

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 <i>duloxetine</i> . This may be in addition to a standard one-month or three-month supply.
ST	Step Therapy. In some cases, Fallon Medicare Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Medicare Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Medicare Plus will then cover Drug B.

Table of Contents

Analgesics	3
Anesthetics	5
Anti-Addiction/Substance Abuse Treatment Agents	5
Antibacterials	6
Anticonvulsants	11
Antidementia Agents	15
Antidepressants	15
Antiemetics	18
Antifungals	18
Antigout Agents	20
Anti-Inflammatory Agents	20
Antimigraine Agents	20
Antimyasthenic Agents	21
Antimycobacterials	21
Antineoplastics	21
Antiparasitics	29
Antiparkinson Agents	29
Antipsychotics	30
Antispasticity Agents	33
Antivirals	33
Anxiolytics	38
Bipolar Agents	39
Blood Glucose Regulators	39
Blood Glucose Supplies	44
Blood Products And Modifiers	46
Blood Products/Modifiers/Volume Expanders	47
Cardiovascular Agents	48
Central Nervous System Agents	54
Dental And Oral Agents	57
Dermatological Agents	57
Electrolytes/Minerals/Metals/Vitamins	59
Gastrointestinal Agents	61
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment	63
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment	64
Genitourinary Agents	64
Glucose Monitoring Test Supplies	65
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	66
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	68
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	68
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	69
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	74
Hormonal Agents, Suppressant (Adrenal)	75
Hormonal Agents, Suppressant (Pituitary)	75
Hormonal Agents, Suppressant (Thyroid)	76
Immunological Agents	76
Inflammatory Bowel Disease Agents	86
Metabolic Bone Disease Agents	86
Miscellaneous Therapeutic Agents	87
Ophthalmic Agents	88
Otic Agents	90

Respiratory Tract/Pulmonary Agents91

Skeletal Muscle Relaxants 96

Sleep Disorder Agents.....96

Drug	Status	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule</i>	Tier 1	MO; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	MO
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>diclofenac sodium external solution 1.5 %</i>	Tier 4	PA
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	Tier 2	MO
<i>diclofenac sodium oral tablet delayed release 50 mg, 75 mg</i>	Tier 1	MO
<i>diclofenac-misoprostol oral tablet delayed release</i>	Tier 3	MO
<i>diflunisal oral tablet</i>	Tier 2	MO
<i>etodolac er oral tablet extended release 24 hour</i>	Tier 4	MO
<i>etodolac oral capsule</i>	Tier 3	MO
<i>etodolac oral tablet</i>	Tier 3	MO
<i>flurbiprofen oral tablet</i>	Tier 2	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	Tier 1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	Tier 2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	MO
<i>indomethacin er oral capsule extended release</i>	Tier 2	MO
<i>indomethacin oral capsule 25 mg</i>	Tier 1	MO
<i>indomethacin oral capsule 50 mg</i>	Tier 2	MO
<i>ketorolac tromethamine oral tablet</i>	Tier 2	QL (20 EA per 30 days)
<i>meloxicam oral tablet</i>	Tier 1	MO
<i>nabumetone oral tablet</i>	Tier 2	MO
<i>naproxen dr oral tablet delayed release 500 mg</i>	Tier 2	MO
<i>naproxen oral suspension</i>	Tier 4	MO
<i>naproxen oral tablet</i>	Tier 1	MO
<i>naproxen oral tablet delayed release 375 mg</i>	Tier 2	MO
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	MO
<i>naproxen sodium oral tablet 550 mg</i>	Tier 2	MO
<i>oxaprozin oral tablet</i>	Tier 2	MO
<i>piroxicam oral capsule</i>	Tier 3	MO
<i>salsalate oral tablet</i>	Tier 2	MO
<i>sulindac oral tablet</i>	Tier 2	MO

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		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 20 mcg/hr, 5 mcg/hr</i>	Tier 3	QL (4 EA per 28 days); NEDS
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 7.5 mcg/hr</i>	Tier 4	QL (4 EA per 28 days); NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 4	NEDS
<i>methadone hcl injection solution</i>	Tier 5	NEDS
<i>methadone hcl oral solution 10 mg/5ml</i>	Tier 3	NEDS
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier 2	NEDS
<i>methadone hcl oral tablet</i>	Tier 2	NEDS
<i>morphine sulfate er oral tablet extended release</i>	Tier 3	NEDS
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution</i>	Tier 2	NEDS
<i>acetaminophen-codeine oral tablet</i>	Tier 1	NEDS
<i>duramorph injection solution 1 mg/ml</i>	Tier 2	NEDS
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	NEDS
<i>endocet oral tablet 2.5-325 mg</i>	Tier 2	
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	Tier 2	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	Tier 2	NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	Tier 2	NEDS
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	Tier 1	NEDS
<i>hydromorphone hcl oral tablet</i>	Tier 2	NEDS
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml</i>	Tier 2	NEDS
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	Tier 2	NEDS
<i>morphine sulfate oral solution</i>	Tier 2	NEDS
<i>morphine sulfate oral tablet</i>	Tier 4	NEDS
<i>oxycodone hcl oral solution</i>	Tier 2	NEDS
<i>oxycodone hcl oral tablet</i>	Tier 2	NEDS
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	Tier 2	NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	NEDS
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	NEDS
<i>tramadol-acetaminophen oral tablet</i>	Tier 2	NEDS

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		
<i>lidocaine external ointment 5 %</i>	Tier 1	QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Tier 3	PA; QL (3 EA per 1 day)
<i>lidocaine hcl (pf) injection solution 1 %</i>	Tier 1	
<i>lidocaine hcl external solution</i>	Tier 2	QL (250 ML per 30 days)
<i>lidocaine hcl injection solution 1 %, 2 %</i>	Tier 1	
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier 1	
<i>lidocaine-prilocaine external cream</i>	Tier 2	QL (30 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	Tier 3	MO
<i>disulfiram oral tablet</i>	Tier 3	MO
Opioid Dependence Treatments		
<i>buprenorphine hcl injection solution</i>	Tier 2	
<i>buprenorphine hcl sublingual tablet sublingual</i>	Tier 6	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	Tier 6	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Tier 6	
<i>naltrexone hcl oral tablet</i>	Tier 2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 5	NEDS
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID	Tier 6	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 6	
<i>naloxone hcl injection solution cartridge</i>	Tier 6	
<i>naloxone hcl injection solution prefilled syringe</i>	Tier 6	
<i>naloxone hcl nasal liquid</i>	Tier 6	
OPVEE NASAL SOLUTION	Tier 4	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier 2	QL (60 EA per 30 days)
NICOTROL INHALATION INHALER	Tier 4	QL (2688 EA per 365 days)
NICOTROL NS NASAL SOLUTION	Tier 4	QL (360 ML per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	Tier 3	QL (504 EA per 365 days)
<i>varenicline tartrate oral tablet</i>	Tier 2	QL (504 EA per 365 days)

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		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 6	HI
ARIKAYCE INHALATION SUSPENSION	Tier 5	PA; NEDS
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	Tier 6	HI
<i>gentamicin sulfate external cream</i>	Tier 3	
<i>gentamicin sulfate external ointment</i>	Tier 3	
<i>gentamicin sulfate injection solution</i>	Tier 6	HI
<i>gentamicin sulfate ophthalmic solution</i>	Tier 1	
<i>neomycin sulfate oral tablet</i>	Tier 2	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 5	NEDS
<i>tobramycin ophthalmic solution</i>	Tier 1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	Tier 6	HI
Antibacterials, Other		
<i>bacitracin ophthalmic ointment</i>	Tier 4	
<i>clindamycin hcl oral capsule</i>	Tier 2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier 4	
<i>clindamycin phos (once-daily) external gel</i>	Tier 2	QL (75 ML per 30 days)
<i>clindamycin phos (twice-daily) external gel</i>	Tier 2	QL (75 GM per 30 days)
<i>clindamycin phosphate external lotion</i>	Tier 2	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution</i>	Tier 2	QL (60 ML per 30 days)
<i>clindamycin phosphate in d5w intravenous solution</i>	Tier 6	HI
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	Tier 6	HI
<i>clindamycin phosphate vaginal cream</i>	Tier 4	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Tier 6	HI
<i>daptomycin intravenous solution reconstituted</i>	Tier 6	HI
<i>fosfomycin tromethamine oral packet</i>	Tier 2	
GLOBAL ALCOHOL PREP EASE PAD	Tier 4	
<i>linezolid intravenous solution 600 mg/300ml</i>	Tier 6	HI
<i>linezolid oral suspension reconstituted</i>	Tier 5	QL (1800 ML per 28 days); NEDS

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

Drug	Status	Requirements/Limits
<i>linezolid oral tablet</i>	Tier 3	QL (56 EA per 28 days)
<i>methenamine hippurate oral tablet</i>	Tier 3	
<i>metronidazole external cream</i>	Tier 2	
<i>metronidazole external gel 0.75 %</i>	Tier 2	
<i>metronidazole external gel 1 %</i>	Tier 4	
<i>metronidazole external lotion</i>	Tier 4	
<i>metronidazole intravenous solution 500 mg/100ml</i>	Tier 6	HI
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>metronidazole vaginal gel</i>	Tier 2	
<i>mupirocin external ointment</i>	Tier 2	QL (110 GM per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 4	
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier 2	
<i>polymyxin b sulfate injection solution reconstituted</i>	Tier 6	HI
<i>silver sulfadiazine external cream</i>	Tier 2	
<i>ssd external cream</i>	Tier 2	
<i>tigecycline intravenous solution reconstituted</i>	Tier 6	HI
<i>tinidazole oral tablet 250 mg</i>	Tier 3	
<i>tinidazole oral tablet 500 mg</i>	Tier 2	
<i>trimethoprim oral tablet</i>	Tier 2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	Tier 6	HI
<i>vancomycin hcl oral capsule 125 mg</i>	Tier 3	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	Tier 3	QL (240 EA per 30 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	Tier 1	
XIFAXAN ORAL TABLET 550 MG	Tier 5	MO; QL (3 EA per 1 day); NEDS
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier 3	
<i>cefaclor oral capsule</i>	Tier 2	
<i>cefadroxil oral capsule</i>	Tier 2	
<i>cefadroxil oral suspension reconstituted</i>	Tier 2	
<i>cefadroxil oral tablet</i>	Tier 2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	Tier 6	HI
<i>cefdinir oral capsule</i>	Tier 2	
<i>cefdinir oral suspension reconstituted</i>	Tier 2	

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

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

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

Drug	Status	Requirements/Limits
<i>imipenem-cilastatin intravenous solution reconstituted</i>	Tier 6	HI
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	Tier 6	HI
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted</i>	Tier 1	
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier 4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	Tier 6	HI
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	Tier 6	HI
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Tier 6	HI
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	Tier 6	HI
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 4	
<i>dicloxacillin sodium oral capsule</i>	Tier 2	
<i>naftillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 6	HI
<i>naftillin sodium intravenous solution reconstituted 10 gm</i>	Tier 6	HI
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 6	HI
<i>oxacillin sodium intravenous solution reconstituted</i>	Tier 6	HI
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	Tier 6	HI
<i>penicillin g potassium injection solution reconstituted</i>	Tier 6	HI

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

Drug	Status	Requirements/Limits
<i>penicillin g sodium injection solution reconstituted</i>	Tier 6	HI
<i>penicillin v potassium oral solution reconstituted</i>	Tier 1	
<i>penicillin v potassium oral tablet</i>	Tier 1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	Tier 6	HI
Macrolides		
<i>azithromycin intravenous solution reconstituted</i>	Tier 6	HI
<i>azithromycin oral suspension reconstituted</i>	Tier 2	
<i>azithromycin oral tablet</i>	Tier 1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier 4	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml</i>	Tier 3	
<i>clarithromycin oral suspension reconstituted 250 mg/5ml</i>	Tier 4	
<i>clarithromycin oral tablet</i>	Tier 2	
DIFICID ORAL SUSPENSION RECONSTITUTED	Tier 5	QL (136 ML per 10 days); NEDS
DIFICID ORAL TABLET	Tier 5	QL (20 EA per 10 days); NEDS
<i>erythromycin base oral capsule delayed release particles</i>	Tier 4	
<i>erythromycin base oral tablet</i>	Tier 4	
<i>erythromycin base oral tablet delayed release 333 mg, 500 mg</i>	Tier 4	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 4	
<i>erythromycin ophthalmic ointment</i>	Tier 2	
<i>erythromycin oral tablet delayed release</i>	Tier 4	
Quinolones		
CILOXAN OPHTHALMIC OINTMENT	Tier 4	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	Tier 6	HI
<i>gatifloxacin ophthalmic solution</i>	Tier 2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	Tier 6	HI
<i>levofloxacin intravenous solution</i>	Tier 6	

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

Drug	Status	Requirements/Limits
<i>levofloxacin oral solution</i>	Tier 4	
<i>levofloxacin oral tablet</i>	Tier 1	
<i>moxifloxacin hcl in nacl intravenous solution</i>	Tier 6	HI
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 2	
<i>moxifloxacin hcl oral tablet</i>	Tier 2	
<i>ofloxacin ophthalmic solution</i>	Tier 2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
<i>ofloxacin otic solution</i>	Tier 2	
Sulfonamides		
SULFACETAMIDE SODIUM OPTHALMIC OINTMENT	Tier 4	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 2	
<i>sulfadiazine oral tablet</i>	Tier 5	NEDS
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted</i>	Tier 6	HI
<i>doxycycline hyclate intravenous solution reconstituted</i>	Tier 6	HI
<i>doxycycline hyclate oral capsule</i>	Tier 2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 3	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier 3	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 3	
<i>minocycline hcl oral capsule</i>	Tier 2	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	Tier 3	
<i>monodoxyne nl oral capsule 100 mg</i>	Tier 3	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>tetracycline hcl oral capsule</i>	Tier 3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
BRIVIACT ORAL TABLET	Tier 5	PA NS; MO; NEDS
DIACOMIT ORAL CAPSULE	Tier 5	PA NS; MO; NEDS

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
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 2	MO
<i>divalproex sodium oral tablet delayed release</i>	Tier 2	MO
FINTEPLA ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
<i>lamotrigine oral tablet</i>	Tier 1	MO
<i>lamotrigine starter kit-blue oral kit</i>	Tier 2	
<i>lamotrigine starter kit-green oral kit</i>	Tier 5	NEDS
<i>lamotrigine starter kit-orange oral kit</i>	Tier 2	
<i>levetiracetam er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>levetiracetam oral solution</i>	Tier 2	MO
<i>levetiracetam oral tablet</i>	Tier 2	MO
<i>levetiracetam oral tablet disintegrating soluble</i>	Tier 4	
<i>roweepra oral tablet 500 mg</i>	Tier 2	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Tier 4	MO
<i>subvenite oral tablet</i>	Tier 1	MO
<i>subvenite starter kit-blue oral kit</i>	Tier 4	
<i>subvenite starter kit-green oral kit</i>	Tier 5	NEDS
<i>subvenite starter kit-orange oral kit</i>	Tier 4	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 5	MO; QL (56 EA per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	MO; QL (56 EA per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	MO; QL (60 EA per 30 days); NEDS
XCOPRI ORAL TABLET 25 MG	Tier 5	QL (30 EA per 30 days); NEDS
XCOPRI ORAL TABLET 50 MG	Tier 5	MO; QL (90 EA per 30 days); NEDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Tier 4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	Tier 5	QL (28 EA per 28 days); NEDS
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule</i>	Tier 3	MO
<i>ethosuximide oral solution</i>	Tier 4	MO

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

Drug	Status	Requirements/Limits
<i>methsuximide oral capsule</i>	Tier 4	
ZONISADE ORAL SUSPENSION	Tier 4	ST
<i>zonisamide oral capsule</i>	Tier 2	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 4	PA NS; MO
<i>clobazam oral tablet</i>	Tier 4	PA NS; MO
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	Tier 1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	Tier 3	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	Tier 3	QL (300 EA per 30 days)
<i>diazepam rectal gel</i>	Tier 4	
EPIDIOLEX ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Tier 2	MO; QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	Tier 2	MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 2	MO; QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	Tier 2	MO; QL (150 EA per 30 days)
NAYZILAM NASAL SOLUTION	Tier 4	QL (10 EA per 30 days)
<i>phenobarbital oral elixir</i>	Tier 2	MO
<i>phenobarbital oral tablet</i>	Tier 2	MO
<i>primidone oral tablet 125 mg</i>	Tier 2	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 2	MO
SYMPAZAN ORAL FILM	Tier 5	PA NS; MO; NEDS
<i>tiagabine hcl oral tablet</i>	Tier 4	MO
<i>valproic acid oral capsule</i>	Tier 2	MO
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 2	MO
VALTOCO 10 MG DOSE NASAL LIQUID	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 5 MG DOSE NASAL LIQUID	Tier 5	QL (10 EA per 30 days); NEDS
<i>vigabatrin oral packet</i>	Tier 5	PA NS; MO; NEDS
<i>vigabatrin oral tablet</i>	Tier 5	PA NS; MO; NEDS
<i>vigadrone oral packet</i>	Tier 5	PA NS; MO; NEDS
<i>vigadrone oral tablet</i>	Tier 5	PA NS; NEDS

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
<i>vigpoder oral packet</i>	Tier 5	PA NS; NEDS
ZTALMY ORAL SUSPENSION	Tier 5	PA NS; NEDS
Glutamate Reducing Agents		
EPRONTIA ORAL SOLUTION	Tier 4	
<i>felbamate oral suspension</i>	Tier 4	MO
<i>felbamate oral tablet</i>	Tier 4	MO
FYCOMPA ORAL SUSPENSION	Tier 5	PA NS; MO; NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	Tier 5	PA NS; MO; NEDS
FYCOMPA ORAL TABLET 2 MG	Tier 4	PA NS; MO
<i>perampanel oral tablet 10 mg, 8 mg</i>	Tier 5	PA NS; NEDS
<i>perampanel oral tablet 12 mg, 4 mg, 6 mg</i>	Tier 5	PA NS; MO; NEDS
<i>perampanel oral tablet 2 mg</i>	Tier 4	PA NS; MO
<i>topiramate oral capsule sprinkle</i>	Tier 2	MO
<i>topiramate oral solution</i>	Tier 4	
<i>topiramate oral tablet</i>	Tier 1	MO
Sodium Channel Agents		
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier 3	MO
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier 3	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 4	MO
<i>carbamazepine oral tablet</i>	Tier 2	MO
<i>carbamazepine oral tablet chewable</i>	Tier 2	MO
DILANTIN ORAL CAPSULE 30 MG	Tier 3	MO
<i>epitol oral tablet</i>	Tier 2	MO
<i>eslicarbazepine acetate oral tablet</i>	Tier 4	PA NS; MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	Tier 2	
<i>lacosamide oral solution 10 mg/ml</i>	Tier 4	MO
<i>lacosamide oral tablet 100 mg</i>	Tier 2	MO
<i>lacosamide oral tablet 150 mg, 200 mg, 50 mg</i>	Tier 4	MO
<i>oxcarbazepine oral suspension</i>	Tier 4	MO
<i>oxcarbazepine oral tablet</i>	Tier 2	MO
<i>phenytek oral capsule</i>	Tier 2	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 2	MO
<i>phenytoin oral tablet chewable</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>phenytoin sodium extended oral capsule</i>	Tier 2	MO
<i>rufinamide oral suspension</i>	Tier 5	PA NS; MO; NEDS
<i>rufinamide oral tablet 200 mg</i>	Tier 4	PA NS; MO
<i>rufinamide oral tablet 400 mg</i>	Tier 5	PA NS; MO; NEDS
Antidementia Agents		
Antidementia Agents, Other		
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour</i>	Tier 4	MO; QL (30 EA per 30 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Tier 4	MO; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	Tier 3	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier 4	MO
<i>galantamine hydrobromide oral solution</i>	Tier 4	MO
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	Tier 3	MO
<i>galantamine hydrobromide oral tablet 4 mg</i>	Tier 4	MO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 6 mg</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour</i>	Tier 4	MO; QL (1 EA per 1 day)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour</i>	Tier 3	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	MO
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 2	
Antidepressants		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE	Tier 5	ST; QL (60 EA per 30 days); NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Tier 2	MO; QL (60 EA per 30 days)

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

Drug	Status	Requirements/Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet</i>	Tier 2	MO
<i>mirtazapine oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	Tier 2	MO; QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET	Tier 4	MO; QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Tier 5	PA NS; QL (28 EA per 14 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG	Tier 5	PA NS; QL (14 EA per 14 days); NEDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier 5	PA NS; MO; QL (30 EA per 30 days); NEDS
MARPLAN ORAL TABLET	Tier 4	MO
<i>phenelzine sulfate oral tablet</i>	Tier 3	MO
<i>tranylcypromine sulfate oral tablet</i>	Tier 4	MO
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution</i>	Tier 3	MO
<i>citalopram hydrobromide oral tablet</i>	Tier 1	MO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier 4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Tier 4	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Tier 4	MO; QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 4	MO
<i>escitalopram oxalate oral tablet</i>	Tier 1	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	PA NS; MO; QL (30 EA per 30 days)

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)
<i>fluoxetine hcl oral capsule</i>	Tier 1	MO
<i>fluoxetine hcl oral capsule delayed release</i>	Tier 4	MO; QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	Tier 2	MO
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	Tier 2	MO
<i>fluoxetine hcl oral tablet 60 mg</i>	Tier 2	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>fluvoxamine maleate oral tablet</i>	Tier 2	MO
<i>nefazodone hcl oral tablet</i>	Tier 4	MO
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>paroxetine hcl oral suspension</i>	Tier 4	MO
RALDESY ORAL SOLUTION	Tier 5	NEDS
<i>sertraline hcl oral concentrate</i>	Tier 2	MO
<i>sertraline hcl oral tablet</i>	Tier 1	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	MO
<i>trazodone hcl oral tablet 300 mg</i>	Tier 2	MO
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>vilazodone hcl oral tablet</i>	Tier 4	PA NS; MO; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	Tier 2	MO
<i>amoxapine oral tablet</i>	Tier 3	MO
<i>clomipramine hcl oral capsule</i>	Tier 3	MO
<i>desipramine hcl oral tablet</i>	Tier 4	MO
<i>doxepin hcl oral capsule</i>	Tier 4	MO
<i>doxepin hcl oral concentrate</i>	Tier 2	MO
<i>imipramine hcl oral tablet</i>	Tier 2	MO
<i>nortriptyline hcl oral capsule</i>	Tier 1	MO
<i>nortriptyline hcl oral solution</i>	Tier 4	MO
<i>protriptyline hcl oral tablet</i>	Tier 4	MO
<i>trimipramine maleate oral capsule</i>	Tier 4	MO

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		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>promethazine hcl injection solution</i>	Tier 2	
<i>promethazine hcl oral tablet</i>	Tier 1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 4	
<i>promethegan rectal suppository 25 mg</i>	Tier 4	
<i>scopolamine transdermal patch 72 hour</i>	Tier 4	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg</i>	Tier 4	B/D; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 4	B/D; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	Tier 4	B/D; QL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 4	B/D; QL (8 EA per 30 days)
<i>dronabinol oral capsule</i>	Tier 4	B/D; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet</i>	Tier 4	B/D; QL (30 EA per 30 days)
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Tier 2	
<i>ondansetron hcl oral solution</i>	Tier 2	B/D; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 2	B/D; QL (14 EA per 28 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 2	B/D
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	Tier 6	B/D
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	B/D; HI
<i>amphotericin b liposome intravenous suspension reconstituted</i>	Tier 6	B/D; HI
BREXAFEMME ORAL TABLET	Tier 5	PA; QL (4 EA per 1 day); NEDS
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>ciclodan external solution</i>	Tier 3	
<i>ciclopirox external gel</i>	Tier 2	QL (100 GM per 30 days)
<i>ciclopirox external shampoo</i>	Tier 4	
<i>ciclopirox external solution</i>	Tier 3	
<i>ciclopirox olamine external cream</i>	Tier 2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 2	QL (60 ML per 30 days)
<i>clotrimazole external cream</i>	Tier 2	QL (90 GM per 30 days)

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

Drug	Status	Requirements/Limits
<i>clotrimazole external solution</i>	Tier 2	QL (30 ML per 30 days)
<i>clotrimazole mouth/throat troche</i>	Tier 2	
CRESEMBA ORAL CAPSULE	Tier 5	PA; NEDS
<i>econazole nitrate external cream</i>	Tier 3	QL (85 GM per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	Tier 6	HI
<i>fluconazole oral suspension reconstituted</i>	Tier 2	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	Tier 2	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	Tier 1	
<i>flucytosine oral capsule</i>	Tier 5	NEDS
<i>griseofulvin microsize oral suspension</i>	Tier 4	
<i>griseofulvin microsize oral tablet</i>	Tier 4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 4	
<i>itraconazole oral capsule</i>	Tier 4	
<i>ketoconazole external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	Tier 2	
<i>ketoconazole oral tablet</i>	Tier 2	
<i>micafungin sodium intravenous solution reconstituted</i>	Tier 6	HI
<i>miconazole 3 vaginal suppository</i>	Tier 2	
NATACYN OPHTHALMIC SUSPENSION	Tier 4	
<i>nyamyc external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>nystatin external cream</i>	Tier 2	
<i>nystatin external ointment</i>	Tier 2	
<i>nystatin external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>nystatin mouth/throat suspension</i>	Tier 2	
<i>nystatin oral tablet</i>	Tier 2	
<i>nystatin-triamcinolone external cream</i>	Tier 3	
<i>nystatin-triamcinolone external ointment</i>	Tier 3	
<i>nystop external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>posaconazole oral suspension</i>	Tier 5	PA; NEDS
<i>posaconazole oral tablet delayed release</i>	Tier 5	PA; MO; NEDS
<i>terbinafine hcl oral tablet</i>	Tier 1	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	Tier 2	
<i>terconazole vaginal suppository</i>	Tier 4	
<i>voriconazole intravenous solution reconstituted</i>	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
<i>voriconazole oral suspension reconstituted</i>	Tier 5	PA; NEDS
<i>voriconazole oral tablet</i>	Tier 4	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	MO
<i>colchicine oral tablet</i>	Tier 2	
<i>colchicine-probenecid oral tablet</i>	Tier 3	MO
<i>febuxostat oral tablet</i>	Tier 3	MO
<i>probenecid oral tablet</i>	Tier 3	MO
Anti-Inflammatory Agents		
Glucocorticoids		
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	Tier 2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection solution</i>	Tier 5	QL (8 ML per 30 days); NEDS
<i>dihydroergotamine mesylate nasal solution</i>	Tier 5	QL (8 ML per 30 days); NEDS
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier 4	
<i>ergotamine-caffeine oral tablet</i>	Tier 3	QL (24 EA per 28 days)
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (1 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	Tier 5	PA; QL (18 EA per 30 days); NEDS
<i>timolol maleate oral tablet 10 mg</i>	Tier 2	MO
<i>timolol maleate oral tablet 20 mg</i>	Tier 4	MO
<i>timolol maleate oral tablet 5 mg</i>	Tier 3	MO
UBRELVY ORAL TABLET	Tier 5	PA; QL (16 EA per 30 days); NEDS
Serotonin 5-Ht-Receptor Agonists		
<i>rizatriptan benzoate oral tablet</i>	Tier 2	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 2	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 4	QL (5 ML per 30 days)

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		
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier 4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg</i>	Tier 2	MO
<i>dapsone oral tablet 25 mg</i>	Tier 3	MO
<i>rifabutin oral capsule</i>	Tier 4	
Antituberculars		
<i>ethambutol hcl oral tablet</i>	Tier 3	
<i>isoniazid oral syrup</i>	Tier 4	MO
<i>isoniazid oral tablet</i>	Tier 1	MO
PRIFTIN ORAL TABLET	Tier 4	
<i>pyrazinamide oral tablet</i>	Tier 4	
<i>rifampin intravenous solution reconstituted</i>	Tier 6	HI
<i>rifampin oral capsule</i>	Tier 4	
SIRTURO ORAL TABLET	Tier 5	PA; NEDS
TRECATOR ORAL TABLET	Tier 4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Tier 3	B/D
<i>cyclophosphamide oral tablet</i>	Tier 3	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	Tier 4	
GLEOSTINE ORAL CAPSULE 100 MG	Tier 5	NEDS
LEUKERAN ORAL TABLET	Tier 5	NEDS
MATULANE ORAL CAPSULE	Tier 5	NEDS
<i>thiotepa injection solution reconstituted 15 mg</i>	Tier 5	NEDS
VALCHLOR EXTERNAL GEL	Tier 5	PA NS; NEDS
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 2	PA NS
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 5	PA NS; NEDS
<i>abirtega oral tablet</i>	Tier 2	PA NS
<i>bicalutamide oral tablet</i>	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	
<i>nilutamide oral tablet</i>	Tier 5	NEDS
NUBEQA ORAL TABLET	Tier 5	PA NS; NEDS
XTANDI ORAL CAPSULE	Tier 5	PA NS; NEDS
XTANDI ORAL TABLET	Tier 5	PA NS; NEDS
YONSA ORAL TABLET	Tier 5	PA NS; NEDS
Antiangiogenic Agents		
<i>lenalidomide oral capsule</i>	Tier 5	PA NS; LA; NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
POMALYST ORAL CAPSULE 3 MG, 4 MG	Tier 5	PA NS; NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA NS; MO; NEDS
Antiestrogens/Modifiers		
<i>fulvestrant intramuscular solution prefilled syringe</i>	Tier 5	NEDS
ORSERDU ORAL TABLET	Tier 5	PA NS; NEDS
SOLTAMOX ORAL SOLUTION	Tier 5	MO; NEDS
<i>tamoxifen citrate oral tablet</i>	Tier 2	MO
<i>toremifene citrate oral tablet</i>	Tier 5	MO; NEDS
Antimetabolites		
<i>azacitidine injection suspension reconstituted</i>	Tier 5	PA NS; NEDS
<i>hydroxyurea oral capsule</i>	Tier 2	
INQOVI ORAL TABLET	Tier 5	PA NS; QL (5 EA per 28 days); NEDS
LONSURF ORAL TABLET	Tier 5	PA NS; NEDS
<i>mercaptopurine oral suspension</i>	Tier 5	NEDS
<i>mercaptopurine oral tablet</i>	Tier 3	
ONUREG ORAL TABLET	Tier 5	PA NS; NEDS
TABLOID ORAL TABLET	Tier 5	NEDS
Antineoplastics, Other		
<i>bleomycin sulfate injection solution reconstituted</i>	Tier 2	B/D
<i>bortezomib injection solution reconstituted 3.5 mg</i>	Tier 5	NEDS
COTELLIC ORAL TABLET	Tier 5	PA NS; NEDS
GAVRETO ORAL CAPSULE	Tier 5	PA NS; NEDS
GILOTRIF ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS

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		
<i>anastrozole oral tablet</i>	Tier 2	MO
<i>exemestane oral tablet</i>	Tier 3	MO
<i>letrozole oral tablet</i>	Tier 2	MO
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE	Tier 5	PA NS; NEDS
IDHIFA ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
OGSIVEO ORAL TABLET	Tier 5	PA NS; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
REZLIDHIA ORAL CAPSULE	Tier 5	PA NS; NEDS
TIBSOVO ORAL TABLET	Tier 5	PA NS; NEDS
VERZENIO ORAL TABLET	Tier 5	PA NS; NEDS
VITRAKVI ORAL CAPSULE	Tier 5	PA NS; NEDS
VITRAKVI ORAL SOLUTION	Tier 5	PA NS; NEDS
XOSPATA ORAL TABLET	Tier 5	PA NS; NEDS
ZYDELIG ORAL TABLET	Tier 5	PA NS; NEDS
Molecular Target Inhibitors		
AKEEGA ORAL TABLET	Tier 5	PA NS; NEDS
ALECENSA ORAL CAPSULE	Tier 5	PA NS; NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
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
<i>dasatinib oral tablet</i>	Tier 5	PA NS; NEDS
DAURISMO ORAL TABLET	Tier 5	PA NS; NEDS
ERIVEDGE ORAL CAPSULE	Tier 5	PA NS; NEDS
<i>erlotinib hcl oral tablet</i>	Tier 5	PA NS; NEDS
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>everolimus oral tablet soluble</i>	Tier 5	PA NS; NEDS
FOTIVDA ORAL CAPSULE	Tier 5	PA NS; NEDS
FRUZAQLA ORAL CAPSULE	Tier 5	PA NS; NEDS
<i>gefitinib oral tablet</i>	Tier 5	PA NS; NEDS
GOMEKLI ORAL CAPSULE	Tier 5	PA NS; NEDS
GOMEKLI ORAL TABLET SOLUBLE	Tier 5	PA NS; NEDS
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
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 3	
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 5	
IMBRUVICA ORAL CAPSULE 140 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	Tier 5	PA NS; QL (28 EA per 28 days); NEDS
IMBRUVICA ORAL SUSPENSION	Tier 5	PA NS; NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG	Tier 5	PA NS; QL (28 EA per 28 days); NEDS
IMBRUVICA ORAL TABLET 420 MG	Tier 5	PA NS; NEDS
IMKELDI ORAL SOLUTION	Tier 5	PA NS; NEDS
INLYTA ORAL TABLET	Tier 5	PA NS; NEDS
INREBIC ORAL CAPSULE	Tier 5	PA NS; NEDS
ITOVEBI ORAL TABLET 3 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
ITOVEBI ORAL TABLET 9 MG	Tier 5	PA NS; NEDS
JAKAFI ORAL TABLET	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
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
<i>lapatinib ditosylate oral tablet</i>	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
<i>nilotinib hcl oral capsule</i>	Tier 5	PA NS; NEDS
OJEMDA ORAL SUSPENSION RECONSTITUTED	Tier 5	PA NS; NEDS
OJEMDA ORAL TABLET	Tier 5	PA NS; NEDS
<i>pazopanib hcl oral tablet</i>	Tier 5	PA NS; NEDS
PEMAZYRE ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
QINLOCK ORAL TABLET	Tier 5	PA NS; NEDS
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
<i>sorafenib tosylate oral tablet</i>	Tier 5	PA NS; NEDS
STIVARGA ORAL TABLET	Tier 5	PA NS; NEDS
<i>sunitinib malate oral capsule</i>	Tier 5	PA NS; NEDS
TABRECTA ORAL TABLET	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
TAFINLAR ORAL CAPSULE	Tier 5	PA NS; NEDS
TAFINLAR ORAL TABLET SOLUBLE	Tier 5	PA NS; NEDS
TALZENNA ORAL CAPSULE	Tier 5	PA NS; NEDS
TAZVERIK ORAL TABLET	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
TEPMETKO ORAL TABLET	Tier 5	PA NS; NEDS
<i>torpenz oral tablet</i>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
TRUQAP ORAL TABLET	Tier 5	PA NS; NEDS
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		
<i>bexarotene external gel</i>	Tier 5	PA NS; NEDS
<i>bexarotene oral capsule</i>	Tier 5	NEDS
PANRETIN EXTERNAL GEL	Tier 5	NEDS
<i>tretinoin oral capsule</i>	Tier 5	NEDS
Treatment Adjuncts		
<i>leucovorin calcium injection solution</i>	Tier 2	

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

Drug	Status	Requirements/Limits
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	Tier 2	
<i>leucovorin calcium oral tablet 10 mg</i>	Tier 3	
<i>leucovorin calcium oral tablet 15 mg, 25 mg</i>	Tier 4	
<i>leucovorin calcium oral tablet 5 mg</i>	Tier 2	
<i>mesna oral tablet</i>	Tier 5	NEDS
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	Tier 4	
<i>ivermectin oral tablet</i>	Tier 2	PA
<i>praziquantel oral tablet</i>	Tier 2	
Antiprotozoals		
<i>atovaquone oral suspension</i>	Tier 4	
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 4	
<i>chloroquine phosphate oral tablet</i>	Tier 4	MO
COARTEM ORAL TABLET	Tier 4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg</i>	Tier 2	
IMPAVIDO ORAL CAPSULE	Tier 5	NEDS
<i>mefloquine hcl oral tablet</i>	Tier 2	MO
<i>nitazoxanide oral tablet</i>	Tier 5	NEDS
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier 4	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	Tier 4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 3	
<i>pyrimethamine oral tablet</i>	Tier 5	NEDS
<i>quinine sulfate oral capsule</i>	Tier 4	PA
Pediculicides/Scabicides		
<i>malathion external lotion</i>	Tier 4	
<i>permethrin external cream</i>	Tier 3	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg</i>	Tier 2	MO
<i>benztropine mesylate oral tablet 1 mg, 2 mg</i>	Tier 1	MO
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	MO

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		
<i>entacapone oral tablet</i>	Tier 4	MO
Dopamine Agonists		
<i>bromocriptine mesylate oral capsule</i>	Tier 3	MO
<i>bromocriptine mesylate oral tablet</i>	Tier 4	MO
<i>pramipexole dihydrochloride oral tablet</i>	Tier 2	MO
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	Tier 2	MO
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 8 mg</i>	Tier 3	MO
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg, 6 mg</i>	Tier 4	MO
<i>ropinirole hcl oral tablet</i>	Tier 2	MO
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet</i>	Tier 4	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet</i>	Tier 2	MO
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier 2	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 4	MO
INBRIJA INHALATION CAPSULE	Tier 5	PA; MO; QL (10 EA per 1 day); NEDS
RYTARY ORAL CAPSULE EXTENDED RELEASE	Tier 4	ST; MO
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet</i>	Tier 4	MO
<i>selegiline hcl oral capsule</i>	Tier 3	MO
<i>selegiline hcl oral tablet</i>	Tier 3	MO
Antipsychotics		
1St Generation/Typical		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	Tier 4	
<i>chlorpromazine hcl oral concentrate</i>	Tier 4	MO
<i>chlorpromazine hcl oral tablet</i>	Tier 4	MO

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

Drug	Status	Requirements/Limits
<i>fluphenazine decanoate injection solution</i>	Tier 4	
<i>fluphenazine hcl injection solution</i>	Tier 4	
<i>fluphenazine hcl oral concentrate</i>	Tier 4	MO
<i>fluphenazine hcl oral elixir</i>	Tier 4	MO
<i>fluphenazine hcl oral tablet</i>	Tier 4	MO
<i>haloperidol decanoate intramuscular solution</i>	Tier 4	
<i>haloperidol lactate injection solution</i>	Tier 2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2	MO
<i>haloperidol oral tablet</i>	Tier 1	MO
<i>loxapine succinate oral capsule</i>	Tier 2	MO
<i>molindone hcl oral tablet</i>	Tier 4	MO
<i>perphenazine oral tablet</i>	Tier 4	MO
<i>pimozide oral tablet</i>	Tier 4	MO
<i>prochlorperazine maleate oral tablet</i>	Tier 1	MO
<i>prochlorperazine rectal suppository</i>	Tier 3	
<i>thioridazine hcl oral tablet</i>	Tier 3	MO
<i>thiothixene oral capsule</i>	Tier 4	MO
<i>trifluoperazine hcl oral tablet</i>	Tier 3	MO
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Tier 5	MO; NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier 5	MO; NEDS
<i>aripiprazole oral solution</i>	Tier 4	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual</i>	Tier 4	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
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
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
LYBALVI ORAL TABLET	Tier 5	ST; QL (30 EA per 30 days); NEDS
NUPLAZID ORAL CAPSULE	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Tier 4	
<i>olanzapine oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	Tier 4	MO; QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	Tier 5	PA NS; QL (90 EA per 30 days); NEDS
OPIPZA ORAL FILM 2 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier 5	MO; NEDS
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
REXULTI ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg</i>	Tier 2	
<i>risperidone microspheres er intramuscular suspension reconstituted er 25 mg</i>	Tier 4	

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

Drug	Status	Requirements/Limits
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	Tier 5	NEDS
<i>risperidone oral solution</i>	Tier 2	MO; QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 4	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible 0.5 mg</i>	Tier 2	MO; QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE	Tier 5	ST; MO; QL (1 EA per 1 day); NEDS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Tier 4	QL (60 EA per 30 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	Tier 4	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	Tier 4	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg</i>	Tier 2	QL (270 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	Tier 4	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	Tier 4	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	Tier 4	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 4	QL (120 EA per 30 days); NEDS
VERSACLOZ ORAL SUSPENSION	Tier 5	QL (540 ML per 30 days); NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>dantrolene sodium oral capsule</i>	Tier 4	
<i>tizanidine hcl oral tablet</i>	Tier 2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET	Tier 5	NEDS
PREVYMIS ORAL PACKET	Tier 5	PA; NEDS
PREVYMIS ORAL TABLET	Tier 5	PA; MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 5	MO; NEDS
<i>valganciclovir hcl oral tablet</i>	Tier 3	MO
ZIRGAN OPHTHALMIC GEL	Tier 4	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	Tier 4	PA; MO

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
<i>entecavir oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 4	MO
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL PACKET 150-37.5 MG	Tier 5	PA; QL (84 EA per 365 days); NEDS
EPCLUSA ORAL PACKET 200-50 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
EPCLUSA ORAL TABLET 200-50 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
EPCLUSA ORAL TABLET 400-100 MG	Tier 5	PA; QL (84 EA per 365 days); NEDS
HARVONI ORAL PACKET 33.75-150 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
HARVONI ORAL PACKET 45-200 MG	Tier 5	PA; QL (336 EA per 365 days); NEDS
HARVONI ORAL TABLET 45-200 MG	Tier 5	PA; QL (336 EA per 365 days); NEDS
HARVONI ORAL TABLET 90-400 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
MAVYRET ORAL PACKET	Tier 5	PA; QL (560 EA per 365 days); NEDS
MAVYRET ORAL TABLET	Tier 5	PA; QL (336 EA per 365 days); NEDS
VOSEVI ORAL TABLET	Tier 5	PA; QL (84 EA per 365 days); NEDS
Anti-Hepatitis C (Hcv) Agents, Other		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	NEDS
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED	Tier 5	NEDS
<i>ribavirin oral capsule</i>	Tier 3	
<i>ribavirin oral tablet 200 mg</i>	Tier 3	
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	Tier 2	
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 2	

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

Drug	Status	Requirements/Limits
<i>acyclovir oral tablet 400 mg</i>	Tier 1	
<i>acyclovir oral tablet 800 mg</i>	Tier 2	
<i>acyclovir sodium intravenous solution</i>	Tier 6	B/D; HI
<i>famciclovir oral tablet</i>	Tier 3	
<i>trifluridine ophthalmic solution</i>	Tier 2	
<i>valacyclovir hcl oral tablet</i>	Tier 2	QL (120 EA per 30 days)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 5	QL (30 EA per 30 days); NEDS
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 5	MO; QL (30 EA per 30 days); NEDS
GENVOYA ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
ISENTRESS HD ORAL TABLET	Tier 5	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	Tier 5	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET	Tier 5	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier 5	MO; QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier 4	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
SYMTUZA ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
TIVICAY ORAL TABLET 50 MG	Tier 5	MO; QL (60 EA per 30 days); NEDS
TIVICAY PD ORAL TABLET SOLUBLE	Tier 5	MO; QL (180 EA per 30 days); NEDS
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
EDURANT ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
EDURANT PED ORAL TABLET SOLUBLE	Tier 5	QL (180 EA per 30 days); NEDS
<i>efavirenz oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofof df oral tablet</i>	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
<i>etravirine oral tablet</i>	Tier 5	MO; QL (60 EA per 30 days); NEDS
INTELENCE ORAL TABLET 25 MG	Tier 4	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	Tier 3	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
PIFELTRO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	Tier 4	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
DELSTRIGO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 120-15 MG	Tier 5	QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 200-25 MG	Tier 5	Part B; MO; QL (30 EA per 30 days); NEDS
DOVATO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>emtricitabine oral capsule</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	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
<i>lamivudine oral solution 10 mg/ml</i>	Tier 4	MO; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	Tier 4	MO; QL (30 EA per 30 days)

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

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

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	
<i>lopinavir-ritonavir oral solution</i>	Tier 4	
<i>lopinavir-ritonavir oral tablet</i>	Tier 4	MO
NORVIR ORAL PACKET	Tier 4	MO; QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	Tier 5	MO; QL (30 EA per 30 days); NEDS
PREZISTA ORAL SUSPENSION	Tier 5	QL (400 ML per 30 days); NEDS
PREZISTA ORAL TABLET 150 MG	Tier 5	QL (180 EA per 30 days); NEDS
PREZISTA ORAL TABLET 75 MG	Tier 4	QL (300 EA per 30 days)
REYATAZ ORAL PACKET	Tier 5	MO; QL (180 EA per 30 days); NEDS
<i>ritonavir oral tablet</i>	Tier 3	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	Tier 5	MO; QL (300 EA per 30 days); NEDS
VIRACEPT ORAL TABLET 625 MG	Tier 5	MO; QL (120 EA per 30 days); NEDS
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	Tier 2	MO
<i>amantadine hcl oral solution</i>	Tier 2	
<i>amantadine hcl oral tablet</i>	Tier 2	MO
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	Tier 2	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	Tier 2	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 4	QL (240 EA per 365 days)
<i>rimantadine hcl oral tablet</i>	Tier 4	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 3	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet</i>	Tier 2	
<i>hydroxyzine hcl oral syrup</i>	Tier 2	
<i>hydroxyzine hcl oral tablet</i>	Tier 2	

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

Drug	Status	Requirements/Limits
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	Tier 1	QL (150 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	Tier 4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	Tier 3	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Tier 3	QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE	Tier 2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 3	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>lorazepam injection solution</i>	Tier 2	
<i>lorazepam intensol oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Tier 1	QL (150 EA per 30 days)
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>paroxetine hcl oral tablet</i>	Tier 1	MO
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	Tier 4	
<i>venlafaxine hcl oral tablet</i>	Tier 2	MO
Bipolar Agents		
Bipolar Agents, Other		
<i>ziprasidone hcl oral capsule</i>	Tier 3	MO; QL (60 EA per 30 days)
Mood Stabilizers		
<i>lamotrigine oral tablet chewable</i>	Tier 2	MO
<i>lithium carbonate er oral tablet extended release</i>	Tier 2	MO
<i>lithium carbonate oral capsule</i>	Tier 1	MO
<i>lithium carbonate oral tablet</i>	Tier 2	MO
<i>lithium oral solution</i>	Tier 2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	Tier 2	MO; QL (3 EA per 1 day)
DAPAGLIFLOZIN 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)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MO
<i>glipizide er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>glipizide oral tablet 2.5 mg</i>	Tier 2	MO
<i>glyburide oral tablet</i>	Tier 2	MO
GLYXAMBI ORAL TABLET	Tier 3	MO
JANUVIA ORAL TABLET	Tier 3	MO; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)
<i>liraglutide subcutaneous solution pen-injector</i>	Tier 3	PA; MO; QL (9 ML per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	MO
<i>miglitol oral tablet</i>	Tier 1	MO
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet</i>	Tier 2	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 3	PA; MO; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 3	PA; MO; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	PA; MO; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	Tier 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Tier 2	MO; QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	Tier 2	MO; QL (8 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
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		
<i>glipizide-metformin hcl oral tablet</i>	Tier 1	MO
<i>glyburide-metformin oral tablet</i>	Tier 2	MO; QL (4 EA per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 3	QL (0.4 ML per 1 day)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 3	QL (0.8 ML per 1 day)
GVOKE KIT SUBCUTANEOUS SOLUTION	Tier 3	QL (0.8 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 3	QL (0.8 ML per 1 day)
JANUMET ORAL TABLET	Tier 3	MO; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET	Tier 3	MO; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO; QL (2 EA per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier 2	MO
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier 2	MO
Glycemic Agents		
<i>diazoxide oral suspension</i>	Tier 5	MO; NEDS
GLUCAGON EMERGENCY INJECTION 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
<i>insulin lispro injection solution</i>	Tier 3	MO
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Tier 3	MO
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	Tier 3	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
LANTUS SUBCUTANEOUS SOLUTION	Tier 3	MO
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 4	
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		
<i>dabigatran etexilate mesylate oral capsule</i>	Tier 4	QL (60 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 3	MO; QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	Tier 3	MO; QL (90 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 4	
<i>enoxaparin sodium injection solution prefilled syringe</i>	Tier 4	
<i>rivaroxaban oral suspension reconstituted</i>	Tier 3	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 3	MO; QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 3	MO; QL (60 EA per 30 days)

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		
<i>tranexamic acid oral tablet</i>	Tier 3	
Platelet Modifying Agents		
DOPTELET ORAL TABLET	Tier 5	PA; NEDS
<i>prasugrel hcl oral tablet</i>	Tier 4	MO
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 5	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Tier 5	NEDS
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	Tier 3	
<i>heparin sodium (porcine) injection solution 20000 unit/ml</i>	Tier 4	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>	Tier 4	
<i>jantoven oral tablet</i>	Tier 1	MO
<i>warfarin sodium oral tablet</i>	Tier 1	MO
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule</i>	Tier 4	MO
CABLIVI INJECTION KIT	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>eltrombopag olamine oral packet</i>	Tier 5	PA; NEDS
<i>eltrombopag olamine oral tablet</i>	Tier 5	PA; NEDS
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		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 4	MO
<i>cilostazol oral tablet</i>	Tier 2	MO
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	MO
<i>dipyridamole oral tablet</i>	Tier 3	MO
<i>ticagrelor oral tablet</i>	Tier 3	MO
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	Tier 1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Tier 2	MO
<i>clonidine transdermal patch weekly 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 4	MO
<i>guanfacine hcl oral tablet</i>	Tier 2	MO
<i>methyldopa oral tablet</i>	Tier 2	MO
<i>midodrine hcl oral tablet 10 mg</i>	Tier 3	
<i>midodrine hcl oral tablet 2.5 mg, 5 mg</i>	Tier 2	
Alpha-Adrenergic Blocking Agents		
<i>prazosin hcl oral capsule</i>	Tier 2	MO
Angiotensin Ii Receptor Antagonists		
<i>amlodipine-olmesartan oral tablet</i>	Tier 2	MO
<i>candesartan cilexetil oral tablet</i>	Tier 1	MO
<i>candesartan cilexetil-hctz oral tablet</i>	Tier 1	MO
ENTRESTO ORAL CAPSULE SPRINKLE	Tier 3	QL (240 EA per 30 days)
<i>irbesartan oral tablet</i>	Tier 1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>losartan potassium oral tablet</i>	Tier 1	MO
<i>losartan potassium-hctz oral tablet</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet</i>	Tier 1	MO
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier 1	MO
<i>sacubitril-valsartan oral tablet</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>telmisartan oral tablet</i>	Tier 1	MO
<i>telmisartan-hctz oral tablet</i>	Tier 1	MO

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

Drug	Status	Requirements/Limits
<i>valsartan oral tablet</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>captopril oral tablet</i>	Tier 2	MO
<i>enalapril maleate oral tablet</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>fosinopril sodium oral tablet</i>	Tier 1	MO
<i>fosinopril sodium-hctz oral tablet</i>	Tier 2	MO
<i>lisinopril oral tablet</i>	Tier 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>moexipril hcl oral tablet</i>	Tier 2	MO
<i>perindopril erbumine oral tablet</i>	Tier 2	MO
<i>quinapril hcl oral tablet</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-25 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>ramipril oral capsule</i>	Tier 1	MO
<i>trandolapril oral tablet</i>	Tier 1	MO
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier 2	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg</i>	Tier 3	MO
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	Tier 2	MO
<i>dofetilide oral capsule</i>	Tier 4	MO
<i>flecainide acetate oral tablet</i>	Tier 2	MO
<i>mexiletine hcl oral capsule</i>	Tier 2	MO
MULTAQ ORAL TABLET	Tier 3	MO
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 4	MO
<i>propafenone hcl oral tablet</i>	Tier 2	MO
<i>quinidine gluconate er oral tablet extended release</i>	Tier 4	MO
<i>quinidine sulfate oral tablet</i>	Tier 2	MO
<i>sotalol hcl (af) oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>sotalol hcl oral tablet</i>	Tier 2	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	Tier 2	MO
<i>atenolol oral tablet</i>	Tier 1	MO
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	MO
<i>betaxolol hcl oral tablet</i>	Tier 3	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i>	Tier 2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	MO
<i>carvedilol oral tablet</i>	Tier 1	MO
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 2	MO
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>metoprolol tartrate oral tablet</i>	Tier 1	MO
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	MO
<i>pindolol oral tablet</i>	Tier 2	MO
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>propranolol hcl oral solution</i>	Tier 2	MO
<i>propranolol hcl oral tablet</i>	Tier 2	MO
Calcium Channel Blocking Agents		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier 1	MO
<i>amlodipine besylate oral tablet</i>	Tier 1	MO
<i>amlodipine besylate-valsartan oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>cartia xt oral capsule extended release 24 hour</i>	Tier 2	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier 2	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier 2	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 420 mg</i>	Tier 2	MO
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg</i>	Tier 3	MO
<i>diltiazem hcl oral tablet</i>	Tier 2	MO
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier 2	MO
<i>felodipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>isradipine oral capsule</i>	Tier 4	MO
<i>matzim la oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nicardipine hcl oral capsule</i>	Tier 4	MO
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier 2	MO
<i>tiadylt er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier 4	MO
<i>verapamil hcl er oral tablet extended release</i>	Tier 2	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg</i>	Tier 1	MO
<i>verapamil hcl oral tablet 80 mg</i>	Tier 2	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet</i>	Tier 2	MO
CORLANOR ORAL SOLUTION	Tier 4	PA; MO; QL (450 ML per 30 days)
<i>digoxin oral solution</i>	Tier 2	MO
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 2	MO
<i>droxidopa oral capsule 100 mg</i>	Tier 4	PA
<i>droxidopa oral capsule 200 mg, 300 mg</i>	Tier 5	PA; NEDS
<i>ivabradine hcl oral tablet</i>	Tier 4	PA; QL (60 EA per 30 days)
<i>metyrosine oral capsule</i>	Tier 5	NEDS
NEXLETOL ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
<i>pentoxifylline er oral tablet extended release</i>	Tier 2	MO
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier 3	MO
<i>telmisartan-amlodipine oral tablet</i>	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		
<i>acetazolamide oral tablet 125 mg</i>	Tier 2	MO
<i>acetazolamide oral tablet 250 mg</i>	Tier 3	MO
<i>methazolamide oral tablet</i>	Tier 4	MO
Diuretics, Loop		
<i>bumetanide oral tablet</i>	Tier 2	MO
<i>ethacrynic acid oral tablet</i>	Tier 4	MO
<i>furosemide injection solution</i>	Tier 6	HI
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 2	MO
<i>furosemide oral tablet</i>	Tier 1	MO
<i>toremide oral tablet</i>	Tier 2	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet</i>	Tier 2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>eplerenone oral tablet</i>	Tier 2	MO
KERENDIA ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
<i>spironolactone oral tablet</i>	Tier 1	MO
<i>spironolactone-hctz oral tablet</i>	Tier 2	MO
<i>triamterene oral capsule</i>	Tier 2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 2	MO
<i>triamterene-hctz oral tablet</i>	Tier 2	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	MO
<i>hydrochlorothiazide oral capsule</i>	Tier 1	MO
<i>hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>indapamide oral tablet</i>	Tier 1	MO
<i>metolazone oral tablet</i>	Tier 2	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 2	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 2	MO
<i>gemfibrozil oral tablet</i>	Tier 2	MO

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		
<i>atorvastatin calcium oral tablet</i>	Tier 1	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>fluvastatin sodium oral capsule</i>	Tier 2	MO
<i>lovastatin oral tablet</i>	Tier 1	MO
<i>pitavastatin calcium oral tablet</i>	Tier 4	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO; QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet</i>	Tier 1	MO
<i>simvastatin oral tablet</i>	Tier 1	MO; QL (1.5 EA per 1 day)
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	Tier 4	MO
<i>cholestyramine light oral powder</i>	Tier 2	MO
<i>cholestyramine oral packet</i>	Tier 3	MO
<i>cholestyramine oral powder</i>	Tier 2	MO
<i>colesevelam hcl oral packet</i>	Tier 2	MO
<i>colesevelam hcl oral tablet</i>	Tier 4	MO
<i>colestipol hcl oral packet</i>	Tier 4	MO
<i>colestipol hcl oral tablet</i>	Tier 4	MO
<i>ezetimibe oral tablet</i>	Tier 2	MO
<i>ezetimibe-simvastatin oral tablet</i>	Tier 2	MO
<i>icosapent ethyl oral capsule</i>	Tier 4	
<i>niacin (antihyperlipidemic) oral tablet</i>	Tier 2	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	Tier 2	MO
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 3	MO
<i>niacor oral tablet</i>	Tier 2	
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 3	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (2 ML per 28 days)
<i>prevalite oral packet</i>	Tier 3	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	PA; MO; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; MO; QL (3 ML per 28 days)

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

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

Drug	Status	Requirements/Limits
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 54 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 3	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	Tier 4	MO
<i>methylphenidate hcl oral tablet</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET	Tier 5	PA; MO; 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
<i>riluzole oral tablet</i>	Tier 4	MO; QL (2 EA per 1 day)
SKYCLARYS ORAL CAPSULE	Tier 5	PA; QL (90 EA per 30 days); NEDS
<i>tasimelteon oral capsule</i>	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; MO
<i>tetrabenazine oral tablet 25 mg</i>	Tier 5	PA; MO; NEDS
VEOZAH ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	Tier 4	MO; QL (900 ML per 30 days)
SAVELLA ORAL TABLET	Tier 3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	Tier 3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
BETASERON SUBCUTANEOUS KIT	Tier 5	PA; MO; QL (15 EA per 30 days); NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier 3	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i>	Tier 4	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	Tier 4	PA; QL (120 EA per 365 days)
<i>fingolimod hcl oral capsule</i>	Tier 5	PA; QL (30 EA per 30 days); NEDS
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier 5	PA; MO; QL (30 ML per 30 days); NEDS
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 5	PA; MO; QL (12 ML per 28 days); NEDS

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
<i>teriflunomide oral tablet</i>	Tier 5	PA; QL (30 EA per 30 days); NEDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Tier 5	PA; QL (14 EA per 365 days); NEDS
ZEPOSIA ORAL CAPSULE	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	Tier 5	PA; QL (56 EA per 365 days); NEDS
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule</i>	Tier 3	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	
<i>kourzeq mouth/throat paste</i>	Tier 2	
<i>periogard mouth/throat solution</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg</i>	Tier 3	MO
<i>pilocarpine hcl oral tablet 7.5 mg</i>	Tier 4	MO
<i>triamcinolone acetanide mouth/throat paste</i>	Tier 2	
Dermatological Agents		
Dermatological Agents		
<i>acitretin oral capsule</i>	Tier 4	
<i>acyclovir external ointment</i>	Tier 2	QL (15 GM per 14 days)
<i>adapalene external gel 0.1 %</i>	Tier 2	
<i>adapalene external solution</i>	Tier 5	NEDS
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (8 ML per 28 days); NEDS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (6 ML per 28 days); NEDS
<i>ammonium lactate external cream</i>	Tier 2	
<i>ammonium lactate external lotion</i>	Tier 2	
<i>azelaic acid external gel</i>	Tier 3	QL (100 GM per 30 days)
<i>calcipotriene external cream</i>	Tier 4	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier 4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier 4	QL (60 ML per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 4	
<i>clobetasol propionate e external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	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
<i>clobetasol propionate external gel</i>	Tier 3	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier 4	
<i>clobetasol propionate external solution</i>	Tier 3	QL (59 ML per 30 days)
CLODAN EXTERNAL SHAMPOO	Tier 4	
<i>clotrimazole-betamethasone external cream</i>	Tier 2	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	Tier 3	QL (60 ML per 30 days)
<i>diclofenac sodium external gel 1 %</i>	Tier 2	QL (960 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	Tier 3	QL (200 GM per 30 days)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; NEDS
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
<i>erythromycin external gel</i>	Tier 2	
<i>erythromycin external solution</i>	Tier 2	
EUCRISA EXTERNAL OINTMENT	Tier 4	PA
<i>fluorouracil external cream 0.5 %</i>	Tier 4	QL (30 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	Tier 3	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	Tier 4	
<i>hydrocortisone (perianal) external cream</i>	Tier 2	
<i>imiquimod external cream 5 %</i>	Tier 4	QL (48 EA per 30 days)
<i>mupirocin calcium external cream</i>	Tier 3	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	Tier 5	PA; QL (2 EA per 28 days); NEDS
<i>pimecrolimus external cream</i>	Tier 3	
<i>podofilox external solution</i>	Tier 3	
<i>procto-med hc external cream</i>	Tier 2	
<i>proctosol hc external cream</i>	Tier 2	
<i>proctozone-hc external cream</i>	Tier 2	
REGRANEX EXTERNAL GEL	Tier 5	NEDS
SANTYL EXTERNAL OINTMENT	Tier 4	QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	Tier 2	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 4	
<i>tacrolimus external ointment</i>	Tier 3	QL (120 GM per 30 days)
<i>tazarotene external cream</i>	Tier 3	QL (60 GM per 30 days)
<i>tazarotene external gel</i>	Tier 4	QL (100 GM per 30 days)
<i>tretinoin external cream 0.025 %</i>	Tier 2	
<i>tretinoin external cream 0.05 %, 0.1 %</i>	Tier 3	

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

Drug	Status	Requirements/Limits
<i>tretinoin external gel</i>	Tier 3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>aminosyn ii intravenous solution 15 %</i>	Tier 6	B/D; HI
<i>carglumic acid oral tablet soluble</i>	Tier 5	PA; NEDS
CLINISOL SF INTRAVENOUS SOLUTION	Tier 6	B/D; HI
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	Tier 6	HI
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	Tier 6	HI
<i>klor-con 10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m15 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m20 oral tablet extended release</i>	Tier 2	MO
<i>klor-con oral packet 20 meq</i>	Tier 4	MO
<i>klor-con oral tablet extended release</i>	Tier 2	MO
K-PHOS NO 2 ORAL TABLET	Tier 4	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Tier 6	HI
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	Tier 6	HI
<i>na sulfate-k sulfate-mg sulf oral solution</i>	Tier 4	
ORACIT ORAL SOLUTION	Tier 4	
PLENAMINE INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>potassium chloride crys er oral tablet extended release</i>	Tier 2	MO
<i>potassium chloride er oral capsule extended release</i>	Tier 2	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 2	MO
<i>potassium chloride er oral tablet extended release 15 meq</i>	Tier 2	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	Tier 6	HI
<i>potassium chloride oral packet</i>	Tier 4	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 4	MO

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

Drug	Status	Requirements/Limits
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Tier 3	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 2	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	Tier 6	HI
PREMASOL INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
PROSOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Tier 6	HI
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 1	MO
TRAVASOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox oral tablet 90 mg</i>	Tier 3	
<i>deferasirox oral tablet soluble 125 mg</i>	Tier 4	MO
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	Tier 5	MO; NEDS
JYNARQUE ORAL TABLET	Tier 5	PA; QL (120 EA per 30 days); NEDS
<i>kionex combination suspension</i>	Tier 3	
<i>penicillamine oral tablet</i>	Tier 5	NEDS
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
<i>sps (sodium polystyrene sulf) combination suspension</i>	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
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 6	HI

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

Drug	Status	Requirements/Limits
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %	Tier 6	HI
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	Tier 6	HI
<i>intralipid intravenous emulsion 20 %</i>	Tier 6	B/D; HI
INTRALIPID INTRAVENOUS EMULSION 30 %	Tier 6	B/D; HI
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 6	HI
NUTRILIPID INTRAVENOUS EMULSION	Tier 6	B/D; HI
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	Tier 6	HI
Vitamins		
PNV-DHA ORAL CAPSULE	Tier 4	
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	Tier 3	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 3	
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 3	
<i>glycopyrrolate oral solution</i>	Tier 4	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
Gastrointestinal Agents, Other		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	Tier 3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 4	
GATTEX SUBCUTANEOUS KIT	Tier 5	PA; MO; NEDS
IQIRVO ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
LIVDELZI ORAL CAPSULE	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>loperamide hcl oral capsule</i>	Tier 2	
<i>metoclopramide hcl injection solution</i>	Tier 2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
MOTOFEN ORAL TABLET	Tier 4	
MOVANTIK ORAL TABLET	Tier 3	QL (30 EA per 30 days)
RELISTOR ORAL TABLET	Tier 5	QL (90 EA per 30 days); NEDS

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
<i>ursodiol oral capsule 300 mg</i>	Tier 3	MO
<i>ursodiol oral tablet</i>	Tier 3	MO
VOQUEZNA DUAL PAK ORAL THERAPY PACK	Tier 4	PA
VOQUEZNA ORAL TABLET 10 MG	Tier 4	PA; QL (30 EA per 30 days)
VOQUEZNA ORAL TABLET 20 MG	Tier 4	PA; QL (60 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	Tier 4	PA
VOWST ORAL CAPSULE	Tier 5	PA; NEDS
XERMELO ORAL TABLET	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 2	
<i>cimetidine oral tablet 200 mg</i>	Tier 3	
<i>cimetidine oral tablet 300 mg</i>	Tier 3	MO
<i>cimetidine oral tablet 400 mg, 800 mg</i>	Tier 4	MO
<i>famotidine oral suspension reconstituted</i>	Tier 3	MO
<i>famotidine oral tablet 20 mg</i>	Tier 3	MO
<i>famotidine oral tablet 40 mg</i>	Tier 3	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	Tier 4	PA; MO; QL (2 EA per 1 day)
<i>alosetron hcl oral tablet 1 mg</i>	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
LINZESS ORAL CAPSULE	Tier 3	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule</i>	Tier 3	MO; QL (60 EA per 30 days)
Laxatives		
<i>constulose oral solution</i>	Tier 2	MO
<i>enulose oral solution</i>	Tier 2	MO
<i>gavilyte-c oral solution reconstituted</i>	Tier 2	
<i>gavilyte-g oral solution reconstituted</i>	Tier 2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	Tier 2	

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

Drug	Status	Requirements/Limits
<i>generlac oral solution</i>	Tier 2	MO
<i>lactulose oral solution 10 gm/15ml</i>	Tier 2	MO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Tier 4	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 4	
Protectants		
<i>misoprostol oral tablet</i>	Tier 2	MO
<i>sucralfate oral suspension</i>	Tier 4	MO
<i>sucralfate oral tablet</i>	Tier 2	MO
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule delayed release</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	MO; QL (2 EA per 1 day)
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
AQNEURSA ORAL PACKET	Tier 5	PA; QL (120 EA per 30 days); NEDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	PA; HI; LA
<i>betaine oral powder</i>	Tier 5	MO; NEDS
CERDELGA ORAL CAPSULE	Tier 5	PA; MO; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier 3	MO
CYSTAGON ORAL CAPSULE	Tier 4	MO
<i>l-glutamine oral packet</i>	Tier 5	PA; NEDS
<i>miglustat oral capsule</i>	Tier 5	PA; MO; NEDS
MIPLYFFA ORAL CAPSULE	Tier 5	PA; QL (90 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Tier 5	PA; MO; NEDS
<i>nitisinone oral capsule 20 mg</i>	Tier 5	PA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	Tier 6	PA; HI
<i>sapropterin dihydrochloride oral packet</i>	Tier 5	PA; MO; NEDS
SODIUM PHENYL BUTYRATE ORAL TABLET	Tier 5	MO; NEDS
YARGESA ORAL CAPSULE	Tier 5	PA; NEDS
<i>zelvysia oral packet</i>	Tier 5	PA; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	PA; HI
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 4	MO
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
PYRUKYND ORAL TABLET 20 MG, 5 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS
PYRUKYND ORAL TABLET 50 MG	Tier 5	PA; QL (120 EA per 30 days); NEDS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Tier 5	NEDS
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (0.8 ML per 28 days); NEDS
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA ORAL TABLET	Tier 4	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Tier 3	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>oxybutynin chloride oral solution</i>	Tier 1	MO

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

Drug	Status	Requirements/Limits
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	MO
<i>solifenacin succinate oral tablet</i>	Tier 2	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 3	MO
<i>tolterodine tartrate oral tablet 1 mg</i>	Tier 2	MO
<i>tolterodine tartrate oral tablet 2 mg</i>	Tier 3	MO
<i>tropium chloride er oral capsule extended release 24 hour</i>	Tier 3	MO
<i>tropium chloride oral tablet</i>	Tier 2	MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet</i>	Tier 2	MO
<i>dutasteride oral capsule</i>	Tier 2	MO
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier 4	MO
<i>finasteride oral tablet 5 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>silodosin oral capsule</i>	Tier 3	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>terazosin hcl oral capsule</i>	Tier 1	MO
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	Tier 2	
ELMIRON ORAL CAPSULE	Tier 5	NEDS
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule</i>	Tier 3	
<i>calcium acetate oral tablet 667 mg</i>	Tier 3	MO
<i>sevelamer carbonate oral packet</i>	Tier 4	MO
<i>sevelamer carbonate oral tablet</i>	Tier 2	MO
<i>sevelamer hcl oral tablet 800 mg</i>	Tier 2	MO
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
<i>alclometasone dipropionate external cream</i>	Tier 2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 2	QL (240 GM per 30 days)
<i>betamethasone dipropionate aug external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Tier 4	QL (180 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Tier 3	QL (150 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 4	QL (150 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone valerate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>desonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>desonide external ointment</i>	Tier 4	QL (120 GM per 30 days)
<i>desoximetasone external cream</i>	Tier 4	QL (100 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	Tier 4	QL (180 GM per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>dexamethasone oral elixir</i>	Tier 2	
<i>dexamethasone oral solution</i>	Tier 2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg</i>	Tier 1	
<i>dexamethasone oral tablet 2 mg, 6 mg</i>	Tier 2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Tier 2	
<i>fludrocortisone acetate oral tablet</i>	Tier 2	MO
<i>fluocinolone acetonide body external oil</i>	Tier 3	
<i>fluocinolone acetonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external ointment</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	Tier 4	QL (90 ML per 30 days)

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

Drug	Status	Requirements/Limits
<i>fluocinolone acetonide scalp external oil</i>	Tier 3	
<i>fluocinonide emulsified base external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 3	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	Tier 2	QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	Tier 4	QL (60 ML per 30 days)
<i>fluticasone propionate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>fluticasone propionate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>halobetasol propionate external cream</i>	Tier 4	QL (150 GM per 30 days)
<i>halobetasol propionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
<i>hydrocortisone external cream 1 %</i>	Tier 2	
<i>hydrocortisone external cream 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	QL (240 ML per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Tier 2	QL (100 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	Tier 4	QL (180 GM per 30 days)
<i>medpura hydrocortisone external cream</i>	Tier 2	
<i>methylprednisolone oral tablet</i>	Tier 2	
<i>methylprednisolone oral tablet therapy pack</i>	Tier 2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Tier 2	
<i>mometasone furoate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external solution</i>	Tier 2	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	Tier 3	
<i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>prednisone oral solution</i>	Tier 4	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 2	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)

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

Drug	Status	Requirements/Limits
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 2	QL (150 GM per 30 days)
<i>triderm external cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</i>	Tier 3	MO
<i>desmopressin acetate injection solution</i>	Tier 5	NEDS
<i>desmopressin acetate oral tablet</i>	Tier 3	MO
GENOTROPIN MINIQUEICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	Tier 4	PA
GENOTROPIN MINIQUEICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 5	PA; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE	Tier 5	PA; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	Tier 5	PA; LA; MO; NEDS
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	Tier 4	MO
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	Tier 5	MO; NEDS
VYNDAMAX ORAL CAPSULE	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
VYND AQEL ORAL CAPSULE	Tier 5	PA; MO; QL (4 EA per 1 day); NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>mifepristone oral tablet 300 mg</i>	Tier 5	PA; 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		
<i>danazol oral capsule</i>	Tier 4	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 2	MO
<i>testosterone cypionate intramuscular solution 200 mg/ml (1 ml)</i>	Tier 2	
<i>testosterone enanthate intramuscular solution</i>	Tier 3	MO
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 3	PA; MO
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Tier 4	PA; MO
Estrogens		
ABIGALE LO ORAL TABLET	Tier 3	MO
<i>abigale oral tablet</i>	Tier 3	MO
<i>altavera oral tablet</i>	Tier 2	MO
<i>alyacen 1/35 oral tablet</i>	Tier 2	MO
AMETHIA ORAL TABLET	Tier 2	MO; QL (91 EA per 91 days)
<i>amethyst oral tablet</i>	Tier 2	MO
<i>apri oral tablet</i>	Tier 2	MO
<i>aranelle oral tablet</i>	Tier 3	MO
<i>ashlyna oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>aubra eq oral tablet</i>	Tier 2	MO
<i>aviane oral tablet</i>	Tier 2	MO
<i>azurette oral tablet</i>	Tier 2	MO
<i>balziva oral tablet</i>	Tier 3	MO
<i>blisovi 24 fe oral tablet</i>	Tier 4	MO
<i>blisovi fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>briellyn oral tablet</i>	Tier 3	MO
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
<i>cryselle-28 oral tablet</i>	Tier 2	MO
<i>cyred eq oral tablet</i>	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
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 2	MO
<i>dotti transdermal patch twice weekly</i>	Tier 3	MO; QL (8 EA per 28 days)
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 3	MO
<i>eluryng vaginal ring</i>	Tier 3	MO
<i>enilloring vaginal ring</i>	Tier 2	MO
<i>enpresse-28 oral tablet</i>	Tier 3	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	Tier 2	MO
<i>estarylla oral tablet</i>	Tier 2	MO
<i>estradiol oral tablet</i>	Tier 1	MO
<i>estradiol transdermal patch twice weekly</i>	Tier 3	MO; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 3	MO
<i>estradiol vaginal cream</i>	Tier 3	MO
<i>estradiol vaginal tablet</i>	Tier 3	MO
<i>estradiol-norethindrone acet oral tablet</i>	Tier 3	MO
ESTRING VAGINAL RING 7.5 MCG/24HR	Tier 4	MO; QL (1 EA per 90 days)
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier 2	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 3	MO
<i>falmina oral tablet</i>	Tier 2	MO
<i>feirza 1.5/30 oral tablet</i>	Tier 2	MO
<i>feirza 1/20 oral tablet</i>	Tier 2	MO
<i>finzala oral tablet chewable</i>	Tier 2	MO
<i>fyavolv oral tablet</i>	Tier 4	MO
<i>galbriela oral tablet chewable</i>	Tier 2	MO
<i>hailey 24 fe oral tablet</i>	Tier 4	MO
<i>haloette vaginal ring</i>	Tier 4	MO
<i>iclevia oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>introvale oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>isibloom oral tablet</i>	Tier 2	MO
<i>jaimiess oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>jasmiel oral tablet</i>	Tier 2	MO
<i>jinteli oral tablet</i>	Tier 3	MO
JOLESSA ORAL TABLET	Tier 2	MO; QL (91 EA per 91 days)
<i>juleber oral tablet</i>	Tier 2	MO
<i>junel 1.5/30 oral tablet</i>	Tier 3	MO
<i>junel 1/20 oral tablet</i>	Tier 3	MO
<i>junel fe 1.5/30 oral tablet</i>	Tier 3	MO
<i>junel fe 1/20 oral tablet</i>	Tier 3	MO

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

Drug	Status	Requirements/Limits
<i>junel fe 24 oral tablet</i>	Tier 3	MO
<i>kariva oral tablet</i>	Tier 2	MO
<i>kelnor 1/35 oral tablet</i>	Tier 3	MO
<i>kelnor 1/50 oral tablet</i>	Tier 3	MO
<i>kurvelo oral tablet</i>	Tier 2	MO
<i>larin 1.5/30 oral tablet</i>	Tier 3	MO
<i>larin 1/20 oral tablet</i>	Tier 2	MO
<i>larin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>larin fe 1/20 oral tablet</i>	Tier 2	MO
<i>leena oral tablet</i>	Tier 3	MO
<i>lessina oral tablet</i>	Tier 2	MO
<i>levonest oral tablet</i>	Tier 2	MO
<i>levonorgest-eth est & eth est oral tablet</i>	Tier 3	MO; QL (91 EA per 91 days)
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 3	MO; QL (91 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Tier 3	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Tier 4	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 2	MO
<i>levora 0.15/30 (28) oral tablet</i>	Tier 2	MO
<i>lojaimiess oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>loryna oral tablet</i>	Tier 2	MO
<i>low-ogestrel oral tablet</i>	Tier 2	MO
<i>luizza 1.5/30 oral tablet</i>	Tier 2	MO
<i>luizza 1/20 oral tablet</i>	Tier 2	MO
<i>luteru oral tablet</i>	Tier 2	MO
<i>lyllana transdermal patch twice weekly</i>	Tier 3	MO; QL (8 EA per 28 days)
<i>marlissa oral tablet</i>	Tier 2	MO
MENEST ORAL TABLET 0.625 MG, 2.5 MG	Tier 4	MO
<i>mibelas 24 fe oral tablet chewable</i>	Tier 2	MO
<i>microgestin 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin 1/20 oral tablet</i>	Tier 2	MO
<i>microgestin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin fe 1/20 oral tablet</i>	Tier 2	MO
<i>mili oral tablet</i>	Tier 2	MO
<i>mimvey oral tablet</i>	Tier 4	MO
<i>minzoya oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>necon 0.5/35 (28) oral tablet</i>	Tier 2	MO
<i>nikki oral tablet</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Tier 2	MO
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Tier 3	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 2	MO
<i>norgestim-eth estrad triphasic oral tablet</i>	Tier 2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier 3	MO
<i>nortrel 1/35 (21) oral tablet</i>	Tier 3	MO
<i>nortrel 1/35 (28) oral tablet</i>	Tier 3	MO
<i>nortrel 7/7/7 oral tablet</i>	Tier 3	MO
<i>nylia 1/35 oral tablet</i>	Tier 2	MO
<i>nylia 7/7/7 oral tablet</i>	Tier 2	MO
<i>ocella oral tablet</i>	Tier 4	MO
<i>pimtrea oral tablet</i>	Tier 2	MO
<i>portia-28 oral tablet</i>	Tier 2	MO
PREMARIN ORAL TABLET	Tier 4	MO
PREMARIN VAGINAL CREAM	Tier 3	MO
PREMPHASE ORAL TABLET	Tier 4	MO
PREMPRO ORAL TABLET	Tier 4	MO
<i>reclipsen oral tablet</i>	Tier 2	MO
RIVELSA ORAL TABLET	Tier 2	MO; QL (91 EA per 91 days)
<i>rosyrah oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>setlakin oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
SIMPESSE ORAL TABLET	Tier 2	
<i>sprintec 28 oral tablet</i>	Tier 2	MO
<i>sronyx oral tablet</i>	Tier 2	MO
<i>syeda oral tablet</i>	Tier 3	MO
<i>tarina 24 fe oral tablet</i>	Tier 3	MO
<i>tarina fe 1/20 eq oral tablet</i>	Tier 2	MO
<i>taysofy oral capsule</i>	Tier 2	MO
<i>tilia fe oral tablet</i>	Tier 3	MO
<i>tri-estarylla oral tablet</i>	Tier 2	MO

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
<i>tri-lo-estarylla oral tablet</i>	Tier 2	MO
<i>tri-lo-sprintec oral tablet</i>	Tier 2	MO
<i>tri-mili oral tablet</i>	Tier 2	MO
<i>tri-sprintec oral tablet</i>	Tier 2	MO
<i>trivora (28) oral tablet</i>	Tier 2	MO
<i>tri-vylibra lo oral tablet</i>	Tier 2	MO
<i>tri-vylibra oral tablet</i>	Tier 2	MO
<i>turqoz oral tablet</i>	Tier 2	MO
<i>tyblume oral tablet chewable</i>	Tier 2	MO
<i>valtya 1/50 oral tablet</i>	Tier 2	MO
<i>velivet oral tablet</i>	Tier 2	MO
<i>vienva oral tablet</i>	Tier 2	MO
<i>vyfemla oral tablet</i>	Tier 3	MO
<i>vylibra oral tablet</i>	Tier 2	MO
WYMZYA FE ORAL TABLET CHEWABLE	Tier 3	MO
<i>xarah fe oral tablet</i>	Tier 2	MO
<i>xelria fe oral tablet chewable</i>	Tier 2	MO
YUVAFEM VAGINAL TABLET	Tier 3	MO
<i>zovia 1/35 (28) oral tablet</i>	Tier 2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Tier 3	
NEXPLANON SUBCUTANEOUS IMPLANT	Tier 3	
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	Tier 4	
<i>xulane transdermal patch weekly</i>	Tier 3	
Progestins		
<i>camila oral tablet</i>	Tier 2	MO
<i>deblitane oral tablet</i>	Tier 2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Tier 3	QL (0.65 ML per 90 days)
<i>errin oral tablet</i>	Tier 2	MO
<i>gallifrey oral tablet</i>	Tier 2	MO
<i>heather oral tablet</i>	Tier 2	

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

Drug	Status	Requirements/Limits
<i>incassia oral tablet</i>	Tier 2	MO
<i>lyleq oral tablet</i>	Tier 2	MO
<i>lyza oral tablet</i>	Tier 2	MO
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	Tier 1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 3	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 4	MO
<i>megestrol acetate oral tablet</i>	Tier 2	
<i>meleya oral tablet</i>	Tier 2	MO
<i>nora-be oral tablet</i>	Tier 2	MO
<i>norethindrone acetate oral tablet</i>	Tier 2	MO
<i>norethindrone oral tablet</i>	Tier 2	MO
<i>orquidea oral tablet</i>	Tier 2	MO
<i>sharobel oral tablet</i>	Tier 2	MO
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET	Tier 4	PA; MO; QL (30 EA per 30 days)
<i>raloxifene hcl oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox oral tablet</i>	Tier 1	MO
<i>levo-t oral tablet</i>	Tier 1	MO
<i>levothyroxine sodium oral tablet</i>	Tier 1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 75 mcg, 88 mcg</i>	Tier 1	MO
<i>levoxyl oral tablet 50 mcg</i>	Tier 2	MO
<i>liomny oral tablet</i>	Tier 2	MO
<i>liothyronine sodium oral tablet</i>	Tier 2	MO
SYNTHROID ORAL TABLET	Tier 4	MO
<i>unithroid oral tablet</i>	Tier 1	MO

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

Drug	Status	Requirements/Limits
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)		
<i>cabergoline oral tablet</i>	Tier 3	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	Tier 4	QL (1 EA per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG	Tier 4	QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	Tier 4	QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	Tier 4	QL (1 EA per 28 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA NS; QL (4 EA per 365 days); NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4	PA NS; QL (1 EA per 28 days)
<i>lanreotide acetate subcutaneous solution</i>	Tier 5	PA NS; NEDS
<i>leuprolide acetate injection kit</i>	Tier 4	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Tier 5	QL (1 EA per 28 days); NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Tier 5	QL (1 EA per 84 days); NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Tier 5	QL (1 EA per 112 days); NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier 4	MO

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

Drug	Status	Requirements/Limits
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Tier 5	MO; NEDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	Tier 5	MO; QL (1 EA per 28 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (60 ML per 30 days); NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	Tier 5	PA NS; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	Tier 5	PA; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	LA; MO; NEDS
SYNAREL NASAL SOLUTION	Tier 5	NEDS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	Tier 2	MO
<i>propylthiouracil oral tablet</i>	Tier 2	MO
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	Tier 6	PA; HI
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	PA; HI
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
ICATIBANT ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>sajazir subcutaneous solution prefilled syringe</i>	Tier 5	PA; NEDS
Antiangiogenic Agents		
EMPAVELI SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (200 ML per 28 days); NEDS
Immune Suppressants		
<i>azathioprine sodium injection solution reconstituted</i>	Tier 5	B/D; NEDS
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION	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
<i>auranofin oral capsule</i>	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
<i>leflunomide oral tablet</i>	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
<i>adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit</i>	Tier 5	PA; QL (3 EA per 28 days); NEDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	B/D
<i>azathioprine oral tablet 50 mg</i>	Tier 2	B/D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>cyclosporine modified oral capsule</i>	Tier 4	B/D; MO
<i>cyclosporine modified oral solution</i>	Tier 4	B/D; MO
<i>cyclosporine oral capsule</i>	Tier 4	B/D; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	Tier 4	B/D
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	Tier 5	B/D; NEDS
<i>everolimus oral tablet 0.25 mg</i>	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
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	Tier 5	B/D; MO; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 4	B/D; MO
<i>gengraf oral solution</i>	Tier 4	B/D; MO
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (6 EA per 365 days); NEDS
JYLAMVO ORAL SOLUTION	Tier 4	PA NS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (2.28 ML per 28 days); NEDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (2.28 ML per 28 days); NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution reconstituted</i>	Tier 2	
<i>methotrexate sodium oral tablet</i>	Tier 2	
<i>mycophenolate mofetil oral capsule</i>	Tier 4	B/D; MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier 5	B/D; MO; NEDS
<i>mycophenolate mofetil oral tablet</i>	Tier 4	B/D; MO
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 4	B/D; MO
OTEZLA ORAL TABLET 20 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS

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
<i>sirolimus oral solution</i>	Tier 4	B/D; MO
<i>sirolimus oral tablet</i>	Tier 4	B/D; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	Tier 3	B/D; MO
<i>tacrolimus oral capsule 5 mg</i>	Tier 4	B/D; MO
TAVNEOS ORAL CAPSULE	Tier 5	PA; QL (180 EA per 30 days); NEDS
XATMEP ORAL SOLUTION	Tier 4	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; QL (2 EA per 28 days); NEDS
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	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 6	B/D
ENGRIX-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	
<i>penmenvy intramuscular suspension reconstituted</i>	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		
<i>balsalazide disodium oral capsule</i>	Tier 4	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 4	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 4	
<i>mesalamine rectal enema</i>	Tier 4	
<i>mesalamine rectal suppository</i>	Tier 4	
<i>mesalamine-cleanser rectal kit</i>	Tier 2	
<i>sulfasalazine oral tablet</i>	Tier 2	MO
<i>sulfasalazine oral tablet delayed release</i>	Tier 2	MO
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour</i>	Tier 5	QL (1 EA per 1 day); NEDS
<i>budesonide oral capsule delayed release particles</i>	Tier 3	QL (3 EA per 1 day)
<i>hydrocortisone oral tablet</i>	Tier 2	
<i>hydrocortisone rectal enema</i>	Tier 2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	MO; QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; NEDS
<i>calcitonin (salmon) injection solution</i>	Tier 5	NEDS
<i>calcitonin (salmon) nasal solution</i>	Tier 3	MO; QL (3.7 ML per 30 days)
<i>calcitriol oral capsule</i>	Tier 2	MO
<i>calcitriol oral solution</i>	Tier 4	MO
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 3	MO
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 4	MO
<i>ibandronate sodium oral tablet</i>	Tier 2	MO; QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	QL (2 ML per 365 days)
<i>paricalcitol oral capsule</i>	Tier 4	PA; MO
<i>risedronate sodium oral tablet 150 mg</i>	Tier 4	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 4	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	Tier 4	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	Tier 4	MO; QL (1 EA per 1 day)

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

Drug	Status	Requirements/Limits
<i>teriparatide subcutaneous solution pen-injector</i> 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)
<i>dichlorphenamide oral tablet</i>	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
<i>levocarnitine oral solution</i>	Tier 4	MO
<i>levocarnitine oral tablet</i>	Tier 4	MO
LITETOUGH PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
<i>methylergonovine maleate oral tablet</i>	Tier 5	QL (56 EA per 365 days); NEDS
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 26G X 1/2" , 27G X 1/2" , 30G X 3/4"	Tier 4	
MONOJECT INSULIN SYRINGE U-100 1 ML	Tier 4	
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)
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
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		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	Tier 3	MO
<i>latanoprost ophthalmic solution</i>	Tier 2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 3	MO; QL (2.5 ML per 25 days)
RHOPRESSA OPHTHALMIC SOLUTION	Tier 3	MO; QL (2.5 ML per 25 days)
<i>travoprost (bak free) ophthalmic solution</i>	Tier 3	MO; QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION	Tier 4	QL (5 ML per 25 days)
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 2	
CEQUA OPHTHALMIC SOLUTION	Tier 4	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 2	MO

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)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 3	
<i>neo-polycin hc ophthalmic ointment</i>	Tier 2	
<i>neo-polycin ophthalmic ointment</i>	Tier 2	
<i>polycin ophthalmic ointment</i>	Tier 2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	
<i>proparacaine hcl ophthalmic solution</i>	Tier 2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 3	MO
RESTASIS OPHTHALMIC EMULSION	Tier 3	MO
ROCKLATAN OPHTHALMIC SOLUTION	Tier 4	MO; QL (2.5 ML per 25 days)
XDEMVY OPHTHALMIC SOLUTION	Tier 5	QL (10 ML per 42 days); NEDS
Ophthalmic Anti-Allergy Agents		
ALOCRIL OPHTHALMIC SOLUTION	Tier 4	
<i>azelastine hcl ophthalmic solution</i>	Tier 2	
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	
<i>epinastine hcl ophthalmic solution</i>	Tier 3	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 2	MO
<i>apraclonidine hcl ophthalmic solution</i>	Tier 2	
<i>betaxolol hcl ophthalmic solution</i>	Tier 3	MO
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	Tier 4	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 2	MO
<i>brinzolamide ophthalmic suspension</i>	Tier 4	MO
<i>carteolol hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Tier 4	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MO
<i>pilocarpine hcl ophthalmic solution 1 %</i>	Tier 3	MO
<i>pilocarpine hcl ophthalmic solution 2 %, 4 %</i>	Tier 2	MO

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
<i>timolol maleate (once-daily) ophthalmic solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %</i>	Tier 4	MO
<i>timolol maleate ophthalmic gel forming solution 0.5 %</i>	Tier 3	MO
<i>timolol maleate ophthalmic solution</i>	Tier 1	MO
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 4	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Tier 2	QL (12 ML per 365 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	Tier 1	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 2	
<i>diclofenac sodium ophthalmic solution</i>	Tier 2	
<i>difluprednate ophthalmic emulsion</i>	Tier 4	
EYSUVIS OPHTHALMIC SUSPENSION	Tier 4	QL (16.6 ML per 30 days)
<i>fluorometholone ophthalmic suspension</i>	Tier 3	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier 2	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier 2	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 2	
<i>prednisolone acetate ophthalmic suspension</i>	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	Tier 4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 2	
TOBRADEX OPHTHALMIC OINTMENT	Tier 3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 2	
Otic Agents		
Otic Agents		
<i>acetic acid otic solution</i>	Tier 2	
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 3	
<i>flac otic oil</i>	Tier 4	
<i>fluocinolone acetonide otic oil</i>	Tier 3	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 4	

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

Drug	Status	Requirements/Limits
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 4	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 4	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	Tier 2	QL (60 ML per 30 days)
<i>cyproheptadine hcl oral tablet</i>	Tier 2	
<i>diphenhydramine hcl injection solution</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule</i>	Tier 2	
<i>levocetirizine dihydrochloride oral tablet</i>	Tier 2	QL (1 EA per 1 day)
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO; QL (30 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 3	MO; QL (60 EA per 30 days)
<i>budesonide inhalation suspension</i>	Tier 4	B/D; MO; QL (4 ML per 1 day)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 2	QL (50 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	Tier 3	MO; QL (120 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	Tier 3	MO; QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act</i>	Tier 3	MO; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Tier 3	MO; QL (21.2 GM per 30 days)
<i>fluticasone propionate nasal suspension</i>	Tier 2	
Antileukotrienes		
<i>montelukast sodium oral packet</i>	Tier 2	MO
<i>montelukast sodium oral tablet</i>	Tier 2	MO
<i>montelukast sodium oral tablet chewable</i>	Tier 2	MO
<i>zafirlukast oral tablet</i>	Tier 3	MO; QL (2 EA per 1 day)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier 4	MO; QL (25.8 GM per 30 days)

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)
<i>ipratropium bromide inhalation solution</i>	Tier 2	B/D; MO; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution</i>	Tier 2	MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 2	B/D; MO; QL (540 ML per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	Tier 3	MO; QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 3	MO
<i>tiotropium bromide monohydrate inhalation capsule</i>	Tier 3	QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Tier 2	MO; QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	Tier 2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	Tier 2	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Tier 2	B/D; MO; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 2	B/D; MO; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Tier 2	B/D; MO; QL (100 EA per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 3	MO
<i>albuterol sulfate oral tablet</i>	Tier 4	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	Tier 3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 3	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>	Tier 3	B/D; MO; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	Tier 2	B/D; MO; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Tier 4	B/D; MO; QL (90 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	Tier 2	B/D; MO; QL (270 ML per 30 days)

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

Drug	Status	Requirements/Limits
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	MO; QL (30 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO; QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 3	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet</i>	Tier 4	MO
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE	Tier 5	PA; MO; QL (560 EA per 28 days); NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
KALYDECO ORAL PACKET 13.4 MG	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
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 5	B/D; MO; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	Tier 5	PA; MO; QL (84 EA per 28 days); NEDS
TRIKAFTA ORAL THERAPY PACK	Tier 5	PA; QL (56 EA per 28 days); NEDS
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution</i>	Tier 3	B/D; MO
<i>cromolyn sodium oral concentrate</i>	Tier 4	MO

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
<i>roflumilast oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	Tier 4	MO
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>theophylline oral elixir</i>	Tier 4	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS
ALYQ ORAL TABLET	Tier 4	PA; MO; QL (60 EA per 30 days)
<i>ambrisentan oral tablet</i>	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
<i>bosentan oral tablet</i>	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
OPSUMIT ORAL TABLET	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; QL (336 EA per 365 days); NEDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; QL (672 EA per 365 days); NEDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; QL (504 EA per 365 days); NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Tier 4	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; MO; NEDS
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 3	PA; MO; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	Tier 4	PA; MO; QL (60 EA per 30 days)
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
<i>pirfenidone oral capsule</i>	Tier 5	PA; MO; NEDS
<i>pirfenidone oral tablet</i>	Tier 5	PA; MO; NEDS
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution</i>	Tier 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
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 500-50 mcg/act</i>	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
<i>mometasone furoate nasal suspension</i>	Tier 2	QL (34 GM per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Tier 5	PA; 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)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act</i>	Tier 3	QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 500-50 mcg/act</i>	Tier 3	MO; QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 350 mg</i>	Tier 2	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier 2	
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	Tier 2	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	Tier 1	QL (30 EA per 30 days)
Sleep Disorders, Other		
LUMRYZ STARTER PACK ORAL THERAPY PACK	Tier 5	PA; QL (56 EA per 365 days); NEDS
<i>modafinil oral tablet</i>	Tier 2	PA; MO; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	Tier 3	QL (30 EA per 30 days)
<i>sodium oxybate oral solution</i>	Tier 5	PA; LA; QL (540 ML per 30 days); NEDS
Sleep Promoting Agents		
BELSOMRA ORAL TABLET	Tier 3	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 4	QL (30 EA per 30 days)

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

Index

1ST TIER UNIFINE			
PENTIPS	87	ADVANCE INTUITION	
1ST TIER UNIFINE		TEST	44
PENTIPS PLUS	87	ADVANCE MICRO-DRAW	
<i>abacavir sulfate</i>	36	TEST	44
<i>abacavir sulfate-lamivudine</i>	36	ADVOCATE INSULIN PEN	
ABELCET	18	NEEDLES	87
<i>abigale</i>	69	ADVOCATE REDI-CODE	44
ABIGALE LO	69	ADVOCATE REDI-CODE+	
ABILIFY MAINTENA	31	TEST	44
<i>abiraterone acetate</i>	21	ADVOCATE TEST	44
<i>abirtega</i>	21	AGAMATRIX AMP TEST	44
ABRYSVO	83	AGAMATRIX JAZZ TEST	44
<i>acamprosate calcium</i>	5	AGAMATRIX PRESTO	
<i>acarbose</i>	39	TEST	44
ACCU-CHEK AVIVA PLUS		AGAMREE	66
.....	44, 65	AIMOVIG	20
ACCU-CHEK GUIDE	65	AIRSUPRA	95
ACCU-CHEK GUIDE ME	65	AKEEGA	24
ACCU-CHEK GUIDE TEST ..	44	<i>albendazole</i>	29
ACCU-CHEK SMARTVIEW ..	44	<i>albuterol sulfate</i>	92
ACCUTREND GLUCOSE	44	<i>albuterol sulfate hfa</i>	92
<i>acebutolol hcl</i>	50	<i>alclometasone dipropionate</i>	66
<i>acetaminophen-codeine</i>	4	ALECENSA	24
<i>acetazolamide</i>	52	<i>alendronate sodium</i>	86
<i>acetazolamide er</i>	89	<i>alfuzosin hcl er</i>	65
<i>acetic acid</i>	90	<i>aliskiren fumarate</i>	51
<i>acetylcysteine</i>	95	<i>allopurinol</i>	20
<i>acitretin</i>	57	ALOCRIL	89
ACTEMRA	80	<i>alosetron hcl</i>	62
ACTEMRA ACTPEN	80	<i>alprazolam</i>	39
ACTHIB	83	<i>altavera</i>	69
ACTIMMUNE	77	ALUNBRIG	24
<i>acyclovir</i>	34, 35, 57	<i>alyacen 1/35</i>	69
<i>acyclovir sodium</i>	35	ALYQ	94
ADACEL	83	<i>amantadine hcl</i>	38
ADALIMUMAB-AATY (1		<i>ambrisentan</i>	94
PEN)	81	AMETHIA	69
ADALIMUMAB-AATY (2		<i>amethyst</i>	69
PEN)	81	<i>amikacin sulfate</i>	6
ADALIMUMAB-AATY (2		<i>amiloride hcl</i>	52
SYRINGE)	81	<i>amiloride-hydrochlorothiazide</i> ...	52
<i>adalimumab-aaty cd/uc/hs start</i> ..	81	<i>aminosyn ii</i>	59
<i>adapalene</i>	57	<i>amiodarone hcl</i>	49
ADBRY	57	<i>amitriptyline hcl</i>	17
<i>adefovir dipivoxil</i>	33	<i>amlodipine besy-benazepril hcl</i> ..	50
ADEMPAS	94	<i>amlodipine besylate</i>	50
ADVAIR DISKUS	95	<i>amlodipine besylate-valsartan</i>	50
ADVAIR HFA	95	<i>amlodipine-olmesartan</i>	48
		<i>ammonium lactate</i>	57
		<i>amoxapine</i>	17
		<i>amoxicillin</i>	9
		<i>amoxicillin-pot clavulanate</i>	9
		<i>amoxicillin-pot clavulanate er</i>	9
		<i>amphetamine-dextroamphet er</i> ...	54
		<i>amphetamine-</i>	
		<i>dextroamphetamine</i>	54
		AMPHOTERICIN B	18
		<i>amphotericin b liposome</i>	18
		<i>ampicillin</i>	9
		<i>ampicillin sodium</i>	9
		<i>ampicillin-sulbactam sodium</i>	9
		<i>anagrelide hcl</i>	47
		<i>anastrozole</i>	24
		ANORO ELLIPTA	95
		<i>apraclonidine hcl</i>	89
		<i>aprepitant</i>	18
		<i>apri</i>	69
		APTIVUS	37
		AQNEURSA	63
		ARALAST NP	63
		<i>aranelle</i>	69
		ARCALYST	77
		AREXVY	83
		ARIKAYCE	6
		<i>aripiprazole</i>	31
		ARNUITY ELLIPTA	91
		<i>asenapine maleate</i>	31
		<i>ashlyna</i>	69
		<i>aspirin-dipyridamole er</i>	48
		ASSURE 3 TEST	44
		ASSURE 4 TEST	44
		ASSURE ID INSULIN	
		SAFETY SYR	41
		ASSURE II	44
		ASSURE II CHECK	44
		ASSURE PLATINUM	44
		ASSURE PRISM MULTI	
		TEST	44
		ASSURE PRO TEST	44
		ASTAGRAF XL	81
		<i>atazanavir sulfate</i>	37
		<i>atenolol</i>	50
		<i>atenolol-chlorthalidone</i>	50
		<i>atomoxetine hcl</i>	54
		<i>atorvastatin calcium</i>	53
		<i>atovaquone</i>	29
		<i>atovaquone-proguanil hcl</i>	29
		<i>atropine sulfate</i>	88
		ATROVENT HFA	91
		<i>aubra eq</i>	69

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

AUGTYRO	24	BD PEN NEEDLE NANO		<i>bortezomib</i>	22
<i>auranofin</i>	77	U/F	87	<i>bosentan</i>	94
AUSTEDO	55	BD PEN NEEDLE NANO		BOSULIF	25
AUSTEDO XR	55	ULTRAFINE	87	BRAFTOVI	25
AUSTEDO XR PATIENT		BD PEN NEEDLE ORIG		BREO ELLIPTA	91
TITRATION	55	ULTRAFINE	87	BREXAFEMME	18
AUVELITY	15	BD PEN NEEDLE		BREYNA	95
<i>aviane</i>	69	ORIGINAL U/F	87	BREZTRI AEROSPHERE	95
AVMAPKI FAKZYNJA CO-		BD PEN NEEDLE SHORT		<i>briellyn</i>	69
PACK	25	U/F	87	<i>brimonidine tartrate</i>	89
AVONEX PEN	56	BD PEN NEEDLE SHORT		<i>brimonidine tartrate-timolol</i>	88
AVONEX PREFILLED	56	ULTRAFINE	87	<i>brinzolamide</i>	89
AYVAKIT	25	BD SAFETYGLIDE		BRIVIACT	11
<i>azacitidine</i>	22	INSULIN SYRINGE	41	<i>bromfenac sodium</i>	90
<i>azathioprine</i>	81	BD SYRINGE LUER-LOK	87	<i>bromfenac sodium (once-daily)</i> ..	90
<i>azathioprine sodium</i>	76	BD VEO INSULIN SYR		<i>bromocriptine mesylate</i>	30
<i>azelaic acid</i>	57	ULTRAFINE	41	BRONCHITOL	93
<i>azelastine hcl</i>	89, 91	BD VEO INSULIN SYRINGE		BRUKINSA	25
<i>azithromycin</i>	10	U/F	42	<i>budesonide</i>	86, 91
<i>aztreonam</i>	8	BELSOMRA	96	<i>budesonide er</i>	86
<i>azurette</i>	69	<i>benazepril hcl</i>	49	<i>bumetanide</i>	52
<i>bacitracin</i>	6	<i>benazepril-hydrochlorothiazide</i> ..	49	<i>buprenorphine</i>	4
<i>bacitracin-polymyxin b</i>	88	BENLYSTA	81	<i>buprenorphine hcl</i>	5
<i>bacitra-neomycin-polymyxin-hc</i> ..	88	<i>benztropine mesylate</i>	29	<i>buprenorphine hcl-naloxone hcl</i> ..	5
<i>baclofen</i>	33	BERINERT	76	<i>bupropion hcl</i>	16
<i>balsalazide disodium</i>	86	BESREMI	77	<i>bupropion hcl er (smoking det)</i>	5
BALVERSA	25	<i>betaine</i>	63	<i>bupropion hcl er (sr)</i>	15
<i>balziva</i>	69	<i>betamethasone dipropionate</i>	66	<i>bupropion hcl er (xl)</i>	16
BARACLUDE	34	<i>betamethasone dipropionate</i>		<i>buspirone hcl</i>	38
BCG VACCINE	83	<i>aug</i>	66	<i>cabergoline</i>	75
BD DISP NEEDLES	87	<i>betamethasone valerate</i>	66	CABLIVI	47
BD INS SYR ULTRAFINE		BETASERON	56	CABOMETYX	25
1/2UNIT	41	<i>betaxolol hcl</i>	50, 89	<i>calcipotriene</i>	57
BD INSULIN SYR		<i>bethanechol chloride</i>	65	<i>calcitonin (salmon)</i>	86
ULTRAFINE II	41	BETOPTIC-S	89	<i>calcitriol</i>	86
BD INSULIN SYRINGE		BEVESPI AEROSPHERE	95	<i>calcium acetate</i>	65
HALF-UNIT	41	<i>bexarotene</i>	28	<i>calcium acetate (phos binder)</i>	65
BD INSULIN SYRINGE U/F ..	41	BEXSERO	83	CALQUENCE	25
BD INSULIN SYRINGE		<i>bicalutamide</i>	21	<i>camila</i>	73
ULTRAFINE	41	BICILLIN L-A	9	CAMRESE	69
BD PEN	87	BIKTARVY	35	CAMRESE LO	69
BD PEN MINI	87	BIMZELX	77	<i>candesartan cilexetil</i>	48
BD PEN NEEDLE MICRO		<i>bisoprolol fumarate</i>	50	<i>candesartan cilexetil-hctz</i>	48
U/F	87	<i>bisoprolol-hydrochlorothiazide</i> ..	50	CAPLYTA	31
BD PEN NEEDLE MICRO		BIVIGAM	76	CAPRELSA	25
ULTRAFINE	87	<i>bleomycin sulfate</i>	22	<i>captopril</i>	49
BD PEN NEEDLE MINI U/F ..	87	<i>blisovi 24 fe</i>	69	<i>carbamazepine</i>	14
BD PEN NEEDLE MINI		<i>blisovi fe 1.5/30</i>	69	<i>carbamazepine er</i>	14
ULTRAFINE	87	BLOOD GLUCOSE TEST	44	<i>carbidopa</i>	30
BD PEN NEEDLE NANO		BONSITY	86	<i>carbidopa-levodopa</i>	30
2ND GEN	87	BOOSTRIX	83	<i>carbidopa-levodopa er</i>	30

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

<i>carbidopa-levodopa-entacapone</i>	30	<i>cinacalcet hcl</i>	86	COARTEM	29
CAREONE BLOOD		CINRYZE	76	COBENFY	31
GLUCOSE TEST	44	<i>ciprofloxacin hcl</i>	10	COBENFY STARTER PACK	31
CARESENS N GLUCOSE		<i>ciprofloxacin in d5w</i>	10	<i>colchicine</i>	20
TEST	44	<i>ciprofloxacin-dexamethasone</i>	90	<i>colchicine-probenecid</i>	20
CARETOUCH TEST	44	<i>citalopram hydrobromide</i>	16	<i>colesevelam hcl</i>	53
<i>carglumic acid</i>	59	<i>claravis</i>	57	<i>colestipol hcl</i>	53
<i>carisoprodol</i>	96	<i>clarithromycin</i>	10	<i>colistimethate sodium (cba)</i>	6
<i>carteolol hcl</i>	89	<i>clarithromycin er</i>	10	COMBIPATCH	69
<i>cartia xt</i>	50	CLENPIQ	61	COMBIVENT RESPIMAT	92
<i>carvedilol</i>	50	CLEVER CHEK AUTO-		COMETRIQ (100 MG	
<i>carvedilol phosphate er</i>	50	CODE TEST	44	DAILY DOSE)	25
CASPOFUNGIN ACETATE ...18		CLEVER CHEK AUTO-		COMETRIQ (140 MG	
CAYSTON	93	CODE VOICE	44	DAILY DOSE)	25
<i>cefaclor</i>	7	CLEVER CHEK TEST	44	COMETRIQ (60 MG DAILY	
<i>cefaclor er</i>	7	CLEVER CHOICE AUTO-		DOSE)	25
<i>cefadroxil</i>	7	CODE TEST	45	COMFORT ASSIST	
<i>cefazolin sodium</i>	7	CLEVER CHOICE MICRO		INSULIN SYRINGE	42
<i>cefdinir</i>	7	TEST	45	COMFORT EZ PEN	
<i>cefepime hcl</i>	8	CLEVER CHOICE NO		NEEDLES	87
<i>cefixime</i>	8	CODING	45	<i>constulose</i>	62
<i>cefotaxime sodium</i>	8	CLEVER CHOICE TALK		CONTOUR NEXT TEST	45
<i>cefotetan disodium</i>	8	SYSTEM	45	CONTOUR TEST	45
<i>cefoxitin sodium</i>	8	<i>clindamycin hcl</i>	6	COPIKTRA	24
<i>cefpodoxime proxetil</i>	8	<i>clindamycin palmitate hcl</i>	6	CORLANOR	51
<i>cefpodoxil</i>	8	<i>clindamycin phos (once-daily)</i>	6	COSENTYX	78
<i>ceftazidime</i>	8	<i>clindamycin phos (twice-daily)</i>	6	COSENTYX (300 MG DOSE)	77
<i>ceftriaxone sodium</i>	8	<i>clindamycin phosphate</i>	6	COSENTYX SENSOREADY	
<i>cefuroxime axetil</i>	8	<i>clindamycin phosphate in d5w</i>	6	(300 MG)	77
<i>cefuroxime sodium</i>	8	CLINIMIX/DEXTROSE		COSENTYX SENSOREADY	
<i>celecoxib</i>	3	(4.25/10)	60	PEN	78
<i>cephalexin</i>	8	CLINIMIX/DEXTROSE		COSENTYX UNOREADY	78
CEQUA	88	(4.25/5)	60	COTELLIC	22
CERDELGA	63	CLINIMIX/DEXTROSE		CRENESSITY	75
<i>cevimeline hcl</i>	57	(5/15)	60	CREON	63
<i>chlorhexidine gluconate</i>	57	CLINIMIX/DEXTROSE		CRESEMBA	19
<i>chloroquine phosphate</i>	29	(5/20)	60	<i>cromolyn sodium</i>	89, 93
CHLORPROMAZINE HCL ...30		CLINISOL SF	59	<i>cryselle-28</i>	69
<i>chlorpromazine hcl</i>	30	<i>clobazam</i>	13	CVS GAUZE STERILE	42
<i>chlorthalidone</i>	52	<i>clobetasol propionate</i>	57, 58	<i>cyclobenzaprine hcl</i>	96
<i>cholestyramine</i>	53	<i>clobetasol propionate e</i>	57	<i>cyclopentolate hcl</i>	88
<i>cholestyramine light</i>	53	CLODAN	58	<i>cyclophosphamide</i>	21
CIBINQO	77	<i>clomipramine hcl</i>	17	<i>cyclosporine</i>	81
<i>ciclodan</i>	18	<i>clonazepam</i>	13	<i>cyclosporine modified</i>	81
<i>ciclopirox</i>	18	<i>clonidine</i>	48	<i>cyproheptadine hcl</i>	91
<i>ciclopirox olamine</i>	18	<i>clonidine hcl</i>	48	<i>cyred eq</i>	69
<i>cilostazol</i>	48	<i>clopidogrel bisulfate</i>	48	CYSTAGON	63
CILOXAN	10	<i>clorazepate dipotassium</i>	39	<i>dabigatran etexilate mesylate</i>	46
CIMDUO	36	<i>clotrimazole</i>	18, 19	<i>dalfampridine er</i>	56
<i>cimetidine</i>	62	<i>clotrimazole-betamethasone</i>	58	<i>danazol</i>	69
<i>cimetidine hcl</i>	62	<i>clozapine</i>	33	<i>dantrolene sodium</i>	33

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

DANZITEN	25	<i>dicloxacillin sodium</i>	9	EASY TALK BLOOD	
DAPAGLIFLOZIN		<i>dicyclomine hcl</i>	61	GLUCOSE TEST	45
PROPANEDIOL	39	DIFICID	10	EASY TOUCH	
<i>dapsone</i>	21	<i>diflunisal</i>	3	HYPODERMIC NEEDLE	87
DAPTACEL	83	<i>difluprednate</i>	90	EASY TOUCH TEST	45
<i>daptomycin</i>	6	<i>digoxin</i>	51	EASY TRAK BLOOD	
<i>darunavir</i>	37	<i>dihydroergotamine mesylate</i>	20	GLUCOSE TEST	45
<i>dasatinib</i>	25	DILANTIN	14	EASYGLUCO	45
DAURISMO	25	<i>diltiazem hcl</i>	51	EASYMAX 15 TEST	45
DAYSEE	69	<i>diltiazem hcl er</i>	50, 51	EBGLYSS	58
<i>deblitane</i>	73	<i>diltiazem hcl er beads</i>	50	<i>econazole nitrate</i>	19
<i>deferasirox</i>	60	<i>diltiazem hcl er coated beads</i>	50	EDURANT	35
DELSTRIGO	36	<i>dilt-xr</i>	51	EDURANT PED	35
DEPO-SUBQ PROVERA 104	73	<i>dimethyl fumarate</i>	56	<i>efavirenz</i>	35
DESCOVY	36	<i>dimethyl fumarate starter pack</i>	56	<i>efavirenz-emtricitab-tenofo df</i>	35
<i>desipramine hcl</i>	17	<i>diphenhydramine hcl</i>	91	<i>efavirenz-lamivudine-tenofovir</i>	36
<i>desmopressin ace spray refrig</i>	68	<i>diphenoxylate-atropine</i>	61	ELIGARD	75
<i>desmopressin acetate</i>	68	<i>dipyridamole</i>	48	ELIQUIS	46
<i>desogestrel-ethinyl estradiol</i>	70	<i>disulfiram</i>	5	ELIQUIS DVT/PE	
<i>desonide</i>	66	<i>divalproex sodium</i>	12	STARTER PACK	46
<i>desoximetasone</i>	66	<i>divalproex sodium er</i>	12	ELIXOPHYLLIN	94
<i>desvenlafaxine succinate er</i>	16	<i>dofetilide</i>	49	ELMIRON	65
<i>dexamethasone</i>	66	<i>donepezil hcl</i>	15	<i>eltrombopag olamine</i>	47
DEXAMETHASONE		DOPTelet	47	<i>eluryng</i>	70
INTENSOL	66	<i>dorzolamide hcl</i>	89	EMPAVELI	76
<i>dexamethasone sodium</i>		<i>dorzolamide hcl-timolol mal</i>	89	EMSAM	16
<i>phosphate</i>	66, 90	<i>dorzolamide hcl-timolol mal pf</i>	89	<i>emtricitabine</i>	36
DEXCOM G6 RECEIVER	45	<i>dotti</i>	70	<i>emtricitabine-tenofovir df</i>	36
DEXCOM G6 SENSOR	45	DOVATO	36	<i>emtricitab-rilpivir-tenofov df</i>	35
DEXCOM G6		<i>doxazosin mesylate</i>	65	EMTRIVA	36
TRANSMITTER	45	<i>doxepin hcl</i>	17	<i>enalapril maleate</i>	49
DEXCOM G7 RECEIVER	45	<i>doxy 100</i>	11	<i>enalapril-hydrochlorothiazide</i>	49
DEXCOM G7 SENSOR	45	<i>doxycycline hyclate</i>	11	ENBREL	81
<i>dexlansoprazole</i>	63	<i>doxycycline monohydrate</i>	11	ENBREL MINI	81
<i>dexmethylphenidate hcl</i>	55	DRIZALMA SPRINKLE	16	ENBREL SURECLICK	81
<i>dexmethylphenidate hcl er</i>	55	<i>dronabinol</i>	18	<i>endocet</i>	4
<i>dextroamphetamine sulfate</i>	54	DROPLET INSULIN		ENGERIX-B	83
<i>dextroamphetamine sulfate er</i>	54	SYRINGE	42	<i>enilloring</i>	70
<i>dextrose</i>	60	DROPLET PEN NEEDLES	87	ENLITE GLUCOSE	
DEXTROSE-SODIUM		<i>drospirenone-ethinyl estradiol</i>	70	SENSOR	45
CHLORIDE	61	<i>droxidopa</i>	51	<i>enoxaparin sodium</i>	46
<i>dextrose-sodium chloride</i>	61	<i>duloxetine hcl</i>	16	<i>enpresse-28</i>	70
DIACOMIT	11, 12	DUPIXENT	78	<i>enskyce</i>	70
<i>diazepam</i>	13, 39	<i>duramorph</i>	4	<i>entacapone</i>	30
DIAZEPAM INTENSOL	39	<i>dutasteride</i>	65	<i>entecavir</i>	34
<i>diazoxide</i>	41	<i>dutasteride-tamsulosin hcl</i>	65	ENTRESTO	48
<i>dichlorphenamide</i>	87	DUVYZAT	55	<i>enulose</i>	62
<i>diclofenac potassium</i>	3	EASY PLUS II GLUCOSE		ENVARUS XR	81
<i>diclofenac sodium</i>	3, 58, 90	TEST	45	EPCLUSA	34
<i>diclofenac sodium er</i>	3	EASY STEP TEST	45	EPIDIOLEX	13
<i>diclofenac-misoprostol</i>	3			<i>epinastine hcl</i>	89

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

<i>epinephrine</i>	92	FARXIGA	40	FOSAMPRENAVIR	
<i>epitol</i>	14	FASENRA	95	CALCIUM	37
<i>eplerenone</i>	52	FASENRA PEN	95	<i>fosfomycin tromethamine</i>	6
EPRONTIA	14	<i>febuxostat</i>	20	<i>fosinopril sodium</i>	49
ERGOMAR	20	<i>feirza 1.5/30</i>	70	<i>fosinopril sodium-hctz</i>	49
<i>ergotamine-caffeine</i>	20	<i>feirza 1/20</i>	70	<i>fosphenytoin sodium</i>	14
ERIVEDGE	25	<i>felbamate</i>	14	FOTIVDA	25
ERLEADA	21	<i>felodipine er</i>	51	FRAGMIN	47
<i>erlotinib hcl</i>	25	<i>fenofibrate</i>	52	FREESTYLE INSULINX	
<i>errin</i>	73	<i>fenofibrate micronized</i>	52	TEST	45
<i>ertapenem sodium</i>	8	<i>fentanyl</i>	4	FREESTYLE LIBRE 14 DAY	
<i>erythromycin</i>	10, 58	FETZIMA	16	READER	45
<i>erythromycin base</i>	10	FETZIMA TITRATION	17	FREESTYLE LIBRE 14 DAY	
<i>erythromycin ethylsuccinate</i>	10	FIASP	42	SENSOR	45
<i>escitalopram oxalate</i>	16	FIASP FLEXTOUCH	42	FREESTYLE LIBRE 2 PLUS	
<i>eslicarbazepine acetate</i>	14	FIASP PENFILL	42	SENSOR	45
<i>esomeprazole magnesium</i>	63	<i>finasteride</i>	65	FREESTYLE LIBRE 2	
<i>estarylla</i>	70	<i> fingolimod hcl</i>	56	READER	45
<i>estradiol</i>	70	FINTEPLA	12	FREESTYLE LIBRE 2	
<i>estradiol-norethindrone acet</i>	70	<i>finzala</i>	70	SENSOR	45
ESTRING	70	FIRMAGON	75	FREESTYLE LIBRE 3 PLUS	
<i>eszopiclone</i>	96	FIRMAGON (240 MG DOSE)	75	SENSOR	45
<i>ethacrynic acid</i>	52	<i>flac</i>	90	FREESTYLE LIBRE 3	
<i>ethambutol hcl</i>	21	FLEBOGAMMA DIF	77, 78	READER	45
<i>ethosuximide</i>	12	<i>flecainide acetate</i>	49	FREESTYLE LIBRE 3	
<i>ethynodiol diac-eth estradiol</i>	70	<i>fluconazole</i>	19	SENSOR	45
<i>etodolac</i>	3	<i>fluconazole in sodium chloride</i> ...	19	FREESTYLE LIBRE	
<i>etodolac er</i>	3	<i>flucytosine</i>	19	READER	45
<i>etonogestrel-ethinyl estradiol</i>	70	<i>fludrocortisone acetate</i>	66	FREESTYLE LITE TEST	46
<i>etravirine</i>	36	<i>flunisolide</i>	91	FREESTYLE PRECISION	
EUCRISA	58	<i>fluocinolone acetonide</i>	66, 90	NEO TEST	46
EULEXIN	22	<i>fluocinolone acetonide body</i>	66	FREESTYLE TEST	46
<i>euthyrox</i>	74	<i>fluocinolone acetonide scalp</i>	67	FRUZAQLA	25
<i>everolimus</i>	25, 81, 82	<i>fluocinonide</i>	67	<i>fulvestrant</i>	22
EVERSENSE		<i>fluocinonide emulsified base</i>	67	<i>furosemide</i>	52
SENSOR/HOLDER	45	<i>fluorometholone</i>	90	FUZEON	37
EVERSENSE SMART		<i>fluorouracil</i>	58	<i>fyavolv</i>	70
TRANSMITTER	45	<i>fluoxetine hcl</i>	17	FYCOMPA	14
EVOTAZ	37	<i>fluphenazine decanoate</i>	31	<i>gabapentin</i>	13
EXEL COMFORT POINT		<i>fluphenazine hcl</i>	31	<i>galantamine hydrobromide</i>	15
PEN NEEDLE	87	<i>flurbiprofen</i>	3	<i>galantamine hydrobromide er</i>	15
<i>exemestane</i>	24	<i>flurbiprofen sodium</i>	90	<i>galbriela</i>	70
EYSUVIS	90	<i>fluticasone propionate</i>	67, 91	<i>gallifrey</i>	73
<i>ezetimibe</i>	53	<i>fluticasone propionate diskus</i>	91	GAMMAGARD	77
<i>ezetimibe-simvastatin</i>	53	<i>fluticasone propionate hfa</i>	91	GAMMAGARD S/D LESS	
<i>falmina</i>	70	<i>fluticasone-salmeterol</i>	95	IGA	77
<i>famciclovir</i>	35	<i>fluvastatin sodium</i>	53	GAMMAKED	77
<i>famotidine</i>	62	<i>fluvastatin sodium er</i>	53	GAMMAPLEX	77, 78
FANAPT	31	<i>fluvoxamine maleate</i>	17	GAMUNEX-C	77
FANAPT TITRATION		<i>fluvoxamine maleate er</i>	17	GARDASIL 9	84
PACK A	31	<i>fondaparinux sodium</i>	47	<i>gatifloxacin</i>	10

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

GATTEX	61	HAVRIX	84	<i>iclevia</i>	70
<i>gavilyte-c</i>	62	<i>heather</i>	73	ICLUSIG	25
<i>gavilyte-g</i>	62	<i>heparin sodium (porcine)</i>	47	<i>icosapent ethyl</i>	53
<i>gavilyte-n with flavor pack</i>	62	<i>heparin sodium (porcine) pf</i>	47	IDHIFA	24
GAVRETO	22	HEPLISAV-B	84	ILARIS	80
<i>gefitinib</i>	25	HERNEXEOS	25	<i>imatinib mesylate</i>	26
<i>gemfibrozil</i>	52	HIBERIX	84	IMBRUVICA	26
GEMTESA	64	HUMALOG	42	<i>imipenem-cilastatin</i>	9
<i>generlac</i>	63	HUMALOG JUNIOR		<i>imipramine hcl</i>	17
<i>gengraf</i>	82	KWIKPEN	42	<i>imiquimod</i>	58
GENOTROPIN	68	HUMALOG KWIKPEN	42	IMKELDI	26
GENOTROPIN MINIQUICK	68	HUMALOG MIX 50/50		IMOVAX RABIES	84
<i>gentamicin in saline</i>	6	KWIKPEN	42	IMPAVIDO	29
<i>gentamicin sulfate</i>	6	HUMALOG MIX 75/25	42	INBRIJA	30
GENVOYA	35	HUMALOG MIX 75/25		<i>incassia</i>	74
GILOTRIF	22	KWIKPEN	42	INCRELEX	68
GLATIRAMER ACETATE	56	HUMIRA (1 PEN)	82	INCRUSE ELLIPTA	92
GLEOSTINE	21	HUMIRA (2 PEN)	82	<i>indapamide</i>	52
<i>glimepiride</i>	40	HUMIRA (2 SYRINGE)	82	<i>indomethacin</i>	3
<i>glipizide</i>	40	HUMIRA-CD/UC/HS		<i>indomethacin er</i>	3
<i>glipizide er</i>	40	STARTER	82	INFANRIX	84
<i>glipizide-metformin hcl</i>	41	HUMIRA-		INGREZZA	55, 56
GLOBAL ALCOHOL PREP		PSORIASIS/UEVIT		INLYTA	26
EASE	6	STARTER	82	INQOVI	22
GLUCAGON EMERGENCY	41	HUMULIN 70/30	42	INREBIC	26
<i>glyburide</i>	40	HUMULIN 70/30 KWIKPEN	42	INSULIN ASPART	43
<i>glyburide-metformin</i>	41	HUMULIN N	42	INSULIN ASPART	
<i>glycopyrrolate</i>	61	HUMULIN N KWIKPEN	42	FLEXPEN	43
GLYXAMBI	40	HUMULIN R	42	INSULIN ASPART PENFILL	43
GOMEKLI	25	HUMULIN R U-500		<i>insulin lispro</i>	43
<i>granisetron hcl</i>	18	(CONCENTRATED)	42	INSULIN LISPRO (1 UNIT	
<i>griseofulvin microsize</i>	19	HUMULIN R U-500		DIAL)	43
<i>griseofulvin ultramicrosize</i>	19	KWIKPEN	42	<i>insulin lispro junior kwikpen</i>	43
<i>guanfacine hcl</i>	48	<i>hydralazine hcl</i>	54	<i>insulin lispro prot & lispro</i>	43
<i>guanfacine hcl er</i>	55	<i>hydrochlorothiazide</i>	52	INTELENCE	36
GUARDIAN LINK 3		<i>hydrocodone-acetaminophen</i>	4	<i>intralipid</i>	61
TRANSMITTER	46	<i>hydrocortisone</i>	67, 86	INTRALIPID	61
GUARDIAN REAL-TIME		<i>hydrocortisone (perianal)</i>	58	<i>introvale</i>	70
REPLACE PED	46	<i>hydrocortisone valerate</i>	67	INVEGA HAFYERA	31
GUARDIAN SENSOR (3)	46	<i>hydrocortisone-acetic acid</i>	90	INVEGA SUSTENNA	32
GVOKE HYPOPEN 2-PACK	41	<i>hydromorphone hcl</i>	4	INVEGA TRINZA	32
GVOKE KIT	41	<i>hydroxychloroquine sulfate</i>	29	IPOL	84
GVOKE PFS	41	<i>hydroxyurea</i>	22	<i>ipratropium bromide</i>	92
HAEGARDA	76	<i>hydroxyzine hcl</i>	38	<i>ipratropium-albuterol</i>	92
<i>hailey 24 fe</i>	70	<i>hydroxyzine pamoate</i>	91	IQIRVO	61
<i>halobetasol propionate</i>	67	<i>ibandronate sodium</i>	86	<i>irbesartan</i>	48
<i>haloette</i>	70	IBRANCE	23	<i>irbesartan-hydrochlorothiazide</i>	48
<i>haloperidol</i>	31	IBTROZI	25	ISENTRESS	35
<i>haloperidol decanoate</i>	31	<i>ibu</i>	3	ISENTRESS HD	35
<i>haloperidol lactate</i>	31	<i>ibuprofen</i>	3	<i>isibloom</i>	70
HARVONI	34	ICATIBANT ACETATE	76	ISOLYTE-P IN D5W	61

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

ISOLYTE-S PH 7.4	59	<i>kionex</i>	60	LENVIMA (4 MG DAILY DOSE)	27
<i>isoniazid</i>	21	KISQALI (200 MG DOSE)	26	LENVIMA (8 MG DAILY DOSE)	27
<i>isosorbide dinitrate</i>	54	KISQALI (400 MG DOSE)	26	<i>lessina</i>	71
<i>isosorbide mononitrate</i>	54	KISQALI (600 MG DOSE)	26	<i>letrozole</i>	24
<i>isosorbide mononitrate er</i>	54	<i>klor-con</i>	59	<i>leucovorin calcium</i>	28, 29
<i>isradipine</i>	51	<i>klor-con 10</i>	59	LEUKERAN	21
ISTURISA	75	<i>klor-con m10</i>	59	<i>leuprolide acetate</i>	75
ITOVEBI	26	<i>klor-con m15</i>	59	<i>levalbuterol hcl</i>	92
<i>itraconazole</i>	19	<i>klor-con m20</i>	59	<i>levalbuterol tartrate</i>	93
<i>ivabradine hcl</i>	51	KLOXXADO	5	<i>levetiracetam</i>	12
<i>ivermectin</i>	29	KOSELUGO	26	<i>levetiracetam er</i>	12
IWILFIN	23	<i>kourzeq</i>	57	<i>levobunolol hcl</i>	89
IXCHIQ	84	K-PHOS NO 2	59	<i>levocarnitine</i>	88
IXIARO	84	KRAZATI	23	<i>levocetirizine dihydrochloride</i>	91
<i>jaimiess</i>	70	<i>kurvelo</i>	71	<i>levofloxacin</i>	10, 11
JAKAFI	26	<i>labetalol hcl</i>	50	<i>levofloxacin in d5w</i>	10
<i>jantoven</i>	47	<i>lacosamide</i>	14	<i>levonest</i>	71
JANUMET	41	<i>lactulose</i>	63	<i>levonorgest-eth est & eth est</i>	71
JANUMET XR	41	<i>lamivudine</i>	34, 36	<i>levonorgest-eth estrad 91-day</i>	71
JANUVIA	40	<i>lamivudine-zidovudine</i>	37	<i>levonorgestrel-ethinyl estrad</i>	71
JARDIANCE	40	<i>lamotrigine</i>	12, 39	<i>levonorg-eth estrad triphasic</i>	71
<i>jasmiel</i>	70	<i>lamotrigine starter kit-blue</i>	12	<i>levora 0.15/30 (28)</i>	71
JAYPIRCA	26	<i>lamotrigine starter kit-green</i>	12	<i>levo-t</i>	74
JENTADUETO	41	<i>lamotrigine starter kit-orange</i>	12	<i>levothyroxine sodium</i>	74
JENTADUETO XR	41	<i>lanreotide acetate</i>	75	<i>levoxyl</i>	74
<i>jinteli</i>	70	<i>lansoprazole</i>	63	<i>l-glutamine</i>	63
JOLESSA	70	LANTUS	43	<i>lidocaine</i>	5
JUBBONTI	86	LANTUS SOLOSTAR	43	<i>lidocaine hcl</i>	5
<i>juleber</i>	70	<i>lapatinib ditosylate</i>	26	<i>lidocaine hcl (pf)</i>	5
JULUCA	36	<i>larin 1.5/30</i>	71	<i>lidocaine viscous hcl</i>	5
<i>junel 1.5/30</i>	70	<i>larin 1/20</i>	71	<i>lidocaine-prilocaine</i>	5
<i>junel 1/20</i>	70	<i>larin fe 1.5/30</i>	71	LILETTA (52 MG)	73
<i>junel fe 1.5/30</i>	70	<i>larin fe 1/20</i>	71	<i>linezolid</i>	6, 7
<i>junel fe 1/20</i>	70	<i>latanoprost</i>	88	LINZESS	62
<i>junel fe 24</i>	71	LAZCLUZE	26	<i>liomny</i>	74
JYLAMVO	82	<i>leena</i>	71	<i>liothyronine sodium</i>	74
JYNARQUE	60	<i>leflunomide</i>	78	<i>liraglutide</i>	40
JYNNEOS	84	<i>lenalidomide</i>	22	<i>lisinopril</i>	49
KALETRA	38	LENVIMA (10 MG DAILY DOSE)	26	<i>lisinopril-hydrochlorothiazide</i>	49
KALYDECO	93	LENVIMA (12 MG DAILY DOSE)	26	LITETOUCH PEN NEEDLES	88
<i>kariva</i>	71	LENVIMA (14 MG DAILY DOSE)	26	<i>lithium</i>	39
<i>kcl in dextrose-nacl</i>	59	LENVIMA (18 MG DAILY DOSE)	27	<i>lithium carbonate</i>	39
<i>kelnor 1/35</i>	71	LENVIMA (20 MG DAILY DOSE)	27	<i>lithium carbonate er</i>	39
<i>kelnor 1/50</i>	71	LENVIMA (24 MG DAILY DOSE)	27	LIVDELZI	61
KERENDIA	52	LENVIMA (24 MG DAILY DOSE)	27	LIVTENCITY	33
KESIMPTA	57	LENVIMA (24 MG DAILY DOSE)	27	<i>lojaimiess</i>	71
<i>ketoconazole</i>	19	LENVIMA (24 MG DAILY DOSE)	27	LONSURF	22
<i>ketorolac tromethamine</i>	3, 90	LENVIMA (24 MG DAILY DOSE)	27	<i>loperamide hcl</i>	61
KEVZARA	82				
KINERET	82				
KINRIX	84				

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

<i>lopinavir-ritonavir</i>	38	MEKTOVI	27	<i>miglustat</i>	63
<i>lorazepam</i>	39	<i>meleya</i>	74	<i>mili</i>	71
<i>lorazepam intensol</i>	39	<i>meloxicam</i>	3	<i>mimvey</i>	71
LORBRENA	27	<i>memantine hcl</i>	15	<i>minocycline hcl</i>	11
<i>loryna</i>	71	<i>memantine hcl er</i>	15	<i>minoxidil</i>	54
<i>losartan potassium</i>	48	<i>memantine hcl-donepezil hcl</i>	15	<i>minzoya</i>	71
<i>losartan potassium-hctz</i>	48	MENEST	71	MIPLYFFA	63
<i>loteprednol etabonate</i>	90	MENQUADFI	84	<i>mirtazapine</i>	16
<i>lovastatin</i>	53	MENVEO	84	<i>misoprostol</i>	63
<i>low-ogestrel</i>	71	<i>mercaptopurine</i>	22	M-M-R II	84
<i>loxapine succinate</i>	31	<i>meropenem</i>	9	<i>modafinil</i>	96
<i>lubiprostone</i>	62	<i>mesalamine</i>	86	MODEYSO	27
<i>luizza 1.5/30</i>	71	<i>mesalamine-cleanser</i>	86	<i>moexipril hcl</i>	49
<i>luizza 1/20</i>	71	<i>mesna</i>	29	<i>molindone hcl</i>	31
LUMAKRAS	23	<i>metformin hcl</i>	40	<i>mometasone furoate</i>	67, 96
LUMIGAN	88	<i>metformin hcl er</i>	40	<i>mondoxyne nl</i>	11
LUMRYZ STARTER PACK..	96	<i>methadone hcl</i>	4	MONOJECT	
LUPRON DEPOT (1-MONTH)	75	<i>methazolamide</i>	52	HYPODERMIC NEEDLE	88
LUPRON DEPOT (3-MONTH)	75	<i>methenamine hippurate</i>	7	MONOJECT INSULIN	
LUPRON DEPOT (4-MONTH)	75	<i>methimazole</i>	76	SYRINGE	43, 88
<i>lurasidone hcl</i>	32	<i>methocarbamol</i>	96	<i>montelukast sodium</i>	91
<i>luteria</i>	71	<i>methotrexate sodium</i>	82	<i>morphine sulfate</i>	4
LYBALVI	32	<i>methotrexate sodium (pf)</i>	82	<i>morphine sulfate (concentrate)</i>	4
<i>lyleq</i>	74	<i>methsuximide</i>	13	<i>morphine sulfate (pf)</i>	4
<i>lyllana</i>	71	<i>methyldopa</i>	48	<i>morphine sulfate er</i>	4
LYNPARZA	27	<i>methylergonovine maleate</i>	88	MOTOFEN	61
LYSODREN	75	<i>methylphenidate hcl</i>	55	MOUNJARO	40
LYTGOBI (12 MG DAILY DOSE)	27	<i>methylphenidate hcl er</i>	55	MOVANTIK	61
LYTGOBI (16 MG DAILY DOSE)	27	<i>methylphenidate hcl er (osm)</i>	55	<i>moxifloxacin hcl</i>	11
LYTGOBI (20 MG DAILY DOSE)	27	<i>methylprednisolone</i>	67	<i>moxifloxacin hcl in nacl</i>	11
<i>lyza</i>	74	<i>methylprednisolone acetate</i>	20	MRESVIA	84
<i>magnesium sulfate</i>	59	<i>methylprednisolone sodium succ</i>	67	MULTAQ	49
<i>malathion</i>	29	<i>metoclopramide hcl</i>	61	<i>multiple electro type 1 ph 7.4</i>	59
<i>maraviroc</i>	37	<i>metolazone</i>	52	<i>mupirocin</i>	7
<i>marlissa</i>	71	<i>metoprolol succinate er</i>	50	<i>mupirocin calcium</i>	58
MARPLAN	16	<i>metoprolol tartrate</i>	50	<i>mycophenolate mofetil</i>	82
MATULANE	21	<i>metoprolol-hydrochlorothiazide</i>	50	<i>mycophenolate sodium</i>	82
<i>matzim la</i>	51	<i>metronidazole</i>	7	MYRBETRIQ	64
MAVYRET	34	<i>metyrosine</i>	51	<i>na sulfate-k sulfate-mg sulf</i>	59
<i>meclizine hcl</i>	18	<i>mexiletine hcl</i>	49	<i>nabumetone</i>	3
<i>medpura hydrocortisone</i>	67	<i>mibelas 24 fe</i>	71	<i>nadolol</i>	50
<i>medroxyprogesterone acetate</i>	74	<i>micafungin sodium</i>	19	<i>nafacillin sodium</i>	9
<i>mefloquine hcl</i>	29	<i>miconazole 3</i>	19	<i>naloxone hcl</i>	5
<i>megestrol acetate</i>	74	<i>microgestin 1.5/30</i>	71	<i>naltrexone hcl</i>	5
MEKINIST	27	<i>microgestin 1/20</i>	71	NAMZARIC	15
		<i>microgestin fe 1.5/30</i>	71	<i>naproxen</i>	3
		<i>microgestin fe 1/20</i>	71	<i>naproxen dr</i>	3
		<i>midodrine hcl</i>	48	<i>naproxen sodium</i>	3
		MIEBO	89	NATACYN	19
		<i>mifepristone</i>	68	<i>nateglinide</i>	40
		<i>miglitol</i>	40	NAYZILAM	13

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

<i>necon 0.5/35 (28)</i>	72	NOVOLOG FLEXPEN	43	ORENITRAM MONTH 3	94
<i>nefazodone hcl</i>	17	NOVOLOG PENFILL	43	ORGOVYX	23
NEMLUVIO	58	NUBEQA	22	ORKAMBI	93
<i>neomycin sulfate</i>	6	NUCALA	96	<i>orphenadrine citrate er</i>	96
<i>neomycin-bacitracin zn-polymyx</i>	89	NUEDEXTA	56	<i>orquidea</i>	74
<i>neomycin-polymyxin-dexameth</i> ...	90	NUPLAZID	32	ORSERDU	22
<i>neomycin-polymyxin-gramicidin</i>	89	NURTEC	20	<i>oseltamivir phosphate</i>	38
<i>neomycin-polymyxin-hc</i>	7, 91	NUTRILIPID	61	OSPHENA	74
<i>neo-polycin</i>	89	NUZYRA	11	OTEZLA	82, 83
<i>neo-polycin hc</i>	89	<i>nyamyc</i>	19	<i>oxacillin sodium</i>	9
NERLYNX	27	<i>nylia 1/35</i>	72	<i>oxaprozin</i>	3
<i>nevirapine</i>	36	<i>nylia 7/7/7</i>	72	<i>oxcarbazepine</i>	14
<i>nevirapine er</i>	36	<i>nystatin</i>	19	<i>oxybutynin chloride</i>	64, 65
NEXLETOL	51	<i>nystatin-triamcinolone</i>	19	<i>oxybutynin chloride er</i>	64
NEXLIZET	51	<i>nystop</i>	19	<i>oxycodone hcl</i>	4
NEXPLANON	73	<i>ocella</i>	72	<i>oxycodone-acetaminophen</i>	4
<i>niacin (antihyperlipidemic)</i>	53	OCTAGAM	77, 78	OZEMPIC (0.25 OR 0.5	
<i>niacin er (antihyperlipidemic)</i> ...	53	<i>octreotide acetate</i>	68, 75, 76	MG/DOSE)	40
<i>niacor</i>	53	ODACTRA	78	OZEMPIC (1 MG/DOSE)	40
<i>nicardipine hcl</i>	51	ODEFSEY	36	OZEMPIC (2 MG/DOSE)	40
NICOTROL	5	ODOMZO	23	<i>paliperidone er</i>	32
NICOTROL NS	5	OFEV	95	PANRETIN	28
<i>nifedipine er</i>	51	<i>ofloxacin</i>	11	<i>pantoprazole sodium</i>	63
<i>nifedipine er osmotic release</i>	51	OGSIVEO	24	<i>paricalcitol</i>	86
<i>nikki</i>	72	OHTUVAYRE	94	<i>paroxetine hcl</i>	17, 39
<i>nilotinib hcl</i>	27	OJEMDA	27	<i>paroxetine hcl er</i>	17
<i>nilutamide</i>	22	OJJAARA	23	PAXLOVID (150/100)	78
NINLARO	23	<i>olanzapine</i>	32	PAXLOVID (300/100 &	
<i>nitazoxanide</i>	29	<i>olmesartan medoxomil</i>	48	150/100)	78
<i>nitisinone</i>	64	<i>olmesartan medoxomil-hctz</i>	48	PAXLOVID (300/100)	78
NITRO-BID	54	<i>omega-3-acid ethyl esters</i>	53	<i>pazopanib hcl</i>	27
<i>nitrofurantoin monohyd macro</i>	7	<i>omeprazole</i>	63	PEDIARIX	84
<i>nitroglycerin</i>	54	ONCASPAR	23	PEDVAX HIB	84
<i>nora-be</i>	74	<i>ondansetron</i>	18	<i>peg 3350-kcl-na bicarb-nacl</i>	63
<i>norelgestromin-eth estradiol</i>	73	<i>ondansetron hcl</i>	18	<i>peg-3350/electrolytes</i>	63
<i>norethin ace-eth estrad-fe</i>	72	ONETOUCH ULTRA	46	<i>peg-3350/electrolytes/ascorbat</i> ...	63
<i>norethindrone</i>	74	ONETOUCH ULTRA BLUE		PEGASYS	34
<i>norethindrone acetate</i>	74	TEST	46	<i>peg-kcl-nacl-nasulf-na asc-c</i>	63
<i>norethindrone acet-ethinyl est</i>	72	ONETOUCH ULTRA TEST ...	46	PEMAZYRE	27
<i>norethindrone-eth estradiol</i>	72	ONETOUCH VERIO	46	PEN NEEDLES	88
<i>norgestimate-eth estradiol</i>	72	ONUREG	22	PENBRAYA	84
<i>norgestim-eth estrad triphasic</i>	72	OPIPZA	32	<i>penicillamine</i>	60
<i>nortrel 0.5/35 (28)</i>	72	OPSUMIT	94	<i>penicillin g pot in dextrose</i>	9
<i>nortrel 1/35 (21)</i>	72	OPTIUMEZ TEST	46	<i>penicillin g potassium</i>	9
<i>nortrel 1/35 (28)</i>	72	OPVEE	5	<i>penicillin g sodium</i>	10
<i>nortrel 7/7/7</i>	72	ORACIT	59	<i>penicillin v potassium</i>	10
<i>nortriptyline hcl</i>	17	ORENCIA	78	<i>penmenvy</i>	84
NORVIR	38	ORENCIA CLICKJECT	78	PENTACEL	84
NOVOLIN R FLEXPEN	43	ORENITRAM	94	<i>pentamidine isethionate</i>	29
NOVOLOG	43	ORENITRAM MONTH 1	94	<i>pentoxifylline er</i>	51
		ORENITRAM MONTH 2	94	<i>perampanel</i>	14

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

<i>perindopril erbumine</i>	49	<i>prednisolone</i>	67	<i>pyridostigmine bromide er</i>	21
<i>periogard</i>	57	<i>prednisolone acetate</i>	90	<i>pyrimethamine</i>	29
<i>permethrin</i>	29	<i>prednisolone sodium phosphate</i> ..	67	PYRUKYND	64
<i>perphenazine</i>	31	PREDNISOLONE SODIUM		PYRUKYND TAPER PACK ..	64
PERSERIS	32	PHOSPHATE	90	QINLOCK	27
<i>phenelzine sulfate</i>	16	<i>prednisone</i>	67	QUADRACEL	85
<i>phenobarbital</i>	13	PREDNISONE INTENSOL	67	<i>quetiapine fumarate</i>	32
<i>phenytek</i>	14	PREFERRED PLUS		QUICKTEK TEST	46
<i>phenytoin</i>	14	INSULIN SYRINGE	43	<i>quinapril hcl</i>	49
<i>phenytoin sodium extended</i>	15	<i>pregabalin</i>	56	<i>quinapril-hydrochlorothiazide</i>	49
PIFELTRO	36	PREMARIN	72	<i>quinidine gluconate er</i>	49
<i>pilocarpine hcl</i>	57, 89	PREMASOL	60	<i>quinidine sulfate</i>	49
<i>pimecrolimus</i>	58	PREMPHASE	72	<i>quinine sulfate</i>	29
<i>pimozide</i>	31	PREMPRO	72	RABAVERT	85
<i>pimtreea</i>	72	<i>prenatal</i>	61	RALDESY	17
<i>pindolol</i>	50	<i>prevalite</i>	53	<i>raloxifene hcl</i>	74
<i>pioglitazone hcl</i>	40	PREVYMIS	33	<i>ramelteon</i>	96
<i>pioglitazone hcl-glimepiride</i>	41	PREZCOBIX	38	<i>ramipril</i>	49
<i>pioglitazone hcl-metformin hcl</i> ...	41	PREZISTA	38	<i>ranolazine er</i>	51
<i>piperacillin sod-tazobactam so</i> ...	10	PRIFTIN	21	<i>rasagiline mesylate</i>	30
PIQRAY (200 MG DAILY		<i>primaquine phosphate</i>	29	<i>reclipsen</i>	72
DOSE)	24	<i>primidone</i>	13	RECOMBIVAX HB	85
PIQRAY (250 MG DAILY		PRIORIX	84	REGRANEX	58
DOSE)	24	PRIVIGEN	77, 78	RELENZA DISKHALER	38
PIQRAY (300 MG DAILY		PROAIR RESPICLICK	93	RELION BLOOD GLUCOSE	
DOSE)	24	<i>probenecid</i>	20	TEST	46
<i>pirfenidone</i>	95	<i>prochlorperazine</i>	31	RELION CONFIRM/MICRO	
<i>piroxicam</i>	3	<i>prochlorperazine maleate</i>	31	TEST	46
<i>pitavastatin calcium</i>	53	<i>procto-med hc</i>	58	RELION INSULIN	
PLENAMINE	59	<i>proctosol hc</i>	58	SYRINGE	43
PNV-DHA	61	<i>proctozone-hc</i>	58	RELI-ON INSULIN	
<i>podofilox</i>	58	PRODIGY NO CODING		SYRINGE	43
<i>polycin</i>	89	BLOOD GLUC	46	RELION PRIME TEST	46
<i>polymyxin b sulfate</i>	7	PROGRAF	83	RELION ULTIMA TEST	46
<i>polymyxin b-trimethoprim</i>	89	PROLASTIN-C	64	RELISTOR	61, 62
POMALYST	22	<i>promethazine hcl</i>	18	<i>repaglinide</i>	40
<i>portia-28</i>	72	<i>promethegan</i>	18	REPATHA	53
<i>posaconazole</i>	19	<i>propafenone hcl</i>	49	REPATHA PUSHTRONEX	
<i>potassium chloride</i>	59	<i>propafenone hcl er</i>	49	SYSTEM	53
<i>potassium chloride crys er</i>	59	<i>proparacaine hcl</i>	89	REPATHA SURECLICK	54
<i>potassium chloride er</i>	59	<i>propranolol hcl</i>	50	RESTASIS	89
<i>potassium citrate er</i>	60	<i>propranolol hcl er</i>	50	RESTASIS MULTIDOSE	89
<i>potassium cl in dextrose 5%</i>	60	<i>propylthiouracil</i>	76	RETACRIT	47, 48
PRALUENT	53	PROQUAD	85	RETEVMO	23
<i>pramipexole dihydrochloride</i>	30	PROSOL	60	REVCovi	78
<i>prasugrel hcl</i>	47	<i>protriptyline hcl</i>	17	REVUFORJ	27
<i>pravastatin sodium</i>	53	PULMOZYME	93	REXULTI	32
<i>praziquantel</i>	29	PURE COMFORT PEN		REYATAZ	38
<i>prazosin hcl</i>	48	NEEDLE	88	REZDIFFRA	62
PRECISION XTRA BLOOD		<i>pyrazinamide</i>	21	REZLIDHIA	24
GLUCOSE	46	<i>pyridostigmine bromide</i>	21	REZUROCK	83

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

RHOPRESSA	88	<i>setlakin</i>	72	<i>subvenite starter kit-orange</i>	12
RIBAVIRIN	34	<i>sevelamer carbonate</i>	65	<i>sucralfate</i>	63
<i>ribavirin</i>	34	<i>sevelamer hcl</i>	65	SULFACETAMIDE	
<i>rifabutin</i>	21	<i>sharobel</i>	74	SODIUM	11
<i>rifampin</i>	21	SHINGRIX	85	<i>sulfacetamide sodium</i>	11
<i>riluzole</i>	56	SIGNIFOR	76	<i>sulfacetamide sodium (acne)</i>	58
<i>rimantadine hcl</i>	38	SIGNIFOR LAR	76	<i>sulfacetamide-prednisolone</i>	90
RINVOQ	79	<i>sildenafil citrate</i>	94	<i>sulfadiazine</i>	11
RINVOQ LQ	79	<i>silodosin</i>	65	<i>sulfamethoxazole-trimethoprim</i> ..	11
<i>risedronate sodium</i>	86	<i>silver sulfadiazine</i>	7	<i>sulfasalazine</i>	86
<i>risperidone</i>	33	SIMBRINZA	90	<i>sulindac</i>	3
<i>risperidone microspheres er. 32,</i>	33	SIMPESSE	72	<i>sumatriptan succinate</i>	20
<i>ritonavir</i>	38	<i>simvastatin</i>	53	<i>sunitinib malate</i>	28
<i>rivaroxaban</i>	46	<i>sirolimus</i>	83	SUNLENCA	37
<i>rivastigmine</i>	15	SIRTURO	21	SURE COMFORT PEN	
<i>rivastigmine tartrate</i>	15	SKYCLARYS	56	NEEDLES	88
RIVELSA	72	SKYRIZI	79	<i>syeda</i>	72
<i>rizatriptan benzoate</i>	20	SKYRIZI PEN	79	SYMBICORT	95
ROCKLATAN	89	<i>sodium chloride</i>	60, 88	SYMDEKO	93
<i>roflumilast</i>	94	<i>sodium fluoride</i>	60	SYMLINPEN 120	40
ROMVIMZA	27	<i>sodium oxybate</i>	96	SYMLINPEN 60	40
<i>ropinirole hcl</i>	30	SODIUM		SYMPAZAN	13
<i>ropinirole hcl er</i>	30	PHENYLBUTYRATE	64	SYMTUZA	35
<i>rosuvastatin calcium</i>	53	<i>sodium phenylbutyrate</i>	64	SYNAREL	76
<i>rosyrah</i>	72	<i>sodium polystyrene sulfonate</i>	60	SYNJARDY	40
ROTARIX	85	<i>solifenacin succinate</i>	65	SYNJARDY XR	40
ROTATEQ	85	SOLTAMOX	22	SYNTHROID	74
<i>roweepira</i>	12	SOMATULINE DEPOT	76	TABLOID	22
ROZLYTREK	27	SOMAVERT	76	TABRECTA	28
RUBRACA	27	<i>sorafenib tosylate</i>	28	<i>tacrolimus</i>	58, 83
RUCONEST	76	<i>sotalol hcl</i>	50	<i>tadalafil</i>	65
<i>rufinamide</i>	15	<i>sotalol hcl (af)</i>	49	<i>tadalafil (pah)</i>	94
RUKOBIA	37	SOTYKTU	79	TAFINLAR	28
RYDAPT	27	SPIRIVA RESPIMAT	92	TAGRISSE	23
RYTARY	30	<i>spironolactone</i>	52	TALTZ	79
<i>sacubitril-valsartan</i>	48	<i>spironolactone-hctz</i>	52	TALZENNA	28
<i>sajazir</i>	76	<i>sprintec 28</i>	72	<i>tamoxifen citrate</i>	22
<i>salsalate</i>	3	SPRITAM	12	<i>tamsulosin hcl</i>	65
SANTYL	58	<i>sps (sodium polystyrene sulf)</i>	60	<i>tarina 24 fe</i>	72
<i>sapropterin dihydrochloride</i>	64	<i>sronyx</i>	72	<i>tarina fe 1/20 eq</i>	72
SAVELLA	56	<i>ssd</i>	7	<i>tasimelteon</i>	56
SAVELLA TITRATION		STAMARIL	85	TAVNEOS	83
PACK	56	STELARA	79	<i>taysofy</i>	72
SCSEMBLIX	28	STEQEYMA	79	<i>tazarotene</i>	58
<i>scopolamine</i>	18	STIOLTO RESPIMAT	95	TAZICEF	8
SECUADO	33	STIVARGA	28	TAZVERIK	28
<i>selegiline hcl</i>	30	STREPTOMYCIN SULFATE ..	6	TECHLITE INSULIN	
<i>selenium sulfide</i>	58	STRIBILD	35	SYRINGE	43
SELZENTRY	37	<i>subvenite</i>	12	TEFLARO	8
SEREVENT DISKUS	93	<i>subvenite starter kit-blue</i>	12	<i>telmisartan</i>	48
<i>sertraline hcl</i>	17	<i>subvenite starter kit-green</i>	12	<i>telmisartan-amlodipine</i>	51

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

telmisartan-hctz.....	48	TRACLEER	94	TUKYSA	23
temazepam.....	96	TRADJENTA	40	TURALIO	28
TENIVAC	85	tramadol hcl.....	4	turqoz.....	73
tenofovir disoproxil fumarate.....	37	tramadol-acetaminophen.....	4	TWINRIX	85
TEPMETKO	28	trandolapril.....	49	tyblume.....	73
terazosin hcl.....	65	trandolapril-verapamil hcl er.....	49	TYBOST	37
terbinafine hcl.....	19	tranexamic acid.....	47	TYPHIM VI	85
terbutaline sulfate.....	93	tranylcypromine sulfate.....	16	UBRELVY	20
terconazole.....	19	TRAVASOL	60	ULTICARE PEN NEEDLES ...	88
teriflunomide.....	57	travoprost (bak free).....	88	ULTILET PEN NEEDLE	88
teriparatide.....	87	trazodone hcl.....	17	ULTRA-THIN II PEN	
testosterone.....	69	TRECATOR	21	NEEDLES	88
testosterone cypionate.....	69	TRELEGY ELLIPTA	96	unithroid.....	74
testosterone enanthate.....	69	TREMFYA	80	UPTRAVI	94
tetrabenazine.....	56	TREMFYA CROHNS		UPTRAVI TITRATION	94
tetracycline hcl.....	11	INDUCTION	79	ursodiol.....	62
THALOMID	22	TREMFYA ONE-PRESS	79	USTEKINUMAB	80
theophylline.....	94	TREMFYA PEN	79	valacyclovir hcl.....	35
theophylline er.....	94	tretinoin.....	28, 58, 59	VALCHLOR	21
thioridazine hcl.....	31	triamcinolone acetonide.....	57, 67, 68	valganciclovir hcl.....	33
thiotepa.....	21	triamterene.....	52	valproic acid.....	13
thiothixene.....	31	triamterene-hctz.....	52	valsartan.....	49
tiadylt er.....	51	triderm.....	68	valsartan-hydrochlorothiazide...	49
tiagabine hcl.....	13	TRIENTINE HCL	60	VALTOCO 10 MG DOSE	13
TIBSOVO	24	tri-estarylla.....	72	VALTOCO 15 MG DOSE	13
ticagrelor.....	48	trifluoperazine hcl.....	31	VALTOCO 20 MG DOSE	13
TICOVAC	85	trifluridine.....	35	VALTOCO 5 MG DOSE	13
tigecycline.....	7	trihexyphenidyl hcl.....	29	valtya 1/50.....	73
tilia fe.....	72	TRIJARDY XR	40	vancomycin hcl.....	7
timolol maleate.....	20, 90	TRIKAFTA	93	VANFLYTA	28
timolol maleate (once-daily).....	90	TRI-LEGEST FE	73	VAQTA	85
tinidazole.....	7	tri-lo-estarylla.....	73	varenicline tartrate.....	5
tiotropium bromide		tri-lo-sprintec.....	73	varenicline tartrate (starter).....	5
monohydrate.....	92	trimethoprim.....	7	VARIVAX	85
TIVICAY	35	tri-mili.....	73	VARIZIG	85
TIVICAY PD	35	trimipramine maleate.....	17	VAXCHORA	85
tizanidine hcl.....	33	TRINTELLIX	16	velivet.....	73
TOBI PODHALER	93	tri-sprintec.....	73	VELTASSA	60
TOBRADEX	90	TRIUMEQ	37	VENCLEXTA	23
tobramycin.....	6, 93	TRIUMEQ PD	37	VENCLEXTA STARTING	
tobramycin sulfate.....	6	trivora (28).....	73	PACK	23
tobramycin-dexamethasone.....	90	tri-vylibra.....	73	venlafaxine besylate er.....	39
tolterodine tartrate.....	65	tri-vylibra lo.....	73	venlafaxine hcl.....	39
tolterodine tartrate er.....	65	TROPHAMINE	60	venlafaxine hcl er.....	17
topiramate.....	14	trospium chloride.....	65	VENTAVIS	94
toremifene citrate.....	22	trospium chloride er.....	65	VEOZAH	56
torpenz.....	28	TRUEPLUS 5-BEVEL PEN		verapamil hcl.....	51
torse mide.....	52	NEEDLES	88	verapamil hcl er.....	51
TOUJEO MAX SOLOSTAR ...	43	TRULICITY	40	VERQUVO	51
TOUJEO SOLOSTAR	43	TRUMENBA	85	VERSACLOZ	33
TPN ELECTROLYTES	61	TRUQAP	28	VERZENIO	24

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

<i>vienva</i>	73	XERMELO	62	ZURZUVAE	16
<i>vigabatrín</i>	13	XIFAXAN	7	ZYDELIG	24
<i>vigadrone</i>	13	XIGDUO XR	41	ZYKADIA	28
VIGAFYDE	14	XOFLUZA (40 MG DOSE)	38	ZYMFENTRA (2 PEN)	83
<i>vigpoder</i>	14	XOFLUZA (80 MG DOSE)	38	ZYMFENTRA (2 SYRINGE) ..	83
<i>vilazodone hcl</i>	17	XOLAIR	80		
VIMKUNYA	85	XOSPATA	24		
VIRACEPT	38	XPOVIO (100 MG ONCE			
VIREAD	37	WEEKLY)	23		
VITRAKVI	24	XPOVIO (40 MG ONCE			
VIVITROL	5	WEEKLY)	23		
VIVOTIF	85	XPOVIO (40 MG TWICE			
VIZIMPRO	28	WEEKLY)	23		
VONJO	28	XPOVIO (60 MG ONCE			
VOQUEZNA	62	WEEKLY)	23		
VOQUEZNA DUAL PAK	62	XPOVIO (60 MG TWICE			
VOQUEZNA TRIPLE PAK	62	WEEKLY)	24		
VORANIGO	23	XPOVIO (80 MG ONCE			
<i>voriconazole</i>	19, 20	WEEKLY)	24		
VOSEVI	34	XPOVIO (80 MG TWICE			
VOWST	62	WEEKLY)	24		
VOYDEYA	47	XTANDI	22		
VRAYLAR	33	<i>xulane</i>	73		
<i>vyfemla</i>	73	YARGESA	64		
<i>vylibra</i>	73	YF-VAX	85		
VYNDAMAX	68	YONSA	22		
VYNDAQEL	68	YORVIPATH	87		
VYZULTA	88	YUVAFEM	73		
WAINUA	64	<i>zafirlukast</i>	91		
<i>warfarin sodium</i>	47	<i>zaleplon</i>	96		
WEGOVY	51, 52	ZARXIO	48		
WELIREG	23	ZEJULA	28		
WEZLANA	80	ZELBORAF	28		
WINREVAIR	95	<i>zelvysia</i>	64		
<i>wixela inhub</i>	96	ZEMAIRA	64		
WYMZYA FE	73	ZENPEP	64		
WYOST	87	ZEPOSIA	57		
XALKORI	28	ZEPOSIA 7-DAY STARTER			
<i>xarah fe</i>	73	PACK	57		
XARELTO	46	ZEPOSIA STARTER KIT	57		
XARELTO STARTER PACK	47	<i>zidovudine</i>	37		
XATMEP	83	<i>ziprasidone hcl</i>	39		
XCOPRI	12	<i>ziprasidone mesylate</i>	33		
XCOPRI (250 MG DAILY		ZIRGAN	33		
DOSE)	12	ZOLINZA	24		
XCOPRI (350 MG DAILY		<i>zolpidem tartrate</i>	96		
DOSE)	12	<i>zolpidem tartrate er</i>	96		
XDEMVI	89	ZONISADE	13		
XELJANZ	80	<i>zonisamide</i>	13		
XELJANZ XR	80	<i>zovia 1/35 (28)</i>	73		
<i>xelria fe</i>	73	ZTALMY	14		

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.