Fallon Health

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

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

Formulary ID: 00026299 Version: 8

This formulary was updated on 10/15/2025. For more recent information or other questions, please contact Fallon Health Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/medicare.

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

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

This document includes a Drug List (formulary) for our plan which is current as of October 15, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Fallon Health formulary?

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

Can the formulary change?

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

Changes that can affect you this year: In the below cases, you 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 the drug should be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy

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

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you 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 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that 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 October 15, 2025. To get updated information about the drugs covered by Fallon Medicare Plus, please contact us. Our contact information appears on the front and back cover pages. All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur. The formulary and any addenda will also be available online at fallonhealth.org/medicare.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 5*,* Section 3.1 "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Fallon Medicare Plus requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Medicare Plus before you fill your prescriptions. If you don't get approval, Fallon Medicare Plus may not cover the drug.

- **Quantity Limits:** For certain drugs, Fallon Medicare Plus limits the amount of the drug that Fallon Medicare Plus will cover. For example, Fallon Medicare Plus provides two capsules a day per prescription for *duloxetine*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Fallon Medicare Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Medicare Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Medicare Plus will then cover Drug B.

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

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

What are over-the-counter (OTC) drugs?

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

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 97.

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

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

Abbreviation	Explanation
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HI	Home Infusion. This prescription drug is covered under our medical benefit. For more information, call Customer Service at 1-800-325-5669 (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 *duloxetine*. 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

Drug	Status	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
celecoxib oral capsule	Tier 1	MO; QL (60 EA per 30 days)
diclofenac potassium oral tablet 50 mg	Tier 2	MO
diclofenac sodium er oral tablet extended release 24 hour	Tier 2	MO
diclofenac sodium external solution 1.5 %	Tier 4	PA
diclofenac sodium oral tablet delayed release 25 mg	Tier 2	MO
diclofenac sodium oral tablet delayed release 50 mg, 75 mg	Tier 1	MO
diclofenac-misoprostol oral tablet delayed release	Tier 3	MO
diflunisal oral tablet	Tier 2	MO
etodolac er oral tablet extended release 24 hour	Tier 4	MO
etodolac oral capsule	Tier 3	MO
etodolac oral tablet	Tier 3	MO
flurbiprofen oral tablet	Tier 2	MO
ibu oral tablet 600 mg, 800 mg	Tier 1	MO
ibuprofen oral suspension 100 mg/5ml	Tier 2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	MO
indomethacin er oral capsule extended release	Tier 2	MO
indomethacin oral capsule 25 mg	Tier 1	MO
indomethacin oral capsule 50 mg	Tier 2	MO
ketorolac tromethamine oral tablet	Tier 2	QL (20 EA per 30 days)
meloxicam oral tablet	Tier 1	MO
nabumetone oral tablet	Tier 2	MO
naproxen dr oral tablet delayed release 500 mg	Tier 2	MO
naproxen oral suspension	Tier 4	MO
naproxen oral tablet	Tier 1	MO
naproxen oral tablet delayed release 375 mg	Tier 2	MO
naproxen sodium oral tablet 275 mg	Tier 1	MO
naproxen sodium oral tablet 550 mg	Tier 2	MO
oxaprozin oral tablet	Tier 2	MO
piroxicam oral capsule	Tier 3	MO
salsalate oral tablet	Tier 2	MO
sulindac oral tablet	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
Opioid Analgesics, Long-Acting		
buprenorphine transdermal patch weekly 10 mcg/hr, 20 mcg/hr, 5 mcg/hr	Tier 3	QL (4 EA per 28 days); NEDS
buprenorphine transdermal patch weekly 15 mcg/hr, 7.5 mcg/hr	Tier 4	QL (4 EA per 28 days); NEDS
fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 4	NEDS
methadone hcl injection solution	Tier 5	NEDS
methadone hcl oral solution 10 mg/5ml	Tier 3	NEDS
methadone hcl oral solution 5 mg/5ml	Tier 2	NEDS
methadone hcl oral tablet	Tier 2	NEDS
morphine sulfate er oral tablet extended release	Tier 3	NEDS
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution	Tier 2	NEDS
acetaminophen-codeine oral tablet	Tier 1	NEDS
duramorph injection solution 1 mg/ml	Tier 2	NEDS
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 2	NEDS
endocet oral tablet 2.5-325 mg	Tier 2	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	Tier 2	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	Tier 2	NEDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	Tier 2	NEDS
hydrocodone-acetaminophen oral tablet 5-325 mg	Tier 1	NEDS
hydromorphone hcl oral tablet	Tier 2	NEDS
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml	Tier 2	NEDS
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	Tier 2	NEDS
morphine sulfate oral solution	Tier 2	NEDS
morphine sulfate oral tablet	Tier 4	NEDS
oxycodone hcl oral solution	Tier 2	NEDS
oxycodone hcl oral tablet	Tier 2	NEDS
oxycodone hcl oral tablet abuse-deterrent 15 mg	Tier 2	NEDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 2	NEDS
tramadol hcl oral tablet 50 mg	Tier 1	NEDS
tramadol-acetaminophen oral tablet	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
Anesthetics		
Local Anesthetics		
lidocaine external ointment 5 %	Tier 1	QL (150 GM per 30 days)
lidocaine external patch 5 %	Tier 3	PA; QL (3 EA per 1 day)
lidocaine hcl (pf) injection solution 1 %	Tier 1	
lidocaine hcl external solution	Tier 2	QL (250 ML per 30 days)
lidocaine hcl injection solution 1 %, 2 %	Tier 1	
lidocaine viscous hcl mouth/throat solution	Tier 1	
lidocaine-prilocaine external cream	Tier 2	QL (30 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
acamprosate calcium oral tablet delayed release	Tier 3	MO
disulfiram oral tablet	Tier 3	MO
Opioid Dependence Treatments		
buprenorphine hcl injection solution	Tier 2	
buprenorphine hcl sublingual tablet sublingual	Tier 6	
buprenorphine hcl-naloxone hcl sublingual film	Tier 6	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	Tier 6	
naltrexone hcl oral tablet	Tier 2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 5	NEDS
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID	Tier 6	
naloxone hcl injection solution 0.4 mg/ml	Tier 6	
naloxone hcl injection solution cartridge	Tier 6	
naloxone hcl injection solution prefilled syringe	Tier 6	
naloxone hcl nasal liquid	Tier 6	
OPVEE NASAL SOLUTION	Tier 4	
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	Tier 2	QL (60 EA per 30 days)
NICOTROL INHALATION INHALER	Tier 4	QL (2688 EA per 365 days)
NICOTROL NS NASAL SOLUTION	Tier 4	QL (360 ML per 365 days)
varenicline tartrate (starter) oral tablet therapy pack	Tier 3	QL (504 EA per 365 days)
varenicline tartrate oral tablet	Tier 2	QL (504 EA per 365 days)

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

Drug	Status	Requirements/Limits
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution 500 mg/2ml	Tier 6	HI
ARIKAYCE INHALATION SUSPENSION	Tier 5	PA; NEDS
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-%	Tier 6	HI
gentamicin sulfate external cream	Tier 3	
gentamicin sulfate external ointment	Tier 3	
gentamicin sulfate injection solution	Tier 6	HI
gentamicin sulfate ophthalmic solution	Tier 1	
neomycin sulfate oral tablet	Tier 2	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 5	NEDS
tobramycin ophthalmic solution	Tier 1	
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	Tier 6	HI
Antibacterials, Other		
bacitracin ophthalmic ointment	Tier 4	
clindamycin hcl oral capsule	Tier 2	
clindamycin palmitate hcl oral solution reconstituted	Tier 4	
clindamycin phos (once-daily) external gel	Tier 2	QL (75 ML per 30 days)
clindamycin phos (twice-daily) external gel	Tier 2	QL (75 GM per 30 days)
clindamycin phosphate external lotion	Tier 2	QL (75 ML per 30 days)
clindamycin phosphate external solution	Tier 2	QL (60 ML per 30 days)
clindamycin phosphate in d5w intravenous solution	Tier 6	HI
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	Tier 6	HI
clindamycin phosphate vaginal cream	Tier 4	
colistimethate sodium (cba) injection solution reconstituted	Tier 6	HI
daptomycin intravenous solution reconstituted	Tier 6	HI
fosfomycin tromethamine oral packet	Tier 2	
GLOBAL ALCOHOL PREP EASE PAD	Tier 4	
linezolid intravenous solution 600 mg/300ml	Tier 6	HI
linezolid oral suspension reconstituted	Tier 5	QL (1800 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
linezolid oral tablet	Tier 3	QL (56 EA per 28 days)
methenamine hippurate oral tablet	Tier 3	
metronidazole external cream	Tier 2	
metronidazole external gel 0.75 %	Tier 2	
metronidazole external gel 1 %	Tier 4	
metronidazole external lotion	Tier 4	
metronidazole intravenous solution 500 mg/100ml	Tier 6	HI
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
metronidazole vaginal gel	Tier 2	
mupirocin external ointment	Tier 2	QL (110 GM per 30 days)
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Tier 4	
nitrofurantoin monohyd macro oral capsule	Tier 2	
polymyxin b sulfate injection solution reconstituted	Tier 6	HI
silver sulfadiazine external cream	Tier 2	
ssd external cream	Tier 2	
tigecycline intravenous solution reconstituted	Tier 6	HI
tinidazole oral tablet 250 mg	Tier 3	
tinidazole oral tablet 500 mg	Tier 2	
trimethoprim oral tablet	Tier 2	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg	Tier 6	HI
vancomycin hcl oral capsule 125 mg	Tier 3	QL (120 EA per 30 days)
vancomycin hcl oral capsule 250 mg	Tier 3	QL (240 EA per 30 days)
vancomycin hcl oral solution reconstituted 25 mg/ml	Tier 1	
XIFAXAN ORAL TABLET 550 MG	Tier 5	MO; QL (3 EA per 1 day); NEDS
Beta-Lactam, Cephalosporins		
cefaclor er oral tablet extended release 12 hour	Tier 3	
cefaclor oral capsule	Tier 2	
cefadroxil oral capsule	Tier 2	
cefadroxil oral suspension reconstituted	Tier 2	
cefadroxil oral tablet	Tier 2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	Tier 6	HI
cefdinir oral capsule	Tier 2	
cefdinir oral suspension reconstituted	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
cefepime hcl injection solution reconstituted 1 gm	Tier 6	HI
cefepime hcl intravenous solution reconstituted 2 gm	Tier 6	HI
cefixime oral capsule	Tier 3	
cefixime oral suspension reconstituted	Tier 4	
cefotaxime sodium injection solution reconstituted 1 gm	Tier 2	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	Tier 6	HI
cefoxitin sodium intravenous solution reconstituted	Tier 6	HI
cefpodoxime proxetil oral suspension reconstituted	Tier 4	
cefpodoxime proxetil oral tablet	Tier 4	
cefprozil oral suspension reconstituted	Tier 2	
cefprozil oral tablet	Tier 2	
ceftazidime injection solution reconstituted 1 gm, 6 gm	Tier 6	HI
ceftazidime intravenous solution reconstituted	Tier 6	HI
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	Tier 6	HI
ceftriaxone sodium intravenous solution reconstituted 10 gm	Tier 6	HI
cefuroxime axetil oral tablet	Tier 2	
cefuroxime sodium injection solution reconstituted 750 mg	Tier 6	HI
cefuroxime sodium intravenous solution reconstituted 1.5 gm	Tier 6	HI
cephalexin oral capsule 250 mg, 500 mg	Tier 1	
cephalexin oral capsule 750 mg	Tier 3	
cephalexin oral suspension reconstituted	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
Beta-Lactam, Other		
aztreonam injection solution reconstituted	Tier 6	HI
ertapenem sodium injection 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
imipenem-cilastatin intravenous solution reconstituted	Tier 6	HI
meropenem intravenous solution reconstituted 1 gm, 500 mg	Tier 6	HI
Beta-Lactam, Penicillins		
amoxicillin oral capsule	Tier 1	
amoxicillin oral suspension reconstituted	Tier 1	
amoxicillin oral tablet	Tier 1	
amoxicillin oral tablet chewable 125 mg, 250 mg	Tier 1	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	Tier 4	
amoxicillin-pot clavulanate oral suspension reconstituted	Tier 2	
amoxicillin-pot clavulanate oral tablet	Tier 2	
amoxicillin-pot clavulanate oral tablet chewable 400-57 mg	Tier 2	
ampicillin oral capsule 500 mg	Tier 1	
ampicillin sodium injection solution reconstituted 1 gm	Tier 6	HI
ampicillin sodium intravenous solution reconstituted 10 gm	Tier 6	HI
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	Tier 6	HI
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	Tier 6	HI
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 4	
dicloxacillin sodium oral capsule	Tier 2	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	Tier 6	HI
nafcillin sodium intravenous solution reconstituted 10 gm	Tier 6	HI
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	Tier 6	HI
oxacillin sodium intravenous solution reconstituted	Tier 6	HI
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	Tier 6	HI
penicillin g potassium injection 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
penicillin g sodium injection solution reconstituted	Tier 6	HI
penicillin v potassium oral solution reconstituted	Tier 1	
penicillin v potassium oral tablet	Tier 1	
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	Tier 6	HI
Macrolides		
azithromycin intravenous solution reconstituted	Tier 6	HI
azithromycin oral suspension reconstituted	Tier 2	
azithromycin oral tablet	Tier 1	
clarithromycin er oral tablet extended release 24 hour	Tier 4	
clarithromycin oral suspension reconstituted 125 mg/5ml	Tier 3	
clarithromycin oral suspension reconstituted 250 mg/5ml	Tier 4	
clarithromycin oral tablet	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
erythromycin base oral capsule delayed release particles	Tier 4	
erythromycin base oral tablet	Tier 4	
erythromycin base oral tablet delayed release 333 mg, 500 mg	Tier 4	
erythromycin ethylsuccinate oral tablet	Tier 4	
erythromycin ophthalmic ointment	Tier 2	
erythromycin oral tablet delayed release	Tier 4	
Quinolones		
CILOXAN OPHTHALMIC OINTMENT	Tier 4	
ciprofloxacin hcl ophthalmic solution	Tier 2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	Tier 6	HI
gatifloxacin ophthalmic solution	Tier 2	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	Tier 6	HI
levofloxacin intravenous solution	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
levofloxacin oral solution	Tier 4	
levofloxacin oral tablet	Tier 1	
moxifloxacin hcl in nacl intravenous solution	Tier 6	HI
moxifloxacin hcl ophthalmic solution	Tier 2	
moxifloxacin hcl oral tablet	Tier 2	
ofloxacin ophthalmic solution	Tier 2	
ofloxacin oral tablet 300 mg, 400 mg	Tier 2	
ofloxacin otic solution	Tier 2	
Sulfonamides		
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	Tier 4	
sulfacetamide sodium ophthalmic solution	Tier 2	
sulfadiazine oral tablet	Tier 5	NEDS
sulfamethoxazole-trimethoprim oral suspension	Tier 2	
sulfamethoxazole-trimethoprim oral tablet	Tier 1	
Tetracyclines		
doxy 100 intravenous solution reconstituted	Tier 6	HI
doxycycline hyclate intravenous solution reconstituted	Tier 6	HI
doxycycline hyclate oral capsule	Tier 2	
doxycycline hyclate oral tablet 100 mg, 20 mg	Tier 2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 3	
doxycycline monohydrate oral suspension reconstituted	Tier 3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	Tier 3	
minocycline hcl oral capsule	Tier 2	
minocycline hcl oral tablet 50 mg, 75 mg	Tier 3	
mondoxyne nl oral capsule 100 mg	Tier 3	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
tetracycline hcl oral capsule	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

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

Drug	Status	Requirements/Limits
DIACOMIT ORAL PACKET	Tier 5	PA NS; MO; NEDS
divalproex sodium er oral tablet extended release 24 hour	Tier 2	MO
divalproex sodium oral capsule delayed release sprinkle	Tier 2	MO
divalproex sodium oral tablet delayed release	Tier 2	MO
FINTEPLA ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
lamotrigine oral tablet	Tier 1	MO
lamotrigine starter kit-blue oral kit	Tier 2	
lamotrigine starter kit-green oral kit	Tier 5	NEDS
lamotrigine starter kit-orange oral kit	Tier 2	
levetiracetam er oral tablet extended release 24 hour	Tier 2	MO
levetiracetam oral solution	Tier 2	MO
levetiracetam oral tablet	Tier 2	MO
levetiracetam oral tablet disintegrating soluble	Tier 4	
roweepra oral tablet 500 mg	Tier 2	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Tier 4	MO
subvenite oral tablet	Tier 1	MO
subvenite starter kit-blue oral kit	Tier 4	
subvenite starter kit-green oral kit	Tier 5	NEDS
subvenite starter kit-orange oral kit	Tier 4	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 5	MO; QL (56 EA per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	MO; QL (56 EA per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	MO; QL (60 EA per 30 days); NEDS
XCOPRI ORAL TABLET 25 MG	Tier 5	QL (30 EA per 30 days); NEDS
XCOPRI ORAL TABLET 50 MG	Tier 5	MO; QL (90 EA per 30 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Tier 4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 5	QL (28 EA per 28 days); NEDS
Calcium Channel Modifying Agents		
ethosuximide oral capsule	Tier 3	MO
ethosuximide oral solution	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
methsuximide oral capsule	Tier 4	
ZONISADE ORAL SUSPENSION	Tier 4	ST
zonisamide oral capsule	Tier 2	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	Tier 4	PA NS; MO
clobazam oral tablet	Tier 4	PA NS; MO
clonazepam oral tablet 0.5 mg, 1 mg	Tier 1	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	Tier 1	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	Tier 3	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	Tier 3	QL (300 EA per 30 days)
diazepam rectal gel	Tier 4	
EPIDIOLEX ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
gabapentin oral capsule 100 mg, 300 mg	Tier 2	MO; QL (360 EA per 30 days)
gabapentin oral capsule 400 mg	Tier 2	MO; QL (270 EA per 30 days)
gabapentin oral solution 250 mg/5ml	Tier 2	MO; QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	Tier 2	MO; QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	Tier 2	MO; QL (150 EA per 30 days)
NAYZILAM NASAL SOLUTION	Tier 4	QL (10 EA per 30 days)
phenobarbital oral elixir	Tier 2	MO
phenobarbital oral tablet	Tier 2	MO
primidone oral tablet 125 mg	Tier 2	
primidone oral tablet 250 mg, 50 mg	Tier 2	MO
SYMPAZAN ORAL FILM	Tier 5	PA NS; MO; NEDS
tiagabine hcl oral tablet	Tier 4	MO
valproic acid oral capsule	Tier 2	MO
valproic acid oral solution 250 mg/5ml	Tier 2	MO
VALTOCO 10 MG DOSE NASAL LIQUID	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 5 MG DOSE NASAL LIQUID	Tier 5	QL (10 EA per 30 days); NEDS
vigabatrin oral packet	Tier 5	PA NS; MO; NEDS
vigabatrin oral tablet	Tier 5	PA NS; MO; NEDS
vigadrone oral packet	Tier 5	PA NS; MO; NEDS
vigadrone 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
VIGAFYDE ORAL SOLUTION	Tier 5	PA NS; NEDS
vigpoder oral packet	Tier 5	PA NS; NEDS
ZTALMY ORAL SUSPENSION	Tier 5	PA NS; NEDS
Glutamate Reducing Agents		
EPRONTIA ORAL SOLUTION	Tier 4	
felbamate oral suspension	Tier 4	MO
felbamate oral tablet	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
perampanel oral tablet 10 mg, 8 mg	Tier 5	PA NS; NEDS
perampanel oral tablet 12 mg, 4 mg, 6 mg	Tier 5	PA NS; MO; NEDS
perampanel oral tablet 2 mg	Tier 4	PA NS; MO
topiramate oral capsule sprinkle	Tier 2	MO
topiramate oral solution	Tier 4	
topiramate oral tablet	Tier 1	MO
Sodium Channel Agents		
carbamazepine er oral capsule extended release 12 hour	Tier 3	MO
carbamazepine er oral tablet extended release 12 hour	Tier 3	MO
carbamazepine oral suspension 100 mg/5ml	Tier 4	MO
carbamazepine oral tablet	Tier 2	MO
carbamazepine oral tablet chewable	Tier 2	MO
DILANTIN ORAL CAPSULE 30 MG	Tier 3	MO
epitol oral tablet	Tier 2	MO
eslicarbazepine acetate oral tablet	Tier 4	PA NS; MO
fosphenytoin sodium injection solution 100 mg pe/2ml	Tier 2	
lacosamide oral solution 10 mg/ml	Tier 4	MO
lacosamide oral tablet 100 mg	Tier 2	MO
lacosamide oral tablet 150 mg, 200 mg, 50 mg	Tier 4	MO
oxcarbazepine oral suspension	Tier 4	MO
oxcarbazepine oral tablet	Tier 2	MO
phenytek oral capsule	Tier 2	MO
phenytoin oral suspension 125 mg/5ml	Tier 2	MO
phenytoin oral tablet chewable	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
phenytoin sodium extended oral capsule	Tier 2	MO
rufinamide oral suspension	Tier 5	PA NS; MO; NEDS
rufinamide oral tablet 200 mg	Tier 4	PA NS; MO
rufinamide oral tablet 400 mg	Tier 5	PA NS; MO; NEDS
Antidementia Agents		
Antidementia Agents, Other		
memantine hcl-donepezil hcl oral capsule extended release 24 hour	Tier 4	MO; QL (30 EA per 30 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Tier 4	MO; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	Tier 2	MO; QL (30 EA per 30 days)
donepezil hcl oral tablet 23 mg	Tier 3	MO; QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible	Tier 2	MO; QL (30 EA per 30 days)
galantamine hydrobromide er oral capsule extended release 24 hour	Tier 4	MO
galantamine hydrobromide oral solution	Tier 4	MO
galantamine hydrobromide oral tablet 12 mg, 8 mg	Tier 3	MO
galantamine hydrobromide oral tablet 4 mg	Tier 4	MO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg	Tier 2	MO; QL (60 EA per 30 days)
rivastigmine tartrate oral capsule 6 mg	Tier 3	MO; QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour	Tier 4	MO; QL (1 EA per 1 day)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine hcl er oral capsule extended release 24 hour	Tier 3	MO; QL (30 EA per 30 days)
memantine hcl oral solution 2 mg/ml	Tier 2	MO
memantine hcl oral tablet 10 mg, 5 mg	Tier 2	MO; QL (60 EA per 30 days)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Tier 2	
Antidepressants		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE	Tier 5	ST; QL (60 EA per 30 days); NEDS
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	Tier 2	MO; QL (90 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	Tier 2	MO; QL (60 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
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	Tier 2	MO; QL (90 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	Tier 2	MO; QL (30 EA per 30 days)
bupropion hcl oral tablet	Tier 2	MO
mirtazapine oral tablet	Tier 2	MO; QL (30 EA per 30 days)
mirtazapine oral tablet dispersible	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
phenelzine sulfate oral tablet	Tier 3	MO
tranylcypromine sulfate oral tablet	Tier 4	MO
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide oral solution	Tier 3	MO
citalopram hydrobromide oral tablet	Tier 1	MO
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	Tier 2	MO; QL (120 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 2	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier 4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Tier 4	QL (90 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Tier 2	MO; QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	Tier 4	MO; QL (90 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	Tier 4	MO
escitalopram oxalate oral tablet	Tier 1	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	PA NS; MO; 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.

Drug	Status	Requirements/Limits
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier 4	PA NS; QL (56 EA per 365 days)
fluoxetine hcl oral capsule	Tier 1	MO
fluoxetine hcl oral capsule delayed release	Tier 4	MO; QL (4 EA per 28 days)
fluoxetine hcl oral solution	Tier 2	MO
fluoxetine hcl oral tablet 10 mg, 20 mg	Tier 2	MO
fluoxetine hcl oral tablet 60 mg	Tier 2	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg	Tier 4	MO; QL (60 EA per 30 days)
fluvoxamine maleate er oral capsule extended release 24 hour 150 mg	Tier 2	MO; QL (60 EA per 30 days)
fluvoxamine maleate oral tablet	Tier 2	MO
nefazodone hcl oral tablet	Tier 4	MO
paroxetine hcl er oral tablet extended release 24 hour	Tier 2	MO
paroxetine hcl oral suspension	Tier 4	MO
RALDESY ORAL SOLUTION	Tier 5	NEDS
sertraline hcl oral concentrate	Tier 2	MO
sertraline hcl oral tablet	Tier 1	MO
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	Tier 1	MO
trazodone hcl oral tablet 300 mg	Tier 2	MO
venlafaxine hcl er oral capsule extended release 24 hour	Tier 2	MO
vilazodone hcl oral tablet	Tier 4	PA NS; MO; QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl oral tablet	Tier 2	MO
amoxapine oral tablet	Tier 3	MO
clomipramine hcl oral capsule	Tier 3	MO
desipramine hcl oral tablet	Tier 4	MO
doxepin hcl oral capsule	Tier 4	MO
doxepin hcl oral concentrate	Tier 2	MO
imipramine hcl oral tablet	Tier 2	MO
nortriptyline hcl oral capsule	Tier 1	MO
nortriptyline hcl oral solution	Tier 4	MO
protriptyline hcl oral tablet	Tier 4	MO
trimipramine maleate oral capsule	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
Antiemetics		
Antiemetics, Other		
meclizine hcl oral tablet 12.5 mg, 25 mg	Tier 1	
promethazine hcl injection solution	Tier 2	
promethazine hcl oral tablet	Tier 1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	Tier 4	
promethegan rectal suppository 25 mg	Tier 4	
scopolamine transdermal patch 72 hour	Tier 4	
Emetogenic Therapy Adjuncts		
aprepitant oral capsule 125 mg	Tier 4	B/D; QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	Tier 4	B/D; QL (1 EA per 30 days)
aprepitant oral capsule 80 & 125 mg	Tier 4	B/D; QL (6 EA per 30 days)
aprepitant oral capsule 80 mg	Tier 4	B/D; QL (8 EA per 30 days)
dronabinol oral capsule	Tier 4	B/D; QL (60 EA per 30 days)
granisetron hcl oral tablet	Tier 4	B/D; QL (30 EA per 30 days)
ondansetron hcl injection solution 4 mg/2ml	Tier 2	
ondansetron hcl oral solution	Tier 2	B/D; QL (450 ML per 30 days)
ondansetron hcl oral tablet 24 mg	Tier 2	B/D; QL (14 EA per 28 days)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 2	B/D
ondansetron oral tablet dispersible 4 mg, 8 mg	Tier 2	B/D
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	Tier 6	B/D
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	B/D; HI
amphotericin b liposome intravenous suspension reconstituted	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
ciclodan external solution	Tier 3	
ciclopirox external gel	Tier 2	QL (100 GM per 30 days)
ciclopirox external shampoo	Tier 4	
ciclopirox external solution	Tier 3	
ciclopirox olamine external cream	Tier 2	QL (90 GM per 30 days)
ciclopirox olamine external suspension	Tier 2	QL (60 ML per 30 days)
clotrimazole external cream	Tier 2	QL (90 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
clotrimazole external solution	Tier 2	QL (30 ML per 30 days)
clotrimazole mouth/throat troche	Tier 2	
CRESEMBA ORAL CAPSULE	Tier 5	PA; NEDS
econazole nitrate external cream	Tier 3	QL (85 GM per 30 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	Tier 6	HI
fluconazole oral suspension reconstituted	Tier 2	
fluconazole oral tablet 100 mg, 200 mg	Tier 2	
fluconazole oral tablet 150 mg, 50 mg	Tier 1	
flucytosine oral capsule	Tier 5	NEDS
griseofulvin microsize oral suspension	Tier 4	
griseofulvin microsize oral tablet	Tier 4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 4	
itraconazole oral capsule	Tier 4	
ketoconazole external cream	Tier 2	QL (60 GM per 30 days)
ketoconazole external shampoo 2 %	Tier 2	
ketoconazole oral tablet	Tier 2	
micafungin sodium intravenous solution reconstituted	Tier 6	HI
miconazole 3 vaginal suppository	Tier 2	
NATACYN OPHTHALMIC SUSPENSION	Tier 4	
nyamyc external powder	Tier 2	QL (60 GM per 30 days)
nystatin external cream	Tier 2	
nystatin external ointment	Tier 2	
nystatin external powder	Tier 2	QL (60 GM per 30 days)
nystatin mouth/throat suspension	Tier 2	
nystatin oral tablet	Tier 2	
nystatin-triamcinolone external cream	Tier 3	
nystatin-triamcinolone external ointment	Tier 3	
nystop external powder	Tier 2	QL (60 GM per 30 days)
posaconazole oral suspension	Tier 5	PA; NEDS
posaconazole oral tablet delayed release	Tier 5	PA; MO; NEDS
terbinafine hcl oral tablet	Tier 1	QL (84 EA per 180 days)
terconazole vaginal cream	Tier 2	
terconazole vaginal suppository	Tier 4	
voriconazole intravenous solution reconstituted	Tier 6	PA; HI

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

Drug	Status	Requirements/Limits
voriconazole oral suspension reconstituted	Tier 5	PA; NEDS
voriconazole oral tablet	Tier 4	PA
Antigout Agents		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	MO
colchicine oral tablet	Tier 2	
colchicine-probenecid oral tablet	Tier 3	MO
febuxostat oral tablet	Tier 3	MO
probenecid oral tablet	Tier 3	MO
Anti-Inflammatory Agents		
Glucocorticoids		
methylprednisolone acetate injection suspension 40 mg/ml	Tier 2	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine mesylate injection solution	Tier 5	QL (8 ML per 30 days); NEDS
dihydroergotamine mesylate nasal solution	Tier 5	QL (8 ML per 30 days); NEDS
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier 4	
ergotamine-caffeine oral tablet	Tier 3	QL (24 EA per 28 days)
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (1 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	Tier 5	PA; QL (18 EA per 30 days); NEDS
timolol maleate oral tablet 10 mg	Tier 2	MO
timolol maleate oral tablet 20 mg	Tier 4	MO
timolol maleate oral tablet 5 mg	Tier 3	MO
UBRELVY ORAL TABLET	Tier 5	PA; QL (16 EA per 30 days); NEDS
Serotonin 5-Ht-Receptor Agonists		
rizatriptan benzoate oral tablet	Tier 2	QL (18 EA per 30 days)
rizatriptan benzoate oral tablet dispersible	Tier 2	QL (18 EA per 30 days)
sumatriptan succinate oral tablet	Tier 2	QL (9 EA per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Tier 4	QL (5 ML 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
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er oral tablet extended release	Tier 4	
pyridostigmine bromide oral tablet 60 mg	Tier 3	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral tablet 100 mg	Tier 2	MO
dapsone oral tablet 25 mg	Tier 3	MO
rifabutin oral capsule	Tier 4	
Antituberculars		
ethambutol hcl oral tablet	Tier 3	
isoniazid oral syrup	Tier 4	MO
isoniazid oral tablet	Tier 1	MO
PRIFTIN ORAL TABLET	Tier 4	
pyrazinamide oral tablet	Tier 4	
rifampin intravenous solution reconstituted	Tier 6	HI
rifampin oral capsule	Tier 4	
SIRTURO ORAL TABLET	Tier 5	PA; NEDS
TRECATOR ORAL TABLET	Tier 4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	Tier 3	B/D
cyclophosphamide oral tablet	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
thiotepa injection solution reconstituted 15 mg	Tier 5	NEDS
VALCHLOR EXTERNAL GEL	Tier 5	PA NS; NEDS
Antiandrogens		
abiraterone acetate oral tablet 250 mg	Tier 2	PA NS
abiraterone acetate oral tablet 500 mg	Tier 5	PA NS; NEDS
abirtega oral tablet	Tier 2	PA NS
bicalutamide oral tablet	Tier 2	
ERLEADA 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
EULEXIN ORAL CAPSULE	Tier 4	
nilutamide oral tablet	Tier 5	NEDS
NUBEQA ORAL TABLET	Tier 5	PA NS; NEDS
XTANDI ORAL CAPSULE	Tier 5	PA NS; NEDS
XTANDI ORAL TABLET	Tier 5	PA NS; NEDS
YONSA ORAL TABLET	Tier 5	PA NS; NEDS
Antiangiogenic Agents		
lenalidomide oral capsule	Tier 5	PA NS; LA; NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
POMALYST ORAL CAPSULE 3 MG, 4 MG	Tier 5	PA NS; NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA NS; MO; NEDS
Antiestrogens/Modifiers		
fulvestrant intramuscular solution prefilled syringe	Tier 5	NEDS
ORSERDU ORAL TABLET	Tier 5	PA NS; NEDS
SOLTAMOX ORAL SOLUTION	Tier 5	MO; NEDS
tamoxifen citrate oral tablet	Tier 2	MO
toremifene citrate oral tablet	Tier 5	MO; NEDS
Antimetabolites		
azacitidine injection suspension reconstituted	Tier 5	PA NS; NEDS
hydroxyurea oral capsule	Tier 2	
INQOVI ORAL TABLET	Tier 5	PA NS; QL (5 EA per 28 days); NEDS
LONSURF ORAL TABLET	Tier 5	PA NS; NEDS
mercaptopurine oral suspension	Tier 5	NEDS
mercaptopurine oral tablet	Tier 3	
ONUREG ORAL TABLET	Tier 5	PA NS; NEDS
TABLOID ORAL TABLET	Tier 5	NEDS
Antineoplastics, Other		
bleomycin sulfate injection solution reconstituted	Tier 2	B/D
bortezomib injection solution reconstituted 3.5 mg	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

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

Drug	Status	Requirements/Limits
IBRANCE ORAL CAPSULE	Tier 5	PA NS; NEDS
IBRANCE ORAL TABLET	Tier 5	PA NS; NEDS
IWILFIN ORAL TABLET	Tier 5	PA NS; NEDS
KRAZATI ORAL TABLET	Tier 5	PA NS; NEDS
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
LUMAKRAS ORAL TABLET 240 MG	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
NINLARO ORAL CAPSULE	Tier 5	PA NS; NEDS
ODOMZO ORAL CAPSULE	Tier 5	PA NS; NEDS
OJJAARA ORAL TABLET 100 MG, 200 MG	Tier 5	PA NS; NEDS
OJJAARA ORAL TABLET 150 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
ONCASPAR INJECTION SOLUTION	Tier 5	NEDS
ORGOVYX ORAL TABLET	Tier 5	PA NS; NEDS
RETEVMO ORAL TABLET 120 MG, 160 MG	Tier 5	PA NS; NEDS
RETEVMO ORAL TABLET 40 MG	Tier 5	PA NS; QL (90 EA per 30 days); NEDS
RETEVMO ORAL TABLET 80 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
TAGRISSO ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
TUKYSA ORAL TABLET	Tier 5	PA NS; NEDS
VENCLEXTA ORAL TABLET 10 MG	Tier 4	PA NS
VENCLEXTA ORAL TABLET 100 MG, 50 MG	Tier 5	PA NS; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
VORANIGO ORAL TABLET	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
WELIREG ORAL TABLET	Tier 5	PA NS; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 5	PA NS; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	Tier 5	PA NS; NEDS
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

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

Drug	Status	Requirements/Limits
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		
anastrozole oral tablet	Tier 2	MO
exemestane oral tablet	Tier 3	MO
letrozole oral tablet	Tier 2	MO
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE	Tier 5	PA NS; NEDS
IDHIFA ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
OGSIVEO ORAL TABLET	Tier 5	PA NS; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
REZLIDHIA ORAL CAPSULE	Tier 5	PA NS; NEDS
TIBSOVO ORAL TABLET	Tier 5	PA NS; NEDS
VERZENIO ORAL TABLET	Tier 5	PA NS; NEDS
VITRAKVI ORAL CAPSULE	Tier 5	PA NS; NEDS
VITRAKVI ORAL SOLUTION	Tier 5	PA NS; NEDS
XOSPATA ORAL TABLET	Tier 5	PA NS; NEDS
ZYDELIG ORAL TABLET	Tier 5	PA NS; NEDS
Molecular Target Inhibitors		
AKEEGA ORAL TABLET	Tier 5	PA NS; NEDS
ALECENSA ORAL CAPSULE	Tier 5	PA NS; NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Tier 5	PA NS; QL (60 EA per 365 days); NEDS
AUGTYRO ORAL CAPSULE	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
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	Tier 5	PA NS; NEDS
AYVAKIT ORAL TABLET	Tier 5	PA NS; QL (1 EA per 1 day); NEDS
BALVERSA ORAL TABLET	Tier 5	PA NS; NEDS
BOSULIF ORAL CAPSULE	Tier 5	PA NS; NEDS
BOSULIF ORAL TABLET	Tier 5	PA NS; NEDS
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5	PA NS; NEDS
BRUKINSA ORAL CAPSULE	Tier 5	PA NS; NEDS
CABOMETYX ORAL TABLET 20 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
CABOMETYX ORAL TABLET 40 MG, 60 MG	Tier 5	PA NS; NEDS
CALQUENCE ORAL TABLET	Tier 5	PA NS; NEDS
CAPRELSA ORAL TABLET 100 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	Tier 5	PA NS; NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 5	PA NS; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 5	PA NS; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier 5	PA NS; NEDS
DANZITEN ORAL TABLET	Tier 5	PA NS; NEDS
dasatinib oral tablet	Tier 5	PA NS; NEDS
DAURISMO ORAL TABLET	Tier 5	PA NS; NEDS
ERIVEDGE ORAL CAPSULE	Tier 5	PA NS; NEDS
erlotinib hcl oral tablet	Tier 5	PA NS; NEDS
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
everolimus oral tablet soluble	Tier 5	PA NS; NEDS
FOTIVDA ORAL CAPSULE	Tier 5	PA NS; NEDS
FRUZAQLA ORAL CAPSULE	Tier 5	PA NS; NEDS
gefitinib oral tablet	Tier 5	PA NS; NEDS
GOMEKLI ORAL CAPSULE	Tier 5	PA NS; NEDS
GOMEKLI ORAL TABLET SOLUBLE	Tier 5	PA NS; NEDS
HERNEXEOS ORAL TABLET	Tier 5	PA NS; NEDS
IBTROZI ORAL CAPSULE	Tier 5	PA NS; NEDS
ICLUSIG ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
imatinib mesylate oral tablet 100 mg	Tier 3	
imatinib mesylate oral tablet 400 mg	Tier 5	
IMBRUVICA ORAL CAPSULE 140 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	Tier 5	PA NS; QL (28 EA per 28 days); NEDS
IMBRUVICA ORAL SUSPENSION	Tier 5	PA NS; NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG	Tier 5	PA NS; QL (28 EA per 28 days); NEDS
IMBRUVICA ORAL TABLET 420 MG	Tier 5	PA NS; NEDS
IMKELDI ORAL SOLUTION	Tier 5	PA NS; NEDS
INLYTA ORAL TABLET	Tier 5	PA NS; NEDS
INREBIC ORAL CAPSULE	Tier 5	PA NS; NEDS
ITOVEBI ORAL TABLET 3 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
ITOVEBI ORAL TABLET 9 MG	Tier 5	PA NS; NEDS
JAKAFI ORAL TABLET	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	Tier 5	PA NS; NEDS
JAYPIRCA ORAL TABLET 50 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KOSELUGO ORAL CAPSULE 10 MG	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
KOSELUGO ORAL CAPSULE 25 MG	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
lapatinib ditosylate oral tablet	Tier 5	PA NS; LA; NEDS
LAZCLUZE ORAL TABLET 240 MG	Tier 5	PA NS; NEDS
LAZCLUZE ORAL TABLET 80 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS

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

Drug	Status	Requirements/Limits
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LORBRENA ORAL TABLET	Tier 5	PA NS; NEDS
LYNPARZA ORAL TABLET	Tier 5	PA NS; NEDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
MEKINIST ORAL SOLUTION RECONSTITUTED	Tier 5	PA NS; NEDS
MEKINIST ORAL TABLET	Tier 5	PA NS; NEDS
MEKTOVI ORAL TABLET	Tier 5	PA NS; NEDS
MODEYSO ORAL CAPSULE	Tier 5	PA NS; NEDS
NERLYNX ORAL TABLET	Tier 5	PA NS; QL (180 EA per 30 days); NEDS
nilotinib hcl oral capsule	Tier 5	PA NS; NEDS
OJEMDA ORAL SUSPENSION RECONSTITUTED	Tier 5	PA NS; NEDS
OJEMDA ORAL TABLET	Tier 5	PA NS; NEDS
pazopanib hcl oral tablet	Tier 5	PA NS; NEDS
PEMAZYRE ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
QINLOCK ORAL TABLET	Tier 5	PA NS; NEDS
REVUFORJ ORAL TABLET	Tier 5	PA NS; NEDS
ROMVIMZA ORAL CAPSULE	Tier 5	PA NS; NEDS
ROZLYTREK ORAL CAPSULE	Tier 5	PA NS; NEDS
ROZLYTREK ORAL PACKET	Tier 5	PA NS; NEDS
RUBRACA ORAL TABLET 200 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
RUBRACA ORAL TABLET 250 MG, 300 MG	Tier 5	PA NS; NEDS
RYDAPT ORAL CAPSULE	Tier 5	PA NS; NEDS

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

Drug	Status	Requirements/Limits
SCEMBLIX ORAL TABLET 100 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	Tier 5	PA NS; QL (240 EA per 30 days); NEDS
sorafenib tosylate oral tablet	Tier 5	PA NS; NEDS
STIVARGA ORAL TABLET	Tier 5	PA NS; NEDS
sunitinib malate oral capsule	Tier 5	PA NS; NEDS
TABRECTA ORAL TABLET	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
TAFINLAR ORAL CAPSULE	Tier 5	PA NS; NEDS
TAFINLAR ORAL TABLET SOLUBLE	Tier 5	PA NS; NEDS
TALZENNA ORAL CAPSULE	Tier 5	PA NS; NEDS
TAZVERIK ORAL TABLET	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
TEPMETKO ORAL TABLET	Tier 5	PA NS; NEDS
torpenz oral tablet	Tier 5	PA NS; QL (30 EA per 30 days); 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 TABLET 100 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
ZEJULA ORAL TABLET 200 MG, 300 MG	Tier 5	PA NS; NEDS
ZELBORAF ORAL TABLET	Tier 5	PA NS; NEDS
ZYKADIA ORAL TABLET	Tier 5	PA NS; NEDS
Retinoids		
bexarotene external gel	Tier 5	PA NS; NEDS
bexarotene oral capsule	Tier 5	NEDS
PANRETIN EXTERNAL GEL	Tier 5	NEDS
tretinoin oral capsule	Tier 5	NEDS
Treatment Adjuncts		
leucovorin calcium injection solution	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
leucovorin calcium injection solution reconstituted 100 mg, 350 mg	Tier 2	
leucovorin calcium oral tablet 10 mg	Tier 3	
leucovorin calcium oral tablet 15 mg, 25 mg	Tier 4	
leucovorin calcium oral tablet 5 mg	Tier 2	
mesna oral tablet	Tier 5	NEDS
Antiparasitics		
Anthelmintics		
albendazole oral tablet	Tier 4	
ivermectin oral tablet	Tier 2	PA
praziquantel oral tablet	Tier 2	
Antiprotozoals		
atovaquone oral suspension	Tier 4	
atovaquone-proguanil hcl oral tablet	Tier 4	
chloroquine phosphate oral tablet	Tier 4	MO
COARTEM ORAL TABLET	Tier 4	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	Tier 2	
IMPAVIDO ORAL CAPSULE	Tier 5	NEDS
mefloquine hcl oral tablet	Tier 2	MO
nitazoxanide oral tablet	Tier 5	NEDS
pentamidine isethionate inhalation solution reconstituted	Tier 4	B/D
pentamidine isethionate injection solution reconstituted	Tier 4	
primaquine phosphate oral tablet 26.3 (15 base) mg	Tier 3	
pyrimethamine oral tablet	Tier 5	NEDS
quinine sulfate oral capsule	Tier 4	PA
Pediculicides/Scabicides		
malathion external lotion	Tier 4	
permethrin external cream	Tier 3	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral tablet 0.5 mg	Tier 2	MO
benztropine mesylate oral tablet 1 mg, 2 mg	Tier 1	MO
trihexyphenidyl hcl oral tablet	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
Antiparkinson Agents, Other		
entacapone oral tablet	Tier 4	MO
Dopamine Agonists		
bromocriptine mesylate oral capsule	Tier 3	MO
bromocriptine mesylate oral tablet	Tier 4	MO
pramipexole dihydrochloride oral tablet	Tier 2	MO
ropinirole hcl er oral tablet extended release 24 hour 12 mg	Tier 2	MO
ropinirole hcl er oral tablet extended release 24 hour 2 mg, 8 mg	Tier 3	MO
ropinirole hcl er oral tablet extended release 24 hour 4 mg, 6 mg	Tier 4	MO
ropinirole hcl oral tablet	Tier 2	MO
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet	Tier 4	MO
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Tier 2	MO
carbidopa-levodopa oral tablet	Tier 2	MO
carbidopa-levodopa oral tablet dispersible	Tier 2	MO
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	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		
rasagiline mesylate oral tablet	Tier 4	MO
selegiline hcl oral capsule	Tier 3	MO
selegiline hcl oral tablet	Tier 3	MO
Antipsychotics		
1St Generation/Typical		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	Tier 4	
chlorpromazine hcl oral concentrate	Tier 4	MO
chlorpromazine hcl oral tablet	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
fluphenazine decanoate injection solution	Tier 4	
fluphenazine hcl injection solution	Tier 4	
fluphenazine hcl oral concentrate	Tier 4	MO
fluphenazine hcl oral elixir	Tier 4	MO
fluphenazine hcl oral tablet	Tier 4	MO
haloperidol decanoate intramuscular solution	Tier 4	
haloperidol lactate injection solution	Tier 2	
haloperidol lactate oral concentrate 2 mg/ml	Tier 2	MO
haloperidol oral tablet	Tier 1	MO
loxapine succinate oral capsule	Tier 2	MO
molindone hcl oral tablet	Tier 4	MO
perphenazine oral tablet	Tier 4	MO
pimozide oral tablet	Tier 4	MO
prochlorperazine maleate oral tablet	Tier 1	MO
prochlorperazine rectal suppository	Tier 3	
thioridazine hcl oral tablet	Tier 3	MO
thiothixene oral capsule	Tier 4	MO
trifluoperazine hcl oral tablet	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
aripiprazole oral solution	Tier 4	MO; QL (750 ML per 30 days)
aripiprazole oral tablet	Tier 2	MO; QL (30 EA per 30 days)
aripiprazole oral tablet dispersible	Tier 4	MO; QL (60 EA per 30 days)
asenapine maleate sublingual tablet sublingual	Tier 4	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
COBENFY ORAL CAPSULE	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; QL (112 EA per 365 days); NEDS
FANAPT ORAL TABLET	Tier 5	ST; QL (60 EA per 30 days); NEDS
FANAPT TITRATION PACK A ORAL TABLET	Tier 4	ST; QL (16 EA per 365 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	NEDS

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

Drug	Status	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier 5	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 5	NEDS
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	Tier 2	MO; QL (30 EA per 30 days)
lurasidone hcl oral tablet 80 mg	Tier 2	MO; QL (60 EA per 30 days)
LYBALVI ORAL TABLET	Tier 5	ST; QL (30 EA per 30 days); NEDS
NUPLAZID ORAL CAPSULE	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
olanzapine intramuscular solution reconstituted	Tier 4	
olanzapine oral tablet	Tier 2	MO; QL (30 EA per 30 days)
olanzapine oral tablet dispersible	Tier 4	MO; QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	Tier 5	PA NS; QL (90 EA per 30 days); NEDS
OPIPZA ORAL FILM 2 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	Tier 4	MO; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	Tier 4	MO; QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier 5	MO; NEDS
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	Tier 2	MO; QL (90 EA per 30 days)
quetiapine fumarate oral tablet 300 mg, 400 mg	Tier 2	MO; QL (60 EA per 30 days)
REXULTI ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg	Tier 2	
risperidone microspheres er intramuscular suspension reconstituted er 25 mg	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
risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg	Tier 5	NEDS
risperidone oral solution	Tier 2	MO; QL (8 ML per 1 day)
risperidone oral tablet	Tier 2	MO; QL (2 EA per 1 day)
risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 4	MO; QL (2 EA per 1 day)
risperidone oral tablet dispersible 0.5 mg	Tier 2	MO; QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE	Tier 5	ST; MO; QL (1 EA per 1 day); NEDS
ziprasidone mesylate intramuscular solution reconstituted	Tier 4	QL (60 EA per 30 days)
Treatment-Resistant		
clozapine oral tablet 100 mg	Tier 4	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	Tier 4	QL (120 EA per 30 days)
clozapine oral tablet 25 mg	Tier 2	QL (270 EA per 30 days)
clozapine oral tablet 50 mg	Tier 2	QL (180 EA per 30 days)
clozapine oral tablet dispersible 100 mg, 25 mg	Tier 4	QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg	Tier 4	QL (90 EA per 30 days)
clozapine oral tablet dispersible 150 mg	Tier 4	QL (180 EA per 30 days)
clozapine oral tablet dispersible 200 mg	Tier 4	QL (120 EA per 30 days); NEDS
VERSACLOZ ORAL SUSPENSION	Tier 5	QL (540 ML per 30 days); NEDS
Antispasticity Agents		
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg, 5 mg	Tier 2	
dantrolene sodium oral capsule	Tier 4	
tizanidine hcl oral tablet	Tier 2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET	Tier 5	NEDS
PREVYMIS ORAL PACKET	Tier 5	PA; NEDS
PREVYMIS ORAL TABLET	Tier 5	PA; MO; NEDS
valganciclovir hcl oral solution reconstituted	Tier 5	MO; NEDS
valganciclovir hcl oral tablet	Tier 3	MO
ZIRGAN OPHTHALMIC GEL	Tier 4	
Anti-Hepatitis B (Hbv) Agents		
adefovir dipivoxil oral tablet	Tier 4	PA; MO

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

Drug	Status	Requirements/Limits
BARACLUDE ORAL SOLUTION	Tier 5	MO; QL (600 ML per 30 days); NEDS
entecavir oral tablet	Tier 4	MO; QL (30 EA per 30 days)
lamivudine oral tablet 100 mg	Tier 4	MO
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL PACKET 150-37.5 MG	Tier 5	PA; QL (84 EA per 365 days); NEDS
EPCLUSA ORAL PACKET 200-50 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
EPCLUSA ORAL TABLET 200-50 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
EPCLUSA ORAL TABLET 400-100 MG	Tier 5	PA; QL (84 EA per 365 days); NEDS
HARVONI ORAL PACKET 33.75-150 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
HARVONI ORAL PACKET 45-200 MG	Tier 5	PA; QL (336 EA per 365 days); NEDS
HARVONI ORAL TABLET 45-200 MG	Tier 5	PA; QL (336 EA per 365 days); NEDS
HARVONI ORAL TABLET 90-400 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
MAVYRET ORAL PACKET	Tier 5	PA; QL (560 EA per 365 days); NEDS
MAVYRET ORAL TABLET	Tier 5	PA; QL (336 EA per 365 days); NEDS
VOSEVI ORAL TABLET	Tier 5	PA; QL (84 EA per 365 days); NEDS
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
ribavirin oral capsule	Tier 3	
ribavirin oral tablet 200 mg	Tier 3	
Antiherpetic Agents		
acyclovir oral capsule	Tier 2	
acyclovir oral suspension 200 mg/5ml	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
acyclovir oral tablet 400 mg	Tier 1	
acyclovir oral tablet 800 mg	Tier 2	
acyclovir sodium intravenous solution	Tier 6	B/D; HI
famciclovir oral tablet	Tier 3	
trifluridine ophthalmic solution	Tier 2	
valacyclovir hcl oral tablet	Tier 2	QL (120 EA per 30 days)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 5	QL (30 EA per 30 days); NEDS
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 5	MO; QL (30 EA per 30 days); NEDS
GENVOYA ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
ISENTRESS HD ORAL TABLET	Tier 5	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	Tier 5	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET	Tier 5	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier 5	MO; QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier 4	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
SYMTUZA ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
TIVICAY ORAL TABLET 50 MG	Tier 5	MO; QL (60 EA per 30 days); NEDS
TIVICAY PD ORAL TABLET SOLUBLE	Tier 5	MO; QL (180 EA per 30 days); NEDS
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
EDURANT ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
EDURANT PED ORAL TABLET SOLUBLE	Tier 5	QL (180 EA per 30 days); NEDS
efavirenz oral tablet	Tier 4	MO; QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df oral tablet	Tier 4	MO; QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df oral tablet	Tier 5	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
etravirine oral tablet	Tier 5	MO; QL (60 EA per 30 days); NEDS
INTELENCE ORAL TABLET 25 MG	Tier 4	MO; QL (120 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	Tier 4	MO; QL (30 EA per 30 days)
nevirapine oral suspension	Tier 3	MO; QL (1200 ML per 30 days)
nevirapine oral tablet	Tier 2	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
PIFELTRO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir sulfate oral solution	Tier 4	MO; QL (960 ML per 30 days)
abacavir sulfate oral tablet	Tier 3	MO; QL (60 EA per 30 days)
abacavir sulfate-lamivudine oral tablet	Tier 4	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
DELSTRIGO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 120-15 MG	Tier 5	QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 200-25 MG	Tier 5	Part B; MO; QL (30 EA per 30 days); NEDS
DOVATO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
efavirenz-lamivudine-tenofovir oral tablet	Tier 5	MO; QL (30 EA per 30 days); NEDS
emtricitabine oral capsule	Tier 4	MO; QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg	Tier 4	MO; QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 133-200 mg	Tier 5	MO; QL (30 EA per 30 days); NEDS
emtricitabine-tenofovir df oral tablet 200-300 mg	Tier 4	Part B; MO; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	Tier 4	MO; QL (850 ML per 30 days)
JULUCA ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
lamivudine oral solution 10 mg/ml	Tier 4	MO; QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	Tier 4	MO; QL (60 EA per 30 days)
lamivudine oral tablet 300 mg	Tier 4	MO; 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.

Drug	Status	Requirements/Limits
lamivudine-zidovudine oral tablet	Tier 4	MO; QL (60 EA per 30 days)
tenofovir disoproxil fumarate oral tablet	Tier 3	MO; QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
TRIUMEQ PD ORAL TABLET SOLUBLE	Tier 4	QL (180 EA per 30 days)
VIREAD ORAL POWDER	Tier 5	MO; QL (240 GM per 30 days); NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	MO; QL (30 EA per 30 days); NEDS
zidovudine oral capsule	Tier 2	MO; QL (180 EA per 30 days)
zidovudine oral syrup	Tier 2	MO; QL (1920 ML per 30 days)
zidovudine oral tablet	Tier 3	MO; QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
maraviroc oral tablet 150 mg	Tier 5	MO; QL (60 EA per 30 days); NEDS
maraviroc oral tablet 300 mg	Tier 5	MO; QL (120 EA per 30 days); NEDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 5	MO; QL (2 EA per 1 day); NEDS
SELZENTRY ORAL SOLUTION	Tier 5	MO; NEDS
SUNLENCA ORAL TABLET	Tier 5	QL (24 EA per 168 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	Tier 5	QL (8 EA per 365 days); NEDS
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	Tier 5	QL (10 EA per 365 days); NEDS
TYBOST ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	Tier 5	MO; QL (120 EA per 30 days); NEDS
atazanavir sulfate oral capsule 150 mg	Tier 4	MO
atazanavir sulfate oral capsule 200 mg	Tier 4	MO; QL (60 EA per 30 days)
atazanavir sulfate oral capsule 300 mg	Tier 4	MO; QL (30 EA per 30 days)
darunavir oral tablet 600 mg	Tier 4	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	Tier 5	QL (30 EA per 30 days); NEDS
EVOTAZ ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
FOSAMPRENAVIR CALCIUM ORAL TABLET	Tier 5	MO; QL (120 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
KALETRA ORAL SOLUTION	Tier 4	
lopinavir-ritonavir oral solution	Tier 4	
lopinavir-ritonavir oral tablet	Tier 4	MO
NORVIR ORAL PACKET	Tier 4	MO; QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	Tier 5	MO; QL (30 EA per 30 days); NEDS
PREZISTA ORAL SUSPENSION	Tier 5	QL (400 ML per 30 days); NEDS
PREZISTA ORAL TABLET 150 MG	Tier 5	QL (180 EA per 30 days); NEDS
PREZISTA ORAL TABLET 75 MG	Tier 4	QL (300 EA per 30 days)
REYATAZ ORAL PACKET	Tier 5	MO; QL (180 EA per 30 days); NEDS
ritonavir oral tablet	Tier 3	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	Tier 5	MO; QL (300 EA per 30 days); NEDS
VIRACEPT ORAL TABLET 625 MG	Tier 5	MO; QL (120 EA per 30 days); NEDS
Anti-Influenza Agents		
amantadine hcl oral capsule	Tier 2	MO
amantadine hcl oral solution	Tier 2	
amantadine hcl oral tablet	Tier 2	MO
oseltamivir phosphate oral capsule 30 mg	Tier 2	QL (168 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg	Tier 2	QL (84 EA per 365 days)
oseltamivir phosphate oral capsule 75 mg	Tier 2	QL (110 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	Tier 2	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 4	QL (240 EA per 365 days)
rimantadine hcl oral tablet	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		
buspirone hcl oral tablet	Tier 2	
hydroxyzine hcl oral syrup	Tier 2	
hydroxyzine hcl oral tablet	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
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	Tier 1	QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	Tier 1	QL (150 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	Tier 4	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	Tier 3	QL (720 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	Tier 3	QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE	Tier 2	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	Tier 3	QL (1200 ML per 30 days)
diazepam oral tablet 10 mg	Tier 1	QL (120 EA per 30 days)
diazepam oral tablet 2 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
lorazepam injection solution	Tier 2	
lorazepam intensol oral concentrate	Tier 2	QL (150 ML per 30 days)
lorazepam oral concentrate	Tier 2	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	Tier 1	QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	Tier 1	QL (150 EA per 30 days)
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor		
paroxetine hcl oral tablet	Tier 1	MO
venlafaxine besylate er oral tablet extended release 24 hour	Tier 4	
venlafaxine hcl oral tablet	Tier 2	MO
Bipolar Agents		
Bipolar Agents, Other		
ziprasidone hcl oral capsule	Tier 3	MO; QL (60 EA per 30 days)
Mood Stabilizers		
lamotrigine oral tablet chewable	Tier 2	MO
lithium carbonate er oral tablet extended release	Tier 2	MO
lithium carbonate oral capsule	Tier 1	MO
lithium carbonate oral tablet	Tier 2	MO
lithium oral solution	Tier 2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral tablet	Tier 2	MO; QL (3 EA per 1 day)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET	Tier 3	MO; 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.

Drug	Status	Requirements/Limits
FARXIGA ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	MO
glipizide er oral tablet extended release 24 hour	Tier 1	MO
glipizide oral tablet 10 mg, 5 mg	Tier 1	MO
glipizide oral tablet 2.5 mg	Tier 2	MO
glyburide oral tablet	Tier 2	MO
GLYXAMBI ORAL TABLET	Tier 3	MO
JANUVIA ORAL TABLET	Tier 3	MO; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)
liraglutide subcutaneous solution pen-injector	Tier 3	PA; MO; QL (9 ML per 30 days)
metformin hcl er oral tablet extended release 24 hour	Tier 1	MO
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Tier 1	MO
miglitol oral tablet	Tier 1	MO
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; QL (2 ML per 28 days)
nateglinide oral tablet	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)
pioglitazone hcl oral tablet	Tier 1	MO
repaglinide oral tablet 0.5 mg, 1 mg	Tier 2	MO; QL (4 EA per 1 day)
repaglinide oral tablet 2 mg	Tier 2	MO; QL (8 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
SYNJARDY ORAL TABLET	Tier 3	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
TRADJENTA ORAL TABLET	Tier 3	MO; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (2 ML per 28 days)

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

Drug	Status	Requirements/Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
Blood Glucose Regulators		
glipizide-metformin hcl oral tablet	Tier 1	MO
glyburide-metformin oral tablet	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 1 MG/0.2ML	Tier 3	QL (0.8 ML per 1 day)
JANUMET ORAL TABLET	Tier 3	MO; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET	Tier 3	MO; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; QL (2 EA per 1 day)
pioglitazone hcl-glimepiride oral tablet	Tier 2	MO
pioglitazone hcl-metformin hcl oral tablet	Tier 2	MO
Glycemic Agents		
diazoxide oral suspension	Tier 5	MO; NEDS
GLUCAGON EMERGENCY INJECTION KIT	Tier 3	
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Tier 4	
BD INS SYR ULTRAFINE 1/2UNIT	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 31G X 5/16" 0.3 ML	Tier 4	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML	Tier 4	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Tier 4	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	Tier 4	

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

Drug	Status	Requirements/Limits
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	Tier 4	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 4	
CVS GAUZE STERILE PAD 2"X2"	Tier 4	
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
FIASP INJECTION SOLUTION	Tier 3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	
HUMALOG INJECTION SOLUTION	Tier 3	MO
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier 3	MO
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

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

Drug	Status	Requirements/Limits
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
INSULIN ASPART INJECTION SOLUTION	Tier 3	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
insulin lispro injection solution	Tier 3	MO
insulin lispro junior kwikpen subcutaneous solution pen-injector	Tier 3	MO
insulin lispro prot & lispro subcutaneous suspension pen-injector	Tier 3	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
LANTUS SUBCUTANEOUS SOLUTION	Tier 3	MO
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 4	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	Tier 3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
NOVOLOG INJECTION SOLUTION	Tier 3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 4	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	Tier 4	
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO

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 Supplies		
Glucose Monitoring Test Supplies		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	Tier 3	Part B; QL (5 EA per 1 day)
ACCU-CHEK GUIDE TEST IN VITRO STRIP	Tier 3	Part B; QL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW IN VITRO STRIP	Tier 3	Part B; QL (5 EA per 1 day)
ACCUTREND GLUCOSE IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ADVANCE INTUITION TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ADVOCATE REDI-CODE IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ADVOCATE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
AGAMATRIX AMP TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
AGAMATRIX JAZZ TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
AGAMATRIX PRESTO TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ASSURE 3 TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ASSURE 4 TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ASSURE II CHECK IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ASSURE II IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ASSURE PLATINUM IN VITRO STRIP	Tier 4	PA; Part B
ASSURE PRISM MULTI TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ASSURE PRO TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CARESENS N GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CARETOUCH TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CLEVER CHEK TEST IN VITRO STRIP	Tier 4	PA; Part B; 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
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CLEVER CHOICE MICRO TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CLEVER CHOICE NO CODING IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CONTOUR NEXT TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CONTOUR TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
DEXCOM G6 RECEIVER DEVICE	Tier 4	PA; Part B
DEXCOM G6 SENSOR	Tier 4	PA; Part B
DEXCOM G6 TRANSMITTER	Tier 4	PA; Part B
DEXCOM G7 RECEIVER DEVICE	Tier 4	PA; Part B
DEXCOM G7 SENSOR	Tier 4	PA; Part B
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
EASY STEP TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
EASY TOUCH TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
EASYGLUCO IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
EASYMAX 15 TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ENLITE GLUCOSE SENSOR	Tier 4	PA; Part B
EVERSENSE SENSOR/HOLDER	Tier 4	PA; Part B
EVERSENSE SMART TRANSMITTER	Tier 4	PA; Part B
FREESTYLE INSULINX TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 4	PA; Part B
FREESTYLE LIBRE 14 DAY SENSOR	Tier 4	PA; Part B
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 4	PA; Part B
FREESTYLE LIBRE 2 READER DEVICE	Tier 4	PA; Part B
FREESTYLE LIBRE 2 SENSOR	Tier 4	PA; Part B
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 4	PA; Part B
FREESTYLE LIBRE 3 READER DEVICE	Tier 4	PA; Part B
FREESTYLE LIBRE 3 SENSOR	Tier 4	PA; Part B
FREESTYLE LIBRE READER DEVICE	Tier 4	PA; Part B

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

Drug	Status	Requirements/Limits
FREESTYLE LITE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
FREESTYLE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
GUARDIAN LINK 3 TRANSMITTER	Tier 4	PA; Part B
GUARDIAN REAL-TIME REPLACE PED DEVICE	Tier 4	PA; Part B
GUARDIAN SENSOR (3)	Tier 4	PA; Part B
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ONETOUCH ULTRA IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ONETOUCH ULTRA TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ONETOUCH VERIO IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
OPTIUMEZ TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
QUICKTEK TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
RELION CONFIRM/MICRO TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
RELION PRIME TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
RELION ULTIMA TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
Blood Products And Modifiers		
Anticoagulants		
dabigatran etexilate mesylate oral capsule	Tier 4	QL (60 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 3	MO; QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	Tier 3	MO; QL (90 EA per 30 days)
enoxaparin sodium injection solution 300 mg/3ml	Tier 4	
enoxaparin sodium injection solution prefilled syringe	Tier 4	
rivaroxaban oral suspension reconstituted	Tier 3	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 3	MO; QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 3	MO; QL (60 EA per 30 days)

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

Drug	Status	Requirements/Limits
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	QL (102 EA per 365 days)
Blood Products And Modifiers, Other		
VOYDEYA ORAL TABLET	Tier 5	PA; QL (180 EA per 30 days); NEDS
VOYDEYA ORAL TABLET THERAPY PACK	Tier 5	PA; QL (180 EA per 30 days); NEDS
Hemostasis Agents		
tranexamic acid oral tablet	Tier 3	
Platelet Modifying Agents		
DOPTELET ORAL TABLET	Tier 5	PA; NEDS
prasugrel hcl oral tablet	Tier 4	MO
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier 5	NEDS
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Tier 5	NEDS
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	Tier 3	
heparin sodium (porcine) injection solution 20000 unit/ml	Tier 4	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml	Tier 4	
jantoven oral tablet	Tier 1	MO
warfarin sodium oral tablet	Tier 1	MO
Blood Formation Modifiers		
anagrelide hcl oral capsule	Tier 4	MO
CABLIVI INJECTION KIT	Tier 5	PA; QL (30 EA per 30 days); NEDS
eltrombopag olamine oral packet	Tier 5	PA; NEDS
eltrombopag olamine oral tablet	Tier 5	PA; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 4	PA

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

Drug	Status	Requirements/Limits
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier 5	PA; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier 6	
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12 hour	Tier 4	MO
cilostazol oral tablet	Tier 2	MO
clopidogrel bisulfate oral tablet 300 mg	Tier 1	QL (1 EA per 30 days)
clopidogrel bisulfate oral tablet 75 mg	Tier 1	MO
dipyridamole oral tablet	Tier 3	MO
ticagrelor oral tablet	Tier 3	MO
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet	Tier 1	MO
clonidine transdermal patch weekly 0.1 mg/24hr	Tier 2	MO
clonidine transdermal patch weekly 0.2 mg/24hr, 0.3 mg/24hr	Tier 4	MO
guanfacine hcl oral tablet	Tier 2	MO
methyldopa oral tablet	Tier 2	MO
midodrine hcl oral tablet 10 mg	Tier 3	
midodrine hcl oral tablet 2.5 mg, 5 mg	Tier 2	
Alpha-Adrenergic Blocking Agents		
prazosin hcl oral capsule	Tier 2	MO
Angiotensin Ii Receptor Antagonists		
amlodipine-olmesartan oral tablet	Tier 2	MO
candesartan cilexetil oral tablet	Tier 1	MO
candesartan cilexetil-hctz oral tablet	Tier 1	MO
ENTRESTO ORAL CAPSULE SPRINKLE	Tier 3	QL (240 EA per 30 days)
irbesartan oral tablet	Tier 1	MO
irbesartan-hydrochlorothiazide oral tablet	Tier 1	MO
losartan potassium oral tablet	Tier 1	MO
losartan potassium-hctz oral tablet	Tier 1	MO; QL (1 EA per 1 day)
olmesartan medoxomil oral tablet	Tier 1	MO
olmesartan medoxomil-hctz oral tablet	Tier 1	MO
sacubitril-valsartan oral tablet	Tier 3	MO; QL (60 EA per 30 days)
telmisartan oral tablet	Tier 1	MO
telmisartan-hctz oral tablet	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
valsartan oral tablet	Tier 1	MO
valsartan-hydrochlorothiazide oral tablet	Tier 1	MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril hcl oral tablet	Tier 1	MO
benazepril-hydrochlorothiazide oral tablet	Tier 2	MO
captopril oral tablet	Tier 2	MO
enalapril maleate oral tablet	Tier 1	MO
enalapril-hydrochlorothiazide oral tablet	Tier 1	MO
fosinopril sodium oral tablet	Tier 1	MO
fosinopril sodium-hctz oral tablet	Tier 2	MO
lisinopril oral tablet	Tier 1	MO
lisinopril-hydrochlorothiazide oral tablet	Tier 1	MO
moexipril hcl oral tablet	Tier 2	MO
perindopril erbumine oral tablet	Tier 2	MO
quinapril hcl oral tablet	Tier 1	MO; QL (2 EA per 1 day)
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-25 mg	Tier 1	MO; QL (1 EA per 1 day)
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg	Tier 1	MO; QL (2 EA per 1 day)
ramipril oral capsule	Tier 1	MO
trandolapril oral tablet	Tier 1	MO
trandolapril-verapamil hcl er oral tablet extended release	Tier 2	MO
Antiarrhythmics		
amiodarone hcl oral tablet 100 mg	Tier 3	MO
amiodarone hcl oral tablet 200 mg, 400 mg	Tier 2	MO
dofetilide oral capsule	Tier 4	MO
flecainide acetate oral tablet	Tier 2	MO
mexiletine hcl oral capsule	Tier 2	MO
MULTAQ ORAL TABLET	Tier 3	MO
propafenone hcl er oral capsule extended release 12 hour	Tier 4	MO
propafenone hcl oral tablet	Tier 2	MO
quinidine gluconate er oral tablet extended release	Tier 4	MO
quinidine sulfate oral tablet	Tier 2	MO
sotalol hcl (af) oral tablet	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
sotalol hcl oral tablet	Tier 2	MO
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule	Tier 2	MO
atenolol oral tablet	Tier 1	MO
atenolol-chlorthalidone oral tablet	Tier 1	MO
betaxolol hcl oral tablet	Tier 3	MO
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 2	MO
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg	Tier 2	MO
bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg	Tier 1	MO
carvedilol oral tablet	Tier 1	MO
carvedilol phosphate er oral capsule extended release 24 hour	Tier 2	MO
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	Tier 2	MO
metoprolol succinate er oral tablet extended release 24 hour	Tier 2	MO
metoprolol tartrate oral tablet	Tier 1	MO
metoprolol-hydrochlorothiazide oral tablet	Tier 2	MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 2	MO
pindolol oral tablet	Tier 2	MO
propranolol hcl er oral capsule extended release 24 hour	Tier 2	MO
propranolol hcl oral solution	Tier 2	MO
propranolol hcl oral tablet	Tier 2	MO
Calcium Channel Blocking Agents		
amlodipine besy-benazepril hcl oral capsule	Tier 1	MO
amlodipine besylate oral tablet	Tier 1	MO
amlodipine besylate-valsartan oral tablet	Tier 2	MO; QL (1 EA per 1 day)
cartia xt oral capsule extended release 24 hour	Tier 2	MO
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg	Tier 2	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour	Tier 2	MO
diltiazem hcl er oral capsule extended release 12 hour	Tier 2	MO
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	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
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 420 mg	Tier 2	MO
diltiazem hcl er oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg	Tier 3	MO
diltiazem hcl oral tablet	Tier 2	MO
dilt-xr oral capsule extended release 24 hour	Tier 2	MO
felodipine er oral tablet extended release 24 hour	Tier 2	MO
isradipine oral capsule	Tier 4	MO
matzim la oral tablet extended release 24 hour	Tier 2	MO
nicardipine hcl oral capsule	Tier 4	MO
nifedipine er oral tablet extended release 24 hour	Tier 2	MO
nifedipine er osmotic release oral tablet extended release 24 hour	Tier 2	MO
tiadylt er oral capsule extended release 24 hour	Tier 2	MO
verapamil hcl er oral capsule extended release 24 hour	Tier 4	MO
verapamil hcl er oral tablet extended release	Tier 2	MO
verapamil hcl oral tablet 120 mg, 40 mg	Tier 1	MO
verapamil hcl oral tablet 80 mg	Tier 2	MO
Cardiovascular Agents, Other		
aliskiren fumarate oral tablet	Tier 2	MO
CORLANOR ORAL SOLUTION	Tier 4	PA; MO; QL (450 ML per 30 days)
digoxin oral solution	Tier 2	MO
digoxin oral tablet 125 mcg, 250 mcg	Tier 2	MO
droxidopa oral capsule 100 mg	Tier 4	PA
droxidopa oral capsule 200 mg, 300 mg	Tier 5	PA; NEDS
ivabradine hcl oral tablet	Tier 4	PA; QL (60 EA per 30 days)
metyrosine oral capsule	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)
pentoxifylline er oral tablet extended release	Tier 2	MO
ranolazine er oral tablet extended release 12 hour	Tier 3	MO
telmisartan-amlodipine oral tablet	Tier 2	MO
VERQUVO ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	Tier 5	PA; QL (2 ML per 28 days); NEDS

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

Drug	Status	Requirements/Limits
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	Tier 5	PA; QL (3 ML per 28 days); NEDS
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide oral tablet 125 mg	Tier 2	MO
acetazolamide oral tablet 250 mg	Tier 3	MO
methazolamide oral tablet	Tier 4	MO
Diuretics, Loop		
bumetanide oral tablet	Tier 2	MO
ethacrynic acid oral tablet	Tier 4	MO
furosemide injection solution	Tier 6	HI
furosemide oral solution 10 mg/ml, 8 mg/ml	Tier 2	MO
furosemide oral tablet	Tier 1	MO
torsemide oral tablet	Tier 2	MO
Diuretics, Potassium-Sparing		
amiloride hcl oral tablet	Tier 2	MO
amiloride-hydrochlorothiazide oral tablet	Tier 2	MO
eplerenone oral tablet	Tier 2	MO
KERENDIA ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
spironolactone oral tablet	Tier 1	MO
spironolactone-hctz oral tablet	Tier 2	MO
triamterene oral capsule	Tier 2	
triamterene-hctz oral capsule 37.5-25 mg	Tier 2	MO
triamterene-hctz oral tablet	Tier 2	MO
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 2	MO
hydrochlorothiazide oral capsule	Tier 1	MO
hydrochlorothiazide oral tablet	Tier 1	MO
indapamide oral tablet	Tier 1	MO
metolazone oral tablet	Tier 2	MO
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Tier 2	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Tier 2	MO
gemfibrozil oral tablet	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
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin calcium oral tablet	Tier 1	MO
fluvastatin sodium er oral tablet extended release 24 hour	Tier 2	MO
fluvastatin sodium oral capsule	Tier 2	MO
lovastatin oral tablet	Tier 1	MO
pitavastatin calcium oral tablet	Tier 4	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 1	MO; QL (1.5 EA per 1 day)
pravastatin sodium oral tablet 80 mg	Tier 1	MO; QL (1 EA per 1 day)
rosuvastatin calcium oral tablet	Tier 1	MO
simvastatin oral tablet	Tier 1	MO; QL (1.5 EA per 1 day)
Dyslipidemics, Other		
cholestyramine light oral packet	Tier 4	MO
cholestyramine light oral powder	Tier 2	MO
cholestyramine oral packet	Tier 3	MO
cholestyramine oral powder	Tier 2	MO
colesevelam hcl oral packet	Tier 2	MO
colesevelam hcl oral tablet	Tier 4	MO
colestipol hcl oral packet	Tier 4	MO
colestipol hcl oral tablet	Tier 4	MO
ezetimibe oral tablet	Tier 2	MO
ezetimibe-simvastatin oral tablet	Tier 2	MO
icosapent ethyl oral capsule	Tier 4	
niacin (antihyperlipidemic) oral tablet	Tier 2	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg	Tier 2	MO
niacin er (antihyperlipidemic) oral tablet extended release 500 mg	Tier 3	MO
niacor oral tablet	Tier 2	
omega-3-acid ethyl esters oral capsule	Tier 3	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (2 ML per 28 days)
prevalite oral packet	Tier 3	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	PA; MO; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; MO; QL (3 ML per 28 days)

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

Drug	Status	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (3 ML per 28 days)
Vasodilators, Direct-Acting Arterial		
hydralazine hcl oral tablet	Tier 2	MO
minoxidil oral tablet	Tier 2	MO
Vasodilators, Direct-Acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Tier 2	MO
isosorbide mononitrate er oral tablet extended release 24 hour	Tier 2	MO
isosorbide mononitrate oral tablet	Tier 2	MO
NITRO-BID TRANSDERMAL OINTMENT	Tier 4	MO
nitroglycerin rectal ointment	Tier 4	
nitroglycerin sublingual tablet sublingual	Tier 2	MO
nitroglycerin transdermal patch 24 hour	Tier 2	MO
nitroglycerin translingual solution	Tier 3	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 2	MO; QL (30 EA per 30 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	Tier 2	MO; QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet	Tier 2	MO; QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	Tier 3	MO; QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	Tier 3	MO; QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 3	MO; QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 5 mg	Tier 2	MO; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	Tier 2	MO; QL (60 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine hcl oral capsule 10 mg	Tier 3	MO; QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 3	MO; 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.

Drug	Status	Requirements/Limits
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 4	MO; QL (30 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg	Tier 2	MO; QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet	Tier 2	MO; QL (60 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour	Tier 2	MO
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 54 mg	Tier 2	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 27 mg	Tier 3	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg	Tier 2	QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	Tier 3	QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 27 mg	Tier 3	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	Tier 2	QL (30 EA per 30 days)
methylphenidate hcl oral solution	Tier 4	MO
methylphenidate hcl oral tablet	Tier 2	MO; QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg	Tier 2	MO; QL (180 EA per 30 days)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	Tier 2	MO; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET	Tier 5	PA; MO; QL (120 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; QL (30 EA per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Tier 5	PA; QL (56 EA per 365 days); NEDS
DUVYZAT ORAL SUSPENSION	Tier 5	PA; QL (360 ML per 30 days); NEDS
INGREZZA ORAL CAPSULE 40 MG	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE 60 MG, 80 MG	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	Tier 5	PA; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier 5	PA; QL (56 EA per 365 days); NEDS
NUEDEXTA ORAL CAPSULE	Tier 5	PA; MO; NEDS
riluzole oral tablet	Tier 4	MO; QL (2 EA per 1 day)
SKYCLARYS ORAL CAPSULE	Tier 5	PA; QL (90 EA per 30 days); NEDS
tasimelteon oral capsule	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
tetrabenazine oral tablet 12.5 mg	Tier 4	PA; MO
tetrabenazine oral tablet 25 mg	Tier 5	PA; MO; NEDS
VEOZAH ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)
Fibromyalgia Agents		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	Tier 2	MO; QL (90 EA per 30 days)
pregabalin oral capsule 300 mg	Tier 2	MO; QL (60 EA per 30 days)
pregabalin oral solution	Tier 4	MO; QL (900 ML per 30 days)
SAVELLA ORAL TABLET	Tier 3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	Tier 3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
BETASERON SUBCUTANEOUS KIT	Tier 5	PA; MO; QL (15 EA per 30 days); NEDS
dalfampridine er oral tablet extended release 12 hour	Tier 3	PA; MO; QL (60 EA per 30 days)
dimethyl fumarate oral capsule delayed release	Tier 4	PA; MO; QL (60 EA per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack	Tier 4	PA; QL (120 EA per 365 days)
fingolimod hcl oral capsule	Tier 5	PA; QL (30 EA per 30 days); NEDS
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier 5	PA; MO; QL (30 ML per 30 days); NEDS
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 5	PA; MO; QL (12 ML per 28 days); NEDS

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

Drug	Status	Requirements/Limits
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (0.4 ML per 28 days); NEDS
teriflunomide oral tablet	Tier 5	PA; QL (30 EA per 30 days); NEDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Tier 5	PA; QL (14 EA per 365 days); NEDS
ZEPOSIA ORAL CAPSULE	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	Tier 5	PA; QL (56 EA per 365 days); NEDS
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline hcl oral capsule	Tier 3	MO
chlorhexidine gluconate mouth/throat solution	Tier 1	
kourzeq mouth/throat paste	Tier 2	
periogard mouth/throat solution	Tier 1	
pilocarpine hcl oral tablet 5 mg	Tier 3	MO
pilocarpine hcl oral tablet 7.5 mg	Tier 4	MO
triamcinolone acetonide mouth/throat paste	Tier 2	
Dermatological Agents		
Dermatological Agents		
acitretin oral capsule	Tier 4	
acyclovir external ointment	Tier 2	QL (15 GM per 14 days)
adapalene external gel 0.1 %	Tier 2	
adapalene external solution	Tier 5	NEDS
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (8 ML per 28 days); NEDS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (6 ML per 28 days); NEDS
ammonium lactate external cream	Tier 2	
ammonium lactate external lotion	Tier 2	
azelaic acid external gel	Tier 3	QL (100 GM per 30 days)
calcipotriene external cream	Tier 4	QL (120 GM per 30 days)
calcipotriene external ointment	Tier 4	QL (120 GM per 30 days)
calcipotriene external solution	Tier 4	QL (60 ML per 30 days)
claravis oral capsule 10 mg, 20 mg, 40 mg	Tier 4	
clobetasol propionate e external cream	Tier 4	QL (60 GM per 30 days)
clobetasol propionate external cream 0.05 %	Tier 2	QL (60 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
clobetasol propionate external gel	Tier 3	QL (60 GM per 30 days)
clobetasol propionate external ointment	Tier 2	QL (60 GM per 30 days)
clobetasol propionate external shampoo	Tier 4	
clobetasol propionate external solution	Tier 3	QL (59 ML per 30 days)
CLODAN EXTERNAL SHAMPOO	Tier 4	
clotrimazole-betamethasone external cream	Tier 2	QL (90 GM per 30 days)
clotrimazole-betamethasone external lotion	Tier 3	QL (60 ML per 30 days)
diclofenac sodium external gel 1 %	Tier 2	QL (960 GM per 30 days)
diclofenac sodium external gel 3 %	Tier 3	QL (200 GM per 30 days)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; NEDS
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
erythromycin external gel	Tier 2	
erythromycin external solution	Tier 2	
EUCRISA EXTERNAL OINTMENT	Tier 4	PA
fluorouracil external cream 0.5 %	Tier 4	QL (30 GM per 30 days)
fluorouracil external cream 5 %	Tier 3	QL (40 GM per 30 days)
fluorouracil external solution	Tier 4	
hydrocortisone (perianal) external cream	Tier 2	
imiquimod external cream 5 %	Tier 4	QL (48 EA per 30 days)
mupirocin calcium external cream	Tier 3	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	Tier 5	PA; QL (2 EA per 28 days); NEDS
pimecrolimus external cream	Tier 3	
podofilox external solution	Tier 3	
procto-med hc external cream	Tier 2	
proctosol hc external cream	Tier 2	
proctozone-hc external cream	Tier 2	
REGRANEX EXTERNAL GEL	Tier 5	NEDS
SANTYL EXTERNAL OINTMENT	Tier 4	QL (100 GM per 30 days)
selenium sulfide external lotion	Tier 2	
sulfacetamide sodium (acne) external lotion	Tier 4	
tacrolimus external ointment	Tier 3	QL (120 GM per 30 days)
tazarotene external cream	Tier 3	QL (60 GM per 30 days)
tazarotene external gel	Tier 4	QL (100 GM per 30 days)
tretinoin external cream 0.025 %	Tier 2	
tretinoin external cream 0.05 %, 0.1 %	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
tretinoin external gel	Tier 3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
aminosyn ii intravenous solution 15 %	Tier 6	B/D; HI
carglumic acid oral tablet soluble	Tier 5	PA; NEDS
CLINISOL SF INTRAVENOUS SOLUTION	Tier 6	B/D; HI
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	Tier 6	HI
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-%-%	Tier 6	HI
klor-con 10 oral tablet extended release	Tier 2	MO
klor-con m10 oral tablet extended release	Tier 2	MO
klor-con m15 oral tablet extended release	Tier 2	MO
klor-con m20 oral tablet extended release	Tier 2	MO
klor-con oral packet 20 meq	Tier 4	MO
klor-con oral tablet extended release	Tier 2	MO
K-PHOS NO 2 ORAL TABLET	Tier 4	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	Tier 6	HI
multiple electro type 1 ph 7.4 intravenous solution	Tier 6	HI
na sulfate-k sulfate-mg sulf oral solution	Tier 4	
ORACIT ORAL SOLUTION	Tier 4	
PLENAMINE INTRAVENOUS SOLUTION	Tier 6	B/D; HI
potassium chloride crys er oral tablet extended release	Tier 2	MO
potassium chloride er oral capsule extended release	Tier 2	MO
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 2	MO
potassium chloride er oral tablet extended release 15 meq	Tier 2	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	Tier 6	HI
potassium chloride oral packet	Tier 4	MO
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	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
potassium citrate er oral tablet extended release 10 meq (1080 mg)	Tier 3	
potassium citrate er oral tablet extended release 15 meq (1620 mg), 5 meq (540 mg)	Tier 2	
potassium cl in dextrose 5% intravenous solution 20 meq/l	Tier 6	HI
PREMASOL INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
PROSOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	Tier 6	HI
sodium fluoride oral tablet 2.2 (1 f) mg	Tier 1	MO
TRAVASOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
Electrolyte/Mineral/Metal Modifiers		
deferasirox oral tablet 90 mg	Tier 3	
deferasirox oral tablet soluble 125 mg	Tier 4	MO
deferasirox oral tablet soluble 250 mg, 500 mg	Tier 5	MO; NEDS
JYNARQUE ORAL TABLET	Tier 5	PA; QL (120 EA per 30 days); NEDS
kionex combination suspension	Tier 3	
penicillamine oral tablet	Tier 5	NEDS
sodium polystyrene sulfonate oral powder	Tier 2	
sps (sodium polystyrene sulf) combination suspension	Tier 3	
TRIENTINE HCL ORAL CAPSULE 250 MG	Tier 5	NEDS
VELTASSA ORAL PACKET 1 GM	Tier 4	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 4	MO
Electrolytes/Minerals/Metals/Vitamins		
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
dextrose intravenous solution 10 %, 5 %	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
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %	Tier 6	HI
dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	Tier 6	HI
intralipid intravenous emulsion 20 %	Tier 6	B/D; HI
INTRALIPID INTRAVENOUS EMULSION 30 %	Tier 6	B/D; HI
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 6	HI
NUTRILIPID INTRAVENOUS EMULSION	Tier 6	B/D; HI
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	Tier 6	HI
Vitamins		
PNV-DHA ORAL CAPSULE	Tier 4	
prenatal oral tablet 27-1 mg	Tier 2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule	Tier 3	
dicyclomine hcl oral solution 10 mg/5ml	Tier 3	
dicyclomine hcl oral tablet 20 mg	Tier 3	
glycopyrrolate oral solution	Tier 4	MO
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 2	
Gastrointestinal Agents, Other		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	Tier 3	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 4	
GATTEX SUBCUTANEOUS KIT	Tier 5	PA; MO; NEDS
IQIRVO ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
LIVDELZI ORAL CAPSULE	Tier 5	PA; QL (30 EA per 30 days); NEDS
loperamide hcl oral capsule	Tier 2	
metoclopramide hcl injection solution	Tier 2	
metoclopramide hcl oral solution 5 mg/5ml	Tier 2	
metoclopramide hcl oral tablet	Tier 1	
MOTOFEN ORAL TABLET	Tier 4	
MOVANTIK ORAL TABLET	Tier 3	QL (30 EA per 30 days)
RELISTOR ORAL TABLET	Tier 5	QL (90 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	Tier 5	QL (18 ML per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	Tier 5	QL (12 ML per 30 days); NEDS
REZDIFFRA ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
ursodiol oral capsule 300 mg	Tier 3	MO
ursodiol oral tablet	Tier 3	MO
VOQUEZNA DUAL PAK ORAL THERAPY PACK	Tier 4	PA
VOQUEZNA ORAL TABLET 10 MG	Tier 4	PA; QL (30 EA per 30 days)
VOQUEZNA ORAL TABLET 20 MG	Tier 4	PA; QL (60 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	Tier 4	PA
VOWST ORAL CAPSULE	Tier 5	PA; NEDS
XERMELO ORAL TABLET	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral solution 300 mg/5ml	Tier 2	
cimetidine oral tablet 200 mg	Tier 3	
cimetidine oral tablet 300 mg	Tier 3	MO
cimetidine oral tablet 400 mg, 800 mg	Tier 4	MO
famotidine oral suspension reconstituted	Tier 3	MO
famotidine oral tablet 20 mg	Tier 3	MO
famotidine oral tablet 40 mg	Tier 3	MO
Irritable Bowel Syndrome Agents		
alosetron hcl oral tablet 0.5 mg	Tier 4	PA; MO; QL (2 EA per 1 day)
alosetron hcl oral tablet 1 mg	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
LINZESS ORAL CAPSULE	Tier 3	MO; QL (30 EA per 30 days)
lubiprostone oral capsule	Tier 3	MO; QL (60 EA per 30 days)
Laxatives		
constulose oral solution	Tier 2	MO
enulose oral solution	Tier 2	MO
gavilyte-c oral solution reconstituted	Tier 2	
gavilyte-g oral solution reconstituted	Tier 2	
gavilyte-n with flavor pack oral solution reconstituted	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
generlac oral solution	Tier 2	MO
lactulose oral solution 10 gm/15ml	Tier 2	MO
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	Tier 2	
peg-3350/electrolytes oral solution reconstituted	Tier 2	
peg-3350/electrolytes/ascorbat oral solution reconstituted	Tier 4	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	Tier 4	
Protectants		
misoprostol oral tablet	Tier 2	MO
sucralfate oral suspension	Tier 4	MO
sucralfate oral tablet	Tier 2	MO
Proton Pump Inhibitors		
dexlansoprazole oral capsule delayed release	Tier 4	MO; QL (30 EA per 30 days)
esomeprazole magnesium oral capsule delayed release	Tier 3	MO; QL (60 EA per 30 days)
lansoprazole oral capsule delayed release	Tier 2	MO; QL (60 EA per 30 days)
omeprazole oral capsule delayed release 10 mg	Tier 2	MO; QL (1 EA per 1 day)
omeprazole oral capsule delayed release 20 mg, 40 mg	Tier 2	MO; QL (2 EA per 1 day)
pantoprazole sodium oral tablet delayed release	Tier 2	MO; QL (2 EA per 1 day)
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
AQNEURSA ORAL PACKET	Tier 5	PA; QL (120 EA per 30 days); NEDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	PA; HI; LA
betaine oral powder	Tier 5	MO; NEDS
CERDELGA ORAL CAPSULE	Tier 5	PA; MO; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier 3	MO
CYSTAGON ORAL CAPSULE	Tier 4	MO
l-glutamine oral packet	Tier 5	PA; NEDS
miglustat oral capsule	Tier 5	PA; MO; NEDS
MIPLYFFA ORAL CAPSULE	Tier 5	PA; QL (90 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
nitisinone oral capsule 10 mg, 2 mg, 5 mg	Tier 5	PA; MO; NEDS
nitisinone oral capsule 20 mg	Tier 5	PA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	Tier 6	PA; HI
sapropterin dihydrochloride oral packet	Tier 5	PA; MO; NEDS
SODIUM PHENYLBUTYRATE ORAL TABLET	Tier 5	MO; NEDS
YARGESA ORAL CAPSULE	Tier 5	PA; NEDS
zelvysia oral packet	Tier 5	PA; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	PA; HI
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 4	MO
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
PYRUKYND ORAL TABLET 20 MG, 5 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS
PYRUKYND ORAL TABLET 50 MG	Tier 5	PA; QL (120 EA per 30 days); NEDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	Tier 5	PA; QL (30 EA per 30 days); NEDS
sodium phenylbutyrate oral powder 3 gm/tsp	Tier 5	NEDS
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (0.8 ML per 28 days); NEDS
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA ORAL TABLET	Tier 4	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Tier 3	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
oxybutynin chloride er oral tablet extended release 24 hour	Tier 2	MO
oxybutynin chloride oral solution	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
oxybutynin chloride oral tablet 5 mg	Tier 1	MO
solifenacin succinate oral tablet	Tier 2	MO
tolterodine tartrate er oral capsule extended release 24 hour	Tier 3	MO
tolterodine tartrate oral tablet 1 mg	Tier 2	MO
tolterodine tartrate oral tablet 2 mg	Tier 3	MO
trospium chloride er oral capsule extended release 24 hour	Tier 3	MO
trospium chloride oral tablet	Tier 2	MO
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour	Tier 2	MO; QL (1 EA per 1 day)
doxazosin mesylate oral tablet	Tier 2	MO
dutasteride oral capsule	Tier 2	MO
dutasteride-tamsulosin hcl oral capsule	Tier 4	MO
finasteride oral tablet 5 mg	Tier 2	MO; QL (1 EA per 1 day)
silodosin oral capsule	Tier 3	MO
tadalafil oral tablet 2.5 mg, 5 mg	Tier 4	PA; QL (30 EA per 30 days)
tamsulosin hcl oral capsule	Tier 2	MO
terazosin hcl oral capsule	Tier 1	MO
Genitourinary Agents, Other		
bethanechol chloride oral tablet	Tier 2	
ELMIRON ORAL CAPSULE	Tier 5	NEDS
Phosphate Binders		
calcium acetate (phos binder) oral capsule	Tier 3	
calcium acetate oral tablet 667 mg	Tier 3	MO
sevelamer carbonate oral packet	Tier 4	MO
sevelamer carbonate oral tablet	Tier 2	MO
sevelamer hcl oral tablet 800 mg	Tier 2	MO
Glucose Monitoring Test Supplies		
Glucose Monitoring Test Supplies		
ACCU-CHEK AVIVA PLUS KIT	Tier 2	Part B; QL (1 EA per 365 days)
ACCU-CHEK GUIDE KIT	Tier 2	Part B; QL (1 EA per 365 days)
ACCU-CHEK GUIDE ME KIT	Tier 2	Part B; QL (1 EA per 365 days)

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, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
AGAMREE ORAL SUSPENSION	Tier 5	PA; QL (300 ML per 30 days); NEDS
alclometasone dipropionate external cream	Tier 2	QL (240 GM per 30 days)
alclometasone dipropionate external ointment	Tier 2	QL (240 GM per 30 days)
betamethasone dipropionate aug external cream	Tier 2	QL (150 GM per 30 days)
betamethasone dipropionate aug external gel	Tier 4	QL (150 GM per 30 days)
betamethasone dipropionate aug external lotion	Tier 4	QL (180 ML per 30 days)
betamethasone dipropionate aug external ointment	Tier 3	QL (150 GM per 30 days)
betamethasone dipropionate external cream	Tier 4	QL (150 GM per 30 days)
betamethasone dipropionate external lotion	Tier 4	QL (150 ML per 30 days)
betamethasone dipropionate external ointment	Tier 4	QL (150 GM per 30 days)
betamethasone valerate external cream	Tier 2	QL (150 GM per 30 days)
betamethasone valerate external lotion	Tier 2	QL (180 ML per 30 days)
betamethasone valerate external ointment	Tier 2	QL (150 GM per 30 days)
desonide external cream	Tier 4	QL (240 GM per 30 days)
desonide external ointment	Tier 4	QL (120 GM per 30 days)
desoximetasone external cream	Tier 4	QL (100 GM per 30 days)
desoximetasone external ointment 0.25 %	Tier 4	QL (180 GM per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Tier 4	
dexamethasone oral elixir	Tier 2	
dexamethasone oral solution	Tier 2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg	Tier 1	
dexamethasone oral tablet 2 mg, 6 mg	Tier 2	
dexamethasone sodium phosphate injection solution 120 mg/30ml	Tier 2	
fludrocortisone acetate oral tablet	Tier 2	MO
fluocinolone acetonide body external oil	Tier 3	
fluocinolone acetonide external cream	Tier 4	QL (240 GM per 30 days)
fluocinolone acetonide external ointment	Tier 4	QL (240 GM per 30 days)
fluocinolone acetonide external solution	Tier 4	QL (90 ML 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
fluocinolone acetonide scalp external oil	Tier 3	
fluocinonide emulsified base external cream	Tier 4	QL (60 GM per 30 days)
fluocinonide external cream 0.05 %	Tier 3	QL (60 GM per 30 days)
fluocinonide external cream 0.1 %	Tier 2	QL (60 GM per 30 days)
fluocinonide external gel	Tier 4	QL (60 GM per 30 days)
fluocinonide external ointment	Tier 4	QL (60 GM per 30 days)
fluocinonide external solution	Tier 4	QL (60 ML per 30 days)
fluticasone propionate external cream	Tier 2	QL (150 GM per 30 days)
fluticasone propionate external ointment	Tier 2	QL (150 GM per 30 days)
halobetasol propionate external cream	Tier 4	QL (150 GM per 30 days)
halobetasol propionate external ointment	Tier 4	QL (150 GM per 30 days)
hydrocortisone external cream 1 %	Tier 2	
hydrocortisone external cream 2.5 %	Tier 2	QL (240 GM per 30 days)
hydrocortisone external lotion 2.5 %	Tier 2	QL (240 ML per 30 days)
hydrocortisone external ointment 1 %	Tier 2	QL (100 GM per 30 days)
hydrocortisone external ointment 2.5 %	Tier 2	QL (240 GM per 30 days)
hydrocortisone valerate external cream	Tier 4	QL (60 GM per 30 days)
hydrocortisone valerate external ointment	Tier 4	QL (180 GM per 30 days)
medpura hydrocortisone external cream	Tier 2	
methylprednisolone oral tablet	Tier 2	
methylprednisolone oral tablet therapy pack	Tier 2	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	Tier 2	
mometasone furoate external cream	Tier 2	QL (150 GM per 30 days)
mometasone furoate external ointment	Tier 2	QL (150 GM per 30 days)
mometasone furoate external solution	Tier 2	
prednisolone oral solution	Tier 1	
prednisolone sodium phosphate oral solution 25 mg/5ml	Tier 3	
prednisolone sodium phosphate oral solution 5 mg/5ml	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier 4	
prednisone oral solution	Tier 4	
prednisone oral tablet	Tier 1	
prednisone oral tablet therapy pack	Tier 2	
triamcinolone acetonide external cream 0.025 %, 0.1 %	Tier 1	QL (160 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
triamcinolone acetonide external cream 0.5 %	Tier 1	QL (454 GM per 30 days)
triamcinolone acetonide external lotion	Tier 2	QL (180 ML per 30 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	Tier 1	QL (160 GM per 30 days)
triamcinolone acetonide external ointment 0.5 %	Tier 2	QL (150 GM per 30 days)
triderm external cream 0.5 %	Tier 1	QL (454 GM per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin ace spray refrig nasal solution	Tier 3	MO
desmopressin acetate injection solution	Tier 5	NEDS
desmopressin acetate oral tablet	Tier 3	MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	Tier 4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 5	PA; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE	Tier 5	PA; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	Tier 5	PA; LA; MO; NEDS
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	Tier 4	MO
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	Tier 5	MO; NEDS
VYNDAMAX ORAL CAPSULE	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
VYNDAQEL ORAL CAPSULE	Tier 5	PA; MO; QL (4 EA per 1 day); NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
mifepristone oral tablet 300 mg	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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral capsule	Tier 4	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 2	MO
testosterone cypionate intramuscular solution 200 mg/ml (1 ml)	Tier 2	
testosterone enanthate intramuscular solution	Tier 3	MO
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	Tier 3	PA; MO
testosterone transdermal gel 25 mg/2.5gm (1%)	Tier 4	PA; MO
Estrogens		
ABIGALE LO ORAL TABLET	Tier 3	MO
abigale oral tablet	Tier 3	MO
altavera oral tablet	Tier 2	MO
alyacen 1/35 oral tablet	Tier 2	MO
AMETHIA ORAL TABLET	Tier 2	MO; QL (91 EA per 91 days)
amethyst oral tablet	Tier 2	MO
apri oral tablet	Tier 2	MO
aranelle oral tablet	Tier 3	MO
ashlyna oral tablet	Tier 2	MO; QL (91 EA per 91 days)
aubra eq oral tablet	Tier 2	MO
aviane oral tablet	Tier 2	MO
azurette oral tablet	Tier 2	MO
balziva oral tablet	Tier 3	MO
blisovi 24 fe oral tablet	Tier 4	MO
blisovi fe 1.5/30 oral tablet	Tier 2	MO
briellyn oral tablet	Tier 3	MO
CAMRESE LO ORAL TABLET	Tier 2	QL (91 EA per 91 days)
CAMRESE ORAL TABLET	Tier 2	MO; QL (91 EA per 91 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier 4	MO
cryselle-28 oral tablet	Tier 2	MO
cyred eq oral tablet	Tier 2	MO
DAYSEE ORAL TABLET	Tier 2	MO; QL (91 EA per 91 days)

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

Drug	Status	Requirements/Limits
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Tier 2	MO
dotti transdermal patch twice weekly	Tier 3	MO; QL (8 EA per 28 days)
drospirenone-ethinyl estradiol oral tablet	Tier 3	MO
eluryng vaginal ring	Tier 3	MO
enilloring vaginal ring	Tier 2	MO
enpresse-28 oral tablet	Tier 3	MO
enskyce oral tablet 0.15-30 mg-mcg	Tier 2	MO
estarylla oral tablet	Tier 2	MO
estradiol oral tablet	Tier 1	MO
estradiol transdermal patch twice weekly	Tier 3	MO; QL (8 EA per 28 days)
estradiol transdermal patch weekly	Tier 3	MO
estradiol vaginal cream	Tier 3	MO
estradiol vaginal tablet	Tier 3	MO
estradiol-norethindrone acet oral tablet	Tier 3	MO
ESTRING VAGINAL RING 7.5 MCG/24HR	Tier 4	MO; QL (1 EA per 90 days)
ethynodiol diac-eth estradiol oral tablet	Tier 2	MO
etonogestrel-ethinyl estradiol vaginal ring	Tier 3	MO
falmina oral tablet	Tier 2	MO
feirza 1.5/30 oral tablet	Tier 2	MO
feirza 1/20 oral tablet	Tier 2	MO
finzala oral tablet chewable	Tier 2	MO
fyavolv oral tablet	Tier 4	MO
galbriela oral tablet chewable	Tier 2	MO
hailey 24 fe oral tablet	Tier 4	MO
haloette vaginal ring	Tier 4	MO
iclevia oral tablet	Tier 2	MO; QL (91 EA per 91 days)
introvale oral tablet	Tier 2	MO; QL (91 EA per 91 days)
isibloom oral tablet	Tier 2	MO
jaimiess oral tablet	Tier 2	MO; QL (91 EA per 91 days)
jasmiel oral tablet	Tier 2	MO
jinteli oral tablet	Tier 3	MO
JOLESSA ORAL TABLET	Tier 2	MO; QL (91 EA per 91 days)
juleber oral tablet	Tier 2	MO
junel 1.5/30 oral tablet	Tier 3	MO
junel 1/20 oral tablet	Tier 3	MO
junel fe 1.5/30 oral tablet	Tier 3	MO
junel fe 1/20 oral tablet	Tier 3	MO

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

Drug	Status	Requirements/Limits
junel fe 24 oral tablet	Tier 3	MO
kariva oral tablet	Tier 2	MO
kelnor 1/35 oral tablet	Tier 3	MO
kelnor 1/50 oral tablet	Tier 3	MO
kurvelo oral tablet	Tier 2	MO
larin 1.5/30 oral tablet	Tier 3	MO
larin 1/20 oral tablet	Tier 2	MO
larin fe 1.5/30 oral tablet	Tier 2	MO
larin fe 1/20 oral tablet	Tier 2	MO
leena oral tablet	Tier 3	MO
lessina oral tablet	Tier 2	MO
levonest oral tablet	Tier 2	MO
levonorgest-eth est & eth est oral tablet	Tier 3	MO; QL (91 EA per 91 days)
levonorgest-eth estrad 91-day oral tablet	Tier 3	MO; QL (91 EA per 91 days)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	Tier 3	MO
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	Tier 4	MO
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Tier 2	MO
levora 0.15/30 (28) oral tablet	Tier 2	MO
lojaimiess oral tablet	Tier 2	MO; QL (91 EA per 91 days)
loryna oral tablet	Tier 2	MO
low-ogestrel oral tablet	Tier 2	MO
luizza 1.5/30 oral tablet	Tier 2	MO
luizza 1/20 oral tablet	Tier 2	MO
lutera oral tablet	Tier 2	MO
lyllana transdermal patch twice weekly	Tier 3	MO; QL (8 EA per 28 days)
marlissa oral tablet	Tier 2	MO
MENEST ORAL TABLET 0.625 MG, 2.5 MG	Tier 4	MO
mibelas 24 fe oral tablet chewable	Tier 2	MO
microgestin 1.5/30 oral tablet	Tier 2	MO
microgestin 1/20 oral tablet	Tier 2	MO
microgestin fe 1.5/30 oral tablet	Tier 2	MO
microgestin fe 1/20 oral tablet	Tier 2	MO
mili oral tablet	Tier 2	MO
mimvey oral tablet	Tier 4	MO
minzoya oral tablet	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
necon 0.5/35 (28) oral tablet	Tier 2	MO
nikki oral tablet	Tier 2	MO
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	Tier 2	MO
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	Tier 2	MO
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	Tier 2	MO
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	Tier 3	MO
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Tier 2	MO
norgestim-eth estrad triphasic oral tablet	Tier 2	MO
nortrel 0.5/35 (28) oral tablet	Tier 3	MO
nortrel 1/35 (21) oral tablet	Tier 3	MO
nortrel 1/35 (28) oral tablet	Tier 3	MO
nortrel 7/7/7 oral tablet	Tier 3	MO
nylia 1/35 oral tablet	Tier 2	MO
nylia 7/7/7 oral tablet	Tier 2	MO
ocella oral tablet	Tier 4	MO
pimtrea oral tablet	Tier 2	MO
portia-28 oral tablet	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
reclipsen oral tablet	Tier 2	MO
RIVELSA ORAL TABLET	Tier 2	MO; QL (91 EA per 91 days)
rosyrah oral tablet	Tier 2	MO; QL (91 EA per 91 days)
setlakin oral tablet	Tier 2	MO; QL (91 EA per 91 days)
SIMPESSE ORAL TABLET	Tier 2	
sprintec 28 oral tablet	Tier 2	MO
sronyx oral tablet	Tier 2	MO
syeda oral tablet	Tier 3	MO
tarina 24 fe oral tablet	Tier 3	MO
tarina fe 1/20 eq oral tablet	Tier 2	MO
taysofy oral capsule	Tier 2	MO
tilia fe oral tablet	Tier 3	MO
tri-estarylla oral tablet	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
TRI-LEGEST FE ORAL TABLET	Tier 3	MO
tri-lo-estarylla oral tablet	Tier 2	MO
tri-lo-sprintec oral tablet	Tier 2	MO
tri-mili oral tablet	Tier 2	MO
tri-sprintec oral tablet	Tier 2	MO
trivora (28) oral tablet	Tier 2	MO
tri-vylibra lo oral tablet	Tier 2	MO
tri-vylibra oral tablet	Tier 2	MO
turqoz oral tablet	Tier 2	MO
tyblume oral tablet chewable	Tier 2	MO
valtya 1/50 oral tablet	Tier 2	MO
velivet oral tablet	Tier 2	MO
vienva oral tablet	Tier 2	MO
vyfemla oral tablet	Tier 3	MO
vylibra oral tablet	Tier 2	MO
WYMZYA FE ORAL TABLET CHEWABLE	Tier 3	MO
xarah fe oral tablet	Tier 2	MO
xelria fe oral tablet chewable	Tier 2	MO
YUVAFEM VAGINAL TABLET	Tier 3	MO
zovia 1/35 (28) oral tablet	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	
norelgestromin-eth estradiol transdermal patch weekly	Tier 4	
xulane transdermal patch weekly	Tier 3	
Progestins		
camila oral tablet	Tier 2	MO
deblitane oral tablet	Tier 2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Tier 3	QL (0.65 ML per 90 days)
errin oral tablet	Tier 2	MO
gallifrey oral tablet	Tier 2	MO
heather oral tablet	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
incassia oral tablet	Tier 2	MO
lyleq oral tablet	Tier 2	MO
lyza oral tablet	Tier 2	MO
medroxyprogesterone acetate intramuscular suspension	Tier 2	QL (1 ML per 90 days)
medroxyprogesterone acetate oral tablet	Tier 1	MO
megestrol acetate oral suspension 40 mg/ml	Tier 3	
megestrol acetate oral suspension 625 mg/5ml	Tier 4	MO
megestrol acetate oral tablet	Tier 2	
meleya oral tablet	Tier 2	MO
nora-be oral tablet	Tier 2	MO
norethindrone acetate oral tablet	Tier 2	MO
norethindrone oral tablet	Tier 2	MO
orquidea oral tablet	Tier 2	MO
sharobel oral tablet	Tier 2	MO
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET	Tier 4	PA; MO; QL (30 EA per 30 days)
raloxifene hcl oral tablet	Tier 2	MO; QL (1 EA per 1 day)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox oral tablet	Tier 1	MO
levo-t oral tablet	Tier 1	MO
levothyroxine sodium oral tablet	Tier 1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 75 mcg, 88 mcg	Tier 1	MO
levoxyl oral tablet 50 mcg	Tier 2	MO
liomny oral tablet	Tier 2	MO
liothyronine sodium oral tablet	Tier 2	MO
SYNTHROID ORAL TABLET	Tier 4	MO
unithroid oral tablet	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
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
CRENESSITY ORAL CAPSULE 100 MG	Tier 5	PA; QL (120 EA per 30 days); NEDS
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	Tier 5	PA; QL (90 EA per 30 days); NEDS
CRENESSITY ORAL SOLUTION	Tier 5	PA; QL (240 ML per 30 days); NEDS
ISTURISA ORAL TABLET 1 MG	Tier 5	PA; MO; QL (240 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	Tier 5	PA; MO; QL (360 EA per 30 days); NEDS
LYSODREN ORAL TABLET	Tier 5	NEDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline oral tablet	Tier 3	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	Tier 4	QL (1 EA per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG	Tier 4	QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	Tier 4	QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	Tier 4	QL (1 EA per 28 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA NS; QL (4 EA per 365 days); NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4	PA NS; QL (1 EA per 28 days)
lanreotide acetate subcutaneous solution	Tier 5	PA NS; NEDS
leuprolide acetate injection kit	Tier 4	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Tier 5	QL (1 EA per 28 days); NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Tier 5	QL (1 EA per 84 days); NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Tier 5	QL (1 EA per 112 days); NEDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	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
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	Tier 5	MO; NEDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	Tier 5	MO; QL (1 EA per 28 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (60 ML per 30 days); NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	Tier 5	PA NS; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	Tier 5	PA; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	LA; MO; NEDS
SYNAREL NASAL SOLUTION	Tier 5	NEDS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral tablet	Tier 2	MO
propylthiouracil oral tablet	Tier 2	MO
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	Tier 6	PA; HI
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	PA; HI
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
ICATIBANT ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
sajazir subcutaneous solution prefilled syringe	Tier 5	PA; NEDS
Antiangiogenic Agents		
EMPAVELI SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (200 ML per 28 days); NEDS
Immune Suppressants		
azathioprine sodium injection solution reconstituted	Tier 5	B/D; NEDS
Immunoglobulins		
BIVIGAM INTRAVENOUS 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
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML	Tier 5	PA; NEDS
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 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, 2.5 GM/25ML	Tier 5	PA; NEDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML	Tier 5	PA; NEDS
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 5	PA; NEDS
Immunological Agents, Other		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier 5	PA NS; LA; MO; NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
auranofin oral capsule	Tier 5	NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA NS; NEDS
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	Tier 5	PA; QL (2 ML per 28 days); NEDS
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	Tier 5	PA; QL (2 ML per 28 days); NEDS
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

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

Drug	Status	Requirements/Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (10 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	Tier 5	PA; MO; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 5	PA; MO; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	Tier 5	PA; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	Tier 5	PA; NEDS
leflunomide oral tablet	Tier 2	MO
OCTAGAM INTRAVENOUS SOLUTION 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	Tier 5	PA; NEDS
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	Tier 3	PA; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	Tier 5	PA; MO; QL (1.6 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	Tier 5	PA; MO; QL (2.8 ML per 28 days); NEDS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	Tier 3	QL (20 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	Tier 3	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	Tier 3	QL (30 EA per 5 days)
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML	Tier 5	PA; NEDS
REVCOVI INTRAMUSCULAR 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
RINVOQ LQ ORAL SOLUTION	Tier 5	PA; QL (360 ML per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	Tier 5	PA; QL (1 EA per 1 day); NEDS
SKYRIZI INTRAVENOUS SOLUTION	Tier 5	PA; MO; QL (60 ML per 365 days); NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Tier 5	PA; QL (1.2 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Tier 5	PA; MO; QL (2.4 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
SOTYKTU ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
STELARA 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 (3 ML per 84 days); NEDS
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	PA; QL (3 ML per 84 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; QL (3 ML per 84 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	Tier 5	PA; QL (0.5 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (4 ML per 28 days); NEDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (2 ML per 56 days); NEDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 5	PA; QL (4 ML per 28 days); NEDS

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

Drug	Status	Requirements/Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; MO; QL (2 ML per 56 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Tier 5	PA; QL (2 ML per 28 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; MO; QL (3 ML per 84 days); NEDS
WEZLANA SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (3 ML per 84 days); NEDS
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (3 ML per 84 days); NEDS
XELJANZ ORAL SOLUTION	Tier 5	PA; MO; QL (300 ML per 30 days); NEDS
XELJANZ ORAL TABLET	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	Tier 5	PA; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 5	PA; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; QL (8 EA per 28 days); NEDS
Immunomodulators		
ILARIS SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (2 ML per 28 days); NEDS
Immunosuppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; NEDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (3.6 ML per 28 days); NEDS

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

Drug	Status	Requirements/Limits
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 5	PA; QL (6 EA per 28 days); NEDS
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; QL (3 EA per 28 days); NEDS
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; QL (6 EA per 28 days); NEDS
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	Tier 5	PA; QL (2 EA per 28 days); NEDS
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 5	PA; QL (6 EA per 28 days); NEDS
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit	Tier 5	PA; QL (3 EA per 28 days); NEDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	B/D
azathioprine oral tablet 50 mg	Tier 2	B/D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
cyclosporine modified oral capsule	Tier 4	B/D; MO
cyclosporine modified oral solution	Tier 4	B/D; MO
cyclosporine oral capsule	Tier 4	B/D; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	Tier 4	B/D
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	Tier 5	B/D; NEDS
everolimus oral tablet 0.25 mg	Tier 4	B/D; MO

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

Drug	Status	Requirements/Limits
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	Tier 5	B/D; MO; NEDS
gengraf oral capsule 100 mg, 25 mg	Tier 4	B/D; MO
gengraf oral solution	Tier 4	B/D; MO
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (6 EA per 365 days); NEDS
JYLAMVO ORAL SOLUTION	Tier 4	PA NS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (2.28 ML per 28 days); NEDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (2.28 ML per 28 days); NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	Tier 2	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	Tier 2	
methotrexate sodium injection solution reconstituted	Tier 2	
methotrexate sodium oral tablet	Tier 2	
mycophenolate mofetil oral capsule	Tier 4	B/D; MO
mycophenolate mofetil oral suspension reconstituted	Tier 5	B/D; MO; NEDS
mycophenolate mofetil oral tablet	Tier 4	B/D; MO
mycophenolate sodium oral tablet delayed release	Tier 4	B/D; MO
OTEZLA ORAL TABLET 20 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
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
sirolimus oral solution	Tier 4	B/D; MO
sirolimus oral tablet	Tier 4	B/D; MO
tacrolimus oral capsule 0.5 mg, 1 mg	Tier 3	B/D; MO
tacrolimus oral capsule 5 mg	Tier 4	B/D; MO
TAVNEOS ORAL CAPSULE	Tier 5	PA; QL (180 EA per 30 days); NEDS
XATMEP ORAL SOLUTION	Tier 4	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; QL (2 EA per 28 days); NEDS
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; QL (1 EA per 28 days); NEDS
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	QL (1 EA per 252 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
ADACEL INTRAMUSCULAR SUSPENSION	Tier 6	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	QL (1 EA per 999 days)
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	Tier 6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 6	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 6	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 6	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Tier 6	B/D

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

Drug	Status	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	Tier 6	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 6	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED	Tier 6	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
INFANRIX INTRAMUSCULAR SUSPENSION	Tier 6	
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	
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 6	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	QL (0.5 ML per 999 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier 6	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
penmenvy intramuscular suspension reconstituted	Tier 6	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	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
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 6	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
RECOMBIVAX HB INJECTION SUSPENSION	Tier 6	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Tier 6	B/D
ROTARIX ORAL SUSPENSION	Tier 6	
ROTATEQ ORAL SOLUTION	Tier 6	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 6	QL (2 EA per 999 days)
STAMARIL INJECTION SUSPENSION RECONSTITUTED	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 INJECTION SUSPENSION RECONSTITUTED	Tier 6	
VARIZIG INTRAMUSCULAR SOLUTION	Tier 6	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	Tier 6	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Tier 6	
YF-VAX SUBCUTANEOUS INJECTABLE	Tier 6	

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

Drug	Status	Requirements/Limits
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium oral capsule	Tier 4	
mesalamine oral tablet delayed release 1.2 gm	Tier 4	MO
mesalamine oral tablet delayed release 800 mg	Tier 4	
mesalamine rectal enema	Tier 4	
mesalamine rectal suppository	Tier 4	
mesalamine-cleanser rectal kit	Tier 2	
sulfasalazine oral tablet	Tier 2	MO
sulfasalazine oral tablet delayed release	Tier 2	MO
Glucocorticoids		
budesonide er oral tablet extended release 24 hour	Tier 5	QL (1 EA per 1 day); NEDS
budesonide oral capsule delayed release particles	Tier 3	QL (3 EA per 1 day)
hydrocortisone oral tablet	Tier 2	
hydrocortisone rectal enema	Tier 2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral tablet 10 mg, 5 mg	Tier 1	MO; QL (1 EA per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	Tier 1	MO; QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; NEDS
calcitonin (salmon) injection solution	Tier 5	NEDS
calcitonin (salmon) nasal solution	Tier 3	MO; QL (3.7 ML per 30 days)
calcitriol oral capsule	Tier 2	MO
calcitriol oral solution	Tier 4	MO
cinacalcet hcl oral tablet 30 mg, 60 mg	Tier 3	MO
cinacalcet hcl oral tablet 90 mg	Tier 4	MO
ibandronate sodium oral tablet	Tier 2	MO; QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	QL (2 ML per 365 days)
paricalcitol oral capsule	Tier 4	PA; MO
risedronate sodium oral tablet 150 mg	Tier 4	MO; QL (1 EA per 28 days)
risedronate sodium oral tablet 30 mg	Tier 4	QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg	Tier 4	MO; QL (4 EA per 28 days)
risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)	Tier 4	QL (4 EA per 28 days)
risedronate sodium oral tablet 5 mg	Tier 4	MO; 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
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	Tier 5	PA; MO; NEDS
WYOST SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML	Tier 5	PA; QL (1.12 ML per 28 days); NEDS
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML	Tier 5	PA; QL (1.96 ML per 28 days); NEDS
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML	Tier 5	PA; QL (2.8 ML per 28 days); NEDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS 31G X 6 MM	Tier 4	QL (200 EA per 30 days)
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM	Tier 4	QL (200 EA per 30 days)
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
BD DISP NEEDLES 25G X 7/8" , 30G X 1/2"	Tier 4	
BD PEN	Tier 4	
BD PEN MINI	Tier 4	
BD PEN NEEDLE MICRO U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE MINI U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE MINI ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE NANO U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE NANO ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE ORIGINAL U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD SYRINGE LUER-LOK 1 ML	Tier 4	
COMFORT EZ PEN NEEDLES 32G X 8 MM	Tier 4	QL (200 EA per 30 days)
dichlorphenamide oral tablet	Tier 5	PA; QL (120 EA per 30 days); NEDS
DROPLET PEN NEEDLES 32G X 8 MM	Tier 4	QL (200 EA per 30 days)
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8"	Tier 4	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Tier 4	QL (200 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
levocarnitine oral solution	Tier 4	MO
levocarnitine oral tablet	Tier 4	MO
LITETOUCH PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
methylergonovine maleate oral tablet	Tier 5	QL (56 EA per 365 days); NEDS
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 26G X 1/2" , 27G X 1/2" , 30G X 3/4"	Tier 4	
MONOJECT INSULIN SYRINGE U-100 1 ML	Tier 4	
PEN NEEDLES 30G X 8 MM	Tier 4	QL (200 EA per 30 days)
PURE COMFORT PEN NEEDLE 32G X 8 MM	Tier 4	QL (200 EA per 30 days)
sodium chloride irrigation solution 0.9 %	Tier 2	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
ULTICARE PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
ULTILET PEN NEEDLE 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
ULTRA-THIN II PEN NEEDLES	Tier 4	QL (200 EA per 30 days)
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostamide Analogs		
brimonidine tartrate-timolol ophthalmic solution	Tier 3	MO
latanoprost ophthalmic solution	Tier 2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 3	MO; QL (2.5 ML per 25 days)
RHOPRESSA OPHTHALMIC SOLUTION	Tier 3	MO; QL (2.5 ML per 25 days)
travoprost (bak free) ophthalmic solution	Tier 3	MO; QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION	Tier 4	QL (5 ML per 25 days)
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1 %	Tier 2	MO
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Tier 2	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Tier 2	
CEQUA OPHTHALMIC SOLUTION	Tier 4	
cyclopentolate hcl ophthalmic solution 1 %	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
MIEBO OPHTHALMIC SOLUTION	Tier 4	PA; QL (12 ML per 30 days)
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	Tier 2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Tier 3	
neo-polycin hc ophthalmic ointment	Tier 2	
neo-polycin ophthalmic ointment	Tier 2	
polycin ophthalmic ointment	Tier 2	
polymyxin b-trimethoprim ophthalmic solution	Tier 1	
proparacaine hcl ophthalmic solution	Tier 2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 3	MO
RESTASIS OPHTHALMIC EMULSION	Tier 3	MO
ROCKLATAN OPHTHALMIC SOLUTION	Tier 4	MO; QL (2.5 ML per 25 days)
XDEMVY OPHTHALMIC SOLUTION	Tier 5	QL (10 ML per 42 days); NEDS
Ophthalmic Anti-Allergy Agents		
ALOCRIL OPHTHALMIC SOLUTION	Tier 4	
azelastine hcl ophthalmic solution	Tier 2	
cromolyn sodium ophthalmic solution	Tier 1	
epinastine hcl ophthalmic solution	Tier 3	
Ophthalmic Antiglaucoma Agents		
acetazolamide er oral capsule extended release 12 hour	Tier 2	MO
apraclonidine hcl ophthalmic solution	Tier 2	
betaxolol hcl ophthalmic solution	Tier 3	MO
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier 3	MO
brimonidine tartrate ophthalmic solution 0.1 %	Tier 4	
brimonidine tartrate ophthalmic solution 0.15 %	Tier 3	MO
brimonidine tartrate ophthalmic solution 0.2 %	Tier 2	MO
brinzolamide ophthalmic suspension	Tier 4	MO
carteolol hcl ophthalmic solution	Tier 2	MO
dorzolamide hcl ophthalmic solution	Tier 2	MO
dorzolamide hcl-timolol mal ophthalmic solution	Tier 2	MO
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Tier 4	MO
levobunolol hcl ophthalmic solution 0.5 %	Tier 2	MO
pilocarpine hcl ophthalmic solution 1 %	Tier 3	MO
pilocarpine hcl ophthalmic solution 2 %, 4 %	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
SIMBRINZA OPHTHALMIC SUSPENSION	Tier 4	MO
timolol maleate (once-daily) ophthalmic solution	Tier 2	MO
timolol maleate ophthalmic gel forming solution 0.25 %	Tier 4	MO
timolol maleate ophthalmic gel forming solution 0.5 %	Tier 3	MO
timolol maleate ophthalmic solution	Tier 1	MO
Ophthalmic Anti-Inflammatories		
bromfenac sodium (once-daily) ophthalmic solution	Tier 4	
bromfenac sodium ophthalmic solution 0.07 %	Tier 2	QL (12 ML per 365 days)
bromfenac sodium ophthalmic solution 0.075 %	Tier 1	
dexamethasone sodium phosphate ophthalmic solution	Tier 2	
diclofenac sodium ophthalmic solution	Tier 2	
difluprednate ophthalmic emulsion	Tier 4	
EYSUVIS OPHTHALMIC SUSPENSION	Tier 4	QL (16.6 ML per 30 days)
fluorometholone ophthalmic suspension	Tier 3	
flurbiprofen sodium ophthalmic solution	Tier 2	
ketorolac tromethamine ophthalmic solution	Tier 2	
loteprednol etabonate ophthalmic suspension	Tier 2	
neomycin-polymyxin-dexameth ophthalmic ointment	Tier 2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Tier 2	
prednisolone acetate ophthalmic suspension	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	Tier 4	
sulfacetamide-prednisolone ophthalmic solution	Tier 2	
TOBRADEX OPHTHALMIC OINTMENT	Tier 3	
tobramycin-dexamethasone ophthalmic suspension	Tier 2	
Otic Agents		
Otic Agents		
acetic acid otic solution	Tier 2	
ciprofloxacin-dexamethasone otic suspension	Tier 3	
flac otic oil	Tier 4	
fluocinolone acetonide otic oil	Tier 3	
hydrocortisone-acetic acid otic solution	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
neomycin-polymyxin-hc otic solution 1 %	Tier 4	
neomycin-polymyxin-hc otic suspension	Tier 4	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %	Tier 2	QL (60 ML per 30 days)
cyproheptadine hcl oral tablet	Tier 2	
diphenhydramine hcl injection solution	Tier 2	
hydroxyzine pamoate oral capsule	Tier 2	
levocetirizine dihydrochloride oral tablet	Tier 2	QL (1 EA per 1 day)
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO; QL (30 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 3	MO; QL (60 EA per 30 days)
budesonide inhalation suspension	Tier 4	B/D; MO; QL (4 ML per 1 day)
flunisolide nasal solution 25 mcg/act (0.025%)	Tier 2	QL (50 ML per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act	Tier 3	MO; QL (120 EA per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	Tier 3	MO; QL (240 EA per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act	Tier 3	MO; QL (60 EA per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act	Tier 3	MO; QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	Tier 3	MO; QL (21.2 GM per 30 days)
fluticasone propionate nasal suspension	Tier 2	
Antileukotrienes		
montelukast sodium oral packet	Tier 2	MO
montelukast sodium oral tablet	Tier 2	MO
montelukast sodium oral tablet chewable	Tier 2	MO
zafirlukast oral tablet	Tier 3	MO; QL (2 EA per 1 day)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier 4	MO; QL (25.8 GM per 30 days)

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

Drug	Status	Requirements/Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO; QL (8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 3	MO; QL (30 EA per 30 days)
ipratropium bromide inhalation solution	Tier 2	B/D; MO; QL (312.5 ML per 30 days)
ipratropium bromide nasal solution	Tier 2	MO
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Tier 2	B/D; MO; QL (540 ML per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	Tier 3	MO; QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 3	MO
tiotropium bromide monohydrate inhalation capsule	Tier 3	QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Tier 2	MO; QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	Tier 2	QL (13.4 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	Tier 2	QL (48 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	Tier 2	B/D; MO; QL (525 ML per 30 days)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	Tier 2	B/D; MO; QL (375 ML per 30 days)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	Tier 2	B/D; MO; QL (100 EA per 30 days)
albuterol sulfate oral syrup 2 mg/5ml	Tier 3	MO
albuterol sulfate oral tablet	Tier 4	MO
epinephrine injection solution 0.3 mg/0.3ml	Tier 3	
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Tier 3	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml	Tier 3	B/D; MO; QL (540 ML per 30 days)
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	Tier 2	B/D; MO; QL (540 ML per 30 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	Tier 4	B/D; MO; QL (90 EA per 30 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	Tier 2	B/D; MO; QL (270 ML 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
levalbuterol tartrate inhalation aerosol	Tier 2	MO; QL (30 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO; QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 3	MO; QL (60 EA per 30 days)
terbutaline sulfate oral tablet	Tier 4	MO
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE	Tier 5	PA; MO; QL (560 EA per 28 days); NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
KALYDECO ORAL PACKET 13.4 MG	Tier 5	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL PACKET 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 5	PA; MO; QL (56 EA per 28 days); NEDS
KALYDECO ORAL TABLET	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	Tier 5	PA; MO; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL PACKET 75-94 MG	Tier 5	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	Tier 5	PA; MO; QL (112 EA per 28 days); NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 5	B/D; MO; NEDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	Tier 5	PA; MO; QL (56 EA per 28 days); NEDS
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
TOBI PODHALER INHALATION CAPSULE	Tier 5	MO; QL (224 EA per 56 days); NEDS
tobramycin inhalation nebulization solution 300 mg/5ml	Tier 5	B/D; MO; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	Tier 5	PA; MO; QL (84 EA per 28 days); NEDS
TRIKAFTA ORAL THERAPY PACK	Tier 5	PA; QL (56 EA per 28 days); NEDS
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution	Tier 3	B/D; MO
cromolyn sodium oral concentrate	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
Phosphodiesterase Inhibitors, Airways Disease		
ELIXOPHYLLIN ORAL ELIXIR	Tier 4	MO
OHTUVAYRE INHALATION SUSPENSION	Tier 5	PA; QL (150 ML per 30 days); NEDS
roflumilast oral tablet	Tier 4	MO; QL (30 EA per 30 days)
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	Tier 4	MO
theophylline er oral tablet extended release 24 hour	Tier 2	MO
theophylline oral elixir	Tier 4	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS
ALYQ ORAL TABLET	Tier 4	PA; MO; QL (60 EA per 30 days)
ambrisentan oral tablet	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
bosentan oral tablet	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
OPSUMIT ORAL TABLET	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; QL (336 EA per 365 days); NEDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; QL (672 EA per 365 days); NEDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; QL (504 EA per 365 days); NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Tier 4	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; MO; NEDS
sildenafil citrate oral tablet 20 mg	Tier 3	PA; MO; QL (90 EA per 30 days)
tadalafil (pah) oral tablet	Tier 4	PA; MO; QL (60 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE	Tier 5	PA; MO; QL (112 EA per 28 days); NEDS
UPTRAVI ORAL TABLET	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	Tier 5	PA; QL (400 EA per 365 days); NEDS
VENTAVIS INHALATION SOLUTION	Tier 5	PA; MO; QL (270 ML per 30 days); NEDS

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

Drug	Status	Requirements/Limits
WINREVAIR SUBCUTANEOUS KIT	Tier 5	PA; QL (1 EA per 21 days); NEDS
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE	Tier 5	PA; MO; NEDS
pirfenidone oral capsule	Tier 5	PA; MO; NEDS
pirfenidone oral tablet	Tier 5	PA; MO; NEDS
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution	Tier 3	B/D
AIRSUPRA INHALATION AEROSOL	Tier 3	QL (32.1 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 3	MO; QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL	Tier 3	MO; QL (10.7 GM per 30 days)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT	Tier 3	QL (12 GM per 30 days)
BREYNA INHALATION AEROSOL 80-4.5 MCG/ACT	Tier 3	QL (13.8 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO; QL (24 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	Tier 3	MO; QL (12 GM per 30 days)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	Tier 3	MO; QL (13.8 GM per 30 days)
Respiratory Tract/Pulmonary Agents		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 3	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL	Tier 3	MO; QL (24 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	Tier 3	MO; QL (23.6 GM per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	Tier 4	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act	Tier 3	MO; QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 500-50 mcg/act	Tier 3	QL (60 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
mometasone furoate nasal suspension	Tier 2	QL (34 GM per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Tier 5	PA; QL (0.4 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 3	MO; QL (60 EA per 30 days)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act	Tier 3	QL (60 EA per 30 days)
wixela inhub inhalation aerosol powder breath activated 500-50 mcg/act	Tier 3	MO; QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
carisoprodol oral tablet 350 mg	Tier 2	PA
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Tier 1	PA
methocarbamol oral tablet 500 mg, 750 mg	Tier 1	
orphenadrine citrate er oral tablet extended release 12 hour	Tier 2	
Sleep Disorder Agents		
Gaba Receptor Modulators		
eszopiclone oral tablet	Tier 2	QL (30 EA per 30 days)
zaleplon oral capsule	Tier 2	QL (1 EA per 1 day)
zolpidem tartrate er oral tablet extended release	Tier 2	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	Tier 1	QL (30 EA per 30 days)
Sleep Disorders, Other		
LUMRYZ STARTER PACK ORAL THERAPY PACK	Tier 5	PA; QL (56 EA per 365 days); NEDS
modafinil oral tablet	Tier 2	PA; MO; QL (1 EA per 1 day)
ramelteon oral tablet	Tier 3	QL (30 EA per 30 days)
sodium oxybate oral solution	Tier 5	PA; LA; QL (540 ML per 30 days); NEDS
Sleep Promoting Agents		
BELSOMRA ORAL TABLET	Tier 3	QL (30 EA per 30 days)
temazepam oral capsule 15 mg, 30 mg	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

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

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

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

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This formulary was updated on 10/15/2025. For more recent information or other questions, please contact Fallon Health Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/medicare.

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