hcl oral packet</i>	Tier 2	MO
<i>colestipol hcl oral tablet</i>	Tier 2	MO
<i>ezetimibe oral tablet</i>	Tier 2	MO
<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

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

Drug	Status	Requirements/Limits
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 4	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>isosorbide mononitrate oral tablet</i>	Tier 2	MO
NITRO-BID TRANSDERMAL OINTMENT	Tier 4	MO
<i>nitroglycerin rectal ointment</i>	Tier 4	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier 2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 2	MO
<i>nitroglycerin translingual solution</i>	Tier 2	MO
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)
<i>amphetamine-dextroamphet er 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 er 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

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

Drug	Status	Requirements/Limits
<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)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET	Tier 5	PA; MO; NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
EXSERVAN ORAL FILM	Tier 5	MO; QL (2 EA per 1 day); NEDS
FIRDAPSE ORAL TABLET	Tier 5	PA; NEDS
HETLIOZ LQ ORAL SUSPENSION	Tier 5	PA; MO; NEDS
INGREZZA ORAL CAPSULE	Tier 5	PA; MO; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier 5	PA; NEDS
NUDEXTA ORAL CAPSULE	Tier 5	PA; MO; NEDS
RELYVRIO ORAL PACKET	Tier 5	PA; QL (60 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
<i>riluzole oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
SKYCLARYS ORAL CAPSULE	Tier 5	PA; QL (90 EA per 30 days); NEDS
<i>tasimelteon oral capsule</i>	Tier 5	PA; MO; NEDS
TEGLUTIK ORAL SUSPENSION	Tier 5	MO; QL (20 ML per 1 day); NEDS
<i>tetrabenazine oral tablet</i>	Tier 4	PA; MO
Fibromyalgia Agents		
<i>pregabalin oral capsule</i>	Tier 2	MO
<i>pregabalin oral solution</i>	Tier 2	MO
SAVELLA ORAL TABLET	Tier 3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	Tier 3	
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier 5	MO; NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier 5	MO; NEDS
BETASERON SUBCUTANEOUS KIT	Tier 5	MO; NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier 3	PA; MO
<i>dimethyl fumarate oral capsule delayed release</i>	Tier 4	PA; MO
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	Tier 5	PA; NEDS
<i>fingolimod hcl oral capsule</i>	Tier 5	PA; NEDS
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	MO; NEDS
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 5	MO; NEDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 5	MO; NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (1.6 ML per 30 days); NEDS
<i>teriflunomide oral tablet</i>	Tier 2	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Tier 5	PA; QL (14 EA per 365 days); NEDS
ZEPOSIA ORAL CAPSULE	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	Tier 5	PA; QL (74 EA per 365 days); NEDS

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Drug	Status	Requirements/Limits
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	Tier 5	PA; QL (56 EA per 365 days); NEDS
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule</i>	Tier 2	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	
<i>kourzeq mouth/throat paste</i>	Tier 2	
<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; QL (4 ML per 28 days); NEDS
<i>ammonium lactate external cream</i>	Tier 2	
<i>ammonium lactate external lotion</i>	Tier 2	
<i>azelaic acid external gel</i>	Tier 3	
<i>calcipotriene external cream</i>	Tier 4	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier 4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier 4	QL (120 ML per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 2	
<i>clobetasol prop emollient base external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>clobetasol propionate emulsion external foam</i>	Tier 4	
<i>clobetasol propionate external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external foam</i>	Tier 4	
<i>clobetasol propionate external gel</i>	Tier 3	QL (60 GM per 30 days)
<i>clobetasol propionate external lotion</i>	Tier 4	
<i>clobetasol propionate external ointment</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier 4	
<i>clobetasol propionate external solution</i>	Tier 3	QL (59 ML per 30 days)
<i>clocortolone pivalate external cream</i>	Tier 2	
CLODAN EXTERNAL SHAMPOO	Tier 4	

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

Drug	Status	Requirements/Limits
<i>clotrimazole-betamethasone external cream</i>	Tier 2	
<i>clotrimazole-betamethasone external lotion</i>	Tier 3	
<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	
LITFULO ORAL CAPSULE	Tier 5	PA; QL (30 EA per 30 days); NEDS
<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 gel</i>	Tier 4	
<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	
<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	

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

Drug	Status	Requirements/Limits
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>multiple electro type 1 ph 5.5 intravenous solution</i>	Tier 6	HI
<i>na sulfate-k sulfate-mg sulf oral solution</i>	Tier 4	
ORACIT ORAL SOLUTION	Tier 4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	Tier 6	HI
PLENAMINE INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>potassium chloride crys er oral tablet extended release</i>	Tier 2	MO
<i>potassium chloride er oral capsule extended release</i>	Tier 2	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 2	MO
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	Tier 6	HI
<i>potassium chloride oral packet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 2	MO
<i>potassium citrate er oral tablet extended release</i>	Tier 2	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	Tier 6	HI
PREMASOL INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
PROSOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Tier 6	HI
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 1	MO
TRAVASOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox oral tablet soluble 125 mg</i>	Tier 4	MO
<i>deferasirox oral tablet soluble 250 mg, 500 mg</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	
<i>sps oral suspension</i>	Tier 2	
TOLVAPTAN ORAL TABLET 15 MG	Tier 5	PA; NEDS
<i>tolvaptan oral tablet 30 mg</i>	Tier 5	PA; NEDS
TRIENTINE HCL ORAL CAPSULE 250 MG	Tier 5	NEDS
VELTASSA ORAL PACKET	Tier 4	MO
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier 6	B/D; HI

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

Drug	Status	Requirements/Limits
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 6	HI
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %	Tier 6	HI
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	Tier 6	HI
<i>intralipid intravenous emulsion 20 %</i>	Tier 6	B/D; HI
INTRALIPID INTRAVENOUS EMULSION 30 %	Tier 6	B/D; HI
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 6	HI
NUTRILIPID INTRAVENOUS EMULSION	Tier 6	B/D; HI
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	
<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	

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

Drug	Status	Requirements/Limits
Gastrointestinal Agents		
VELSIPITY ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
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^K 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
VOQUEZNA ORAL TABLET 10 MG	Tier 4	PA; QL (30 EA per 30 days)
VOQUEZNA ORAL TABLET 20 MG	Tier 4	PA; QL (60 EA per 30 days)
VOWST ORAL CAPSULE	Tier 5	PA; NEDS
XERMELO ORAL TABLET	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS
Histamine₂ (H₂) Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 2	MO
<i>cimetidine oral tablet 200 mg</i>	Tier 2	
<i>cimetidine oral tablet 300 mg, 400 mg</i>	Tier 2	MO
<i>cimetidine oral tablet 800 mg</i>	Tier 2	MO
<i>famotidine oral suspension reconstituted</i>	Tier 2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	Tier 4	PA; MO; QL (2 EA per 1 day)
<i>alosetron hcl oral tablet 1 mg</i>	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
LINZESS ORAL CAPSULE	Tier 3	MO
<i>lubiprostone oral capsule</i>	Tier 3	MO
Laxatives		
<i>constulose oral solution</i>	Tier 2	MO
<i>enulose oral solution</i>	Tier 2	MO
<i>gavilyte-c oral solution reconstituted</i>	Tier 2	
<i>gavilyte-g oral solution reconstituted</i>	Tier 2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	Tier 2	
<i>generlac oral solution</i>	Tier 2	MO
<i>lactulose oral solution 10 gm/15ml</i>	Tier 2	MO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Tier 4	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 4	
Protectants		
<i>misoprostol oral tablet</i>	Tier 2	MO
<i>sucralfate oral suspension</i>	Tier 2	MO
<i>sucralfate oral tablet</i>	Tier 2	MO
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule delayed release</i>	Tier 3	MO
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier 3	MO
<i>lansoprazole oral capsule delayed release</i>	Tier 2	MO
<i>omeprazole magnesium oral capsule delayed release</i>	Tier 2	MO; QL (2 EA per 1 day)
<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)

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

Drug	Status	Requirements/Limits
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	PA; HI; LA
<i>betaine oral powder</i>	Tier 5	MO; NEDS
CERDELGA ORAL CAPSULE	Tier 5	PA; MO; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier 3	MO
CYSTAGON ORAL CAPSULE	Tier 4	MO
DAYBUE ORAL SOLUTION	Tier 5	PA; QL (3600 ML per 30 days); NEDS
ENDARI ORAL PACKET	Tier 5	PA; NEDS
GALAFOLD ORAL CAPSULE	Tier 5	PA; MO; NEDS
GLASSIA INTRAVENOUS SOLUTION	Tier 6	PA; HI
<i>miglustat oral capsule</i>	Tier 5	PA; MO; NEDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Tier 5	PA; MO; NEDS
<i>nitisinone oral capsule 20 mg</i>	Tier 5	PA; NEDS
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
ORFADIN ORAL SUSPENSION	Tier 5	PA; MO; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	Tier 6	PA; HI
RAVICTI ORAL LIQUID	Tier 5	MO; NEDS
RUZURGI ORAL TABLET	Tier 5	PA; MO; NEDS
<i>sapropterin dihydrochloride oral packet</i>	Tier 5	PA; MO; NEDS
SODIUM PHENYLBUTYRATE ORAL TABLET	Tier 5	MO; NEDS
SOHONOS ORAL CAPSULE 1 MG	Tier 5	PA; QL (560 EA per 28 days); NEDS

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

Drug	Status	Requirements/Limits
SOHONOS ORAL CAPSULE 1.5 MG	Tier 5	PA; QL (364 EA per 28 days); NEDS
SOHONOS ORAL CAPSULE 10 MG	Tier 5	PA; QL (56 EA per 28 days); NEDS
SOHONOS ORAL CAPSULE 2.5 MG	Tier 5	PA; QL (224 EA per 28 days); NEDS
SOHONOS ORAL CAPSULE 5 MG	Tier 5	PA; QL (112 EA per 28 days); NEDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	Tier 5	PA; QL (28 EA per 28 days); NEDS
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 5	PA; QL (56 EA per 28 days); NEDS
<i>yargesa oral capsule</i>	Tier 5	PA; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	PA; HI
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 4	MO
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
ZOKINVY ORAL CAPSULE	Tier 5	PA; QL (120 EA per 30 days); NEDS
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>flavoxate hcl oral tablet</i>	Tier 2	MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Tier 4	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>oxybutynin chloride oral solution</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	MO
<i>solifenacin succinate oral tablet</i>	Tier 2	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>tolterodine tartrate oral tablet</i>	Tier 2	MO
<i>tropium chloride er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>tropium chloride oral tablet</i>	Tier 2	MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 2	MO; QL (1 EA per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	MO
<i>doxazosin mesylate oral tablet</i>	Tier 2	MO
<i>dutasteride oral capsule</i>	Tier 2	MO
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>finasteride oral tablet 5 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>silodosin oral capsule</i>	Tier 2	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 2	PA; MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>terazosin hcl oral capsule</i>	Tier 1	MO
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	Tier 2	
CUVRIOR ORAL TABLET	Tier 5	PA; NEDS
ELMIRON ORAL CAPSULE	Tier 5	NEDS
RIVFLOZA SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (1 ML per 28 days); NEDS
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	Tier 5	PA; QL (0.8 ML per 28 days); NEDS
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Tier 5	PA; QL (1 ML per 28 days); 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 4	MO
<i>sevelamer carbonate oral tablet</i>	Tier 2	MO
<i>sevelamer hcl oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR INJECTION GEL	Tier 5	PA; NEDS
<i>ala-cort external cream</i>	Tier 2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external cream</i>	Tier 2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 2	QL (240 GM per 30 days)
<i>amcinonide external cream</i>	Tier 4	
<i>amcinonide external lotion</i>	Tier 4	
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 4	QL (150 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 4	QL (150 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone valerate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 2	QL (150 GM per 30 days)
CAPEX EXTERNAL SHAMPOO	Tier 4	
CORTROPHIN INJECTION GEL	Tier 5	PA; NEDS
<i>deflazacort oral tablet</i>	Tier 5	PA; NEDS
<i>desonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>desonide external 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	

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

Drug	Status	Requirements/Limits
<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 4	QL (180 GM per 30 days)
EMFLAZA ORAL SUSPENSION	Tier 5	PA; NEDS
<i>fludrocortisone acetate oral tablet</i>	Tier 2	MO
<i>fluocinolone acetonide body external oil</i>	Tier 3	
<i>fluocinolone acetonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external ointment</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	Tier 4	QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Tier 3	
<i>fluocinonide emulsified base external cream</i>	Tier 4	QL (120 GM per 30 days)
<i>fluocinonide external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	Tier 4	QL (60 ML per 30 days)
<i>fluticasone propionate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>fluticasone propionate external lotion</i>	Tier 4	QL (240 ML per 30 days)
<i>fluticasone propionate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>halcinonide external cream</i>	Tier 3	
<i>halobetasol propionate external cream</i>	Tier 4	QL (150 GM per 30 days)
<i>halobetasol propionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
HALOG EXTERNAL OINTMENT	Tier 4	
<i>hydrocortisone butyrate external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>hydrocortisone butyrate external ointment</i>	Tier 4	QL (180 GM per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	QL (240 ML per 30 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone max st external cream</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	

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

Drug	Status	Requirements/Limits
<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	
PREDNISON INTENSOL ORAL CONCENTRATE	Tier 4	
<i>prednisone oral solution</i>	Tier 2	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 2	
RECORLEV ORAL TABLET	Tier 5	PA; QL (240 EA per 30 days); NEDS
<i>taperdex 7-day oral tablet therapy pack 1.5 mg (27)</i>	Tier 2	
TARPEYO ORAL CAPSULE DELAYED RELEASE	Tier 5	PA; QL (120 EA per 30 days); NEDS
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

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

Drug	Status	Requirements/Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	Tier 5	PA; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE	Tier 5	PA; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	Tier 5	PA; LA; MO; NEDS
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	Tier 2	MO
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	Tier 5	MO; NEDS
STIMATE NASAL SOLUTION	Tier 5	MO; NEDS
VYNDAMAX ORAL CAPSULE	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
VYNDAQEL ORAL CAPSULE	Tier 5	PA; MO; QL (4 EA per 1 day); NEDS
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>mifepristone oral tablet 300 mg</i>	Tier 5	PA; 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 3	PA; MO

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

Drug	Status	Requirements/Limits
Estrogens		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	Tier 4	MO; QL (8 EA per 28 days)
<i>altavera oral tablet</i>	Tier 2	MO
<i>alyacen 1/35 oral tablet</i>	Tier 2	MO
<i>amabelz oral tablet</i>	Tier 2	MO
<i>amethia oral tablet</i>	Tier 2	MO
<i>amethyst oral tablet</i>	Tier 2	MO
ANGELIQ ORAL TABLET	Tier 4	MO
<i>apri oral tablet</i>	Tier 2	MO
<i>aranelle oral tablet</i>	Tier 2	MO
<i>ashlyna oral tablet</i>	Tier 2	MO
<i>aubra eq oral tablet</i>	Tier 2	MO
<i>aviane oral tablet</i>	Tier 2	MO
<i>balziva oral tablet</i>	Tier 2	MO
<i>blisovi 24 fe oral tablet</i>	Tier 2	MO
<i>blisovi fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>briellyn oral tablet</i>	Tier 2	MO
<i>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>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>enilloring vaginal ring</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)

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

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

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

Drug	Status	Requirements/Limits
<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>lutra oral tablet</i>	Tier 2	MO
<i>lyllana transdermal patch twice weekly</i>	Tier 2	MO; QL (8 EA per 28 days)
<i>marlissa oral tablet</i>	Tier 2	MO
MENEST ORAL TABLET	Tier 4	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier 4	MO
<i>mibelas 24 fe oral tablet chewable</i>	Tier 2	MO
<i>microgestin 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin 1/20 oral tablet</i>	Tier 2	MO
<i>microgestin 24 fe oral tablet</i>	Tier 2	MO
<i>microgestin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin fe 1/20 oral tablet</i>	Tier 2	MO
<i>mili oral tablet</i>	Tier 2	MO
<i>mimvey oral tablet</i>	Tier 2	MO
<i>necon 0.5/35 (28) oral tablet</i>	Tier 2	MO
<i>necon 1/35 (28) oral tablet</i>	Tier 2	MO
<i>nikki oral tablet</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral capsule</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 2	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethindrone-eth estradiol oral tablet</i>	Tier 2	MO
<i>norethindron-ethinyl estrad-fe oral tablet</i>	Tier 2	MO
<i>norethin-eth estradiol-fe oral tablet chewable</i>	Tier 2	MO
<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

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

Drug	Status	Requirements/Limits
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier 2	MO
<i>nortrel 1/35 (21) oral tablet</i>	Tier 2	MO
<i>nortrel 1/35 (28) oral tablet</i>	Tier 2	MO
<i>nortrel 7/7/7 oral tablet</i>	Tier 2	MO
<i>nylia 1/35 oral tablet</i>	Tier 2	MO
<i>nylia 7/7/7 oral tablet</i>	Tier 2	MO
<i>nymyo oral tablet</i>	Tier 2	MO
<i>ocella oral tablet</i>	Tier 2	MO
<i>orsythia oral tablet</i>	Tier 2	MO
<i>pimtrea oral tablet</i>	Tier 2	MO
<i>pirmella 1/35 oral tablet</i>	Tier 2	MO
<i>portia-28 oral tablet</i>	Tier 2	MO
<i>prefest oral tablet</i>	Tier 2	MO
PREMARIN ORAL TABLET	Tier 4	MO
PREMARIN VAGINAL CREAM	Tier 3	MO
PREMPHASE ORAL TABLET	Tier 4	MO
PREMPRO ORAL TABLET	Tier 4	MO
<i>previfem oral tablet</i>	Tier 2	MO
<i>reclipsen oral tablet</i>	Tier 2	MO
<i>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

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

Drug	Status	Requirements/Limits
<i>tri-vylibra oral tablet</i>	Tier 2	MO
<i>turqoz oral tablet</i>	Tier 2	MO
<i>tyblume oral tablet chewable</i>	Tier 2	MO
<i>tydemy oral tablet</i>	Tier 2	MO
<i>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>yuvaferm 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)		
VEOZAH ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)
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>heather oral tablet</i>	Tier 2	
<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

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

Drug	Status	Requirements/Limits
<i>sharobel oral tablet</i>	Tier 2	MO
Selective Estrogen Receptor Modifying Agents		
OSPHERA ORAL TABLET	Tier 4	PA; MO
<i>raloxifene hcl oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox oral tablet</i>	Tier 1	MO
<i>levo-t oral tablet</i>	Tier 1	MO
<i>levothyroxine sodium oral tablet</i>	Tier 1	MO
<i>levoxyl oral tablet</i>	Tier 1	MO
<i>liothyronine sodium oral tablet</i>	Tier 2	MO
SYNTHROID ORAL TABLET	Tier 4	MO
<i>unithroid oral tablet</i>	Tier 1	MO
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA ORAL TABLET	Tier 5	PA; MO; NEDS
LYSODREN ORAL TABLET	Tier 5	NEDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	Tier 2	
ELIGARD SUBCUTANEOUS KIT	Tier 4	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA NS; QL (4 EA per 365 days); NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4	PA NS; QL (1 EA per 28 days)
<i>lanreotide acetate subcutaneous solution</i>	Tier 5	PA NS; NEDS
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE	Tier 4	

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

Drug	Status	Requirements/Limits
<i>leuprolide acetate injection kit</i>	Tier 5	NEDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Tier 5	NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Tier 5	NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Tier 5	NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier 2	MO
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Tier 5	MO; NEDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	Tier 5	MO; NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	Tier 5	PA NS; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	LA; MO; NEDS
SYNAREL NASAL SOLUTION	Tier 5	NEDS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	Tier 2	MO
<i>propylthiouracil oral tablet</i>	Tier 2	MO
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	Tier 6	PA; HI
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	PA; HI
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
ICATIBANT ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>sajazir subcutaneous solution prefilled syringe</i>	Tier 5	PA; NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (4 ML per 28 days); NEDS

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Drug	Status	Requirements/Limits
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 5	PA; NEDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	Tier 5	PA; NEDS
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	Tier 5	PA; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
GAMMAKED INJECTION SOLUTION 1 GM/10ML	Tier 5	PA; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	Tier 5	PA; NEDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	Tier 5	PA; NEDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	Tier 5	PA; NEDS
PANZYGA INTRAVENOUS SOLUTION	Tier 5	PA; NEDS
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	Tier 5	PA; NEDS
Immunological Agents, Other		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier 5	PA NS; LA; MO; NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA NS; NEDS
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (2 ML per 28 days); NEDS
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (2 ML per 28 days); NEDS
CIBINQO ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (10 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	Tier 5	PA; MO; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 5	PA; QL (1.34 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 5	PA; MO; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
LAGEVRIO ORAL CAPSULE	Tier 3	QL (40 EA per 5 days)
<i>leflunomide oral tablet</i>	Tier 2	MO
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 5	PA; MO; NEDS
OLUMIANT ORAL TABLET 4 MG	Tier 4	PA; MO
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	Tier 5	PA; MO; QL (1.6 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	Tier 5	PA; MO; QL (2.8 ML per 28 days); NEDS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	Tier 1	QL (20 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	Tier 1	QL (30 EA per 5 days)
RIDAURA ORAL CAPSULE	Tier 5	MO; NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS

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

Drug	Status	Requirements/Limits
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; QL (300 ML per 30 days); NEDS
XELJANZ ORAL TABLET	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS

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

Drug	Status	Requirements/Limits
Immunomodulators		
ILARIS SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (2 ML per 28 days); 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
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	B/D
<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 (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; NEDS
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; NEDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 5	PA; NEDS
<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
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	Tier 4	B/D
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	Tier 5	B/D; NEDS

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

Drug	Status	Requirements/Limits
<i>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 (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA (2 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 (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
LUPKYNIS ORAL CAPSULE	Tier 5	PA; MO; QL (6 EA per 1 day); NEDS
<i>methotrexate oral tablet</i>	Tier 2	

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

Drug	Status	Requirements/Limits
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution reconstituted</i>	Tier 2	
<i>methotrexate sodium oral tablet</i>	Tier 2	
<i>mycophenolate mofetil oral capsule</i>	Tier 2	B/D; MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier 5	B/D; MO; NEDS
<i>mycophenolate mofetil oral tablet</i>	Tier 2	B/D; MO
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 2	B/D; MO
OTEZLA ORAL TABLET	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
OTEZLA ORAL TABLET THERAPY PACK	Tier 5	PA; QL (110 EA per 365 days); NEDS
PROGRAF ORAL PACKET	Tier 4	B/D; MO
REZUROCK ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days); NEDS
SANDIMMUNE ORAL SOLUTION	Tier 4	B/D; MO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>sirolimus oral solution</i>	Tier 4	B/D; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	Tier 2	B/D; MO
<i>sirolimus oral tablet 2 mg</i>	Tier 4	B/D; MO
<i>tacrolimus oral capsule</i>	Tier 2	B/D; MO
TAVNEOS ORAL CAPSULE	Tier 5	PA; QL (180 EA per 30 days); NEDS
<i>trexall oral tablet</i>	Tier 2	
XATMEP ORAL SOLUTION	Tier 4	
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
ADACEL INTRAMUSCULAR SUSPENSION	Tier 6	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	

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

Drug	Status	Requirements/Limits
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	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 6	B/D
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Tier 6	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
HAVRIX INTRAMUSCULAR SUSPENSION	Tier 6	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 6	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED	Tier 6	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
INFANRIX INTRAMUSCULAR SUSPENSION	Tier 6	
IPOL INJECTION INJECTABLE	Tier 6	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
IXIARO INTRAMUSCULAR SUSPENSION	Tier 6	
JYNNEOS SUBCUTANEOUS SUSPENSION	Tier 6	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
MENACTRA INTRAMUSCULAR SOLUTION	Tier 6	
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	

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

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

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

Drug	Status	Requirements/Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier 6	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 6	
VAQTA INTRAMUSCULAR SUSPENSION	Tier 6	
VARIVAX SUBCUTANEOUS INJECTABLE	Tier 6	
VARIZIG INTRAMUSCULAR SOLUTION	Tier 6	
YF-VAX SUBCUTANEOUS INJECTABLE	Tier 6	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule</i>	Tier 2	
DIPENTUM ORAL CAPSULE	Tier 5	MO; NEDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 2	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 2	
<i>mesalamine rectal enema</i>	Tier 2	
<i>mesalamine rectal suppository</i>	Tier 2	
<i>mesalamine-cleanser rectal kit</i>	Tier 2	
<i>sulfasalazine oral tablet</i>	Tier 2	MO
<i>sulfasalazine oral tablet delayed release</i>	Tier 2	MO
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour</i>	Tier 5	NEDS
<i>budesonide oral capsule delayed release particles</i>	Tier 2	
<i>hydrocortisone oral tablet</i>	Tier 2	
<i>hydrocortisone rectal enema</i>	Tier 2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) injection solution</i>	Tier 5	NEDS
<i>calcitonin (salmon) nasal solution</i>	Tier 2	MO
<i>calcitriol oral capsule</i>	Tier 2	MO
<i>calcitriol oral solution</i>	Tier 2	MO
<i>cinacalcet hcl oral tablet</i>	Tier 2	MO
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	Tier 5	PA; MO; NEDS

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

Drug	Status	Requirements/Limits
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 600 mcg/2.4ml</i>	Tier 5	PA; NEDS
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	Tier 5	PA; MO; NEDS
<i>teriparatide subcutaneous solution pen-injector</i>	Tier 5	PA; NEDS
XGEVA SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS 31G X 6 MM	Tier 4	
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM	Tier 4	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	Tier 4	
BD DISP NEEDLES 25G X 7/8" , 30G X 1/2"	Tier 4	
BD PEN	Tier 4	
BD PEN MINI	Tier 4	
BD PEN NEEDLE MICRO U/F	Tier 4	
BD PEN NEEDLE MINI U/F	Tier 4	
BD PEN NEEDLE NANO 2ND GEN	Tier 4	
BD PEN NEEDLE NANO U/F	Tier 4	
BD PEN NEEDLE ORIGINAL U/F	Tier 4	
BD PEN NEEDLE SHORT U/F	Tier 4	
BD SYRINGE LUER-LOK 1 ML	Tier 4	
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 PEN NEEDLES 32G X 8 MM	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8"	Tier 4	

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

Drug	Status	Requirements/Limits
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	
<i>levocarnitine oral solution</i>	Tier 2	MO
<i>levocarnitine oral tablet</i>	Tier 2	MO
LITETOUCH PEN NEEDLES 29G X 12.7MM	Tier 4	
<i>methylergonovine maleate oral tablet</i>	Tier 5	NEDS
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 26G X 1/2" , 27G X 1/2" , 30G X 3/4"	Tier 4	
MONOJECT INSULIN SYRINGE U-100 1 ML	Tier 4	
NATPARA SUBCUTANEOUS CARTRIDGE	Tier 5	PA; MO; NEDS
PEN NEEDLES 30G X 8 MM	Tier 4	
PURE COMFORT PEN NEEDLE 32G X 8 MM	Tier 4	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	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 Prostamide Analogs		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	Tier 3	MO
<i>latanoprost ophthalmic solution</i>	Tier 2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 3	MO
RHOPRESSA OPHTHALMIC SOLUTION	Tier 3	MO
<i>travoprost (bak free) ophthalmic solution</i>	Tier 2	MO
Ophthalmic Agents, Other		
<i>ak-poly-bac ophthalmic ointment</i>	Tier 2	

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

Drug	Status	Requirements/Limits
ATROPINE SULFATE OPHTHALMIC OINTMENT	Tier 4	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 2	
<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
MIEBO OPHTHALMIC SOLUTION	Tier 5	PA; QL (12 ML per 30 days); NEDS
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 2	
<i>neo-polycin hc ophthalmic ointment</i>	Tier 2	
<i>neo-polycin ophthalmic ointment</i>	Tier 2	
<i>polycin ophthalmic ointment</i>	Tier 2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	
<i>proparacaine hcl ophthalmic solution</i>	Tier 2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 3	MO
RESTASIS OPHTHALMIC EMULSION	Tier 2	MO
ROCKLATAN OPHTHALMIC SOLUTION	Tier 4	MO
Ophthalmic Anti-Allergy Agents		
ALOCRIL OPHTHALMIC SOLUTION	Tier 4	
<i>azelastine hcl ophthalmic solution</i>	Tier 2	
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	
<i>epinastine hcl ophthalmic solution</i>	Tier 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
<i>apraclonidine hcl ophthalmic solution</i>	Tier 2	
<i>betaxolol hcl ophthalmic solution</i>	Tier 2	MO
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	Tier 2	

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

Drug	Status	Requirements/Limits
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	Tier 2	MO
<i>brinzolamide ophthalmic suspension</i>	Tier 1	MO
<i>carteolol hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Tier 2	MO
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier 3	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	MO
SIMBRINZA OPHTHALMIC SUSPENSION	Tier 3	MO
<i>timolol maleate (once-daily) ophthalmic solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic gel forming solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic solution</i>	Tier 1	MO
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	Tier 2	MO
Ophthalmic Anti-Inflammatories		
ALOMIDE OPHTHALMIC SOLUTION	Tier 4	
ALREX OPHTHALMIC SUSPENSION	Tier 3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier 3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 2	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Tier 2	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 2	
<i>diclofenac sodium ophthalmic solution</i>	Tier 2	
<i>difluprednate ophthalmic emulsion</i>	Tier 2	
EYSUVIS OPHTHALMIC SUSPENSION	Tier 4	QL (16.6 ML per 30 days)
<i>fluorometholone ophthalmic suspension</i>	Tier 2	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier 2	
FML FORTE OPHTHALMIC SUSPENSION	Tier 3	
FML OPHTHALMIC OINTMENT	Tier 3	
INVELTYS OPHTHALMIC SUSPENSION	Tier 4	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier 2	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	
MAXIDEX OPHTHALMIC SUSPENSION	Tier 3	

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

Drug	Status	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 2	
NEVANAC OPHTHALMIC SUSPENSION	Tier 4	
PRED MILD OPHTHALMIC SUSPENSION	Tier 4	
PRED-G OPHTHALMIC SUSPENSION	Tier 3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier 3	
<i>prednisolone acetate ophthalmic suspension</i>	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	Tier 4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 2	
TOBRADEX OPHTHALMIC OINTMENT	Tier 3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 2	
Otic Agents		
Otic Agents		
<i>acetazol hc otic solution</i>	Tier 2	
<i>acetic acid otic solution</i>	Tier 2	
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 2	
<i>flac otic oil</i>	Tier 2	
<i>fluocinolone acetonide otic oil</i>	Tier 2	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 2	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 2	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</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

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

Drug	Status	Requirements/Limits
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 diskus inhalation aerosol powder breath activated</i>	Tier 3	MO
<i>fluticasone propionate hfa inhalation aerosol</i>	Tier 3	MO
<i>fluticasone propionate nasal suspension</i>	Tier 2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	MO
Antileukotrienes		
<i>montelukast sodium oral packet</i>	Tier 2	MO
<i>montelukast sodium oral tablet</i>	Tier 2	MO
<i>montelukast sodium oral tablet chewable</i>	Tier 2	MO
<i>zafirlukast oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>zileuton er oral tablet extended release 12 hour</i>	Tier 5	MO; QL (4 EA per 1 day); NEDS
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier 4	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 3	MO
<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
<i>tiotropium bromide monohydrate inhalation capsule</i>	Tier 3	

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

Drug	Status	Requirements/Limits
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>breo ellipta inhalation aerosol powder breath activated 50-25 mcg/inh</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 RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 3	MO
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	Tier 3	QL (2 EA per 1 day)
<i>terbutaline sulfate oral tablet</i>	Tier 2	MO
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE	Tier 5	PA; MO; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
KALYDECO ORAL PACKET 13.4 MG	Tier 5	PA; NEDS
KALYDECO ORAL PACKET 25 MG, 5.8 MG, 50 MG, 75 MG	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

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

Drug	Status	Requirements/Limits
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 5	B/D; MO; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	Tier 5	PA; MO; QL (3 EA per 1 day); NEDS
TRIKAFTA ORAL THERAPY PACK	Tier 5	PA; QL (56 EA per 28 days); NEDS
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution</i>	Tier 5	B/D; MO; NEDS
<i>cromolyn sodium oral concentrate</i>	Tier 2	MO
Phosphodiesterase Inhibitors, Airways Disease		
ELIXOPHYLLIN ORAL ELIXIR	Tier 4	MO
<i>roflumilast oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 3	MO
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	Tier 2	MO
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>theophylline oral elixir</i>	Tier 4	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	Tier 5	PA; MO; NEDS
ALYQ ORAL TABLET	Tier 4	PA; MO
<i>ambrisentan oral tablet</i>	Tier 5	PA; MO; NEDS
<i>bosentan oral tablet</i>	Tier 5	PA; MO; NEDS
LIQREV ORAL SUSPENSION	Tier 5	PA; NEDS
OPSUMIT ORAL TABLET	Tier 5	PA; MO; NEDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; NEDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; NEDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Tier 4	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; MO; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	Tier 4	PA; MO
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 2	PA; MO
<i>tadalafil (pah) oral tablet</i>	Tier 4	PA; MO

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Drug	Status	Requirements/Limits
TRACLEER ORAL TABLET SOLUBLE	Tier 5	PA; MO; NEDS
UPTRAVI ORAL TABLET	Tier 5	PA; MO; NEDS
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
VENTAVIS INHALATION SOLUTION	Tier 5	PA; MO; NEDS
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE	Tier 5	PA; MO; NEDS
<i>pirfenidone oral capsule</i>	Tier 5	PA; 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 30 MG/ML	Tier 5	PA; MO; NEDS
<i>mometasone furoate nasal suspension</i>	Tier 2	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Tier 5	PA; QL (0.4 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS

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Drug	Status	Requirements/Limits
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)
LUMRYZ ORAL PACKET	Tier 5	PA
<i>modafinil oral tablet</i>	Tier 2	PA; MO; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>sodium oxybate oral solution</i>	Tier 5	PA; LA; NEDS
<i>triazolam oral tablet</i>	Tier 2	QL (60 EA per 30 days)
XYREM ORAL SOLUTION	Tier 5	PA; LA; NEDS
XYWAV ORAL SOLUTION	Tier 5	PA; NEDS
Sleep Promoting Agents		
BELSOMRA ORAL TABLET	Tier 3	QL (30 EA per 30 days)

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ABRYSVO	83	<i>albuterol sulfate</i>	93	<i>ampicillin sodium</i>	10
<i>acamprosate calcium</i>	5	<i>albuterol sulfate hfa</i>	93	<i>ampicillin-sulbactam sodium</i>	10
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<i>acetaminophen-codeine</i>	4	<i>allopurinol</i>	21	<i>apraclonidine hcl</i>	89
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AYVAKIT	26	BERINERT	77	<i>bumetanide</i>	51
<i>azacitidine</i>	24	BESREMI	78	<i>buprenorphine</i>	4
AZASITE	11	<i>betaine</i>	64	<i>buprenorphine hcl</i>	5
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BARACLUDE	34	BICILLIN C-R 900/300	10	<i>calcipotriene</i>	57
BAXDELA	12	BIKTARVY	35	<i>calcitonin (salmon)</i>	86
BCG VACCINE	84	BIMZELX	78	<i>calcitriol</i>	86
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<i>carisoprodol</i>	96	<i>ciprofloxacin hcl</i>	12	<i>clobetasol propionate emulsion</i> ..	57
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<i>carvedilol</i>	50	<i>citalopram hydrobromide</i>	17	<i>clomipramine hcl</i>	18
<i>carvedilol phosphate er</i>	50	<i>claravis</i>	57	<i>clonazepam</i>	14
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<i>caziant</i>	71	CLENPIQ	62	<i>clopidogrel bisulfate</i>	48
<i>cefaclor</i>	8	CLEOCIN	7	<i>clorazepate dipotassium</i>	38
<i>cefaclor er</i>	8	CLEVER CHEK AUTO-		<i>clotrimazole</i>	20
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<i>cefotaxime sodium</i>	9	CODE TEST	44	<i>colchicine-probenecid</i>	21
<i>cefotetan disodium</i>	9	CLEVER CHOICE MICRO		<i>colesevelam hcl</i>	53
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<i>cefprozil</i>	9	CODING	44	COMBIPATCH	71
<i>ceftazidime</i>	9	CLEVER CHOICE TALK		COMBIVENT RESPIMAT	92
<i>ceftriaxone sodium</i>	9	SYSTEM	44	COMETRIQ (100 MG	
<i>cefuroxime axetil</i>	9	CLIMARA PRO	71	DAILY DOSE)	26
<i>cefuroxime sodium</i>	9	<i>clindamycin hcl</i>	7	COMETRIQ (140 MG	
<i>celecoxib</i>	3	<i>clindamycin palmitate hcl</i>	7	DAILY DOSE)	26
<i>cephalexin</i>	9	<i>clindamycin phosphate</i>	7	COMETRIQ (60 MG DAILY	
CERDELGA	64	<i>clindamycin phosphate in d5w</i>	7	DOSE)	26
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<i>chloroquine phosphate</i>	29	CLINIMIX E/DEXTROSE		COMPLERA	35
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CUVRIOR	66	<i>dexmethylphenidate hcl</i>	54	<i>dotti</i>	71
CVS GAUZE STERILE	42	<i>dexmethylphenidate hcl er</i>	54	DOVATO	36
<i>cyclobenzaprine hcl</i>	96	<i>dextroamphetamine sulfate</i>	54	<i>doxazosin mesylate</i>	66
<i>cyclopentolate hcl</i>	89	<i>dextroamphetamine sulfate er</i>	54	<i>doxepin hcl</i>	18, 38, 58, 96
<i>cyclophosphamide</i>	22	<i>dextrose</i>	61	<i>doxercalciferol</i>	61
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<i>cyclosporine modified</i>	81	<i>dextrose-sodium chloride</i>	61	<i>doxycycline hyclate</i>	12
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<i>dalfampridine er</i>	56	<i>diclofenac potassium</i>	3	SYRINGE	42
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SENSOR	45	<i>glipizide er</i>	39	HUMIRA (2 PEN)	82
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FREESTYLE TEST	45	<i>glyburide-metformin</i>	41	STARTER	82
FRUZAQLA	26	<i>glycopyrrolate</i>	61	HUMIRA-PS/UV/ADOL HS	
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<i>hydrocodone-ibuprofen</i>	4	INTRALIPID	61	<i>kaitlib fe</i>	72
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<i>hydrocortisone butyrate</i>	68	INVEGA HAFYERA	32	<i>kcl in dextrose-nacl</i>	59
<i>hydrocortisone max st</i>	68	INVEGA SUSTENNA	32	KCL-LACTATED	
<i>hydrocortisone valerate</i>	68	INVEGA TRINZA	32	RINGERS-D5W	59
<i>hydrocortisone-acetic acid</i>	91	INVELTYS	90	<i>kelnor 1/35</i>	72
<i>hydromorphone hcl</i>	5	IOPIDINE	90	<i>kelnor 1/50</i>	72
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<i>hydroxyzine hcl</i>	38	<i>irbesartan</i>	48	<i>ketoprofen</i>	3
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<i>indomethacin</i>	3	JAYPIRCA	27	KRINTAFEL	30
<i>indomethacin er</i>	3	JENTADUETO	41	<i>kurvelo</i>	72
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INGREZZA	55	<i>jinteli</i>	72	<i>labetalol hcl</i>	50
INLYTA	27	<i>juleber</i>	72	<i>lacosamide</i>	15
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methylprednisolone.....	68	MULPLETA	47	nitisinone.....	64
methylprednisolone acetate.....	21	MULTAQ	49	NITRO-BID	54
methylprednisolone sodium succ.....	68	multiple electro type 1 ph 5.5.....	59	nitrofurantoin.....	8
metoclopramide hcl.....	62	mupirocin.....	7	nitrofurantoin macrocrystal.....	7, 8
metolazone.....	52	mupirocin calcium.....	58	nitrofurantoin monohyd macro.....	8
metoprolol succinate er.....	50	mycophenolate mofetil.....	83	nitroglycerin.....	54
metoprolol tartrate.....	50	mycophenolate sodium.....	83	nora-be.....	75
metoprolol-hydrochlorothiazide.....	50	MYRBETRIQ	65	norethin ace-eth estrad-fe.....	73
metronidazole.....	7	na sulfate-k sulfate-mg sulf.....	59	norethindrone.....	75
metyrosine.....	51	nabumetone.....	3	norethindrone acetate.....	75
mexiletine hcl.....	49	nadolol.....	50	norethindrone acet-ethinyl est....	73
mibelas 24 fe.....	73	nafcillin sodium.....	10	norethindrone-eth estradiol.....	73
micafungin sodium.....	20	naloxone hcl.....	6	norethindron-ethinyl estrad-fe....	73
miconazole 3.....	20	naltrexone hcl.....	6	norethin-eth estradiol-fe.....	73
microgestin 1.5/30.....	73	NAMZARIC	16	norgestimate-eth estradiol.....	73
microgestin 1/20.....	73	naproxen.....	3	norgestim-eth estrad triphasic....	73
microgestin 24 fe.....	73	naproxen sodium.....	3	NORPACE CR	49
microgestin fe 1.5/30.....	73	NATACYN	20	nortrel 0.5/35 (28).....	74
microgestin fe 1/20.....	73	nateglinide.....	40	nortrel 1/35 (21).....	74
midodrine hcl.....	48	NATPARA	88	nortrel 1/35 (28).....	74
MIEBO	89	NAYZILAM	14	nortrel 7/7/7.....	74
mifepristone.....	70	necon 0.5/35 (28).....	73	nortriptyline hcl.....	18
miglitol.....	40	necon 1/35 (28).....	73	NORVIR	37
miglustat.....	64	nefazodone hcl.....	18	NUBEQA	23
mili.....	73	neomycin sulfate.....	6	NUCALA	95
mimvey.....	73	neomycin-bacitracin zn- polymyx.....	89	NUEDEXTA	55
minocycline hcl.....	13	neomycin-polymyxin-dexameth...91		NUPLAZID	32, 33
minoxidil.....	53	neomycin-polymyxin-gramicidin	89	NURTEC	21
mirtazapine.....	17	neomycin-polymyxin-hc.....	7, 91	NUTRILIPID	61
misoprostol.....	63	neo-polycin.....	89	NUZYRA	13
M-M-R II	85	neo-polycin hc.....	89	nyamyc.....	20
modafinil.....	96	NERLYNX	28	nylia 1/35.....	74
moexipril hcl.....	49			nylia 7/7/7.....	74

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<i>nymyo</i>	74	ORENITRAM MONTH 3	94	<i>penicillin g pot in dextrose</i>	11
<i>nystatin</i>	20	ORFADIN	64	<i>penicillin g potassium</i>	11
<i>nystatin-triamcinolone</i>	20	ORGOVYX	24	<i>penicillin g sodium</i>	11
<i>nystop</i>	20	ORKAMBI	93	<i>penicillin v potassium</i>	11
OALIVA	62	ORLADEYO	51	PENTACEL	85
<i>ocella</i>	74	<i>orphenadrine citrate er</i>	96	<i>pentamidine isethionate</i>	30
OCTAGAM	78	ORSERDU	23	<i>pentoxifylline er</i>	51
<i>octreotide acetate</i>	70, 77	<i>orsythia</i>	74	<i>perindopril erbumine</i>	49
ODEFSEY	36	<i>oseltamivir phosphate</i>	38	<i>periogard</i>	57
ODOMZO	24	OSMOPREP	62	<i>permethrin</i>	30
OFEV	95	OSPHENA	76	<i>perphenazine</i>	32
<i>ofloxacin</i>	12	OTEZLA	83	<i>perphenazine-amitriptyline</i>	18
OGSIVEO	25	<i>oxacillin sodium</i>	10, 11	PERSERIS	33
OJJAARA	24	<i>oxacillin sodium in dextrose</i>	10	<i>phenelzine sulfate</i>	17
<i>olanzapine</i>	33	<i>oxandrolone</i>	70	<i>phenobarbital</i>	14
<i>olanzapine-fluoxetine hcl</i>	39	<i>oxaprozin</i>	3	<i>phenoxybenzamine hcl</i>	48
<i>olmesartan medoxomil</i>	48	<i>oxazepam</i>	39	<i>phenyte</i>	15
<i>olmesartan medoxomil-hctz</i>	48	OXBRYTA	47	<i>phenytoin</i>	16
<i>olopatadine hcl</i>	89, 91	<i>oxcarbazepine</i>	15	<i>phenytoin sodium extended</i>	16
OLPRUVA (2 GM DOSE)	64	<i>oxybutynin chloride</i>	65	PIFELTRO	36
OLPRUVA (3 GM DOSE)	64	<i>oxybutynin chloride er</i>	65	<i>pilocarpine hcl</i>	57, 90
OLPRUVA (4 GM DOSE)	64	<i>oxycodone hcl</i>	5	<i>pimecrolimus</i>	58
OLPRUVA (5 GM DOSE)	64	<i>oxycodone hcl er</i>	4	<i>pimozide</i>	32
OLPRUVA (6 GM DOSE)	64	<i>oxycodone-acetaminophen</i>	5	<i>pimtree</i>	74
OLPRUVA (6.67 GM DOSE) ..	64	OZEMPIC (0.25 OR 0.5		<i>pindolol</i>	50
OLUMIANT	79	MG/DOSE)	40	<i>pioglitazone hcl</i>	40
<i>omega-3-acid ethyl esters</i>	53	OZEMPIC (1 MG/DOSE)	40	<i>pioglitazone hcl-glimepiride</i>	41
<i>omeprazole</i>	63	OZEMPIC (2 MG/DOSE)	40	<i>pioglitazone hcl-metformin hcl</i> ...	41
<i>omeprazole magnesium</i>	63	<i>paliperidone er</i>	33	<i>piperacillin sod-tazobactam so</i> ...	11
ONCASPAR	24	PANRETIN	29	PIQRAY (200 MG DAILY	
<i>ondansetron</i>	19	<i>pantoprazole sodium</i>	63	DOSE)	25
<i>ondansetron hcl</i>	19	PANZYGA	78	PIQRAY (250 MG DAILY	
ONETOUCH ULTRA	45	<i>paricalcitol</i>	87	DOSE)	25
ONETOUCH ULTRA 2	45	<i>paromomycin sulfate</i>	6	PIQRAY (300 MG DAILY	
ONETOUCH ULTRA MINI ...	45	<i>paroxetine hcl</i>	18, 39	DOSE)	25
ONETOUCH ULTRA TEST ...	45	<i>paroxetine hcl er</i>	18	<i>pirfenidone</i>	95
ONETOUCH VERIO	45	PASER	22	<i>pirmella 1/35</i>	74
ONETOUCH VERIO FLEX		PAXLOVID (150/100)	79	<i>piroxicam</i>	3
SYSTEM	45	PAXLOVID (300/100)	79	<i>pitavastatin calcium</i>	52
ONETOUCH VERIO IQ		<i>pazopanib hcl</i>	28	PLASMA-LYTE A	59
SYSTEM	45	PEDIARIX	85	PLENAMINE	59
ONUREG	23	PEDVAX HIB	85	<i>plerixafor</i>	47
OPSUMIT	94	<i>peg 3350-kcl-na bicarb-nacl</i>	63	PNV-DHA	61
OPTIUMEZ TEST	46	<i>peg-3350/electrolytes</i>	63	<i>podofilox</i>	58
OPZELURA	58	<i>peg-3350/electrolytes/ascorbat</i> ...	63	<i>polycin</i>	89
ORACIT	59	PEGASYS	34, 35	<i>polymyxin b sulfate</i>	8
ORENCIA	79	<i>peg-kcl-nacl-nasulf-na asc-c</i>	63	<i>polymyxin b-trimethoprim</i>	89
ORENCIA CLICKJECT	79	PEMAZYRE	28	POMALYST	23
ORENITRAM	94	PEN NEEDLES	88	<i>portia-28</i>	74
ORENITRAM MONTH 1	94	PENBRAYA	85	<i>posaconazole</i>	20
ORENITRAM MONTH 2	94	<i>penicillamine</i>	60	<i>potassium chloride</i>	59, 60

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<i>potassium chloride crys er</i>	59	<i>proctosol hc</i>	58	REGRANEX	58
<i>potassium chloride er</i>	59	<i>proctozone-hc</i>	58	RELENZA DISKHALER	38
<i>potassium citrate er</i>	60	PRODIGY NO CODING		RELION BLOOD GLUCOSE	
<i>potassium cl in dextrose 5%</i>	60	BLOOD GLUC	46	TEST	46
PRALUENT	53	PROGRAF	83	RELION CONFIRM/MICRO	
<i>pramipexole dihydrochloride</i>	30	PROLASTIN-C	64	TEST	46
<i>prasugrel hcl</i>	46	PROLIA	87	RELION INSULIN	
<i>pravastatin sodium</i>	53	PROMACTA	47	SYRINGE	43
<i>praziquantel</i>	29	<i>promethazine hcl</i>	19	RELI-ON INSULIN	
<i>prazosin hcl</i>	48	<i>promethegan</i>	19	SYRINGE	43
PRECISION XTRA BLOOD		<i>propafenone hcl</i>	49	RELION PRIME TEST	46
GLUCOSE	46	<i>propafenone hcl er</i>	49	RELION ULTIMA TEST	46
PRED MILD	91	<i>proparacaine hcl</i>	89	RELISTOR	62
PRED-G	91	<i>propranolol hcl</i>	50	RELYVRIO	55
PRED-G S.O.P.	91	<i>propranolol hcl er</i>	50	<i>repaglinide</i>	40
<i>prednicarbate</i>	69	<i>propylthiouracil</i>	77	REPATHA	53
<i>prednisolone</i>	69	PROQUAD	85	REPATHA PUSHTRONEX	
<i>prednisolone acetate</i>	91	PROSOL	60	SYSTEM	53
<i>prednisolone sodium phosphate</i>	69	<i>protriptyline hcl</i>	18	REPATHA SURECLICK	53
PREDNISOLONE SODIUM		PTS PANELS GLUCOSE		RESTASIS	89
PHOSPHATE	91	TEST	46	RESTASIS MULTIDOSE	89
<i>prednisone</i>	69	PULMICORT FLEXHALER	92	RETACRIT	47
PREDNISONE INTENSOL	69	PULMOZYME	93	RETEVMO	24
PREFERRED PLUS		PURE COMFORT PEN		REXULTI	33
INSULIN SYRINGE	43	NEEDLE	88	REYATAZ	37
<i>prefest</i>	74	PURIXAN	23	REZLIDHIA	25
<i>pregabalin</i>	56	<i>pyrazinamide</i>	22	REZUROCK	83
PREHEVBRIO	85	<i>pyridostigmine bromide</i>	22	RHOPRESSA	88
PREMARIN	74	<i>pyridostigmine bromide er</i>	22	RIBAVIRIN	35
PREMASOL	60	<i>pyrimethamine</i>	30	<i>ribavirin</i>	35
PREMPHASE	74	PYRUKYND	46	RIDAURA	79
PREMPRO	74	PYRUKYND TAPER PACK	46	<i>rifabutin</i>	22
<i>prenatal</i>	61	QINLOCK	28	<i>rifampin</i>	22
<i>pretomanid</i>	22	QUADRACEL	85	<i>riluzole</i>	56
<i>prevalite</i>	53	<i>quetiapine fumarate</i>	33	<i>rimantadine hcl</i>	38
<i>previfem</i>	74	QUICKTEK TEST	46	RINVOQ	79, 80
PREVYMIS	34	<i>quinapril hcl</i>	49	<i>risedronate sodium</i>	87
PREZCOBIX	37	<i>quinapril-hydrochlorothiazide</i>	49	RISPERDAL CONSTA	33
PREZISTA	37	<i>quinidine gluconate er</i>	49	<i>risperidone</i>	33
PRIFTIN	22	<i>quinidine sulfate</i>	49	<i>risperidone microspheres er</i>	33
<i>primaquine phosphate</i>	30	<i>quinine sulfate</i>	30	<i>ritonavir</i>	37
<i>primidone</i>	14	RABAVERT	85	<i>rivastigmine</i>	16
PRIORIX	85	<i>raloxifene hcl</i>	76	<i>rivastigmine tartrate</i>	16
PRIVIGEN	78	<i>ramelteon</i>	96	RIVFLOZA	66
PROAIR RESPICLICK	93	<i>ramipril</i>	49	<i>rizatriptan benzoate</i>	22
<i>probenecid</i>	21	<i>ranolazine er</i>	51	ROCKLATAN	89
PROCALAMINE	61	<i>rasagiline mesylate</i>	31	<i>roflumilast</i>	94
<i>prochlorperazine</i>	32	RAVICTI	64	<i>ropinirole hcl</i>	30
<i>prochlorperazine maleate</i>	32	<i>reclipsen</i>	74	<i>ropinirole hcl er</i>	30
<i>procto-med hc</i>	58	RECOMBIVAX HB	85	<i>rosadan</i>	8
<i>procto-pak</i>	58	RECORLEV	69	<i>rosuvastatin calcium</i>	53

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ROTARIX	85	<i>sodium fluoride</i>	60	SUNLENCA	37
ROTATEQ	85	<i>sodium oxybate</i>	96	SUPRAX	9
<i>roweepra</i>	13	SODIUM		SURE COMFORT PEN	
ROZLYTREK	28	PHENYLBUTYRATE	64	NEEDLES	88
RUBRACA	28	<i>sodium polystyrene sulfonate</i>	60	<i>syeda</i>	74
RUCONEST	77	<i>sofosbuvir-velpatasvir</i>	34	SYMBICORT	95
<i>rufinamide</i>	16	SOHONOS	64, 65	SYMDEKO	93
RUKOBIA	37	<i>solifenacin succinate</i>	65	SYMJEPI	93
RUZURGI	64	SOLOSEC	8	SYMLINPEN 120	40
RYDAPT	28	SOLTAMOX	23	SYMLINPEN 60	40
RYTARY	31	SOMATULINE DEPOT	77	SYMPAZAN	14
<i>sajazir</i>	77	SOMAVERT	77	SYMTUZA	35
<i>salsalate</i>	3	<i>sorafenib tosylate</i>	28	SYNAGIS	81
SANDIMMUNE	83	<i>sorine</i>	49	SYNAREL	77
SANTYL	58	<i>sotalol hcl</i>	49	SYNDROS	19
<i>sapropterin dihydrochloride</i>	64	<i>sotalol hcl (af)</i>	49	SYNJARDY	40
SAVELLA	56	SOTYKTU	80	SYNJARDY XR	40
SAVELLA TITRATION		SPIRIVA HANDIHALER	92	SYNRIBO	24
PACK	56	SPIRIVA RESPIMAT	92	SYNTHROID	76
SCEMBLIX	28	<i>spironolactone</i>	52	TABLOID	23
<i>scopolamine</i>	19	<i>spironolactone-hctz</i>	52	TABRECTA	28
SECUADO	33	<i>sprintec 28</i>	74	<i>tacrolimus</i>	58, 83
<i>selegiline hcl</i>	31	SPRITAM	13	<i>tadalafil</i>	66
<i>selenium sulfide</i>	58	SPRYCEL	28	<i>tadalafil (pah)</i>	94
SELZENTRY	37	<i>sps</i>	60	TAFINLAR	28
SEREVENT DISKUS	93	<i>sronyx</i>	74	TAGRISSO	24
<i>sertraline hcl</i>	18	<i>ssd</i>	8	TAKHZYRO	77
<i>setlakin</i>	74	STAMARIL	85	TALTZ	80
<i>sevelamer carbonate</i>	66	<i>stavudine</i>	36	TALZENNA	28
<i>sevelamer hcl</i>	66	STELARA	80	<i>tamoxifen citrate</i>	23
<i>sharobel</i>	76	STIMATE	70	<i>tamsulosin hcl</i>	66
SHINGRIX	85	STIOLTO RESPIMAT	95	<i>taperdex 7-day</i>	69
SIGNIFOR	77	STIVARGA	28	<i>tarina 24 fe</i>	74
SIGNIFOR LAR	77	STREPTOMYCIN SULFATE ..	6	<i>tarina fe 1/20 eq</i>	74
SIKLOS	23	STRIBILD	35	TARPEYO	69
<i>sildenafil citrate</i>	94	<i>subvenite</i>	13	TASIGNA	28
SILIQ	80	<i>subvenite starter kit-blue</i>	13	<i>tasimelteon</i>	56
<i>silodosin</i>	66	<i>subvenite starter kit-green</i>	13	TAVALISSE	46
<i>silver sulfadiazine</i>	8	<i>subvenite starter kit-orange</i>	13	TAVNEOS	83
SIMBRINZA	90	<i>sucralfate</i>	63	<i>taysofy</i>	74
SIMPONI	83	SULFACETAMIDE		<i>tazarotene</i>	58
<i>simvastatin</i>	53	SODIUM	12	TAZICEF	9
<i>sirolimus</i>	83	<i>sulfacetamide sodium</i>	12	TAZORAC	58
SIRTURO	22	<i>sulfacetamide sodium (acne)</i>	58	<i>taztia xt</i>	51
SITAVIG	35	<i>sulfacetamide-prednisolone</i>	91	TAZVERIK	28
SIVEXTRO	8	<i>sulfadiazine</i>	12	TDVAX	85
SKYCLARYS	56	<i>sulfamethoxazole-trimethoprim</i> ..	12	TECHLITE INSULIN	
SKYRIZI	80	<i>sulfasalazine</i>	86	SYRINGE	43
SKYRIZI (150 MG DOSE)	80	<i>sulindac</i>	3	TECHLITE PEN NEEDLES ..	88
SKYRIZI PEN	80	<i>sumatriptan succinate</i>	22	TEFLARO	9
<i>sodium chloride</i>	60	<i>sunitinib malate</i>	28	TEGLUTIK	56

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TEGSEDI	65	TOLVAPTAN	60	<i>tri-vylibra</i>	75
<i>telmisartan</i>	48	<i>tolvaptan</i>	60	<i>tri-vylibra lo</i>	74
<i>telmisartan-amlodipine</i>	51	<i>topiramate</i>	15	TRIZIVIR	36
<i>telmisartan-hctz</i>	48	<i>topiramate er</i>	15	TROPHAMINE	60
<i>temazepam</i>	96	<i>toremifene citrate</i>	23	<i>tropium chloride</i>	66
TENIVAC	85	<i>torse mide</i>	52	<i>tropium chloride er</i>	66
<i>tenofovir disoproxil fumarate</i>	36	TOUJEO MAX SOLOSTAR ...	43	TRUEPLUS 5-BEVEL PEN	
TEPMETKO	28	TOUJEO SOLOSTAR	43	NEEDLES	88
<i>terazosin hcl</i>	66	TOVET	58	TRULICITY	40
<i>terbinafine hcl</i>	20	TPN ELECTROLYTES	61	TRUMENBA	85
<i>terbutaline sulfate</i>	93	TRACLEER	95	TRUQAP	28
<i>terconazole</i>	20, 21	TRADJENTA	40	TRUSELTIQ (100MG	
<i>teriflunomide</i>	56	<i>tramadol hcl</i>	5	DAILY DOSE)	28
<i>teriparatide</i>	87	<i>tramadol-acetaminophen</i>	5	TRUSELTIQ (125MG	
<i>teriparatide (recombinant)</i>	87	<i>trandolapril</i>	49	DAILY DOSE)	28
<i>testosterone</i>	70	<i>trandolapril-verapamil hcl er</i>	49	TRUSELTIQ (50MG DAILY	
<i>testosterone cypionate</i>	70	<i>tranexamic acid</i>	47	DOSE)	28
<i>testosterone enanthate</i>	70	<i>tranylcypromine sulfate</i>	17	TRUSELTIQ (75MG DAILY	
<i>tetrabenazine</i>	56	TRAVASOL	60	DOSE)	29
<i>tetracycline hcl</i>	13	<i>travoprost (bak free)</i>	88	TUKYSA	24
TEXACORT	69	<i>trazodone hcl</i>	18	TURALIO	29
THALOMID	23	TRECATOR	22	<i>turqoz</i>	75
THEO-24	94	TRELEGY ELLIPTA	96	TWINRIX	86
<i>theophylline</i>	94	TREMFYA	80	<i>tyblume</i>	75
<i>theophylline er</i>	94	<i>tretinoin</i>	29, 58	TYBOST	37
<i>thioridazine hcl</i>	32	<i>trexall</i>	83	<i>tydemy</i>	75
<i>thiotepa</i>	23	<i>triamcinolone acetonide</i>	57, 69	TYPHIM VI	86
<i>thiothixene</i>	32	<i>triamterene</i>	52	UBRELVI	21
<i>tiadylt er</i>	51	<i>triamterene-hctz</i>	52	UKONIQ	29
<i>tiagabine hcl</i>	14	<i>triazolam</i>	96	ULTICARE PEN NEEDLES ...	88
TIBSOVO	25	<i>triderm</i>	69	ULTILET PEN NEEDLE	88
TICOVAC	85	TRIENTINE HCL	60	ULTRA-THIN II PEN	
<i>tigecycline</i>	8	<i>tri-estarylla</i>	74	NEEDLES	88
<i>tilia fe</i>	74	<i>trifluoperazine hcl</i>	32	<i>unithroid</i>	76
<i>timolol maleate</i>	21, 90	<i>trifluridine</i>	35	UPTRAVI	95
<i>timolol maleate (once-daily)</i>	90	<i>trihexyphenidyl hcl</i>	30	UPTRAVI TITRATION	95
<i>timolol maleate pf</i>	90	TRIJARDY XR	40	<i>ursodiol</i>	62
<i>tinidazole</i>	8	TRIKAFTA	94	VABOMERE	8
<i>tiotropium bromide</i>		<i>tri-legest fe</i>	74	<i>valacyclovir hcl</i>	35
<i>monohydrate</i>	92	<i>tri-lo-estarylla</i>	74	VALCHLOR	23
TIVICAY	35	<i>tri-lo-sprintec</i>	74	<i>valganciclovir hcl</i>	34
TIVICAY PD	35	<i>trimethoprim</i>	8	<i>valproic acid</i>	14
<i>tizanidine hcl</i>	34	<i>tri-mili</i>	74	<i>valsartan</i>	48
TOBI PODHALER	93	<i>trimipramine maleate</i>	18	<i>valsartan-hydrochlorothiazide</i> ...	48
TOBRADEX	91	<i>trinessa (28)</i>	74	VALTOCO 10 MG DOSE	14
<i>tobramycin</i>	6, 94	TRINTELLIX	17	VALTOCO 15 MG DOSE	14
<i>tobramycin sulfate</i>	6	<i>tri-nymyo</i>	74	VALTOCO 20 MG DOSE	14
<i>tobramycin-dexamethasone</i>	91	<i>tri-sprintec</i>	74	VALTOCO 5 MG DOSE	15
<i>tolcapone</i>	30	TRIUMEQ	36	<i>vancomycin hcl</i>	8
<i>tolterodine tartrate</i>	66	TRIUMEQ PD	36	<i>vandazole</i>	8
<i>tolterodine tartrate er</i>	65	<i>trivora (28)</i>	74	VANFLYTA	29

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VAQTA	86	XALKORI	29	ZEPOSIA 7-DAY STARTER	
<i>varenicline tartrate</i>	6	XARELTO	46	PACK	56
<i>varenicline tartrate (starter)</i>	6	XARELTO STARTER PACK	46	ZEPOSIA STARTER KIT	56, 57
VARIVAX	86	XATMEP	83	ZERBAXA	9
VARIZIG	86	XCOPRI	13, 14	<i>zidovudine</i>	37
<i>velivet</i>	75	XCOPRI (250 MG DAILY		ZILBRYSQ	65
VELSIPITY	62	DOSE)	13	<i>zileuton er</i>	92
VELTASSA	60	XCOPRI (350 MG DAILY		<i>ziprasidone hcl</i>	39
VENCLEXTA	24	DOSE)	13	<i>ziprasidone mesylate</i>	33
VENCLEXTA STARTING		XELJANZ	80	ZIRGAN	34
PACK	24	XELJANZ XR	80	ZOKINVY	65
<i>venlafaxine besylate er</i>	39	XERMELO	62	ZOLINZA	25
<i>venlafaxine hcl</i>	39	XGEVA	87	<i>zolpidem tartrate</i>	96
<i>venlafaxine hcl er</i>	18	XIFAXAN	8	<i>zolpidem tartrate er</i>	96
VENTAVIS	95	XIGDUO XR	40	ZONISADE	14
VEOZAH	75	XOFLUZA (40 MG DOSE)	38	<i>zonisamide</i>	14
<i>verapamil hcl</i>	51	XOFLUZA (80 MG DOSE)	38	ZORBTIVE	70
<i>verapamil hcl er</i>	51	XOLAIR	80	<i>zosyn</i>	11
VERQUVO	51	XOSPATA	25	<i>zovia 1/35 (28)</i>	75
VERSACLOZ	34	XPOVIO (100 MG ONCE		ZTALMY	15
VERZENIO	25	WEEKLY)	25	ZURZUVAE	17
VICTOZA	40	XPOVIO (40 MG ONCE		ZYDELIG	25
<i>vienva</i>	75	WEEKLY)	25	ZYKADIA	29
<i>vigabatrin</i>	15	XPOVIO (40 MG TWICE		ZYPREXA RELPREVV	33
<i>vigadrone</i>	15	WEEKLY)	25		
<i>vigpoder</i>	15	XPOVIO (60 MG ONCE			
VIIBRYD STARTER PACK ...	18	WEEKLY)	25		
VIJOICE	65	XPOVIO (60 MG TWICE			
<i>vilazodone hcl</i>	18	WEEKLY)	25		
VIRACEPT	37	XPOVIO (80 MG ONCE			
VIREAD	36, 37	WEEKLY)	25		
VITRAKVI	25	XPOVIO (80 MG TWICE			
VIVITROL	6	WEEKLY)	25		
VIVJOA	21	XTANDI	23		
VIZIMPRO	29	XYREM	96		
VONJO	29	XYWAV	96		
VOQUEZNA	62	<i>yargesa</i>	65		
<i>voriconazole</i>	21	YF-VAX	86		
VOSEVI	34	YONSA	23		
VOTRIENT	29	<i>yuvaferm</i>	75		
VOWST	62	<i>zafirlukast</i>	92		
<i>vp-pnv-dha</i>	61	<i>zaleplon</i>	96		
VRAYLAR	33	ZARXIO	47		
VTAMA	59	ZAVZPRET	21		
<i>vyfemla</i>	75	ZEJULA	29		
<i>vylibra</i>	75	ZELAPAR	31		
VYNDAMAX	70	ZELBORAF	29		
VYNDAQEL	70	ZEMAIRA	65		
<i>warfarin sodium</i>	47	ZEMDRI	7		
WELIREG	25	ZENPEP	65		
<i>wymzya fe</i>	75	ZEPOSIA	56		

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



fallonhealth.org/medicare

This formulary was updated on 06/27/2024. 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.