

Fallon Health

2025 Formulary
(List of Covered Drugs or “Drug List”)

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

Formulary ID: 00025372: Version: 12

This formulary was updated on 09/30/2024. 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 (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/medicare.

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

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

This document includes a Drug List (formulary) for our plan which is current as of September 30, 2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Fallon Health Formulary?

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

Can the formulary change?

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

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

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

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

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

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

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

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

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

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Fallon Health Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 30, 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 95. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Fallon Medicare Plus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Fallon Health Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Fallon Medicare Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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

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

Abbreviation	Explanation
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HI	Home Infusion. This prescription drug is covered under our medical benefit. For more information, call Customer Service at 1-800-325-5669 (TTY users should call TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/medicare .
LA	Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-325-5669 (TRS 711), Monday–Friday, 8 a.m.–8 p.m. (7 days a week, Oct. 1–March 31).
MO	Mail-Order Drug. This prescription drug is available through our mail-order service.
NEDS	Non-Extended Day Supply. This drug is limited to a 30-day supply per prescription fill.
PA	Prior Authorization. Fallon Medicare Plus requires your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Medicare Plus before you fill your prescriptions. If you don't get approval, Fallon Medicare Plus may not cover the drug.
PA NS	Prior Authorization for New Starts only. Fallon Medicare Plus requires a prior authorization for certain drugs for new prescriptions only. This means that if you are newly starting on this drug, you need to get approval from Fallon Medicare Plus before you fill your prescriptions. If you don't get approval, Fallon Medicare Plus may not cover the drug. Prior authorization is not required if you have been previously filling this drug with Fallon Medicare Plus.
QL	Quantity Limit. For certain drugs, Fallon Medicare Plus limits the amount of the drug that Fallon Medicare Plus will cover. For example, Fallon Medicare Plus provides two capsules a day per prescription for <i>duloxetine</i> . This may be in addition to a standard one-month or three-month supply.
ST	Step Therapy. In some cases, Fallon Medicare Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Medicare Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Medicare Plus will then cover Drug B.

Table of Contents

Analgesics	3
Anesthetics	4
Anti-Addiction/Substance Abuse Treatment Agents	5
Antibacterials	5
Anticonvulsants	12
Antidementia Agents	15
Antidepressants	16
Antiemetics	17
Antifungals	18
Antigout Agents	19
Anti-Inflammatory Agents	20
Antimigraine Agents	20
Antimyasthenic Agents	20
Antimycobacterials	20
Antineoplastics	21
Antiparasitics	28
Antiparkinson Agents	28
Antipsychotics	29
Antispasticity Agents	32
Antivirals	32
Anxiolytics	36
Bipolar Agents	37
Blood Glucose Regulators	37
Blood Glucose Supplies	41
Blood Products And Modifiers	44
Blood Products/Modifiers/Volume Expanders	44
Cardiovascular Agents	45
Central Nervous System Agents	51
Dental And Oral Agents	53
Dermatological Agents	54
Electrolytes/Minerals/Metals/Vitamins	55
Gastrointestinal Agents	58
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment	59
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment	61
Genitourinary Agents	61
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	62
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	64
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	65
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	65
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	70
Hormonal Agents, Suppressant (Adrenal)	70
Hormonal Agents, Suppressant (Pituitary)	71
Hormonal Agents, Suppressant (Thyroid)	71
Immunological Agents	72
Inflammatory Bowel Disease Agents	80
Metabolic Bone Disease Agents	81
Miscellaneous Therapeutic Agents	82
Ophthalmic Agents	83
Otic Agents	85
Respiratory Tract/Pulmonary Agents	85

Skeletal Muscle Relaxants.....	90
Sleep Disorder Agents.....	90

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

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

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

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

Drug	Status	Requirements/Limits
<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 viscous hcl mouth/throat solution</i>	Tier 1	
<i>lidocaine-prilocaine external cream</i>	Tier 2	QL (200 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	Tier 2	MO
<i>disulfiram oral tablet</i>	Tier 2	MO
Opioid Dependence Treatments		
<i>buprenorphine hcl injection solution</i>	Tier 2	
<i>buprenorphine hcl sublingual tablet sublingual</i>	Tier 6	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	Tier 6	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Tier 6	
<i>naltrexone hcl oral tablet</i>	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 5	NEDS
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID	Tier 6	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 6	
<i>naloxone hcl injection solution cartridge</i>	Tier 6	
<i>naloxone hcl injection solution prefilled syringe</i>	Tier 6	
<i>naloxone hcl nasal liquid</i>	Tier 6	
OPVEE NASAL SOLUTION	Tier 4	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier 2	
NICOTROL INHALATION INHALER	Tier 4	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	Tier 2	QL (53 EA per 28 days)
<i>varenicline tartrate oral tablet</i>	Tier 2	QL (56 EA per 28 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 6	HI
ARIKAYCE INHALATION SUSPENSION	Tier 5	PA; NEDS

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

Drug	Status	Requirements/Limits
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	Tier 6	HI
<i>gentamicin sulfate external cream</i>	Tier 3	
<i>gentamicin sulfate external ointment</i>	Tier 3	
<i>gentamicin sulfate injection solution</i>	Tier 6	HI
<i>gentamicin sulfate ophthalmic solution</i>	Tier 1	
<i>neomycin sulfate oral tablet</i>	Tier 2	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 5	NEDS
<i>tobramycin ophthalmic solution</i>	Tier 1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	Tier 6	HI
ZEMDRI INTRAVENOUS SOLUTION	Tier 6	HI
Antibacterials, Other		
<i>bacitracin ophthalmic ointment</i>	Tier 2	
<i>clindamycin hcl oral capsule</i>	Tier 2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier 4	
<i>clindamycin 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 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>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	

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

Drug	Status	Requirements/Limits
<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 4	
<i>nitrofurantoin monohydrate macro oral capsule</i>	Tier 2	
<i>polymyxin b sulfate injection solution reconstituted</i>	Tier 6	HI
<i>silver sulfadiazine external cream</i>	Tier 2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>ssd external cream</i>	Tier 2	
<i>tigecycline intravenous solution reconstituted</i>	Tier 6	HI
<i>tinidazole oral tablet</i>	Tier 2	
<i>trimethoprim oral tablet</i>	Tier 2	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	Tier 6	HI
<i>vancomycin hcl oral capsule 125 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	Tier 2	QL (240 EA per 30 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	Tier 1	
XIFAXAN ORAL TABLET 550 MG	Tier 5	MO; QL (3 EA per 1 day); NEDS
Beta-Lactam, Cephalosporins		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier 3	
<i>cefaclor oral capsule</i>	Tier 2	
<i>cefadroxil oral capsule</i>	Tier 2	
<i>cefadroxil oral suspension reconstituted</i>	Tier 2	
<i>cefadroxil oral tablet</i>	Tier 2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	Tier 6	HI

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

Drug	Status	Requirements/Limits
<i>cefдинир oral capsule</i>	Tier 2	
<i>cefдинир oral suspension reconstituted</i>	Tier 2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	Tier 6	HI
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	Tier 6	HI
<i>cefixime oral capsule</i>	Tier 3	
<i>cefixime oral suspension reconstituted</i>	Tier 3	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	Tier 2	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 6	HI
<i>cefoxitin sodium intravenous solution reconstituted</i>	Tier 6	HI
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier 4	
<i>cefpodoxime proxetil oral tablet</i>	Tier 4	
<i>cefprozil oral suspension reconstituted</i>	Tier 2	
<i>cefprozil oral tablet</i>	Tier 2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	Tier 6	HI
<i>ceftazidime intravenous solution reconstituted</i>	Tier 6	HI
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	Tier 6	HI
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	Tier 6	HI
<i>cefuroxime axetil oral tablet</i>	Tier 2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	Tier 6	HI
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	Tier 6	HI
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral capsule 750 mg</i>	Tier 2	
<i>cephalexin oral suspension reconstituted</i>	Tier 2	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 6	HI
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	Tier 6	HI
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI

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

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
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	Tier 4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	Tier 4	
<i>dicloxacillin sodium oral capsule</i>	Tier 2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 6	HI
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	Tier 6	HI
<i>oxacillin sodium in dextrose intravenous solution</i>	Tier 6	HI
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 6	HI
<i>oxacillin sodium intravenous solution reconstituted</i>	Tier 6	HI

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

Drug	Status	Requirements/Limits
<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 4	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml</i>	Tier 3	
<i>clarithromycin oral suspension reconstituted 250 mg/5ml</i>	Tier 4	
<i>clarithromycin oral tablet</i>	Tier 2	
DIFICID ORAL SUSPENSION RECONSTITUTED	Tier 5	QL (136 ML per 10 days); NEDS
DIFICID ORAL TABLET	Tier 5	QL (20 EA per 10 days); NEDS
<i>erythromycin base oral capsule delayed release particles</i>	Tier 4	
<i>erythromycin base oral tablet</i>	Tier 4	
<i>erythromycin base oral tablet delayed release 333 mg, 500 mg</i>	Tier 2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 4	
<i>erythromycin ophthalmic ointment</i>	Tier 1	
<i>erythromycin oral tablet delayed release</i>	Tier 4	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 2	

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

Drug	Status	Requirements/Limits
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
CILOXAN OPHTHALMIC OINTMENT	Tier 4	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	Tier 6	HI
<i>gatifloxacin ophthalmic solution</i>	Tier 2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	Tier 6	HI
<i>levofloxacin intravenous solution</i>	Tier 6	
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 2	
<i>levofloxacin oral solution</i>	Tier 4	
<i>levofloxacin oral tablet</i>	Tier 1	
<i>moxifloxacin hcl in nacl intravenous solution</i>	Tier 6	HI
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 2	
<i>moxifloxacin hcl oral tablet</i>	Tier 2	
<i>ofloxacin ophthalmic solution</i>	Tier 2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
<i>ofloxacin otic solution</i>	Tier 2	
Sulfonamides		
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	Tier 4	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 2	
<i>sulfadiazine oral tablet</i>	Tier 4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted</i>	Tier 6	HI
<i>doxycycline hyclate oral capsule</i>	Tier 2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 3	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier 3	

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

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

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

Drug	Status	Requirements/Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	MO; QL (60 EA per 30 days); NEDS
XCOPRI ORAL TABLET 25 MG	Tier 5	QL (30 EA per 30 days); NEDS
XCOPRI ORAL TABLET 50 MG	Tier 5	MO; QL (90 EA per 30 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Tier 4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	Tier 5	QL (28 EA per 28 days); NEDS
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule</i>	Tier 3	MO
<i>ethosuximide oral solution</i>	Tier 3	MO
<i>methsuximide oral capsule</i>	Tier 4	
ZONISADE ORAL SUSPENSION	Tier 4	ST
<i>zonisamide oral capsule</i>	Tier 2	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension</i>	Tier 4	PA NS; MO
<i>clobazam oral tablet</i>	Tier 4	PA NS; MO
<i>clonazepam oral tablet</i>	Tier 1	
<i>clonazepam oral tablet dispersible</i>	Tier 2	
<i>diazepam rectal gel</i>	Tier 4	
EPIDIOLEX ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
<i>gabapentin oral capsule</i>	Tier 2	MO
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 2	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 2	MO
NAYZILAM NASAL SOLUTION	Tier 4	QL (10 EA per 30 days)
<i>phenobarbital oral elixir</i>	Tier 2	MO
<i>phenobarbital oral tablet</i>	Tier 2	MO
<i>primidone oral tablet 125 mg</i>	Tier 2	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 2	MO
SYMPAZAN ORAL FILM	Tier 5	PA NS; MO; NEDS
<i>tiagabine hcl oral tablet</i>	Tier 4	MO
<i>valproic acid oral capsule</i>	Tier 2	MO
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 2	MO
VALTOCO 10 MG DOSE NASAL LIQUID	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	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 vii.

Drug	Status	Requirements/Limits
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 5 MG DOSE NASAL LIQUID	Tier 5	QL (10 EA per 30 days); NEDS
<i>vigabatrin oral packet</i>	Tier 5	PA NS; MO; NEDS
<i>vigabatrin oral tablet</i>	Tier 5	PA NS; MO; NEDS
<i>vigadrone oral packet</i>	Tier 5	PA NS; MO; NEDS
<i>vigadrone oral tablet</i>	Tier 5	PA NS; NEDS
VIGAFYDE ORAL SOLUTION	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 4	MO
<i>felbamate oral tablet</i>	Tier 4	MO
FYCOMPA ORAL SUSPENSION	Tier 5	PA NS; MO; NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	Tier 5	PA NS; MO; NEDS
FYCOMPA ORAL TABLET 2 MG	Tier 4	PA NS; MO
<i>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 3	MO
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier 3	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 2	MO
<i>carbamazepine oral tablet</i>	Tier 2	MO
<i>carbamazepine oral tablet chewable</i>	Tier 2	MO
DILANTIN ORAL CAPSULE 30 MG	Tier 3	MO
<i>epitol oral tablet</i>	Tier 2	MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	Tier 2	
<i>lacosamide oral solution 10 mg/ml</i>	Tier 4	MO
<i>lacosamide oral tablet 100 mg</i>	Tier 2	MO
<i>lacosamide oral tablet 150 mg, 200 mg, 50 mg</i>	Tier 4	MO
<i>oxcarbazepine oral suspension</i>	Tier 4	MO
<i>oxcarbazepine oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>phenytek oral capsule</i>	Tier 2	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 2	MO
<i>phenytoin oral tablet chewable</i>	Tier 2	MO
<i>phenytoin sodium extended oral capsule</i>	Tier 2	MO
<i>rufinamide oral suspension</i>	Tier 5	PA NS; MO; NEDS
<i>rufinamide oral tablet 200 mg</i>	Tier 4	PA NS; MO
<i>rufinamide oral tablet 400 mg</i>	Tier 5	PA NS; MO; NEDS
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet</i>	Tier 2	MO
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 16 mg</i>	Tier 3	MO
<i>galantamine hydrobromide er oral capsule extended release 24 hour 24 mg</i>	Tier 4	MO
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	Tier 2	MO
<i>galantamine hydrobromide oral solution</i>	Tier 4	MO
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	Tier 3	MO
<i>galantamine hydrobromide oral tablet 4 mg</i>	Tier 4	MO
<i>rivastigmine tartrate oral capsule</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour</i>	Tier 2	MO; QL (1 EA per 1 day)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour</i>	Tier 3	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	MO
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 2	

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

Drug	Status	Requirements/Limits
Antidepressants		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE	Tier 5	ST; QL (60 EA per 30 days); NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	Tier 2	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 2	MO
<i>bupropion hcl oral tablet</i>	Tier 2	MO
<i>mirtazapine oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	Tier 2	MO; QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET	Tier 4	MO; QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Tier 5	PA NS; QL (28 EA per 14 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG	Tier 5	PA NS; QL (14 EA per 14 days); NEDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier 5	PA NS; MO; QL (30 EA per 30 days); NEDS
MARPLAN ORAL TABLET	Tier 4	MO
<i>phenelzine sulfate oral tablet</i>	Tier 2	MO
<i>tranylcypromine sulfate oral tablet</i>	Tier 4	MO
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution</i>	Tier 3	MO
<i>citalopram hydrobromide oral tablet</i>	Tier 1	MO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	Tier 2	MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier 4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Tier 4	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>escitalopram oxalate oral tablet</i>	Tier 1	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	PA NS; MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier 4	PA NS; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule</i>	Tier 1	MO
<i>fluoxetine hcl oral capsule delayed release</i>	Tier 3	MO; QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	Tier 2	MO
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	Tier 2	MO
<i>fluoxetine hcl oral tablet 60 mg</i>	Tier 2	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>fluvoxamine maleate oral tablet</i>	Tier 2	MO
<i>nefazodone hcl oral tablet</i>	Tier 4	MO
<i>paroxetine hcl oral suspension</i>	Tier 4	MO
<i>sertraline hcl oral concentrate</i>	Tier 2	MO
<i>sertraline hcl oral tablet</i>	Tier 1	MO
<i>trazodone hcl oral tablet</i>	Tier 1	MO
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>vilazodone hcl oral tablet</i>	Tier 4	PA NS; MO
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	Tier 2	MO
<i>amoxapine oral tablet</i>	Tier 3	MO
<i>clomipramine hcl oral capsule</i>	Tier 3	MO
<i>desipramine hcl oral tablet</i>	Tier 4	MO
<i>doxepin hcl oral capsule</i>	Tier 4	MO
<i>doxepin hcl oral concentrate</i>	Tier 2	MO
<i>imipramine hcl oral tablet</i>	Tier 2	MO
<i>nortriptyline hcl oral capsule</i>	Tier 1	MO
<i>nortriptyline hcl oral solution</i>	Tier 2	MO
<i>protriptyline hcl oral tablet</i>	Tier 4	MO
<i>trimipramine maleate oral capsule</i>	Tier 4	MO
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>promethazine hcl injection solution</i>	Tier 2	
<i>promethazine hcl oral tablet</i>	Tier 1	

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

Drug	Status	Requirements/Limits
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 4	
<i>promethegan rectal suppository 25 mg</i>	Tier 4	
<i>scopolamine transdermal patch 72 hour</i>	Tier 4	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule</i>	Tier 4	PA
<i>dronabinol oral capsule</i>	Tier 4	B/D
<i>granisetron hcl oral tablet</i>	Tier 4	B/D
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Tier 2	
<i>ondansetron hcl oral solution</i>	Tier 2	B/D
<i>ondansetron hcl oral tablet</i>	Tier 2	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 2	B/D
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	Tier 6	B/D; HI
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	B/D; HI
<i>amphotericin b liposome intravenous suspension reconstituted</i>	Tier 6	B/D; HI
BREXAFEMME ORAL TABLET	Tier 5	PA; QL (4 EA per 1 day); NEDS
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>ciclodan external solution</i>	Tier 3	
<i>ciclopirox external gel</i>	Tier 2	QL (100 GM per 30 days)
<i>ciclopirox external shampoo</i>	Tier 4	
<i>ciclopirox external solution</i>	Tier 3	
<i>ciclopirox olamine external cream</i>	Tier 2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 2	QL (60 ML per 30 days)
<i>clotrimazole external cream</i>	Tier 2	
<i>clotrimazole external solution</i>	Tier 2	QL (30 ML per 30 days)
<i>clotrimazole mouth/throat troche</i>	Tier 2	
<i>econazole nitrate external cream</i>	Tier 3	QL (85 GM per 30 days)
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	Tier 6	HI
<i>fluconazole oral suspension reconstituted</i>	Tier 2	
<i>fluconazole oral tablet</i>	Tier 1	

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

Drug	Status	Requirements/Limits
<i>flucytosine oral capsule</i>	Tier 5	NEDS
<i>griseofulvin microsize oral suspension</i>	Tier 4	
<i>griseofulvin microsize oral tablet</i>	Tier 4	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier 4	
<i>itraconazole oral capsule</i>	Tier 4	
<i>ketoconazole external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	Tier 2	
<i>ketoconazole oral tablet</i>	Tier 2	
<i>micafungin sodium intravenous solution reconstituted</i>	Tier 6	HI
<i>miconazole 3 vaginal suppository</i>	Tier 2	
NATACYN OPHTHALMIC SUSPENSION	Tier 4	
<i>nyamyc external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>nystatin external cream</i>	Tier 2	
<i>nystatin external ointment</i>	Tier 2	
<i>nystatin external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>nystatin mouth/throat suspension</i>	Tier 2	
<i>nystatin oral tablet</i>	Tier 2	
<i>nystatin-triamcinolone external cream</i>	Tier 3	
<i>nystatin-triamcinolone external ointment</i>	Tier 3	
<i>nystop external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>posaconazole oral suspension</i>	Tier 5	PA; NEDS
<i>posaconazole oral tablet delayed release</i>	Tier 5	PA; MO; NEDS
<i>terbinafine hcl oral tablet</i>	Tier 1	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	Tier 2	
<i>terconazole vaginal suppository</i>	Tier 4	
<i>voriconazole intravenous solution reconstituted</i>	Tier 6	PA; HI
<i>voriconazole oral suspension reconstituted</i>	Tier 5	PA; NEDS
<i>voriconazole oral tablet</i>	Tier 4	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	MO
<i>colchicine oral capsule</i>	Tier 2	
<i>colchicine oral tablet</i>	Tier 2	
<i>colchicine-probenecid oral tablet</i>	Tier 2	MO
<i>febuxostat oral tablet</i>	Tier 3	MO
<i>probenecid oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
Anti-Inflammatory Agents		
Glucocorticoids		
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	Tier 2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection solution</i>	Tier 5	QL (8 ML per 30 days); NEDS
<i>dihydroergotamine mesylate nasal solution</i>	Tier 5	NEDS
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier 5	NEDS
<i>ergotamine-caffeine oral tablet</i>	Tier 3	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (1 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	Tier 5	PA; QL (18 EA per 30 days); NEDS
<i>timolol maleate oral tablet</i>	Tier 2	MO
UBRELVY ORAL TABLET	Tier 5	PA; QL (16 EA per 30 days); NEDS
ZAVZPRET NASAL SOLUTION	Tier 5	PA; QL (12 EA per 30 days); NEDS
Serotonin 5-Ht-Receptor Agonists		
<i>rizatriptan benzoate oral tablet</i>	Tier 2	QL (36 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 2	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 4	QL (8 ML per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier 4	
<i>pyridostigmine bromide oral tablet</i>	Tier 2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	Tier 2	MO
<i>rifabutin oral capsule</i>	Tier 4	
Antituberculars		
<i>ethambutol hcl oral tablet</i>	Tier 3	

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

Drug	Status	Requirements/Limits
<i>isoniazid oral syrup</i>	Tier 3	MO
<i>isoniazid oral tablet</i>	Tier 1	MO
PRIFTIN ORAL TABLET	Tier 4	
<i>pyrazinamide oral tablet</i>	Tier 3	
<i>rifampin intravenous solution reconstituted</i>	Tier 6	HI
<i>rifampin oral capsule</i>	Tier 4	
SIRTURO ORAL TABLET	Tier 5	PA; NEDS
TRECTOR ORAL TABLET	Tier 4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Tier 3	B/D
<i>cyclophosphamide oral tablet</i>	Tier 3	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	Tier 4	
GLEOSTINE ORAL CAPSULE 100 MG	Tier 5	NEDS
LEUKERAN ORAL TABLET	Tier 5	NEDS
MATULANE ORAL CAPSULE	Tier 5	NEDS
<i>thiotepa injection solution reconstituted 15 mg</i>	Tier 5	NEDS
VALCHLOR EXTERNAL GEL	Tier 5	PA NS; NEDS
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 2	PA NS
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 5	PA NS; NEDS
<i>bicalutamide oral tablet</i>	Tier 2	
ERLEADA ORAL TABLET	Tier 5	PA NS; NEDS
<i>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
Antiangiogenic Agents		
<i>lenalidomide oral capsule</i>	Tier 5	PA NS; LA; NEDS
POMALYST ORAL CAPSULE	Tier 5	PA NS; NEDS
THALOMID ORAL CAPSULE	Tier 5	PA NS; MO; NEDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	Tier 5	NEDS
<i>fulvestrant intramuscular solution prefilled syringe</i>	Tier 5	NEDS
ORSERDU ORAL TABLET	Tier 5	PA NS; NEDS

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

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

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

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

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

Drug	Status	Requirements/Limits
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
REZLIDHIA ORAL CAPSULE	Tier 5	PA NS; NEDS
TIBSOVO ORAL TABLET	Tier 5	PA NS; NEDS
VERZENIO ORAL TABLET	Tier 5	PA NS; NEDS
VITRAKVI ORAL CAPSULE	Tier 5	PA NS; NEDS
VITRAKVI ORAL SOLUTION	Tier 5	PA NS; NEDS
XOSPATA ORAL TABLET	Tier 5	PA NS; NEDS
ZYDELIG ORAL TABLET	Tier 5	PA NS; NEDS
Molecular Target Inhibitors		
AKEEGA ORAL TABLET	Tier 5	PA NS; NEDS
ALECENSA ORAL CAPSULE	Tier 5	PA NS; NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Tier 5	PA NS; QL (60 EA per 365 days); NEDS
AUGTYRO ORAL CAPSULE	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

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

Drug	Status	Requirements/Limits
DAURISMO ORAL TABLET	Tier 5	PA NS; NEDS
ERIVEDGE ORAL CAPSULE	Tier 5	PA NS; NEDS
<i>erlotinib hcl oral tablet</i>	Tier 5	PA NS; NEDS
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	PA NS; NEDS
<i>everolimus oral tablet soluble</i>	Tier 5	PA NS; NEDS
EXKIVITY ORAL CAPSULE	Tier 5	NEDS
FARYDAK ORAL CAPSULE	Tier 5	NEDS
FOTIVDA ORAL CAPSULE	Tier 5	PA NS; NEDS
FRUZAQLA ORAL CAPSULE	Tier 5	PA NS; NEDS
<i>gefitinib oral tablet</i>	Tier 5	PA NS; NEDS
ICLUSIG ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet</i>	Tier 3	
IMBRUVICA ORAL CAPSULE	Tier 5	PA NS; NEDS
IMBRUVICA ORAL SUSPENSION	Tier 5	PA NS; NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5	PA NS; NEDS
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

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

Drug	Status	Requirements/Limits
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LORBRENA ORAL TABLET	Tier 5	PA NS; NEDS
LYNPARZA ORAL TABLET	Tier 5	PA NS; NEDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
MEKINIST ORAL SOLUTION RECONSTITUTED	Tier 5	PA NS; NEDS
MEKINIST ORAL TABLET	Tier 5	PA NS; NEDS
MEKTOVI ORAL TABLET	Tier 5	PA NS; NEDS
NERLYNX ORAL TABLET	Tier 5	PA NS; NEDS
OJEMDA ORAL SUSPENSION RECONSTITUTED	Tier 5	PA NS; NEDS
OJEMDA ORAL TABLET	Tier 5	PA NS; NEDS
<i>pazopanib hcl oral tablet</i>	Tier 5	PA NS; NEDS
PEMAZYRE ORAL TABLET	Tier 5	PA NS; NEDS
QINLOCK ORAL TABLET	Tier 5	PA NS; NEDS
ROZLYTREK ORAL CAPSULE	Tier 5	PA NS; NEDS
ROZLYTREK ORAL PACKET	Tier 5	PA NS; NEDS
RUBRACA ORAL TABLET	Tier 5	PA NS; NEDS
RYDAPT ORAL CAPSULE	Tier 5	PA NS; NEDS
SCEMBLIX ORAL TABLET 100 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	Tier 5	PA NS; NEDS
<i>sorafenib tosylate oral tablet</i>	Tier 5	PA NS; NEDS

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

Drug	Status	Requirements/Limits
SPRYCEL ORAL TABLET	Tier 5	PA NS; NEDS
STIVARGA ORAL TABLET	Tier 5	PA NS; NEDS
<i>sunitinib malate oral capsule</i>	Tier 5	PA NS; NEDS
TABRECTA ORAL TABLET	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
TAFINLAR ORAL CAPSULE	Tier 5	PA NS; NEDS
TAFINLAR ORAL TABLET SOLUBLE	Tier 5	PA NS; NEDS
TALZENNA ORAL CAPSULE	Tier 5	PA NS; NEDS
TASIGNA ORAL CAPSULE	Tier 5	PA NS; NEDS
TAZVERIK ORAL TABLET	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
TEPMETKO ORAL TABLET	Tier 5	PA NS; NEDS
<i>torpenz oral tablet</i>	Tier 5	PA NS; NEDS
TRUQAP ORAL TABLET	Tier 5	PA NS; NEDS
TURALIO ORAL CAPSULE 125 MG	Tier 5	PA NS; NEDS
VANFLYTA ORAL TABLET	Tier 5	PA NS; NEDS
VIZIMPRO ORAL TABLET	Tier 5	PA NS; NEDS
VONJO ORAL CAPSULE	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
XALKORI ORAL CAPSULE	Tier 5	PA NS; NEDS
XALKORI ORAL CAPSULE SPRINKLE	Tier 5	PA NS; NEDS
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 injection solution reconstituted 100 mg, 350 mg</i>	Tier 2	
<i>leucovorin calcium oral tablet</i>	Tier 2	
MESNEX ORAL TABLET	Tier 5	NEDS

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

Drug	Status	Requirements/Limits
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	Tier 4	
<i>ivermectin oral tablet</i>	Tier 2	PA
<i>praziquantel oral tablet</i>	Tier 2	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	Tier 5	NEDS
<i>atovaquone oral suspension</i>	Tier 4	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	Tier 2	
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	Tier 4	
<i>chloroquine phosphate oral tablet</i>	Tier 4	MO
COARTEM ORAL TABLET	Tier 4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg</i>	Tier 2	
IMPAVIDO ORAL CAPSULE	Tier 5	NEDS
<i>mefloquine hcl oral tablet</i>	Tier 2	MO
<i>nitazoxanide oral tablet</i>	Tier 5	NEDS
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier 4	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	Tier 4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 3	
<i>pyrimethamine oral tablet</i>	Tier 5	NEDS
<i>quinine sulfate oral capsule</i>	Tier 4	PA
Pediculicides/Scabicides		
<i>malathion external lotion</i>	Tier 4	
<i>permethrin external cream</i>	Tier 3	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet</i>	Tier 1	MO
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	MO
Antiparkinson Agents, Other		
<i>entacapone oral tablet</i>	Tier 2	MO
Dopamine Agonists		
<i>apomorphine hcl subcutaneous solution cartridge</i>	Tier 5	PA; NEDS
<i>bromocriptine mesylate oral capsule</i>	Tier 3	MO

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

Drug	Status	Requirements/Limits
<i>bromocriptine mesylate oral tablet</i>	Tier 3	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier 4	MO
<i>pramipexole dihydrochloride oral tablet</i>	Tier 2	MO
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>ropinirole hcl oral tablet</i>	Tier 2	MO
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet</i>	Tier 2	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier 2	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 4	MO
INBRIJA INHALATION CAPSULE	Tier 5	PA; MO; QL (10 EA per 1 day); NEDS
RYTARY ORAL CAPSULE EXTENDED RELEASE	Tier 4	ST; MO
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet</i>	Tier 4	MO
<i>selegiline hcl oral capsule</i>	Tier 3	MO
<i>selegiline hcl oral tablet</i>	Tier 3	MO
Antipsychotics		
1St Generation/Typical		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	Tier 4	
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	Tier 2	MO
<i>chlorpromazine hcl oral concentrate 30 mg/ml</i>	Tier 4	MO
<i>chlorpromazine hcl oral tablet</i>	Tier 4	MO
<i>fluphenazine decanoate injection solution</i>	Tier 4	
<i>fluphenazine hcl injection solution</i>	Tier 4	
<i>fluphenazine hcl oral concentrate</i>	Tier 4	MO
<i>fluphenazine hcl oral elixir</i>	Tier 4	MO
<i>fluphenazine hcl oral tablet</i>	Tier 4	MO

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

Drug	Status	Requirements/Limits
<i>haloperidol decanoate intramuscular solution</i>	Tier 4	
<i>haloperidol lactate injection solution</i>	Tier 2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2	MO
<i>haloperidol oral tablet</i>	Tier 1	MO
<i>loxapine succinate oral capsule</i>	Tier 2	MO
<i>molindone hcl oral tablet</i>	Tier 4	MO
<i>perphenazine oral tablet</i>	Tier 4	MO
<i>pimozide oral tablet</i>	Tier 4	MO
<i>prochlorperazine maleate oral tablet</i>	Tier 1	MO
<i>prochlorperazine rectal suppository</i>	Tier 2	
<i>thioridazine hcl oral tablet</i>	Tier 3	MO
<i>thiothixene oral capsule</i>	Tier 4	MO
<i>trifluoperazine hcl oral tablet</i>	Tier 3	MO
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Tier 5	MO; NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier 5	MO; NEDS
<i>aripiprazole oral solution</i>	Tier 2	MO
<i>aripiprazole oral tablet</i>	Tier 2	MO
<i>aripiprazole oral tablet dispersible 10 mg</i>	Tier 5	MO; NEDS
<i>aripiprazole oral tablet dispersible 15 mg</i>	Tier 4	MO
<i>asenapine maleate sublingual tablet sublingual</i>	Tier 4	MO
CAPLYTA ORAL CAPSULE	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
FANAPT ORAL TABLET 1 MG	Tier 4	ST
FANAPT ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 5	ST; NEDS
FANAPT TITRATION PACK ORAL TABLET	Tier 4	ST
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier 5	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 4	

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

Drug	Status	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 5	NEDS
<i>lurasidone hcl oral tablet</i>	Tier 2	MO
LYBALVI ORAL TABLET	Tier 5	ST; QL (30 EA per 30 days); NEDS
NUPLAZID ORAL CAPSULE	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Tier 3	
<i>olanzapine oral tablet</i>	Tier 2	MO
<i>olanzapine oral tablet dispersible</i>	Tier 4	MO
<i>paliperidone er oral tablet extended release 24 hour</i>	Tier 4	MO
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier 5	MO; NEDS
<i>quetiapine fumarate oral tablet</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	Tier 4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	Tier 5	NEDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg</i>	Tier 2	
<i>risperidone microspheres er intramuscular suspension reconstituted er 25 mg</i>	Tier 4	
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	Tier 5	NEDS
<i>risperidone oral solution</i>	Tier 2	MO; QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 4	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible 0.5 mg</i>	Tier 2	MO; QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
VRAYLAR ORAL CAPSULE	Tier 5	ST; MO; QL (1 EA per 1 day); NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier 4	ST
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Tier 3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Tier 4	
Treatment-Resistant		
<i>clozapine oral tablet</i>	Tier 2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	Tier 4	
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 4	NEDS
VERSACLOZ ORAL SUSPENSION	Tier 5	NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>dantrolene sodium oral capsule</i>	Tier 4	
<i>tizanidine hcl oral tablet</i>	Tier 2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET	Tier 5	NEDS
PREVYMIS ORAL TABLET	Tier 5	PA; MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 5	MO; NEDS
<i>valganciclovir hcl oral tablet</i>	Tier 2	MO
ZIRGAN OPHTHALMIC GEL	Tier 4	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	Tier 2	PA; MO
BARACLUDE ORAL SOLUTION	Tier 4	MO
<i>entecavir oral tablet</i>	Tier 4	MO
<i>lamivudine oral tablet 100 mg</i>	Tier 4	MO
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL PACKET	Tier 5	PA; NEDS
EPCLUSA ORAL TABLET	Tier 5	PA; NEDS
HARVONI ORAL PACKET	Tier 5	PA; NEDS
HARVONI ORAL TABLET 90-400 MG	Tier 5	PA; NEDS

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

Drug	Status	Requirements/Limits
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
MAVYRET ORAL PACKET	Tier 5	PA; NEDS
MAVYRET ORAL TABLET	Tier 5	PA; NEDS
VOSEVI ORAL TABLET	Tier 5	PA; NEDS
Anti-Hepatitis C (Hcv) Agents, Other		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	NEDS
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED	Tier 5	NEDS
<i>ribavirin oral capsule</i>	Tier 3	
<i>ribavirin oral tablet 200 mg</i>	Tier 3	
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension</i>	Tier 2	
<i>acyclovir oral tablet</i>	Tier 1	
<i>acyclovir sodium intravenous solution</i>	Tier 6	B/D; HI
<i>famciclovir oral tablet</i>	Tier 3	
<i>trifluridine ophthalmic solution</i>	Tier 2	
<i>valacyclovir hcl oral tablet</i>	Tier 2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 5	NEDS
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 5	MO; NEDS
GENVOYA ORAL TABLET	Tier 5	MO; NEDS
ISENTRESS HD ORAL TABLET	Tier 5	MO; NEDS
ISENTRESS ORAL PACKET	Tier 5	MO; NEDS
ISENTRESS ORAL TABLET	Tier 5	MO; NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier 5	MO; NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier 4	MO
STRIBILD ORAL TABLET	Tier 5	MO; NEDS
SYMTUZA ORAL TABLET	Tier 5	MO; NEDS
TIVICAY ORAL TABLET 10 MG	Tier 3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier 5	MO; NEDS

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

Drug	Status	Requirements/Limits
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 4	MO
<i>efavirenz oral tablet</i>	Tier 4	MO
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	Tier 4	MO
<i>etravirine oral tablet</i>	Tier 5	MO; NEDS
INTELENCE ORAL TABLET 25 MG	Tier 4	MO
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 4	MO
<i>nevirapine oral suspension</i>	Tier 3	MO
<i>nevirapine oral tablet</i>	Tier 2	MO
ODEFSEY ORAL TABLET	Tier 5	MO; NEDS
PIFELTRO ORAL TABLET	Tier 5	MO; NEDS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	Tier 3	MO
<i>abacavir sulfate oral tablet</i>	Tier 3	MO
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 4	MO
CIMDUO ORAL TABLET	Tier 5	MO; NEDS
DELSTRIGO ORAL TABLET	Tier 5	MO; NEDS
DESCOVY ORAL TABLET 120-15 MG	Tier 5	NEDS
DESCOVY ORAL TABLET 200-25 MG	Tier 5	MO; NEDS
DOVATO ORAL TABLET	Tier 5	MO; NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Tier 5	MO; NEDS
<i>emtricitabine oral capsule</i>	Tier 3	MO
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 5	MO; NEDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Tier 4	MO
EMTRIVA ORAL SOLUTION	Tier 4	MO
JULUCA ORAL TABLET	Tier 5	MO; NEDS
<i>lamivudine oral solution</i>	Tier 4	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 4	MO
<i>lamivudine-zidovudine oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier 2	MO
TRIUMEQ ORAL TABLET	Tier 5	MO; NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE	Tier 4	
TRIZIVIR ORAL TABLET	Tier 5	MO; NEDS
VIREAD ORAL POWDER	Tier 5	MO; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	MO; NEDS
<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 4	MO
<i>darunavir oral tablet</i>	Tier 5	NEDS
EVOTAZ ORAL TABLET	Tier 5	MO; NEDS
FOSAMPRENAVIR CALCIUM ORAL TABLET	Tier 5	MO; NEDS
LEXIVA ORAL SUSPENSION	Tier 4	MO
<i>lopinavir-ritonavir oral solution</i>	Tier 4	MO
<i>lopinavir-ritonavir oral tablet</i>	Tier 4	MO
NORVIR ORAL PACKET	Tier 4	MO
PREZCOBIX ORAL TABLET	Tier 5	MO; NEDS
PREZISTA ORAL SUSPENSION	Tier 5	NEDS
PREZISTA ORAL TABLET 150 MG	Tier 5	NEDS
PREZISTA ORAL TABLET 75 MG	Tier 4	
REYATAZ ORAL PACKET	Tier 5	MO; NEDS

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

Drug	Status	Requirements/Limits
<i>ritonavir oral tablet</i>	Tier 3	MO
VIRACEPT ORAL TABLET	Tier 5	MO; NEDS
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	Tier 2	MO
<i>amantadine hcl oral solution</i>	Tier 2	
<i>amantadine hcl oral tablet</i>	Tier 2	MO
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 4	
<i>rimantadine hcl oral tablet</i>	Tier 4	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 3	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl oral tablet</i>	Tier 2	
<i>hydroxyzine hcl oral syrup</i>	Tier 2	
<i>hydroxyzine hcl oral tablet</i>	Tier 2	
Benzodiazepines		
<i>alprazolam oral tablet</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	Tier 4	
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	Tier 3	
DIAZEPAM INTENSOL ORAL CONCENTRATE	Tier 2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
LIBERVANT BUCCAL FILM	Tier 4	QL (10 EA per 30 days)
<i>lorazepam injection solution</i>	Tier 2	
<i>lorazepam intensol oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Tier 1	QL (150 EA per 30 days)

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

Drug	Status	Requirements/Limits
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>paroxetine hcl oral tablet</i>	Tier 1	MO
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	Tier 4	
<i>venlafaxine hcl oral tablet</i>	Tier 2	MO
Bipolar Agents		
Bipolar Agents, Other		
<i>ziprasidone hcl oral capsule</i>	Tier 3	MO
Mood Stabilizers		
<i>lamotrigine oral tablet chewable</i>	Tier 2	MO
<i>lithium carbonate er oral tablet extended release</i>	Tier 2	MO
<i>lithium carbonate oral capsule</i>	Tier 1	MO
<i>lithium carbonate oral tablet</i>	Tier 2	MO
<i>lithium oral solution</i>	Tier 2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	Tier 2	MO; QL (3 EA per 1 day)
<i>alogliptin benzoate oral tablet</i>	Tier 4	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	Tier 3	PA; MO; QL (3.4 ML per 28 days)
FARXIGA ORAL TABLET	Tier 3	MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MO
<i>glipizide er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>glipizide oral tablet 2.5 mg</i>	Tier 2	MO
<i>glyburide oral tablet</i>	Tier 2	MO
GLYXAMBI ORAL TABLET	Tier 3	MO
JANUVIA ORAL TABLET	Tier 3	MO; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET	Tier 3	MO
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	MO
<i>miglitol oral tablet</i>	Tier 1	MO
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	PA; QL (2 ML per 28 days)

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

Drug	Status	Requirements/Limits
<i>nateglinide oral tablet</i>	Tier 2	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 3	PA; MO; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 3	PA; MO; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	PA; MO; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	Tier 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Tier 2	MO; QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	Tier 2	MO; QL (8 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
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
<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)

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

Drug	Status	Requirements/Limits
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	
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

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

Drug	Status	Requirements/Limits
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
<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	

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

Drug	Status	Requirements/Limits
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)
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)

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

Drug	Status	Requirements/Limits
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)
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

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

Drug	Status	Requirements/Limits
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 TEST IN VITRO STRIP	Tier 3	QL (5 EA per 1 day)
ONETOUCH VERIO FLEX SYSTEM KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH VERIO IN VITRO STRIP	Tier 3	QL (5 EA per 1 day)
ONETOUCH VERIO IQ SYSTEM KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH VERIO KIT	Tier 3	QL (1 EA per 365 days)
OPTIUMEZ TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
PTS PANELS GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
QUICKTEK TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
RELION CONFIRM/MICRO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
RELION PRIME TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
RELION ULTIMA TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)

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

Drug	Status	Requirements/Limits
Blood Products And Modifiers		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	
ELIQUIS ORAL TABLET	Tier 3	MO
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 4	
<i>enoxaparin sodium injection solution prefilled syringe</i>	Tier 4	
XARELTO ORAL TABLET	Tier 3	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	
Blood Products And Modifiers, Other		
MULPLETA ORAL TABLET	Tier 5	PA; NEDS
XOLREMDI ORAL CAPSULE	Tier 5	PA; QL (120 EA per 30 days); NEDS
Platelet Modifying Agents		
DOPTELET ORAL TABLET	Tier 5	PA; NEDS
<i>prasugrel hcl oral tablet</i>	Tier 4	MO
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 5	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier 2	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Tier 5	NEDS
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml</i>	Tier 2	
<i>heparin sodium (porcine) injection solution 20000 unit/ml, 5000 unit/ml</i>	Tier 4	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>	Tier 4	
<i>jantoven oral tablet</i>	Tier 1	MO
<i>warfarin sodium oral tablet</i>	Tier 1	MO
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule</i>	Tier 2	MO
CABLIVI INJECTION KIT	Tier 5	PA; NEDS
OXBRYTA ORAL TABLET SOLUBLE	Tier 5	PA; QL (8 EA per 1 day); NEDS

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

Drug	Status	Requirements/Limits
PROMACTA ORAL PACKET	Tier 5	PA; MO; NEDS
PROMACTA ORAL TABLET	Tier 5	PA; MO; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 4	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier 5	PA; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier 6	
Hemostasis Agents		
<i>tranexamic acid oral tablet</i>	Tier 3	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 3	MO
BRILINTA ORAL TABLET	Tier 3	MO
<i>cilostazol oral tablet</i>	Tier 2	MO
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	MO
<i>dipyridamole oral tablet</i>	Tier 3	MO
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	Tier 1	MO
<i>clonidine transdermal patch weekly</i>	Tier 2	MO
<i>guanfacine hcl oral tablet</i>	Tier 2	MO
<i>methyldopa oral tablet</i>	Tier 2	MO
<i>midodrine hcl oral tablet</i>	Tier 2	
Alpha-Adrenergic Blocking Agents		
<i>prazosin hcl oral capsule</i>	Tier 2	MO
Angiotensin II Receptor Antagonists		
<i>amlodipine-olmesartan oral tablet</i>	Tier 2	MO
<i>candesartan cilexetil oral tablet</i>	Tier 1	MO
<i>candesartan cilexetil-hctz oral tablet</i>	Tier 1	MO
ENTRESTO ORAL CAPSULE SPRINKLE	Tier 3	
ENTRESTO ORAL TABLET	Tier 3	MO
<i>irbesartan oral tablet</i>	Tier 1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>losartan potassium oral tablet</i>	Tier 1	MO

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

Drug	Status	Requirements/Limits
<i>losartan potassium-hctz oral tablet</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet</i>	Tier 1	MO
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier 1	MO
<i>telmisartan oral tablet</i>	Tier 1	MO
<i>telmisartan-hctz oral tablet</i>	Tier 1	MO
<i>valsartan oral tablet</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>captopril oral tablet</i>	Tier 2	MO
<i>enalapril maleate oral tablet</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>fosinopril sodium oral tablet</i>	Tier 1	MO
<i>fosinopril sodium-hctz oral tablet</i>	Tier 2	MO
<i>lisinopril oral tablet</i>	Tier 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>moexipril hcl oral tablet</i>	Tier 2	MO
<i>perindopril erbumine oral tablet</i>	Tier 2	MO
<i>quinapril hcl oral tablet</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>ramipril oral capsule</i>	Tier 1	MO
<i>trandolapril oral tablet</i>	Tier 1	MO
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier 2	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet</i>	Tier 2	MO
<i>dofetilide oral capsule</i>	Tier 4	MO
<i>flecainide acetate oral tablet</i>	Tier 2	MO
<i>mexiletine hcl oral capsule</i>	Tier 2	MO
MULTAQ ORAL TABLET	Tier 3	MO
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 4	MO
<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

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

Drug	Status	Requirements/Limits
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 2	MO
<i>sotalol hcl (af) oral tablet</i>	Tier 2	MO
<i>sotalol hcl oral tablet</i>	Tier 2	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	Tier 2	MO
<i>atenolol oral tablet</i>	Tier 1	MO
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	MO
<i>betaxolol hcl oral tablet</i>	Tier 3	MO
<i>bisoprolol fumarate oral tablet</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 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

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

Drug	Status	Requirements/Limits
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>diltiazem hcl oral tablet</i>	Tier 1	MO
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier 2	MO
<i>felodipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>isradipine oral capsule</i>	Tier 4	MO
<i>matzim la oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nicardipine hcl oral capsule</i>	Tier 4	MO
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier 2	MO
<i>taztia xt oral capsule extended release 24 hour</i>	Tier 2	MO
<i>tiadylt er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier 4	MO
<i>verapamil hcl er oral tablet extended release</i>	Tier 2	MO
<i>verapamil hcl oral tablet</i>	Tier 1	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet</i>	Tier 2	MO
CORLANOR ORAL SOLUTION	Tier 4	PA; MO
<i>digox oral tablet</i>	Tier 2	MO
<i>digoxin oral solution</i>	Tier 2	MO
<i>digoxin oral tablet</i>	Tier 2	MO
<i>droxidopa oral capsule</i>	Tier 5	PA; NEDS
FILSPARI ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>ivabradine hcl oral tablet</i>	Tier 4	PA
<i>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)
<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 4	MO

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

Drug	Status	Requirements/Limits
Diuretics, Loop		
<i>bumetanide oral tablet</i>	Tier 2	MO
<i>ethacrynic acid oral tablet</i>	Tier 2	MO
<i>furosemide injection solution</i>	Tier 6	HI
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 2	MO
<i>furosemide oral tablet</i>	Tier 1	MO
<i>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, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 2	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 2	MO
<i>gemfibrozil oral tablet</i>	Tier 2	MO
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet</i>	Tier 1	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>fluvastatin sodium oral capsule</i>	Tier 2	MO
<i>lovastatin oral tablet</i>	Tier 1	MO
<i>pitavastatin calcium oral tablet</i>	Tier 4	

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

Drug	Status	Requirements/Limits
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO; QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet</i>	Tier 1	MO
<i>simvastatin oral tablet</i>	Tier 1	MO; QL (1.5 EA per 1 day)
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	Tier 2	MO
<i>cholestyramine light oral powder</i>	Tier 2	MO
<i>cholestyramine oral packet</i>	Tier 3	MO
<i>cholestyramine oral powder</i>	Tier 2	MO
<i>colesevelam hcl oral packet</i>	Tier 2	MO
<i>colesevelam hcl oral tablet</i>	Tier 2	MO
<i>colestipol hcl oral packet</i>	Tier 4	MO
<i>colestipol hcl oral tablet</i>	Tier 4	MO
<i>ezetimibe oral tablet</i>	Tier 2	MO
<i>ezetimibe-simvastatin oral tablet</i>	Tier 2	MO
<i>icosapent ethyl oral capsule</i>	Tier 4	
<i>niacin (antihyperlipidemic) oral tablet</i>	Tier 2	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	Tier 2	MO
<i>niacor oral tablet</i>	Tier 2	
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 3	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO
<i>prevalite oral packet</i>	Tier 2	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet</i>	Tier 2	MO
<i>minoxidil oral tablet</i>	Tier 2	MO
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<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 10 mg, 5 mg</i>	Tier 3	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 3	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg</i>	Tier 2	MO
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 3	MO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	Tier 4	MO
<i>methylphenidate hcl oral tablet</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET	Tier 5	PA; MO; NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	Tier 5	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	Tier 5	PA; NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Tier 5	PA; NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	Tier 5	PA
HETLIOZ LQ ORAL SUSPENSION	Tier 5	PA; MO; NEDS
INGREZZA ORAL CAPSULE	Tier 5	PA; MO; NEDS
INGREZZA ORAL CAPSULE SPRINKLE	Tier 5	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier 5	PA; NEDS
NUEDEXTA ORAL CAPSULE	Tier 5	PA; MO; NEDS
RELYVRIO ORAL PACKET	Tier 5	PA; QL (60 EA per 30 days); NEDS
<i>riluzole oral tablet</i>	Tier 4	MO; QL (2 EA per 1 day)
SKYCLARYS ORAL CAPSULE	Tier 5	PA; QL (90 EA per 30 days); NEDS
<i>tasimelteon oral capsule</i>	Tier 5	PA; MO; NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; MO
<i>tetrabenazine oral tablet 25 mg</i>	Tier 5	PA; MO; NEDS
VEOZAH ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>pregabalin oral solution</i>	Tier 4	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 4	PA
<i>fingolimod hcl oral capsule</i>	Tier 4	PA
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	MO; NEDS
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 5	MO; NEDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 5	MO; NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (1.6 ML per 30 days); NEDS
<i>teriflunomide oral tablet</i>	Tier 5	PA; NEDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Tier 5	PA; QL (14 EA per 365 days); NEDS
ZEPOSIA ORAL CAPSULE	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	Tier 5	PA; QL (56 EA per 365 days); NEDS
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	

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

Drug	Status	Requirements/Limits
Dermatological Agents		
Dermatological Agents		
<i>acitretin oral capsule</i>	Tier 3	
<i>acyclovir external ointment</i>	Tier 2	QL (15 GM per 14 days)
<i>adapalene external gel 0.1 %</i>	Tier 2	
<i>adapalene external solution</i>	Tier 5	NEDS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (6 ML per 28 days); NEDS
<i>amcinonide external cream</i>	Tier 4	
<i>ammonium lactate external cream</i>	Tier 2	
<i>ammonium lactate external lotion</i>	Tier 2	
<i>azelaic acid external gel</i>	Tier 3	
<i>calcipotriene external cream</i>	Tier 4	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier 4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier 4	QL (120 ML per 30 days)
<i>claravis oral capsule 10 mg, 40 mg</i>	Tier 4	
<i>claravis oral capsule 20 mg</i>	Tier 3	
<i>clobetasol prop emollient base external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>clobetasol propionate external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external foam</i>	Tier 4	
<i>clobetasol propionate external gel</i>	Tier 3	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier 4	
<i>clobetasol propionate external solution</i>	Tier 3	QL (59 ML per 30 days)
CLODAN EXTERNAL SHAMPOO	Tier 4	
<i>clotrimazole-betamethasone external cream</i>	Tier 2	
<i>clotrimazole-betamethasone external lotion</i>	Tier 3	
<i>diclofenac sodium external gel 1 %</i>	Tier 2	QL (960 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	Tier 3	QL (200 GM per 30 days)
<i>diclofenac sodium transdermal gel 1 %</i>	Tier 2	QL (960 GM per 30 days)
<i>doxepin hcl external cream</i>	Tier 2	QL (90 GM per 30 days)
<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	

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

Drug	Status	Requirements/Limits
<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 4	
<i>mupirocin calcium external cream</i>	Tier 2	
<i>pimecrolimus external cream</i>	Tier 3	
<i>podofilox external gel</i>	Tier 4	
<i>podofilox external solution</i>	Tier 3	
<i>procto-med hc external cream</i>	Tier 2	
<i>proctosol hc external cream</i>	Tier 2	
<i>proctozone-hc external cream</i>	Tier 2	
REGRANEX EXTERNAL GEL	Tier 5	NEDS
SANTYL EXTERNAL OINTMENT	Tier 3	QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	Tier 2	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 2	
<i>tacrolimus external ointment</i>	Tier 3	QL (120 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	Tier 3	
<i>tazarotene external gel</i>	Tier 4	
TAZORAC EXTERNAL CREAM 0.05 %	Tier 4	
<i>tretinoin external cream</i>	Tier 2	
<i>tretinoin external gel</i>	Tier 3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>aminosyn ii intravenous solution 15 %</i>	Tier 6	B/D; HI
<i>carglumic acid oral tablet soluble</i>	Tier 5	PA; NEDS
CLINISOL SF INTRAVENOUS SOLUTION	Tier 6	B/D; HI
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	Tier 6	HI
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	Tier 6	HI
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	Tier 6	HI
<i>klor-con 10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m15 oral tablet extended release</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>klor-con m20 oral tablet extended release</i>	Tier 2	MO
<i>klor-con oral packet 20 meq</i>	Tier 2	MO
<i>klor-con oral tablet extended release</i>	Tier 2	MO
K-PHOS NO 2 ORAL TABLET	Tier 4	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Tier 6	HI
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	Tier 6	HI
<i>na sulfate-k sulfate-mg sulf oral solution</i>	Tier 4	
ORACIT ORAL SOLUTION	Tier 4	
PLENAMINE INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>potassium chloride crys er oral tablet extended release</i>	Tier 2	MO
<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
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 2	MO
<i>potassium citrate er oral tablet extended release</i>	Tier 2	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	Tier 6	HI
PREMASOL INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
PROSOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Tier 6	HI
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 1	MO
TRAVASOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox oral tablet 90 mg</i>	Tier 3	
<i>deferasirox oral tablet soluble 125 mg</i>	Tier 4	MO
<i>deferasirox oral tablet soluble 250 mg</i>	Tier 4	MO; NEDS
<i>deferasirox oral tablet soluble 500 mg</i>	Tier 5	MO; NEDS
<i>deferiprone oral tablet</i>	Tier 5	PA; MO; NEDS

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

Drug	Status	Requirements/Limits
<i>kionex oral suspension</i>	Tier 3	
<i>penicillamine oral tablet</i>	Tier 5	NEDS
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
<i>sps oral suspension</i>	Tier 3	
TRIENTINE HCL ORAL CAPSULE 250 MG	Tier 5	NEDS
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	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
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 6	HI
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %	Tier 6	HI
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	Tier 6	HI
<i>intralipid intravenous emulsion 20 %</i>	Tier 6	B/D; HI
INTRALIPID INTRAVENOUS EMULSION 30 %	Tier 6	B/D; HI
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 6	HI
NUTRILIPID INTRAVENOUS EMULSION	Tier 6	B/D; HI
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	Tier 6	HI
Vitamins		
<i>doxercalciferol oral capsule</i>	Tier 3	MO

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

Drug	Status	Requirements/Limits
PNV-DHA ORAL CAPSULE	Tier 4	
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	Tier 3	
<i>dicyclomine hcl oral solution</i>	Tier 3	
<i>dicyclomine hcl oral tablet</i>	Tier 3	
<i>glycopyrrolate oral solution</i>	Tier 4	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
Gastrointestinal Agents, Other		
CLENPIQ ORAL SOLUTION	Tier 3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 4	
GATTEX SUBCUTANEOUS KIT	Tier 5	PA; MO; NEDS
<i>loperamide hcl oral capsule</i>	Tier 2	
<i>metoclopramide hcl injection solution</i>	Tier 2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
MOTOFEN ORAL TABLET	Tier 4	
MOVANTIK ORAL TABLET	Tier 3	
OICALIVA ORAL TABLET 5 MG	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
RELISTOR ORAL TABLET	Tier 5	NEDS
RELISTOR SUBCUTANEOUS SOLUTION	Tier 5	NEDS
<i>ursodiol oral capsule 300 mg</i>	Tier 2	MO
<i>ursodiol oral tablet</i>	Tier 2	MO
VOWST ORAL CAPSULE	Tier 5	PA; NEDS
XERMELO ORAL TABLET	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet 200 mg</i>	Tier 2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 2	MO
<i>famotidine oral suspension reconstituted</i>	Tier 3	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 3	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	Tier 4	PA; MO; QL (2 EA per 1 day)
<i>alosetron hcl oral tablet 1 mg</i>	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS

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

Drug	Status	Requirements/Limits
LINZESS ORAL CAPSULE	Tier 3	MO
<i>lubiprostone oral capsule</i>	Tier 3	MO
Laxatives		
<i>constulose oral solution</i>	Tier 2	MO
<i>enulose oral solution</i>	Tier 2	MO
<i>gavilyte-c oral solution reconstituted</i>	Tier 2	
<i>gavilyte-g oral solution reconstituted</i>	Tier 2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	Tier 2	
<i>generlac oral solution</i>	Tier 2	MO
<i>lactulose oral solution 10 gm/15ml</i>	Tier 2	MO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Tier 4	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 4	
Protectants		
<i>misoprostol oral tablet</i>	Tier 2	MO
<i>sucralfate oral suspension</i>	Tier 2	MO
<i>sucralfate oral tablet</i>	Tier 2	MO
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule delayed release</i>	Tier 3	MO
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier 3	MO
<i>lansoprazole oral capsule delayed release</i>	Tier 2	MO
<i>omeprazole oral capsule delayed release 10 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	MO; QL (2 EA per 1 day)
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

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

Drug	Status	Requirements/Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier 3	MO
CYSTAGON ORAL CAPSULE	Tier 4	MO
DAYBUE ORAL SOLUTION	Tier 5	PA; QL (3600 ML per 30 days); NEDS
GLASSIA INTRAVENOUS SOLUTION	Tier 6	PA; HI
<i>l-glutamine oral packet</i>	Tier 5	PA; NEDS
<i>miglustat oral capsule</i>	Tier 5	PA; MO; NEDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Tier 5	PA; MO; NEDS
<i>nitisinone oral capsule 20 mg</i>	Tier 5	PA; NEDS
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	Tier 5	PA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	Tier 6	PA; HI
<i>sapropterin dihydrochloride oral packet</i>	Tier 5	PA; MO; NEDS
SODIUM PHENYL BUTYRATE ORAL TABLET	Tier 5	MO; NEDS
VIJOICE ORAL PACKET	Tier 5	PA; QL (28 EA per 28 days); NEDS
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	Tier 5	PA; QL (28 EA per 28 days); NEDS
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 5	PA; QL (56 EA per 28 days); NEDS
YARGESA ORAL CAPSULE	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
ZOKINVY ORAL CAPSULE	Tier 5	PA; QL (120 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
PYRUKYND ORAL TABLET 20 MG, 5 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS
PYRUKYND ORAL TABLET 50 MG	Tier 5	PA; QL (120 EA per 30 days); NEDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Tier 5	NEDS
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA ORAL TABLET	Tier 4	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Tier 3	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>oxybutynin chloride oral solution</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	MO
<i>solifenacin succinate oral tablet</i>	Tier 2	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>tolterodine tartrate oral tablet</i>	Tier 2	MO
<i>trospium chloride er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>trospium chloride oral tablet</i>	Tier 2	MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet</i>	Tier 2	MO
<i>dutasteride oral capsule</i>	Tier 2	MO
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>finasteride oral tablet 5 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>silodosin oral capsule</i>	Tier 3	MO

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

Drug	Status	Requirements/Limits
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>terazosin hcl oral capsule</i>	Tier 1	MO
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	Tier 2	
CUVRIOR ORAL TABLET	Tier 5	PA; NEDS
ELMIRON ORAL CAPSULE	Tier 5	NEDS
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule</i>	Tier 3	MO
<i>calcium acetate oral tablet 667 mg</i>	Tier 3	MO
<i>sevelamer carbonate oral packet</i>	Tier 4	MO
<i>sevelamer carbonate oral tablet</i>	Tier 2	MO
<i>sevelamer hcl oral tablet 800 mg</i>	Tier 2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>ala-cort external cream</i>	Tier 2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external cream</i>	Tier 2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 2	QL (240 GM per 30 days)
<i>betamethasone dipropionate aug external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Tier 4	QL (180 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 4	QL (150 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone valerate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 2	QL (150 GM per 30 days)
CORTROPHIN INJECTION GEL	Tier 5	PA; NEDS
<i>deflazacort oral suspension</i>	Tier 5	PA; NEDS
<i>deflazacort oral tablet</i>	Tier 5	PA; NEDS
<i>desonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>desonide external ointment</i>	Tier 4	QL (240 GM per 30 days)

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

Drug	Status	Requirements/Limits
<i>desoximetasone external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	Tier 4	QL (180 GM per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>dexamethasone oral elixir</i>	Tier 2	
<i>dexamethasone oral solution</i>	Tier 2	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Tier 2	
<i>fludrocortisone acetate oral tablet</i>	Tier 2	MO
<i>fluocinolone acetonide body external oil</i>	Tier 3	
<i>fluocinolone acetonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external ointment</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	Tier 4	QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Tier 3	
<i>fluocinonide emulsified base external cream</i>	Tier 4	QL (120 GM per 30 days)
<i>fluocinonide external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	Tier 4	QL (60 ML per 30 days)
<i>fluticasone propionate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>fluticasone propionate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>halobetasol propionate external cream</i>	Tier 4	QL (150 GM per 30 days)
<i>halobetasol propionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
<i>hydrocortisone butyrate external ointment</i>	Tier 4	QL (180 GM per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	QL (240 ML per 30 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	Tier 4	QL (180 GM per 30 days)
<i>methylprednisolone oral tablet</i>	Tier 2	
<i>methylprednisolone oral tablet therapy pack</i>	Tier 2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Tier 2	
<i>mometasone furoate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external solution</i>	Tier 2	

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

Drug	Status	Requirements/Limits
<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	
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>prednisone oral solution</i>	Tier 2	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 2	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	QL (150 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 1	QL (150 GM per 30 days)
<i>triderm external cream 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triderm external cream 0.5 %</i>	Tier 1	QL (150 GM per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</i>	Tier 2	MO
<i>desmopressin acetate injection solution</i>	Tier 5	NEDS
<i>desmopressin acetate oral tablet</i>	Tier 2	MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	Tier 4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 5	PA; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE	Tier 5	PA; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	Tier 5	PA; LA; MO; NEDS
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	Tier 4	MO
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	Tier 5	MO; NEDS

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

Drug	Status	Requirements/Limits
VYNDAMAX ORAL CAPSULE	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
VYNDAQEL ORAL CAPSULE	Tier 5	PA; MO; QL (4 EA per 1 day); NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>mifepristone oral tablet 300 mg</i>	Tier 5	PA; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	Tier 4	PA; MO
<i>danazol oral capsule</i>	Tier 4	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	Tier 2	MO
<i>testosterone enanthate intramuscular solution</i>	Tier 3	MO
<i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 3	PA; MO
Estrogens		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 4	MO; QL (8 EA per 28 days)
<i>altavera oral tablet</i>	Tier 2	MO
<i>alyacen 1/35 oral tablet</i>	Tier 2	MO
<i>amabelz oral tablet</i>	Tier 2	MO
<i>amethia oral tablet</i>	Tier 3	MO
<i>amethyst oral tablet</i>	Tier 2	MO
<i>apri oral tablet</i>	Tier 2	MO
<i>aranelle oral tablet</i>	Tier 3	MO
<i>ashlyna oral tablet</i>	Tier 2	MO
<i>aubra eq oral tablet</i>	Tier 2	MO
<i>aviane oral tablet</i>	Tier 2	MO
<i>azurette oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>balziva oral tablet</i>	Tier 3	MO
<i>blisovi 24 fe oral tablet</i>	Tier 2	MO
<i>blisovi fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>briellyn oral tablet</i>	Tier 2	MO
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	Tier 4	MO
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier 4	MO
<i>cryselle-28 oral tablet</i>	Tier 2	MO
<i>cyred eq oral tablet</i>	Tier 2	MO
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 2	MO
<i>dotti transdermal patch twice weekly</i>	Tier 3	MO; QL (8 EA per 28 days)
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 3	MO
<i>eluryng vaginal ring</i>	Tier 3	MO
<i>enilloring vaginal ring</i>	Tier 2	MO
<i>enpresse-28 oral tablet</i>	Tier 3	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	Tier 2	MO
<i>estarylla oral tablet</i>	Tier 2	MO
<i>estradiol oral tablet</i>	Tier 1	MO
<i>estradiol transdermal patch twice weekly</i>	Tier 3	MO; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 3	MO
<i>estradiol vaginal cream</i>	Tier 3	MO
<i>estradiol vaginal tablet</i>	Tier 3	MO
<i>estradiol-norethindrone acet oral tablet</i>	Tier 3	MO
ESTRING VAGINAL RING 7.5 MCG/24HR	Tier 4	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier 2	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 3	MO
<i>falmina oral tablet</i>	Tier 2	MO
<i>finzala oral tablet chewable</i>	Tier 2	MO
<i>fyavolv oral tablet</i>	Tier 4	MO
<i>hailey 24 fe oral tablet</i>	Tier 4	MO
<i>haloette vaginal ring</i>	Tier 4	MO
<i>iclevia oral tablet</i>	Tier 2	MO
<i>introvale oral tablet</i>	Tier 2	MO
<i>isibloom oral tablet</i>	Tier 2	MO
<i>jasmiel oral tablet</i>	Tier 2	MO
<i>jinteli oral tablet</i>	Tier 3	MO
<i>juleber oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>junel 1.5/30 oral tablet</i>	Tier 3	MO
<i>junel 1/20 oral tablet</i>	Tier 3	MO
<i>junel fe 1.5/30 oral tablet</i>	Tier 3	MO
<i>junel fe 1/20 oral tablet</i>	Tier 3	MO
<i>junel fe 24 oral tablet</i>	Tier 3	MO
<i>kariva oral tablet</i>	Tier 2	MO
<i>kelnor 1/35 oral tablet</i>	Tier 3	MO
<i>kelnor 1/50 oral tablet</i>	Tier 3	MO
<i>kurvelo oral tablet</i>	Tier 2	MO
<i>larin 1.5/30 oral tablet</i>	Tier 2	MO
<i>larin 1/20 oral tablet</i>	Tier 2	MO
<i>larin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>larin fe 1/20 oral tablet</i>	Tier 2	MO
<i>leena oral tablet</i>	Tier 3	MO
<i>lessina oral tablet</i>	Tier 2	MO
<i>levonest oral tablet</i>	Tier 2	MO
<i>levonorgest-eth est & eth est oral tablet</i>	Tier 3	MO
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 3	MO
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 3	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 2	MO
<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 3	MO; QL (8 EA per 28 days)
<i>marlissa oral tablet</i>	Tier 2	MO
MENEST ORAL TABLET	Tier 4	MO
<i>mibelas 24 fe oral tablet chewable</i>	Tier 2	MO
<i>microgestin 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin 1/20 oral tablet</i>	Tier 2	MO
<i>microgestin 24 fe oral tablet</i>	Tier 3	MO
<i>microgestin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin fe 1/20 oral tablet</i>	Tier 2	MO
<i>mili oral tablet</i>	Tier 2	MO
<i>mimvey oral tablet</i>	Tier 2	MO
<i>necon 0.5/35 (28) oral tablet</i>	Tier 2	MO
<i>necon 1/35 (28) oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>nikki oral tablet</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 3	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Tier 2	MO
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Tier 3	MO
<i>norethindron-ethinyl estrad-fe oral tablet</i>	Tier 2	MO
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	Tier 3	MO
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	Tier 2	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 2	MO
<i>norgestim-eth estrad triphasic oral tablet</i>	Tier 2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier 3	MO
<i>nortrel 1/35 (21) oral tablet</i>	Tier 3	MO
<i>nortrel 1/35 (28) oral tablet</i>	Tier 3	MO
<i>nortrel 7/7/7 oral tablet</i>	Tier 3	MO
<i>nylia 1/35 oral tablet</i>	Tier 2	MO
<i>nylia 7/7/7 oral tablet</i>	Tier 2	MO
<i>nymyo oral tablet</i>	Tier 2	MO
<i>ocella oral tablet</i>	Tier 4	MO
<i>orsythia oral tablet</i>	Tier 2	MO
<i>pimtrea oral tablet</i>	Tier 2	MO
<i>portia-28 oral tablet</i>	Tier 2	MO
PREMARIN ORAL TABLET	Tier 4	MO
PREMARIN VAGINAL CREAM	Tier 3	MO
PREMPHASE ORAL TABLET	Tier 4	MO
PREMPRO ORAL TABLET	Tier 4	MO
<i>reclipsen oral tablet</i>	Tier 2	MO
<i>setlakin oral tablet</i>	Tier 2	MO
<i>sprintec 28 oral tablet</i>	Tier 2	MO
<i>sronyx oral tablet</i>	Tier 2	MO
<i>syeda oral tablet</i>	Tier 3	MO
<i>tarina 24 fe oral tablet</i>	Tier 3	MO

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

Drug	Status	Requirements/Limits
<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 3	MO
<i>tri-estarylla oral tablet</i>	Tier 2	MO
TRI-LEGEST FE ORAL TABLET	Tier 3	MO
<i>tri-lo-estarylla oral tablet</i>	Tier 2	MO
<i>tri-lo-sprintec oral tablet</i>	Tier 2	MO
<i>tri-mili oral tablet</i>	Tier 2	MO
<i>trinessa (28) oral tablet</i>	Tier 2	MO
<i>tri-nymyo oral tablet</i>	Tier 2	MO
<i>tri-sprintec oral tablet</i>	Tier 2	MO
<i>trivora (28) oral tablet</i>	Tier 2	MO
<i>tri-vylibra lo oral tablet</i>	Tier 2	MO
<i>tri-vylibra oral tablet</i>	Tier 2	MO
<i>turqoz oral tablet</i>	Tier 2	MO
<i>tyblume oral tablet chewable</i>	Tier 2	MO
<i>velivet oral tablet</i>	Tier 2	MO
<i>vienva oral tablet</i>	Tier 2	MO
<i>vyfemla oral tablet</i>	Tier 3	MO
<i>vylibra oral tablet</i>	Tier 2	MO
WYMZYA FE ORAL TABLET CHEWABLE	Tier 3	MO
YUVAFEM VAGINAL TABLET	Tier 3	MO
<i>zovia 1/35 (28) oral tablet</i>	Tier 2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Tier 3	
NEXPLANON SUBCUTANEOUS IMPLANT	Tier 3	
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	Tier 4	
<i>xulane transdermal patch weekly</i>	Tier 3	
Progestins		
<i>camila oral tablet</i>	Tier 2	MO
<i>deblitane oral tablet</i>	Tier 2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Tier 3	QL (0.65 ML per 90 days)

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

Drug	Status	Requirements/Limits
<i>errin oral tablet</i>	Tier 2	MO
<i>heather oral tablet</i>	Tier 2	
<i>incassia oral tablet</i>	Tier 2	MO
<i>lyleq oral tablet</i>	Tier 2	MO
<i>lyza oral tablet</i>	Tier 2	MO
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	Tier 1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 2	MO
<i>megestrol acetate oral tablet</i>	Tier 2	
<i>nora-be oral tablet</i>	Tier 2	MO
<i>norethindrone acetate oral tablet</i>	Tier 2	MO
<i>norethindrone oral tablet</i>	Tier 2	MO
<i>sharobel oral tablet</i>	Tier 2	MO
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET	Tier 4	PA; MO
<i>raloxifene hcl oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
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 1 MG, 5 MG	Tier 5	PA; MO; NEDS
LYSODREN ORAL TABLET	Tier 5	NEDS

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

Drug	Status	Requirements/Limits
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	Tier 2	
ELIGARD SUBCUTANEOUS KIT	Tier 4	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA NS; QL (4 EA per 365 days); NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4	PA NS; QL (1 EA per 28 days)
<i>lanreotide acetate subcutaneous solution</i>	Tier 5	PA NS; NEDS
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE	Tier 4	
<i>leuprolide acetate injection kit</i>	Tier 4	
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 4	MO
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Tier 5	MO; NEDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	Tier 5	MO; NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	Tier 5	PA NS; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	LA; MO; NEDS
SYNAREL NASAL SOLUTION	Tier 5	NEDS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	Tier 2	MO
<i>propylthiouracil oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	Tier 6	PA; HI
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	PA; HI
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
ICATIBANT ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>sajazir subcutaneous solution prefilled syringe</i>	Tier 5	PA; NEDS
Antiangiogenic Agents		
EMPAVELI SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (200 ML per 28 days); NEDS
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

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

Drug	Status	Requirements/Limits
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
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	Tier 5	PA; NEDS
CIBINQO ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (10 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION 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
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	Tier 5	PA; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	Tier 5	PA; NEDS
LAGEVRIO ORAL CAPSULE	Tier 3	QL (40 EA per 5 days)
<i>leflunomide oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Tier 5	PA; NEDS
OLUMIANT ORAL TABLET 4 MG	Tier 4	PA; 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)
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	Tier 5	PA; NEDS
RIDAURA ORAL CAPSULE	Tier 5	MO; NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	Tier 5	PA; QL (1 EA per 1 day); NEDS
SKYRIZI INTRAVENOUS SOLUTION	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Tier 5	PA; QL (1.2 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Tier 5	PA; MO; QL (2.4 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
SOTYKTU ORAL TABLET	Tier 5	PA; NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS

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

Drug	Status	Requirements/Limits
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	Tier 5	PA; QL (0.5 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
TREMFYA 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
Immunomodulators		
ILARIS SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (2 ML per 28 days); NEDS
Immunosuppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; NEDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	B/D
<i>azathioprine oral tablet 50 mg</i>	Tier 2	B/D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; NEDS

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

Drug	Status	Requirements/Limits
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; NEDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 5	PA; NEDS
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; NEDS
<i>cyclosporine modified oral capsule</i>	Tier 3	B/D; MO
<i>cyclosporine modified oral solution</i>	Tier 2	B/D; MO
<i>cyclosporine oral capsule</i>	Tier 3	B/D; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
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
<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 3	B/D; MO
<i>gengraf oral solution</i>	Tier 3	B/D; MO
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS 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

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

Drug	Status	Requirements/Limits
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/UEVIT 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
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution reconstituted</i>	Tier 2	
<i>methotrexate sodium oral tablet</i>	Tier 2	
<i>mycophenolate mofetil oral capsule</i>	Tier 4	B/D; MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier 5	B/D; MO; NEDS
<i>mycophenolate mofetil oral tablet</i>	Tier 4	B/D; MO
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 4	B/D; MO
OTEZLA ORAL TABLET 20 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS
OTEZLA ORAL TABLET 30 MG	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
OTEZLA ORAL TABLET THERAPY PACK	Tier 5	PA; QL (110 EA per 365 days); NEDS
PROGRAF ORAL PACKET	Tier 4	B/D; MO
REZUROCK ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days); NEDS
SANDIMMUNE ORAL SOLUTION	Tier 4	B/D; MO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS

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

Drug	Status	Requirements/Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>sirolimus oral solution</i>	Tier 5	B/D; MO; NEDS
<i>sirolimus oral tablet</i>	Tier 4	B/D; MO
<i>tacrolimus oral capsule</i>	Tier 2	B/D; MO
TAVNEOS ORAL CAPSULE	Tier 5	PA; QL (180 EA per 30 days); NEDS
<i>trexall oral tablet</i>	Tier 4	
XATMEP ORAL SOLUTION	Tier 4	
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
ADACEL INTRAMUSCULAR SUSPENSION	Tier 6	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	Tier 6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 6	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 6	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier 6	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 6	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Tier 6	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
HAVRIX INTRAMUSCULAR SUSPENSION	Tier 6	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 6	B/D

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

Drug	Status	Requirements/Limits
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	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 6	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	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	

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

Drug	Status	Requirements/Limits
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
RECOMBIVAX HB INJECTION SUSPENSION	Tier 6	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Tier 6	B/D
ROTARIX ORAL SUSPENSION	Tier 6	
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 6	
ROTATEQ ORAL SOLUTION	Tier 6	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 6	QL (2 EA per 999 days)
STAMARIL INJECTION SUSPENSION RECONSTITUTED	Tier 6	
TDVAX INTRAMUSCULAR SUSPENSION	Tier 6	
TENIVAC INTRAMUSCULAR INJECTABLE	Tier 6	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier 6	
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	
<i>mesalamine er oral capsule extended release</i>	Tier 4	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 2	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 2	
<i>mesalamine rectal enema</i>	Tier 4	
<i>mesalamine rectal suppository</i>	Tier 2	

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

Drug	Status	Requirements/Limits
<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	QL (1 EA per 1 day); NEDS
<i>budesonide oral capsule delayed release particles</i>	Tier 2	QL (3 EA per 1 day)
<i>hydrocortisone oral tablet</i>	Tier 2	
<i>hydrocortisone rectal enema</i>	Tier 2	
TARPEYO ORAL CAPSULE DELAYED RELEASE	Tier 5	PA; QL (120 EA per 30 days); NEDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) injection solution</i>	Tier 5	NEDS
<i>calcitonin (salmon) nasal solution</i>	Tier 2	MO
<i>calcitriol oral capsule</i>	Tier 2	MO
<i>calcitriol oral solution</i>	Tier 2	MO
<i>cinacalcet hcl oral tablet</i>	Tier 3	MO
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	Tier 5	PA; MO; NEDS
<i>ibandronate sodium oral tablet</i>	Tier 2	MO; QL (1 EA per 28 days)
<i>paricalcitol oral capsule</i>	Tier 4	PA; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA
<i>risedronate sodium oral tablet 150 mg</i>	Tier 4	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	Tier 4	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	Tier 4	MO; QL (1 EA per 1 day)
<i>teriparatide (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

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

Drug	Status	Requirements/Limits
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	
<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	
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 4	MO
<i>levocarnitine oral tablet</i>	Tier 4	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	
PEN NEEDLES 30G X 8 MM	Tier 4	

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

Drug	Status	Requirements/Limits
PURE COMFORT PEN NEEDLE 32G X 8 MM	Tier 4	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Tier 4	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Tier 4	
ULTICARE PEN NEEDLES 29G X 12.7MM	Tier 4	
ULTILET PEN NEEDLE 29G X 12.7MM	Tier 4	
ULTRA-THIN II PEN NEEDLES	Tier 4	
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	Tier 3	MO
<i>latanoprost ophthalmic solution</i>	Tier 2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 3	MO
RHOPRESSA OPHTHALMIC SOLUTION	Tier 3	MO
<i>travoprost (bak free) ophthalmic solution</i>	Tier 2	MO
Ophthalmic Agents, Other		
ATROPINE SULFATE OPHTHALMIC OINTMENT	Tier 4	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 2	
CEQUA OPHTHALMIC SOLUTION	Tier 4	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 2	MO
MIEBO OPHTHALMIC SOLUTION	Tier 4	PA; QL (12 ML per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 3	
<i>neo-polycin hc ophthalmic ointment</i>	Tier 2	
<i>neo-polycin ophthalmic ointment</i>	Tier 2	
<i>polycin ophthalmic ointment</i>	Tier 2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	
<i>proparacaine hcl ophthalmic solution</i>	Tier 2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 3	MO

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

Drug	Status	Requirements/Limits
RESTASIS OPTHALMIC EMULSION	Tier 2	MO
ROCKLATAN OPTHALMIC SOLUTION	Tier 4	MO
TYRVAYA NASAL SOLUTION	Tier 4	
XDEMVIY OPTHALMIC SOLUTION	Tier 5	QL (10 ML per 42 days); NEDS
Ophthalmic Anti-Allergy Agents		
ALOCRILOPHthalmic SOLUTION	Tier 4	
<i>azelastine hcl ophthalmic solution</i>	Tier 2	
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	
<i>epinastine hcl ophthalmic solution</i>	Tier 3	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 2	MO
<i>apraclonidine hcl ophthalmic solution</i>	Tier 2	
<i>betaxolol hcl ophthalmic solution</i>	Tier 2	MO
BETOPTIC-S OPTHALMIC SUSPENSION	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	Tier 2	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	Tier 2	MO
<i>brinzolamide ophthalmic suspension</i>	Tier 3	MO
<i>carteolol hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Tier 2	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	MO
SIMBRINZA OPTHALMIC SUSPENSION	Tier 3	MO
<i>timolol maleate (once-daily) ophthalmic solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic gel forming solution</i>	Tier 3	MO
<i>timolol maleate ophthalmic solution</i>	Tier 1	MO
Ophthalmic Anti-Inflammatories		
ALREX OPTHALMIC SUSPENSION	Tier 3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 2	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Tier 2	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 2	

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

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

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

Drug	Status	Requirements/Limits
<i>olopatadine hcl nasal solution</i>	Tier 2	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	Tier 2	MO
<i>breo ellipta inhalation aerosol powder breath activated 50-25 mcg/inh</i>	Tier 2	MO
<i>budesonide inhalation suspension</i>	Tier 2	B/D; MO; QL (2 ML per 1 day)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 2	
<i>fluticasone propionate diskus inhalation aerosol powder breath activated</i>	Tier 3	MO
<i>fluticasone propionate hfa inhalation aerosol</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 3	MO; QL (2 EA per 1 day)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier 4	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 3	MO
<i>ipratropium bromide inhalation solution</i>	Tier 2	B/D; MO
<i>ipratropium bromide nasal solution</i>	Tier 2	MO
<i>ipratropium-albuterol inhalation solution</i>	Tier 2	B/D; MO
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO
<i>tiotropium bromide monohydrate inhalation capsule</i>	Tier 3	

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

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 4	MO
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	Tier 4	PA; QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	Tier 4	PA; QL (13 GM per 30 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	Tier 3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 3	
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier 2	B/D; MO
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	MO
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 3	MO
<i>terbutaline sulfate oral tablet</i>	Tier 2	MO
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE	Tier 5	PA; MO; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
KALYDECO ORAL PACKET 13.4 MG	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 vii.

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 3	B/D; MO
<i>cromolyn sodium oral concentrate</i>	Tier 2	MO
Phosphodiesterase Inhibitors, Airways Disease		
ELIXOPHYLLIN ORAL ELIXIR	Tier 4	MO
<i>roflumilast oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	Tier 2	MO
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>theophylline oral elixir</i>	Tier 4	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	Tier 5	PA; MO; NEDS
ALYQ ORAL TABLET	Tier 4	PA; MO
<i>ambrisentan oral tablet</i>	Tier 5	PA; MO; NEDS
<i>bosentan oral tablet</i>	Tier 5	PA; MO; NEDS
LIQREV ORAL SUSPENSION	Tier 5	PA; NEDS
OPSUMIT ORAL TABLET	Tier 5	PA; MO; NEDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; NEDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; NEDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Tier 4	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; MO; NEDS
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 2	PA; MO
<i>tadalafil (pah) oral tablet</i>	Tier 4	PA; MO
TRACLEER ORAL TABLET SOLUBLE	Tier 5	PA; MO; NEDS
UPTRAVI ORAL TABLET	Tier 5	PA; MO; NEDS

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

Drug	Status	Requirements/Limits
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
BREYNA INHALATION AEROSOL	Tier 2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO
SYMBICORT INHALATION AEROSOL	Tier 2	MO
Respiratory Tract/Pulmonary Agents		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 2	MO
ADVAIR HFA INHALATION AEROSOL	Tier 2	MO
BREZTRI AEROSPHERE INHALATION AEROSOL	Tier 3	MO
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	Tier 4	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	Tier 5	PA; MO; NEDS
<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

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

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>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier 2	
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	Tier 2	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual</i>	Tier 2	
Sleep Disorders, Other		
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
Sleep Promoting Agents		
BELSOMRA ORAL TABLET	Tier 3	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 4	QL (30 EA per 30 days)

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

Index

1ST TIER UNIFINE PENTIPS	82	AGAMATRIX PRESTO TEST	41	<i>amphotericin b liposome</i>	18
1ST TIER UNIFINE PENTIPS PLUS	82	AIMOVIG	20	<i>ampicillin</i>	9
<i>abacavir sulfate</i>	34	AKEEGA	24	<i>ampicillin sodium</i>	9
<i>abacavir sulfate-lamivudine</i>	34	<i>ala-cort</i>	62	<i>ampicillin-sulbactam sodium</i>	9
ABELCET	18	<i>albendazole</i>	28	<i>anagrelide hcl</i>	44
ABILIFY MAINTENA	30	<i>albuterol sulfate</i>	87	<i>anastrozole</i>	23
<i>abiraterone acetate</i>	21	<i>albuterol sulfate hfa</i>	87	ANDRODERM	65
ABRYSVO	78	<i>alclometasone dipropionate</i>	62	ANORO ELLIPTA	89
<i>acamprosate calcium</i>	5	ALECENSA	24	<i>apomorphine hcl</i>	28
<i>acarbose</i>	37	<i>alendronate sodium</i>	81	<i>apraclonidine hcl</i>	84
ACCU-CHEK AVIVA PLUS ..	41	<i>alfuzosin hcl er</i>	61	<i>aprepitant</i>	18
ACCU-CHEK GUIDE	41	ALINIA	28	<i>apri</i>	65
ACCU-CHEK SMARTVIEW ..	41	<i>aliskiren fumarate</i>	48	APTIOM	14
ACCUTREND GLUCOSE	41	<i>allopurinol</i>	19	APTIVUS	35
<i>acebutolol hcl</i>	47	ALOCRIL	84	ARALAST NP	59
<i>acetaminophen-codeine</i>	4	<i>alogliptin benzoate</i>	37	<i>aranelle</i>	65
<i>acetazolamide</i>	48	ALORA	65	ARCALYST	73
<i>acetazolamide er</i>	84	<i>alosetron hcl</i>	58	AREXVY	78
<i>acetic acid</i>	85	<i>alprazolam</i>	36	ARIKAYCE	5
<i>acetylcysteine</i>	89	ALREX	84	<i>aripiprazole</i>	30
<i>acitretin</i>	54	<i>altavera</i>	65	ARNUITY ELLIPTA	86
ACTEMRA	75	ALUNBRIG	24	<i>asenapine maleate</i>	30
ACTEMRA ACTPEN	75	<i>alyacen 1/35</i>	65	<i>ashlyna</i>	65
ACTHIB	78	ALYQ	88	<i>aspirin-dipyridamole er</i>	45
ACTIMMUNE	73	<i>amabelz</i>	65	ASSURE 3 TEST	41
<i>acyclovir</i>	33, 54	<i>amantadine hcl</i>	36	ASSURE 4 TEST	41
<i>acyclovir sodium</i>	33	<i>ambrisentan</i>	88	ASSURE ID INSULIN SAFETY SYR	39
ADACEL	78	<i>amcinonide</i>	54	ASSURE II	41
<i>adapalene</i>	54	<i>amethia</i>	65	ASSURE II CHECK	41
ADBRY	54	<i>amethyst</i>	65	ASSURE PLATINUM	41
<i>adefovir dipivoxil</i>	32	<i>amikacin sulfate</i>	5	ASSURE PRISM MULTI TEST	41
ADEMPAS	88	<i>amiloride hcl</i>	49	ASSURE PRO TEST	41
ADVAIR DISKUS	89	<i>amiloride-hydrochlorothiazide</i> ...	49	ASTAGRAF XL	75
ADVAIR HFA	89	<i>aminosyn ii</i>	55	<i>atazanavir sulfate</i>	35
ADVANCE INTUITION TEST	41	<i>amiodarone hcl</i>	46	<i>atenolol</i>	47
ADVANCE MICRO-DRAW TEST	41	<i>amitriptyline hcl</i>	17	<i>atenolol-chlorthalidone</i>	47
ADVOCATE INSULIN PEN NEEDLES	82	<i>amlodipine besy-benazepril hcl</i> ..	47	<i>atomoxetine hcl</i>	51
ADVOCATE REDI-CODE	41	<i>amlodipine besylate</i>	47	<i>atorvastatin calcium</i>	49
ADVOCATE REDI-CODE+ TEST	41	<i>amlodipine besylate-valsartan</i> ...	47	<i>atovaquone</i>	28
ADVOCATE TEST	41	<i>amlodipine-olmesartan</i>	45	<i>atovaquone-proguanil hcl</i>	28
AGAMATRIX AMP TEST	41	<i>ammonium lactate</i>	54	ATROPINE SULFATE	83
AGAMATRIX JAZZ TEST ...	41	<i>amoxapine</i>	17	<i>atropine sulfate</i>	83
AGAMATRIX KEYNOTE TEST	41	<i>amoxicillin</i>	9	ATROVENT HFA	86
		<i>amoxicillin-pot clavulanate</i>	9	<i>aubra eq</i>	65
		<i>amoxicillin-pot clavulanate er</i>	9	AUGTYRO	24
		<i>amphetamine-dextroamphet er</i> ...	51	AUSTEDO	52
		<i>amphetamine-dextroamphetamine</i>	51	AUSTEDO XR	52
		AMPHOTERICIN B	18		

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

AUSTEDO XR PATIENT TITRATION	52	BD VEO INSULIN SYRINGE U/F	39	<i>bromfenac sodium (once-daily)</i> ..	84
AUVELITY	16	BELSOMRA	90	<i>bromocriptine mesylate</i>	28, 29
<i>aviane</i>	65	<i>benazepril hcl</i>	46	BRONCHITOL	87
AVONEX PEN	53	<i>benazepril-hydrochlorothiazide</i> ..	46	BRUKINSA	24
AVONEX PREFILLED	53	BENLYSTA	75	<i>budesonide</i>	81, 86
AVYCAZ	7	<i>benztropine mesylate</i>	28	<i>budesonide er</i>	81
AYVAKIT	24	BERINERT	72	<i>bumetanide</i>	49
<i>azacitidine</i>	22	BESREMI	73	<i>buprenorphine</i>	3
AZASITE	10	<i>betaine</i>	59	<i>buprenorphine hcl</i>	5
<i>azathioprine</i>	75	<i>betamethasone dipropionate</i>	62	<i>buprenorphine hcl-naloxone hcl</i> ...5	
<i>azathioprine sodium</i>	72	<i>betamethasone dipropionate</i>		<i>bupropion hcl</i>	16
<i>azelaic acid</i>	54	<i>aug</i>	62	<i>bupropion hcl er (smoking det)</i>5	
<i>azelastine hcl</i>	84, 85	<i>betamethasone valerate</i>	62	<i>bupropion hcl er (sr)</i>	16
<i>azithromycin</i>	10	BETASERON	53	<i>bupropion hcl er (xl)</i>	16
<i>aztreonam</i>	9	<i>betaxolol hcl</i>	47, 84	<i>buspirone hcl</i>	36
<i>azurette</i>	65	<i>bethanechol chloride</i>	62	BYDUREON BCISE	37
<i>bacitracin</i>	6	BETOPTIC-S	84	<i>cabergoline</i>	71
<i>bacitracin-polymyxin b</i>	83	BEVESPI AEROSPHERE	89	CABLIVI	44
<i>bacitra-neomycin-polymyxin-hc</i> ..	83	<i>bexarotene</i>	27	CABOMETYX	24
<i>baclofen</i>	32	BEXSERO	78	<i>calcipotriene</i>	54
<i>balsalazide disodium</i>	80	<i>bicalutamide</i>	21	<i>calcitonin (salmon)</i>	81
BALVERSA	24	BICILLIN C-R	9	<i>calcitriol</i>	81
<i>balziva</i>	66	BICILLIN C-R 900/300	9	<i>calcium acetate</i>	62
BARACLUDGE	32	BIKTARVY	33	<i>calcium acetate (phos binder)</i>62	
BAXDELA	11	BIOSCANNER GLUCOSE TEST	41	CALQUENCE	24
BCG VACCINE	78	<i>bisoprolol fumarate</i>	47	<i>camila</i>	69
BD DISP NEEDLES	82	<i>bisoprolol-hydrochlorothiazide</i> ..	47	<i>candesartan cilexetil</i>	45
BD INSULIN SYR ULTRAFINE II	39	BIVIGAM	72, 73	<i>candesartan cilexetil-hctz</i>	45
BD INSULIN SYRINGE HALF-UNIT	39	<i>bleomycin sulfate</i>	22	CAPLYTA	30
BD INSULIN SYRINGE U/F ..	39	<i>blisovi 24 fe</i>	66	CAPRELSA	24
BD INSULIN SYRINGE U/F 1/2UNIT	39	<i>blisovi fe 1.5/30</i>	66	<i>captopril</i>	46
BD PEN	82	BLOOD GLUCOSE TEST	42	<i>carbamazepine</i>	14
BD PEN MINI	82	BOOSTRIX	78	<i>carbamazepine er</i>	14
BD PEN NEEDLE MICRO U/F	82	<i>bortezomib</i>	22	<i>carbidopa</i>	29
BD PEN NEEDLE MINI U/F ..	82	<i>bosentan</i>	88	<i>carbidopa-levodopa</i>	29
BD PEN NEEDLE NANO 2ND GEN	82	BOSULIF	24	<i>carbidopa-levodopa er</i>	29
BD PEN NEEDLE NANO U/F	82	BRAFTOVI	24	<i>carbidopa-levodopa-entacapone</i> 29	
BD PEN NEEDLE ORIGINAL U/F	82	BREO ELLIPTA	86	CAREONE BLOOD GLUCOSE TEST	42
BD PEN NEEDLE SHORT U/F	82	<i>breo ellipta</i>	86	CARESENS N GLUCOSE TEST	42
BD SAFETYGLIDE INSULIN SYRINGE	39	BREXAFEMME	18	<i>caretouch test</i>	42
BD SYRINGE LUER-LOK	82	BREYNA	89	<i>carglumic acid</i>	55
		BREZTRI AEROSPHERE	89	<i>carteolol hcl</i>	84
		<i>briellyn</i>	66	<i>cartia xt</i>	47
		BRILINTA	45	<i>carvedilol</i>	47
		<i>brimonidine tartrate</i>	84	<i>carvedilol phosphate er</i>	47
		<i>brimonidine tartrate-timolol</i>	83	CASPOFUNGIN ACETATE ...18	
		<i>brinzolamide</i>	84	CAYSTON	87
		BRIVIACT	12	<i>cefaclor</i>	7
		<i>bromfenac sodium</i>	84	<i>cefaclor er</i>	7

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

<i>cefadroxil</i>	7	CLEVER CHEK TEST	42	<i>colestipol hcl</i>	50
<i>cefazolin sodium</i>	7	CLEVER CHOICE AUTO- CODE TEST	42	<i>colistimethate sodium (cba)</i>	6
<i>cefdinir</i>	8	CLEVER CHOICE MICRO TEST	42	COMBIPATCH	66
<i>cefepime hcl</i>	8	CLEVER CHOICE NO CODING	42	COMBIVENT RESPIMAT	86
<i>cefixime</i>	8	CLEVER CHOICE TALK SYSTEM	42	COMETRIQ (100 MG DAILY DOSE)	24
<i>cefotaxime sodium</i>	8	CLIMARA PRO	66	COMETRIQ (140 MG DAILY DOSE)	24
<i>cefotetan disodium</i>	8	<i>clindamycin hcl</i>	6	COMETRIQ (60 MG DAILY DOSE)	24
<i>cefoxitin sodium</i>	8	<i>clindamycin palmitate hcl</i>	6	COMFORT ASSIST INSULIN SYRINGE	39
<i>cefpodoxime proxetil</i>	8	<i>clindamycin phosphate</i>	6	COMFORT EZ PEN NEEDLES	82
<i>cefprozil</i>	8	<i>clindamycin phosphate in d5w</i>	6	COMPLERA	34
<i>ceftazidime</i>	8	CLINIMIX E/DEXTROSE (2.75/5)	57	<i>constulose</i>	59
<i>ceftriaxone sodium</i>	8	CLINIMIX E/DEXTROSE (4.25/10)	57	CONTOUR NEXT TEST	42
<i>cefuroxime axetil</i>	8	CLINIMIX E/DEXTROSE (4.25/5)	57	CONTOUR TEST	42
<i>cefuroxime sodium</i>	8	CLINIMIX E/DEXTROSE (5/15)	57	COPIKTRA	23
<i>celecoxib</i>	3	CLINIMIX E/DEXTROSE (5/20)	57	CORLANOR	48
<i>cephalexin</i>	8	CLINIMIX E/DEXTROSE (4.25/10)	57	CORTROPHIN	62
CEQUA	83	CLINIMIX/DEXTROSE (4.25/5)	57	COSENTYX	73
CERDELGA	59	CLINIMIX/DEXTROSE (5/15)	57	COSENTYX (300 MG DOSE)	73
<i>cevimeline hcl</i>	53	CLINIMIX/DEXTROSE (5/20)	57	COSENTYX SENSOREADY (300 MG)	73
<i>chlorhexidine gluconate</i>	53	CLINIMIX/DEXTROSE (4.25/10)	57	COSENTYX SENSOREADY PEN	73
<i>chloroquine phosphate</i>	28	CLINIMIX/DEXTROSE (4.25/5)	57	COSENTYX UNOREADY	73
CHLORPROMAZINE HCL ... 29		CLINIMIX/DEXTROSE (5/15)	57	COTELLIC	22
<i>chlorpromazine hcl</i>	29	CLINIMIX/DEXTROSE (5/20)	57	CREON	60
<i>chlorthalidone</i>	49	CLINISOL SF	55	<i>cromolyn sodium</i>	84, 88
<i>cholestyramine</i>	50	<i>clobazam</i>	13	<i>cryselle-28</i>	66
<i>cholestyramine light</i>	50	<i>clobetasol prop emollient base</i> ... 54		CUVRIOR	62
CIBINQO	73	<i>clobetasol propionate</i>	54	CVS GAUZE STERILE	39
<i>ciclodan</i>	18	<i>clobetasol propionate e</i>	54	<i>cyclobenzaprine hcl</i>	90
<i>ciclopirox</i>	18	CLODAN	54	<i>cyclopentolate hcl</i>	83
<i>ciclopirox olamine</i>	18	<i>clomipramine hcl</i>	17	<i>cyclophosphamide</i>	21
<i>cilostazol</i>	45	<i>clonazepam</i>	13	<i>cyclosporine</i>	76
CILOXAN	11	<i>clonidine</i>	45	<i>cyclosporine modified</i>	76
CIMDUO	34	<i>clonidine hcl</i>	45	<i>cyproheptadine hcl</i>	85
<i>cimetidine</i>	58	<i>clopidogrel bisulfate</i>	45	<i>cyred eq</i>	66
CIMZIA	76	<i>clorazepate dipotassium</i>	36	CYSTAGON	60
CIMZIA (2 SYRINGE)	75	<i>clotrimazole</i>	18	<i>dalfampridine er</i>	53
CIMZIA STARTER KIT	76	<i>clotrimazole-betamethasone</i>	54	<i>dalvance</i>	6
<i>cinacalcet hcl</i>	81	<i>clozapine</i>	32	<i>danazol</i>	65
CINRYZE	72	COARTEM	28	<i>dantrolene sodium</i>	32
<i>ciprofloxacin hcl</i>	11	<i>colchicine</i>	19	<i>dapsone</i>	20
<i>ciprofloxacin in d5w</i>	11	<i>colchicine-probenecid</i>	19	DAPTACEL	78
<i>ciprofloxacin-dexamethasone</i>	85	<i>colesevelam hcl</i>	50	<i>daptomycin</i>	6
<i>citalopram hydrobromide</i>	16			<i>darunavir</i>	35
<i>claravis</i>	54			DAURISMO	25
<i>clarithromycin</i>	10				
<i>clarithromycin er</i>	10				
CLENPIQ	58				
CLEVER CHEK AUTO- CODE TEST	42				
CLEVER CHEK AUTO- CODE VOICE	42				

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

DAYBUE	60	<i>dihydroergotamine mesylate</i>	20	EASY TRAK BLOOD	
<i>deblitane</i>	69	DILANTIN	14	GLUCOSE TEST	42
<i>deferasirox</i>	56	<i>diltiazem hcl</i>	48	EASYGLUCO	42
<i>deferiprone</i>	56	<i>diltiazem hcl er</i>	47, 48	EASYMAX 15 TEST	42
<i>deflazacort</i>	62	<i>diltiazem hcl er beads</i>	47	<i>econazole nitrate</i>	18
DELSTRIGO	34	<i>diltiazem hcl er coated beads</i>	47	EDURANT	34
DEPO-SUBQ PROVERA 104	69	<i>dilt-xr</i>	48	<i>efavirenz</i>	34
DESCOVY	34	<i>dimethyl fumarate</i>	53	<i>efavirenz-emtricitab-tenofo df</i>	34
<i>desipramine hcl</i>	17	<i>dimethyl fumarate starter pack</i>	53	<i>efavirenz-lamivudine-tenofovir</i> ...	34
<i>desmopressin ace spray refrig</i>	64	<i>diphenhydramine hcl</i>	85	ELIGARD	71
<i>desmopressin acetate</i>	64	<i>diphenoxylate-atropine</i>	58	ELIQUIS	44
<i>desogestrel-ethinyl estradiol</i>	66	<i>diphtheria-tetanus toxoids dt</i>	78	ELIQUIS DVT/PE	
<i>desonide</i>	62	<i>dipyridamole</i>	45	STARTER PACK	44
<i>desoximetasone</i>	63	<i>disulfiram</i>	5	ELIXOPHYLLIN	88
<i>desvenlafaxine succinate er</i>	16	<i>divalproex sodium</i>	12	ELMIRON	62
<i>dexamethasone</i>	63	<i>divalproex sodium er</i>	12	<i>eluryng</i>	66
DEXAMETHASONE		<i>dofetilide</i>	46	EMCYT	21
INTENSOL	63	<i>donepezil hcl</i>	15	EMPAVELI	72
<i>dexamethasone sodium</i>		DOPTELET	44	EMSAM	16
<i>phosphate</i>	63, 84	<i>dorzolamide hcl</i>	84	<i>emtricitabine</i>	34
DEXCOM G6 RECEIVER	42	<i>dorzolamide hcl-timolol mal</i>	84	<i>emtricitabine-tenofovir df</i>	34
DEXCOM G6 SENSOR	42	<i>dorzolamide hcl-timolol mal pf</i> ..	84	EMTRIVA	34
DEXCOM G6		<i>dotti</i>	66	<i>enalapril maleate</i>	46
TRANSMITTER	42	DOVATO	34	<i>enalapril-hydrochlorothiazide</i>	46
DEXCOM G7 RECEIVER	42	<i>doxazosin mesylate</i>	61	ENBREL	76
DEXCOM G7 SENSOR	42	<i>doxepin hcl</i>	17, 54	ENBREL MINI	76
<i>dexlansoprazole</i>	59	<i>doxercalciferol</i>	57	ENBREL SURECLICK	76
<i>dexamethylphenidate hcl</i>	51	<i>doxy 100</i>	11	<i>endocet</i>	4
<i>dexamethylphenidate hcl er</i>	51	<i>doxycycline hyclate</i>	11	ENGERIX-B	78
<i>dextroamphetamine sulfate</i>	51	<i>doxycycline monohydrate</i>	11, 12	<i>enilloring</i>	66
<i>dextroamphetamine sulfate er</i>	51	DRIZALMA SPRINKLE	16	ENLITE GLUCOSE	
<i>dextrose</i>	57	<i>dronabinol</i>	18	SENSOR	42
DEXTROSE-SODIUM		DROPLET INSULIN		<i>enoxaparin sodium</i>	44
CHLORIDE	57	SYRINGE	39	<i>enpresse-28</i>	66
<i>dextrose-sodium chloride</i>	57	DROPLET PEN NEEDLES	82	<i>enskyce</i>	66
DIACOMIT	12	<i>drospirenone-ethinyl estradiol</i>	66	<i>entacapone</i>	28
<i>diazepam</i>	13, 36	<i>droxidopa</i>	48	<i>entecavir</i>	32
DIAZEPAM INTENSOL	36	DULERA	87	ENTRESTO	45
<i>diazoxide</i>	39	<i>duloxetine hcl</i>	16	<i>enulose</i>	59
<i>dichlorphenamide</i>	82	DUPIXENT	73	ENVARUS XR	76
<i>diclofenac potassium</i>	3	<i>duramorph</i>	4	EPCLUSA	32
<i>diclofenac sodium</i>	3, 54, 85	<i>dutasteride</i>	61	EPIDIOLEX	13
<i>diclofenac sodium er</i>	3	<i>dutasteride-tamsulosin hcl</i>	61	<i>epinastine hcl</i>	84
<i>diclofenac-misoprostol</i>	3	EASY PLUS II GLUCOSE		<i>epinephrine</i>	87
<i>dicloxacillin sodium</i>	9	TEST	42	<i>epitol</i>	14
<i>dicyclomine hcl</i>	58	EASY STEP TEST	42	<i>eplerenone</i>	49
DIFICID	10	EASY TALK BLOOD		EPRONTIA	14
<i>diflunisal</i>	3	GLUCOSE TEST	42	ERAXIS	18
<i>difluprednate</i>	85	EASY TOUCH		<i>ergoloid mesylates</i>	15
<i>digox</i>	48	HYPODERMIC NEEDLE	82	ERGOMAR	20
<i>digoxin</i>	48	EASY TOUCH TEST	42	<i>ergotamine-caffeine</i>	20

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

ERIVEDGE	25	FASENRA PEN	89	<i>fosinopril sodium-hctz</i>	46
ERLEADA	21	<i>febuxostat</i>	19	<i>fosphenytoin sodium</i>	14
<i>erlotinib hcl</i>	25	<i>felbamate</i>	14	FOTIVDA	25
<i>errin</i>	70	<i>felodipine er</i>	48	FRAGMIN	44
<i>ertapenem sodium</i>	9	<i>fenofibrate</i>	49	FREESTYLE INSULINX	
<i>erythromycin</i>	10, 54	<i>fenofibrate micronized</i>	49	TEST	43
<i>erythromycin base</i>	10	<i>fentanyl</i>	3	FREESTYLE LIBRE 14 DAY	
<i>erythromycin ethylsuccinate</i>	10	<i>fentanyl citrate</i>	4	READER	43
<i>erythromycin stearate</i>	10	FETZIMA	17	FREESTYLE LIBRE 14 DAY	
<i>escitalopram oxalate</i>	16, 17	FETZIMA TITRATION	17	SENSOR	43
<i>esomeprazole magnesium</i>	59	FILSPARI	48	FREESTYLE LIBRE 2	
<i>estarylla</i>	66	<i>finasteride</i>	61	READER	43
<i>estradiol</i>	66	<i> fingolimod hcl</i>	53	FREESTYLE LIBRE 2	
<i>estradiol-norethindrone acet</i>	66	FINTEPLA	12	SENSOR	43
ESTRING	66	<i>finzala</i>	66	FREESTYLE LIBRE 3	
<i>eszopiclone</i>	90	FIRMAGON	71	SENSOR	43
<i>ethacrynic acid</i>	49	FIRMAGON (240 MG DOSE)	71	FREESTYLE LIBRE	
<i>ethambutol hcl</i>	20	<i>flac</i>	85	READER	43
<i>ethosuximide</i>	13	FLEBOGAMMA DIF	72, 73	FREESTYLE LITE TEST	43
<i>ethynodiol diac-eth estradiol</i>	66	<i>flecainide acetate</i>	46	FREESTYLE PRECISION	
<i>etodolac</i>	3	<i>fluconazole</i>	18	NEO TEST	43
<i>etodolac er</i>	3	<i>fluconazole in sodium chloride</i> ...	18	FREESTYLE TEST	43
<i>etonogestrel-ethinyl estradiol</i>	66	<i>flucytosine</i>	19	FRUZAQLA	25
<i>etravirine</i>	34	<i>fludrocortisone acetate</i>	63	<i>fulvestrant</i>	21
<i>euthyrox</i>	70	<i>flunisolide</i>	86	<i>furosemide</i>	49
<i>everolimus</i>	25, 76	<i>fluocinolone acetonide</i>	63, 85	FUZEON	35
EVERSENSE E3		<i>fluocinolone acetonide body</i>	63	<i>fyavolv</i>	66
SENSOR/HOLDER	42	<i>fluocinolone acetonide scalp</i>	63	FYCOMPA	14
EVERSENSE E3 SMART		<i>fluocinonide</i>	63	<i>gabapentin</i>	13
TRANSMITTER	42	<i>fluocinonide emulsified base</i>	63	<i>galantamine hydrobromide</i>	15
EVERSENSE		<i>fluorometholone</i>	85	<i>galantamine hydrobromide er</i>	15
SENSOR/HOLDER	42	<i>fluorouracil</i>	54	GAMMAGARD	72
EVERSENSE SMART		<i>fluoxetine hcl</i>	17	GAMMAGARD S/D LESS	
TRANSMITTER	43	<i>fluphenazine decanoate</i>	29	IGA	72
EVOTAZ	35	<i>fluphenazine hcl</i>	29	GAMMAKED	72
EXEL COMFORT POINT		<i>flurbiprofen</i>	3	GAMMAPLEX	72, 73
PEN NEEDLE	82	<i>flurbiprofen sodium</i>	85	GAMUNEX-C	72
<i>exemestane</i>	23	<i>fluticasone propionate</i>	63, 86	GARDASIL 9	78
EXKIVITY	25	<i>fluticasone propionate diskus</i>	86	<i>gatifloxacin</i>	11
EYSUVIS	85	<i>fluticasone propionate hfa</i>	86	GATTEX	58
<i>ezetimibe</i>	50	<i>fluvastatin sodium</i>	49	<i>gavilyte-c</i>	59
<i>ezetimibe-simvastatin</i>	50	<i>fluvastatin sodium er</i>	49	<i>gavilyte-g</i>	59
<i>falmina</i>	66	<i>fluvoxamine maleate</i>	17	<i>gavilyte-n with flavor pack</i>	59
<i>famciclovir</i>	33	<i>fluvoxamine maleate er</i>	17	GAVRETO	22
<i>famotidine</i>	58	FML FORTE	85	<i>gefitinib</i>	25
FANAPT	30	<i>fondaparinux sodium</i>	44	<i>gemfibrozil</i>	49
FANAPT TITRATION		FORTEO	81	GEMTESA	61
PACK	30	FOSAMPRENAVIR		<i>generlac</i>	59
FARXIGA	37	CALCIUM	35	<i>gengraf</i>	76
FARYDAK	25	<i>fosfomycin tromethamine</i>	6	GENOTROPIN	64
FASENRA	89	<i>fosinopril sodium</i>	46	GENOTROPIN MINIQUICK	64

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

<i>gentamicin in saline</i>	6	HUMALOG JUNIOR		ICATIBANT ACETATE	72
<i>gentamicin sulfate</i>	6	KWIKPEN	39	<i>iclevia</i>	66
GENVOYA	33	HUMALOG KWIKPEN	39	ICLUSIG	25
GILOTRIF	22	HUMALOG MIX 50/50	40	<i>icosapent ethyl</i>	50
GLASSIA	60	HUMALOG MIX 50/50		IDHIFA	23
GLATIRAMER ACETATE	53	KWIKPEN	39	ILARIS	75
<i>glatopa</i>	53	HUMALOG MIX 75/25	40	<i>imatinib mesylate</i>	25
GLATOPA	53	HUMALOG MIX 75/25		IMBRUVICA	25
GLEOSTINE	21	KWIKPEN	40	<i>imipenem-cilastatin</i>	9
<i>glimepiride</i>	37	HUMIRA (2 PEN)	76	<i>imipramine hcl</i>	17
<i>glipizide</i>	37	HUMIRA (2 SYRINGE)	76	<i>imiquimod</i>	55
<i>glipizide er</i>	37	HUMIRA-CD/UC/HS		IMOVAX RABIES	79
<i>glipizide-metformin hcl</i>	38	STARTER	76	IMPAVIDO	28
GLOBAL ALCOHOL PREP		HUMIRA-PED<40KG		INBRIJA	29
EASE	6	CROHNS STARTER	77	<i>incassia</i>	70
GLUCAGEN HYPOKIT	39	HUMIRA-PED>/=40KG		INCRELEX	64
GLUCAGON EMERGENCY	39	CROHNS START	77	INCRUSE ELLIPTA	86
<i>glyburide</i>	37	HUMIRA-PED>/=40KG UC		<i>indapamide</i>	49
<i>glyburide-metformin</i>	38	STARTER	77	<i>indomethacin</i>	3
<i>glycopyrrolate</i>	58	HUMIRA-PS/UV/ADOL HS		<i>indomethacin er</i>	3
GLYXAMBI	37	STARTER	77	INFANRIX	79
<i>granisetron hcl</i>	18	HUMIRA-		INGREZZA	52
<i>griseofulvin microsize</i>	19	PSORIASIS/UEVIT		INLYTA	25
<i>griseofulvin ultramicrosize</i>	19	STARTER	77	INQOVI	22
<i>guanfacine hcl</i>	45	HUMULIN 70/30	40	INREBIC	25
<i>guanfacine hcl er</i>	51	HUMULIN 70/30 KWIKPEN	40	<i>insulin lispro</i>	40
GUARDIAN LINK 3		HUMULIN N	40	INSULIN LISPRO (1 UNIT	
TRANSMITTER	43	HUMULIN N KWIKPEN	40	DIAL)	40
GUARDIAN REAL-TIME		HUMULIN R	40	<i>insulin lispro junior kwikpen</i>	40
REPLACE PED	43	HUMULIN R U-500		<i>insulin lispro prot & lispro</i>	40
GUARDIAN SENSOR (3)	43	(CONCENTRATED)	40	INSUPEN SENSITIVE	82
GVOKE HYPOPEN 2-PACK	38	HUMULIN R U-500		INTELENCE	34
GVOKE KIT	38	KWIKPEN	40	<i>intralipid</i>	57
GVOKE PFS	38	<i>hydralazine hcl</i>	50	INTRALIPID	57
HAEGARDA	72	<i>hydrochlorothiazide</i>	49	<i>introvale</i>	66
<i>hailey 24 fe</i>	66	<i>hydrocodone-acetaminophen</i>	4	INVEGA HAFYERA	30
<i>halobetasol propionate</i>	63	<i>hydrocortisone</i>	63, 81	INVEGA SUSTENNA	30
<i>haloette</i>	66	<i>hydrocortisone (perianal)</i>	55	INVEGA TRINZA	31
<i>haloperidol</i>	30	<i>hydrocortisone butyrate</i>	63	INVELTYS	85
<i>haloperidol decanoate</i>	30	<i>hydrocortisone valerate</i>	63	IPOL	79
<i>haloperidol lactate</i>	30	<i>hydrocortisone-acetic acid</i>	85	<i>ipratropium bromide</i>	86
HARVONI	32	<i>hydromorphone hcl</i>	4	<i>ipratropium-albuterol</i>	86
HAVRIX	78	<i>hydroxychloroquine sulfate</i>	28	<i>irbesartan</i>	45
<i>heather</i>	70	<i>hydroxyurea</i>	22	<i>irbesartan-hydrochlorothiazide</i>	45
<i>heparin sodium (porcine)</i>	44	<i>hydroxyzine hcl</i>	36	ISENTRESS	33
<i>heparin sodium (porcine) pf</i>	44	<i>hydroxyzine pamoate</i>	85	ISENTRESS HD	33
HEPLISAV-B	78	HYPODERMIC NEEDLE	82	<i>isibloom</i>	66
HETLIOZ LQ	52	<i>ibandronate sodium</i>	81	ISOLYTE-P IN D5W	57
HIBERIX	79	IBRANCE	22	ISOLYTE-S PH 7.4	55
HUMALOG	39, 40	<i>ibu</i>	3	<i>isoniazid</i>	21
		<i>ibuprofen</i>	3	<i>isosorbide dinitrate</i>	50

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

<i>isosorbide mononitrate</i>	51	KISQALI FEMARA (400 MG DOSE)	22	LENVIMA (4 MG DAILY DOSE)	26
<i>isosorbide mononitrate er</i>	51	KISQALI FEMARA (600 MG DOSE)	22	LENVIMA (8 MG DAILY DOSE)	26
<i>isradipine</i>	48	<i>klor-con</i>	56	<i>lessina</i>	67
ISTURISA	70	<i>klor-con 10</i>	55	<i>letrozole</i>	23
<i>itraconazole</i>	19	<i>klor-con m10</i>	55	<i>leucovorin calcium</i>	27
<i>ivabradine hcl</i>	48	<i>klor-con m15</i>	55	LEUKERAN	21
<i>ivermectin</i>	28	<i>klor-con m20</i>	56	<i>leuprolide acetate</i>	71
IWILFIN	22	KLOXXADO	5	LEUPROLIDE ACETATE (3 MONTH)	71
IXCHIQ	79	KOSELUGO	25	<i>levalbuterol hcl</i>	87
IXIARO	79	<i>kourzeq</i>	53	<i>levalbuterol tartrate</i>	87
JAKAFI	25	K-PHOS NO 2	56	<i>levetiracetam</i>	12
<i>jantoven</i>	44	KRAZATI	22	<i>levetiracetam er</i>	12
JANUMET	39	<i>kurvelo</i>	67	<i>levobunolol hcl</i>	84
JANUMET XR	39	<i>labetalol hcl</i>	47	<i>levocarnitine</i>	82
JANUVIA	37	<i>lacosamide</i>	14	<i>levocetirizine dihydrochloride</i> ...	85
JARDIANCE	37	<i>lactulose</i>	59	<i>levofloxacin</i>	11
<i>jasmiel</i>	66	LAGEVRIO	73	<i>levofloxacin in d5w</i>	11
JAYPIRCA	25	<i>lamivudine</i>	32, 34	<i>levonest</i>	67
JENTADUETO	39	<i>lamivudine-zidovudine</i>	34	<i>levonorgest-eth est & eth est</i>	67
JENTADUETO XR	39	<i>lamotrigine</i>	12, 37	<i>levonorgest-eth estrad 91-day</i> ...	67
<i>jinteli</i>	66	<i>lamotrigine starter kit-blue</i>	12	<i>levonorgestrel-ethinyl estrad</i>	67
<i>juleber</i>	66	<i>lamotrigine starter kit-green</i>	12	<i>levonorg-eth estrad triphasic</i>	67
JULUCA	34	<i>lamotrigine starter kit-orange</i> ...	12	<i>levora 0.15/30 (28)</i>	67
<i>junel 1.5/30</i>	67	<i>lanreotide acetate</i>	71	<i>levo-t</i>	70
<i>junel 1/20</i>	67	<i>lansoprazole</i>	59	<i>levothyroxine sodium</i>	70
<i>junel fe 1.5/30</i>	67	LANTUS	40	<i>levoxyl</i>	70
<i>junel fe 1/20</i>	67	LANTUS SOLOSTAR	40	LEXIVA	35
<i>junel fe 24</i>	67	<i>lapatinib ditosylate</i>	25	<i>l-glutamine</i>	60
JYLAMVO	22	<i>larin 1.5/30</i>	67	LIBERVANT	36
JYNNEOS	79	<i>larin 1/20</i>	67	<i>lidocaine</i>	4
KALYDECO	87	<i>larin fe 1.5/30</i>	67	<i>lidocaine hcl</i>	5
<i>kariva</i>	67	<i>larin fe 1/20</i>	67	<i>lidocaine hcl (pf)</i>	5
<i>kcl in dextrose-nacl</i>	55	<i>latanoprost</i>	83	<i>lidocaine viscous hcl</i>	5
KCL-LACTATED RINGERS-D5W	55	<i>leena</i>	67	<i>lidocaine-prilocaine</i>	5
<i>kelnor 1/35</i>	67	<i>leflunomide</i>	73	LILETTA (52 MG)	69
<i>kelnor 1/50</i>	67	<i>lenalidomide</i>	21	<i>linezolid</i>	6
KERENDIA	49	LENVIMA (10 MG DAILY DOSE)	25	LINZESS	59
KESIMPTA	53	LENVIMA (12 MG DAILY DOSE)	25	<i>liothyronine sodium</i>	70
<i>ketoconazole</i>	19	LENVIMA (14 MG DAILY DOSE)	26	LIQREV	88
<i>ketorolac tromethamine</i>	3, 85	LENVIMA (18 MG DAILY DOSE)	26	<i>lisinopril</i>	46
KEVZARA	77	LENVIMA (20 MG DAILY DOSE)	26	<i>lisinopril-hydrochlorothiazide</i> ...	46
KINERET	77	LENVIMA (24 MG DAILY DOSE)	26	LITETOUCH PEN	82
KINRIX	79	LENVIMA (20 MG DAILY DOSE)	26	NEEDLES	55
<i>kionex</i>	57	LENVIMA (24 MG DAILY DOSE)	26	<i>lithium</i>	37
KISQALI (200 MG DOSE)	25	LENVIMA (24 MG DAILY DOSE)	26	<i>lithium carbonate</i>	37
KISQALI (400 MG DOSE)	25			<i>lithium carbonate er</i>	37
KISQALI (600 MG DOSE)	25			LIVTENCITY	32
KISQALI FEMARA (200 MG DOSE)	22				

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

LONSURF	22	<i>meloxicam</i>	3	<i>mifepristone</i>	65
<i>loperamide hcl</i>	58	<i>memantine hcl</i>	15	<i>miglitol</i>	37
<i>lopinavir-ritonavir</i>	35	<i>memantine hcl er</i>	15	<i>miglustat</i>	60
<i>lorazepam</i>	36	MENACTRA	79	<i>mili</i>	67
<i>lorazepam intensol</i>	36	MENEST	67	<i>mimvey</i>	67
LORBRENA	26	MENQUADFI	79	<i>minocycline hcl</i>	12
<i>loryna</i>	67	MENVEO	79	<i>minoxidil</i>	50
<i>losartan potassium</i>	45	<i>meperidine hcl</i>	4	<i>mirtazapine</i>	16
<i>losartan potassium-hctz</i>	46	<i>mercaptopurine</i>	22	<i>misoprostol</i>	59
<i>loteprednol etabonate</i>	85	<i>meropenem</i>	9	M-M-R II	79
<i>lovastatin</i>	49	<i>mesalamine</i>	80	<i>modafinil</i>	90
<i>low-ogestrel</i>	67	<i>mesalamine er</i>	80	<i>moexipril hcl</i>	46
<i>loxapine succinate</i>	30	<i>mesalamine-cleanser</i>	81	<i>molindone hcl</i>	30
<i>lubiprostone</i>	59	MESNEX	27	<i>mometasone furoate</i>	63, 89
LUMAKRAS	22	<i>metformin hcl</i>	37	<i>mondoxyne nl</i>	12
LUMIGAN	83	<i>metformin hcl er</i>	37	MONOJECT	
LUMRYZ	90	<i>methadone hcl</i>	3, 4	HYPODERMIC NEEDLE	82
LUPRON DEPOT (1-MONTH)	71	<i>methazolamide</i>	48	MONOJECT INSULIN	
LUPRON DEPOT (3-MONTH)	71	<i>methenamine hippurate</i>	6	SYRINGE	40, 82
LUPRON DEPOT (4-MONTH)	71	<i>methimazole</i>	71	<i>montelukast sodium</i>	86
<i>lurasidone hcl</i>	31	<i>methocarbamol</i>	90	<i>morphine sulfate</i>	4
<i>lutra</i>	67	<i>methotrexate sodium</i>	77	<i>morphine sulfate (concentrate)</i>	4
LYBALVI	31	<i>methotrexate sodium (pf)</i>	77	<i>morphine sulfate (pf)</i>	4
<i>lyleq</i>	70	<i>methoxsalen rapid</i>	55	<i>morphine sulfate er</i>	4
<i>lyllana</i>	67	<i>methsuximide</i>	13	MOTOFEN	58
LYNPARZA	26	<i>methyl dopa</i>	45	MOUNJARO	37
LYSODREN	70	<i>methylergonovine maleate</i>	82	MOVANTIK	58
LYTGOBI (12 MG DAILY DOSE)	26	<i>methylphenidate hcl</i>	52	<i>moxifloxacin hcl</i>	11
LYTGOBI (16 MG DAILY DOSE)	26	<i>methylphenidate hcl er</i>	52	<i>moxifloxacin hcl in nacl</i>	11
LYTGOBI (20 MG DAILY DOSE)	26	<i>methylphenidate hcl er (osm)</i>	52	MRESVIA	79
<i>lyza</i>	70	<i>methylprednisolone</i>	63	MULPLETA	44
<i>magnesium sulfate</i>	56	<i>methylprednisolone acetate</i>	20	MULTAQ	46
<i>malathion</i>	28	<i>methylprednisolone sodium succ</i>	63	<i>multiple electro type 1 ph 5.5</i>	56
<i>maraviroc</i>	35	<i>metoclopramide hcl</i>	58	<i>mupirocin</i>	7
<i>marlissa</i>	67	<i>metolazone</i>	49	<i>mupirocin calcium</i>	55
MARPLAN	16	<i>metoprolol succinate er</i>	47	<i>mycophenolate mofetil</i>	77
MATULANE	21	<i>metoprolol tartrate</i>	47	<i>mycophenolate sodium</i>	77
<i>matzim la</i>	48	<i>metoprolol-hydrochlorothiazide</i>	47	MYRBETRIQ	61
MAVYRET	33	<i>metronidazole</i>	7	<i>na sulfate-k sulfate-mg sulf</i>	56
<i>meclizine hcl</i>	17	<i>metryrosine</i>	48	<i>nabumetone</i>	3
<i>medroxyprogesterone acetate</i>	70	<i>mexiletine hcl</i>	46	<i>nadolol</i>	47
<i>mefloquine hcl</i>	28	<i>mibelas 24 fe</i>	67	<i>nafacillin sodium</i>	9
<i>megestrol acetate</i>	70	<i>micafungin sodium</i>	19	<i>naloxone hcl</i>	5
MEKINIST	26	<i>miconazole 3</i>	19	<i>naltrexone hcl</i>	5
MEKTOVI	26	<i>microgestin 1.5/30</i>	67	NAMZARIC	15
		<i>microgestin 1/20</i>	67	<i>naproxen</i>	3
		<i>microgestin 24 fe</i>	67	<i>naproxen dr</i>	3
		<i>microgestin fe 1.5/30</i>	67	<i>naproxen sodium</i>	3
		<i>microgestin fe 1/20</i>	67	NATACYN	19
		<i>midodrine hcl</i>	45	<i>nateglinide</i>	38
		MIEBO	83	NAYZILAM	13

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

<i>necon 0.5/35 (28)</i>	67	NUBEQA	21	OPTIUMEZ TEST	43
<i>necon 1/35 (28)</i>	67	NUCALA	89	OPVEE	5
<i>nefazodone hcl</i>	17	NUDEXTA	52	ORACIT	56
<i>neomycin sulfate</i>	6	NUPLAZID	31	ORENCIA	74
<i>neomycin-bacitracin zn-</i>		NURTEC	20	ORENCIA CLICKJECT	74
<i>polymyx</i>	83	NUTRILIPID	57	ORENITRAM	88
<i>neomycin-polymyxin-dexameth</i> ...	85	NUZYRA	12	ORENITRAM MONTH 1	88
<i>neomycin-polymyxin-gramicidin</i>	83	<i>nyamyc</i>	19	ORENITRAM MONTH 2	88
<i>neomycin-polymyxin-hc</i>	7, 85	<i>nylia 1/35</i>	68	ORENITRAM MONTH 3	88
<i>neo-polycin</i>	83	<i>nylia 7/7/7</i>	68	ORGOVYX	22
<i>neo-polycin hc</i>	83	<i>nymyo</i>	68	ORKAMBI	87
NERLYNX	26	<i>nystatin</i>	19	<i>orphenadrine citrate er</i>	90
NEUPRO	29	<i>nystatin-triamcinolone</i>	19	ORSERDU	21
NEVANAC	85	<i>nystop</i>	19	<i>orsythia</i>	68
<i>nevirapine</i>	34	OICALIVA	58	<i>oseltamivir phosphate</i>	36
<i>nevirapine er</i>	34	<i>ocella</i>	68	OSPHERA	70
NEXLETOL	48	OCTAGAM	72, 74	OTEZLA	77
NEXLIZET	48	<i>octreotide acetate</i>	64, 71	<i>oxacillin sodium</i>	9
NEXPLANON	69	ODEFSEY	34	<i>oxacillin sodium in dextrose</i>	9
<i>niacin (antihyperlipidemic)</i>	50	ODOMZO	22	<i>oxaprozin</i>	3
<i>niacin er (antihyperlipidemic)</i> ...	50	OFEV	89	OBRYTA	44
<i>niacor</i>	50	<i>ofloxacin</i>	11	<i>oxcarbazepine</i>	14
<i>nicardipine hcl</i>	48	OGSIVEO	23	<i>oxybutynin chloride</i>	61
NICOTROL	5	OJEMDA	26	<i>oxybutynin chloride er</i>	61
<i>nifedipine er</i>	48	OJJAARA	22	<i>oxycodone hcl</i>	4
<i>nifedipine er osmotic release</i>	48	<i>olanzapine</i>	31	<i>oxycodone hcl er</i>	4
<i>nikki</i>	68	<i>olmesartan medoxomil</i>	46	<i>oxycodone-acetaminophen</i>	4
<i>nilutamide</i>	21	<i>olmesartan medoxomil-hctz</i>	46	OZEMPIC (0.25 OR 0.5	
NINLARO	22	<i>olopatadine hcl</i>	86	MG/DOSE)	38
<i>nitazoxanide</i>	28	OLPRUVA (2 GM DOSE)	60	OZEMPIC (1 MG/DOSE)	38
<i>nitisinone</i>	60	OLPRUVA (3 GM DOSE)	60	OZEMPIC (2 MG/DOSE)	38
NITRO-BID	51	OLPRUVA (4 GM DOSE)	60	<i>paliperidone er</i>	31
<i>nitrofurantoin monohyd macro</i>	7	OLPRUVA (5 GM DOSE)	60	PANRETIN	27
<i>nitroglycerin</i>	51	OLPRUVA (6 GM DOSE)	60	<i>pantoprazole sodium</i>	59
<i>nora-be</i>	70	OLPRUVA (6.67 GM DOSE) ..	60	PANZYGA	72
<i>norelgestromin-eth estradiol</i>	69	OLUMIANT	74	<i>paricalcitol</i>	81
<i>norethin ace-eth estrad-fe</i>	68	<i>omega-3-acid ethyl esters</i>	50	<i>paroxetine hcl</i>	17, 37
<i>norethindrone</i>	70	<i>omeprazole</i>	59	PAXLOVID (150/100)	74
<i>norethindrone acetate</i>	70	ONCASPAR	22	PAXLOVID (300/100)	74
<i>norethindrone acet-ethinyl est</i>	68	<i>ondansetron</i>	18	<i>pazopanib hcl</i>	26
<i>norethindrone-eth estradiol</i>	68	<i>ondansetron hcl</i>	18	PEDIARIX	79
<i>norethindron-ethinyl estrad-fe</i>	68	ONETOUCH ULTRA	43	PEDVAX HIB	79
<i>norethin-eth estradiol-fe</i>	68	ONETOUCH ULTRA 2	43	<i>peg 3350-kcl-na bicarb-nacl</i>	59
<i>norgestimate-eth estradiol</i>	68	ONETOUCH ULTRA TEST ..	43	<i>peg-3350/electrolytes</i>	59
<i>norgestim-eth estrad triphasic</i>	68	ONETOUCH VERIO	43	<i>peg-3350/electrolytes/ascorbat</i> ...59	
<i>nortrel 0.5/35 (28)</i>	68	ONETOUCH VERIO FLEX		PEGASYS	33
<i>nortrel 1/35 (21)</i>	68	SYSTEM	43	<i>peg-kcl-nacl-nasulf-na asc-c</i>	59
<i>nortrel 1/35 (28)</i>	68	ONETOUCH VERIO IQ		PEMAZYRE	26
<i>nortrel 7/7/7</i>	68	SYSTEM	43	PEN NEEDLES	82
<i>nortriptyline hcl</i>	17	ONUREG	22	PENBRAYA	79
NORVIR	35	OPSUMIT	88	<i>penicillamine</i>	57

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

<i>penicillin g pot in dextrose</i>	10	<i>pramipexole dihydrochloride</i>	29	<i>propranolol hcl</i>	47
<i>penicillin g potassium</i>	10	<i>prasugrel hcl</i>	44	<i>propranolol hcl er</i>	47
<i>penicillin g sodium</i>	10	<i>pravastatin sodium</i>	50	<i>propylthiouracil</i>	71
<i>penicillin v potassium</i>	10	<i>praziquantel</i>	28	PROQUAD	79
PENTACEL	79	<i>prazosin hcl</i>	45	PROSOL	56
<i>pentamidine isethionate</i>	28	PRECISION XTRA BLOOD		<i>protriptyline hcl</i>	17
<i>pentoxifylline er</i>	48	GLUCOSE	43	PTS PANELS GLUCOSE	
<i>perindopril erbumine</i>	46	PRED MILD	85	TEST	43
<i>periogard</i>	53	<i>prednisolone</i>	64	PULMICORT FLEXHALER ..	86
<i>permethrin</i>	28	<i>prednisolone acetate</i>	85	PULMOZYME	87
<i>perphenazine</i>	30	<i>prednisolone sodium phosphate</i> ..	64	PURE COMFORT PEN	
PERSERIS	31	PREDNISOLONE SODIUM		NEEDLE	83
<i>phenelzine sulfate</i>	16	PHOSPHATE	85	PURIXAN	22
<i>phenobarbital</i>	13	<i>prednisone</i>	64	<i>pyrazinamide</i>	21
<i>phenytek</i>	15	PREDNISONE INTENSOL	64	<i>pyridostigmine bromide</i>	20
<i>phenytoin</i>	15	PREFERRED PLUS		<i>pyridostigmine bromide er</i>	20
<i>phenytoin sodium extended</i>	15	INSULIN SYRINGE	40	<i>pyrimethamine</i>	28
PIFELTRO	34	<i>pregabalin</i>	52, 53	PYRUKYND	61
<i>pilocarpine hcl</i>	53, 84	PREHEVBRIO	79	PYRUKYND TAPER PACK ..	61
<i>pimecrolimus</i>	55	PREMARIN	68	QINLOCK	26
<i>pimozide</i>	30	PREMASOL	56	QUADRACEL	79
<i>pimtreea</i>	68	PREMPHASE	68	<i>quetiapine fumarate</i>	31
<i>pindolol</i>	47	PREMPRO	68	QUICKTEK TEST	43
<i>pioglitazone hcl</i>	38	<i>prenatal</i>	58	<i>quinapril hcl</i>	46
<i>pioglitazone hcl-glimepiride</i>	39	<i>prevalite</i>	50	<i>quinapril-hydrochlorothiazide</i> ..	46
<i>pioglitazone hcl-metformin hcl</i> ..	39	PREVYMIS	32	<i>quinidine gluconate er</i>	46
<i>piperacillin sod-tazobactam so</i> ..	10	PREZCOBIX	35	<i>quinidine sulfate</i>	46
PIQRAY (200 MG DAILY		PREZISTA	35	<i>quinine sulfate</i>	28
DOSE)	24	PRIFTIN	21	RABAVERT	80
PIQRAY (250 MG DAILY		<i>primaquine phosphate</i>	28	<i>raloxifene hcl</i>	70
DOSE)	24	<i>primidone</i>	13	<i>ramelteon</i>	90
PIQRAY (300 MG DAILY		PRIORIX	79	<i>ramipril</i>	46
DOSE)	24	PRIVIGEN	72, 74	<i>ranolazine er</i>	48
<i>pirfenidone</i>	89	PROAIR RESPICLICK	87	<i>rasagiline mesylate</i>	29
<i>piroxicam</i>	3	<i>probenecid</i>	19	<i>reclipsen</i>	68
<i>pitavastatin calcium</i>	49	<i>prochlorperazine</i>	30	RECOMBIVAX HB	80
PLENAMINE	56	<i>prochlorperazine maleate</i>	30	REGRANEX	55
PNV-DHA	58	<i>procto-med hc</i>	55	RELENZA DISKHALER	36
<i>podofilox</i>	55	<i>proctosol hc</i>	55	RELION BLOOD GLUCOSE	
<i>polycin</i>	83	<i>proctozone-hc</i>	55	TEST	43
<i>polymyxin b sulfate</i>	7	PRODIGY NO CODING		RELION CONFIRM/MICRO	
<i>polymyxin b-trimethoprim</i>	83	BLOOD GLUC	43	TEST	43
POMALYST	21	PROGRAF	77	RELION INSULIN	
<i>portia-28</i>	68	PROLASTIN-C	60	SYRINGE	41
<i>posaconazole</i>	19	PROLIA	81	RELI-ON INSULIN	
<i>potassium chloride</i>	56	PROMACTA	45	SYRINGE	40
<i>potassium chloride crys er</i>	56	<i>promethazine hcl</i>	17, 18	RELION PRIME TEST	43
<i>potassium chloride er</i>	56	<i>promethegan</i>	18	RELION ULTIMA TEST	43
<i>potassium citrate er</i>	56	<i>propafenone hcl</i>	46	RELISTOR	58
<i>potassium cl in dextrose 5%</i>	56	<i>propafenone hcl er</i>	46	RELYVRIO	52
PRALUENT	50	<i>propracaine hcl</i>	83	<i>repaglinide</i>	38

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

REPATHA	50	SAVELLA TITRATION	<i>sps</i>	57
REPATHA PUSHTRONEX		PACK	<i>sronyx</i>	68
SYSTEM	50	SCSEMBLIX	<i>ssd</i>	7
REPATHA SURECLICK	50	<i>scopolamine</i>	STAMARIL	80
RESTASIS	84	SECUADO	STELARA	74
RESTASIS MULTIDOSE	83	<i>selegiline hcl</i>	STIOLTO RESPIMAT	89
RETACRIT	45	<i>selenium sulfide</i>	STIVARGA	27
RETEVMO	23	SELZENTRY	STREPTOMYCIN SULFATE ..	6
REXULTI	31	SEREVENT DISKUS	STRIBILD	33
REYATAZ	35	<i>sertraline hcl</i>	<i>subvenite</i>	12
REZLIDHIA	24	<i>setlakin</i>	<i>subvenite starter kit-blue</i>	12
REZUROCK	77	<i>sevelamer carbonate</i>	<i>subvenite starter kit-green</i>	12
RHOPRESSA	83	<i>sevelamer hcl</i>	<i>subvenite starter kit-orange</i>	12
RIBAVIRIN	33	<i>sharobel</i>	<i>sucralfate</i>	59
<i>ribavirin</i>	33	SHINGRIX	SULFACETAMIDE	
RIDAURA	74	SIGNIFOR	SODIUM	11
<i>rifabutin</i>	20	SIGNIFOR LAR	<i>sulfacetamide sodium</i>	11
<i>rifampin</i>	21	<i>sildenafil citrate</i>	<i>sulfacetamide sodium (acne)</i>	55
<i>riluzole</i>	52	<i>silodosin</i>	<i>sulfacetamide-prednisolone</i>	85
<i>rimantadine hcl</i>	36	<i>silver sulfadiazine</i>	<i>sulfadiazine</i>	11
RINVOQ	74	SIMBRINZA	<i>sulfamethoxazole-trimethoprim</i> ..	11
<i>risedronate sodium</i>	81	SIMPONI	<i>sulfasalazine</i>	81
RISPERDAL CONSTA	31	<i>simvastatin</i>	<i>sulindac</i>	3
<i>risperidone</i>	31	<i>sirolimus</i>	<i>sumatriptan succinate</i>	20
<i>risperidone microspheres er</i>	31	SIRTURO	<i>sunitinib malate</i>	27
<i>ritonavir</i>	36	SIVEXTRO	SUNLENCA	35
<i>rivastigmine</i>	15	SKYCLARYS	SURE COMFORT PEN	
<i>rivastigmine tartrate</i>	15	SKYRIZI	NEEDLES	83
<i>rizatriptan benzoate</i>	20	SKYRIZI PEN	<i>syeda</i>	68
ROCKLATAN	84	<i>sodium chloride</i>	SYMBICORT	89
<i>roflumilast</i>	88	<i>sodium fluoride</i>	SYMDEKO	87
<i>ropinirole hcl</i>	29	<i>sodium oxybate</i>	SYMLINPEN 120	38
<i>ropinirole hcl er</i>	29	SODIUM	SYMLINPEN 60	38
<i>rosuvastatin calcium</i>	50	PHENYL BUTYRATE	SYMPAZAN	13
ROTARIX	80	<i>sodium phenylbutyrate</i>	SYMTUZA	33
ROTATEQ	80	<i>sodium polystyrene sulfonate</i>	SYNAREL	71
<i>roweepra</i>	12	<i>solifenacin succinate</i>	SYNJARDY	38
ROZLYTREK	26	SOLTAMOX	SYNJARDY XR	38
RUBRACA	26	SOMATULINE DEPOT	SYNTHROID	70
RUCONEST	72	SOMAVERT	TABLOID	22
<i>rufinamide</i>	15	<i>sorafenib tosylate</i>	TABRECTA	27
RUKOBIA	35	<i>sorine</i>	<i>tacrolimus</i>	55, 78
RYDAPT	26	<i>sotalol hcl</i>	<i>tadalafil</i>	62
RYTARY	29	<i>sotalol hcl (af)</i>	<i>tadalafil (pah)</i>	88
<i>sajazir</i>	72	SOTYKTU	TAFINLAR	27
<i>salsalate</i>	3	SPIRIVA RESPIMAT	TAGRISSE	23
SANDIMMUNE	77	<i>spironolactone</i>	TALTZ	75
SANTYL	55	<i>spironolactone-hctz</i>	TALZENNA	27
<i>sapropterin dihydrochloride</i>	60	<i>sprintec 28</i>	<i>tamoxifen citrate</i>	22
SAVELLA	53	SPRITAM	<i>tamsulosin hcl</i>	62
		SPRYCEL	<i>tarina 24 fe</i>	68

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

<i>tarina fe 1/20 eq</i>	69	TIVICAY	33	TRINTELLIX	16
TARPEYO	81	TIVICAY PD	34	<i>tri-nymyo</i>	69
TASIGNA	27	<i>tizanidine hcl</i>	32	<i>tri-sprintec</i>	69
<i>tasimelteon</i>	52	TOBI PODHALER	87	TRIUMEQ	35
TAVNEOS	78	TOBRADEX	85	TRIUMEQ PD	35
<i>taysofy</i>	69	<i>tobramycin</i>	6, 88	<i>trivora (28)</i>	69
<i>tazarotene</i>	55	<i>tobramycin sulfate</i>	6	<i>tri-vylibra</i>	69
TAZICEF	8	<i>tobramycin-dexamethasone</i>	85	<i>tri-vylibra lo</i>	69
TAZORAC	55	<i>tolterodine tartrate</i>	61	TRIZIVIR	35
<i>taztia xt</i>	48	<i>tolterodine tartrate er</i>	61	TROPHAMINE	56
TAZVERIK	27	<i>topiramate</i>	14	<i>trospium chloride</i>	61
TDVAX	80	<i>toremifene citrate</i>	22	<i>trospium chloride er</i>	61
TECHLITE INSULIN		<i>torpenz</i>	27	TRUEPLUS 5-BEVEL PEN	
SYRINGE	41	<i>torse mide</i>	49	NEEDLES	83
TEFLARO	8	TOUJEO MAX SOLOSTAR	41	TRULICITY	38
<i>telmisartan</i>	46	TOUJEO SOLOSTAR	41	TRUMENBA	80
<i>telmisartan-amlodipine</i>	48	TPN ELECTROLYTES	57	TRUQAP	27
<i>telmisartan-hctz</i>	46	TRACLEER	88	TUKYSA	23
<i>temazepam</i>	90	TRADJENTA	38	TURALIO	27
TENIVAC	80	<i>tramadol hcl</i>	4	<i>turqoz</i>	69
<i>tenofovir disoproxil fumarate</i>	35	<i>tramadol-acetaminophen</i>	4	TWINRIX	80
TEPMETKO	27	<i>trandolapril</i>	46	<i>tyblume</i>	69
<i>terazosin hcl</i>	62	<i>trandolapril-verapamil hcl er</i>	46	TYBOST	35
<i>terbinafine hcl</i>	19	<i>tranexamic acid</i>	45	TYPHIM VI	80
<i>terbutaline sulfate</i>	87	<i>tranylcypromine sulfate</i>	16	TYRVAYA	84
<i>terconazole</i>	19	TRAVASOL	56	UBRELVY	20
<i>teriflunomide</i>	53	<i>travoprost (bak free)</i>	83	ULTICARE PEN NEEDLES	83
<i>teriparatide</i>	81	<i>trazodone hcl</i>	17	ULTILET PEN NEEDLE	83
<i>teriparatide (recombinant)</i>	81	TRECTOR	21	ULTRA-THIN II PEN	
<i>testosterone</i>	65	TRELEGY ELLIPTA	90	NEEDLES	83
<i>testosterone cypionate</i>	65	TREMFYA	75	<i>unithroid</i>	70
<i>testosterone enanthate</i>	65	<i>tretinoin</i>	27, 55	UPTRAVI	88
<i>tetrabenazine</i>	52	<i>trexall</i>	78	UPTRAVI TITRATION	89
<i>tetracycline hcl</i>	12	<i>triamcinolone acetonide</i>	53, 64	<i>ursodiol</i>	58
THALOMID	21	<i>triamterene</i>	49	VABOMERE	7
<i>theophylline</i>	88	<i>triamterene-hctz</i>	49	<i>valacyclovir hcl</i>	33
<i>theophylline er</i>	88	<i>triderm</i>	64	VALCHLOR	21
<i>thioridazine hcl</i>	30	TRIENTINE HCL	57	<i>valganciclovir hcl</i>	32
<i>thiotepa</i>	21	<i>tri-estarylla</i>	69	<i>valproic acid</i>	13
<i>thiothixene</i>	30	<i>trifluoperazine hcl</i>	30	<i>valsartan</i>	46
<i>tiadylt er</i>	48	<i>trifluridine</i>	33	<i>valsartan-hydrochlorothiazide</i>	46
<i>tiagabine hcl</i>	13	<i>trihexyphenidyl hcl</i>	28	VALTOCO 10 MG DOSE	13
TIBSOVO	24	TRIJARDY XR	38	VALTOCO 15 MG DOSE	13
TICOVAC	80	TRIKAFTA	88	VALTOCO 20 MG DOSE	14
<i>tigecycline</i>	7	TRI-LEGEST FE	69	VALTOCO 5 MG DOSE	14
<i>tilia fe</i>	69	<i>tri-lo-estarylla</i>	69	<i>vancomycin hcl</i>	7
<i>timolol maleate</i>	20, 84	<i>tri-lo-sprintec</i>	69	VANFLYTA	27
<i>timolol maleate (once-daily)</i>	84	<i>trimethoprim</i>	7	VAQTA	80
<i>tinidazole</i>	7	<i>tri-mili</i>	69	<i>varenicline tartrate</i>	5
<i>tiotropium bromide</i>		<i>trimipramine maleate</i>	17	<i>varenicline tartrate (starter)</i>	5
<i>monohydrate</i>	86	<i>trinessa (28)</i>	69	VARIVAX	80

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

VARIZIG	80	XELJANZ	75	<i>zolpidem tartrate er</i>	90
<i>velivet</i>	69	XELJANZ XR	75	ZONISADE	13
VELTASSA	57	XERMELO	58	<i>zonisamide</i>	13
VENCLEXTA	23	XGEVA	81	<i>zosyn</i>	10
VENCLEXTA STARTING		XIFAXAN	7	<i>zovia 1/35 (28)</i>	69
PACK	23	XIGDUO XR	38	ZTALMY	14
<i>venlafaxine besylate er</i>	37	XOFLUZA (40 MG DOSE)	36	ZURZUVAE	16
<i>venlafaxine hcl</i>	37	XOFLUZA (80 MG DOSE)	36	ZYDELIG	24
<i>venlafaxine hcl er</i>	17	XOLAIR	75	ZYKADIA	27
VENTAVIS	89	XOLREMDI	44	ZYPREXA RELPREVV	32
VEOZAH	52	XOSPATA	24		
<i>verapamil hcl</i>	48	XPOVIO (100 MG ONCE			
<i>verapamil hcl er</i>	48	WEEKLY)	23		
VERQUVO	48	XPOVIO (40 MG ONCE			
VERSACLOZ	32	WEEKLY)	23		
VERZENIO	24	XPOVIO (40 MG TWICE			
VICTOZA	38	WEEKLY)	23		
<i>vienna</i>	69	XPOVIO (60 MG ONCE			
<i>vigabatrin</i>	14	WEEKLY)	23		
<i>vigadrone</i>	14	XPOVIO (60 MG TWICE			
VIGAFYDE	14	WEEKLY)	23		
<i>vigpoder</i>	14	XPOVIO (80 MG ONCE			
VIJOICE	60	WEEKLY)	23		
<i>vilazodone hcl</i>	17	XPOVIO (80 MG TWICE			
VIRACEPT	36	WEEKLY)	23		
VIREAD	35	XTANDI	21		
VITRAKVI	24	<i>xulane</i>	69		
VIVITROL	5	YARGESA	60		
VIZIMPRO	27	YF-VAX	80		
VONJO	27	YUVAFEM	69		
<i>voriconazole</i>	19	<i>zafirlukast</i>	86		
VOSEVI	33	<i>zaleplon</i>	90		
VOWST	58	ZARXIO	45		
VRAYLAR	32	ZAVZPRET	20		
<i>vyfemla</i>	69	ZEJULA	27		
<i>vylibra</i>	69	ZELBORAF	27		
VYNDAMAX	65	ZEMAIRA	60		
VYENDAQEL	65	ZEMDRI	6		
<i>warfarin sodium</i>	44	ZENPEP	60		
WELIREG	23	ZEPOSIA	53		
WYMZYA FE	69	ZEPOSIA 7-DAY STARTER			
XALKORI	27	PACK	53		
XARELTO	44	ZEPOSIA STARTER KIT	53		
XARELTO STARTER PACK	44	ZERBAXA	8		
XATMEP	78	<i>zidovudine</i>	35		
XCOPRI	13	<i>ziprasidone hcl</i>	37		
XCOPRI (250 MG DAILY		<i>ziprasidone mesylate</i>	32		
DOSE)	12	ZIRGAN	32		
XCOPRI (350 MG DAILY		ZOKINVY	60		
DOSE)	12	ZOLINZA	23		
XDEMIVY	84	<i>zolpidem tartrate</i>	90		

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



fallonhealth.org/medicare

This formulary was updated on 09/30/2024. 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 (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/medicare.