

# Fallon Health

## 2023 Formulary (List of Covered Drugs)

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

Formulary ID: 00023432: Version: 10

This formulary was updated on 09/28/2022. For more recent information or other questions, please contact Fallon Health Customer Service at 1-800-325-5669 (TTY users should call TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit [fallonhealth.org/medicare](http://fallonhealth.org/medicare).

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

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of September 28, 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## **What is the Fallon Health Formulary?**

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

## **Can the Formulary (drug list) change?**

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

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

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year

about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 28, 2022. 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](http://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 89. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

## **Are there any restrictions on my coverage?**

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary

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

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

## **What if my drug is not on the Formulary?**

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

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

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

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

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

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

## **For more information**

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

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

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

## Fallon Medicare Plus Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Fallon Medicare Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 89.

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

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

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 2	PA; NEDS
<i>meperidine hcl oral solution</i>	Tier 2	NEDS
<i>meperidine hcl oral tablet 50 mg</i>	Tier 2	NEDS
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	Tier 2	NEDS
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	Tier 2	NEDS
<i>morphine sulfate oral solution</i>	Tier 2	NEDS
<i>morphine sulfate oral tablet</i>	Tier 2	NEDS
<i>oxycodone hcl oral capsule</i>	Tier 2	NEDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 2	NEDS
<i>oxycodone hcl oral solution</i>	Tier 2	NEDS
<i>oxycodone hcl oral tablet</i>	Tier 2	NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	NEDS
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	NEDS
<i>tramadol-acetaminophen oral tablet</i>	Tier 2	NEDS

## Anesthetics

### Local Anesthetics

<i>lidocaine external ointment 5 %</i>	Tier 1	QL (200 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Tier 2	PA
<i>lidocaine hcl (pf) injection solution 1 %</i>	Tier 1	
<i>lidocaine hcl external solution</i>	Tier 2	
<i>lidocaine hcl injection solution 1 %, 2 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal external gel</i>	Tier 2	
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier 1	
<i>lidocaine-prilocaine external cream</i>	Tier 2	QL (200 GM per 30 days)

### Anti-Addiction/Substance Abuse

### Treatment Agents

### Alcohol Deterrents/Anti-Craving

<i>acamprosate calcium oral tablet delayed release</i>	Tier 2	MO
<i>disulfiram oral tablet</i>	Tier 2	MO

### Opioid Dependence Treatments

<i>buprenorphine hcl injection solution</i>	Tier 2	
<i>buprenorphine hcl sublingual tablet sublingual</i>	Tier 6	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	Tier 6	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	Tier 6	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>LUCEMYRA ORAL TABLET</b>	Tier 5	NEDS
<i>naltrexone hcl oral tablet</i>	Tier 1	
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 5	NEDS
<b>Opioid Reversal Agents</b>		
<b>KLOXXADO NASAL LIQUID</b>	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	
<b>NARCAN NASAL LIQUID</b>	Tier 6	
<b>ZIMHI INJECTION SOLUTION PREFILLED SYRINGE</b>	Tier 4	
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier 2	
<b>NICOTROL INHALATION INHALER</b>	Tier 4	
<i>varenicline tartrate oral</i>	Tier 2	QL (53 EA per 28 days)
<i>varenicline tartrate oral tablet</i>	Tier 2	QL (56 EA per 28 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 6	HI
<i>gentak ophthalmic ointment</i>	Tier 1	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	Tier 6	HI
<i>gentamicin sulfate external cream</i>	Tier 3	
<i>gentamicin sulfate external ointment</i>	Tier 3	
<i>gentamicin sulfate injection solution 10 mg/ml</i>	Tier 6	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	Tier 6	HI
<i>gentamicin sulfate ophthalmic solution</i>	Tier 1	
<i>neomycin sulfate oral tablet</i>	Tier 2	
<i>paromomycin sulfate oral capsule</i>	Tier 2	
<b>STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	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
<b>ZEMDRI INTRAVENOUS SOLUTION</b>	Tier 6	HI

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Antibacterials, Other</b>		
bacitracin ophthalmic ointment	Tier 2	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Tier 2	
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	Tier 4	
clindamycin hcl oral capsule	Tier 2	
clindamycin palmitate hcl oral solution reconstituted	Tier 2	
clindamycin phosphate external gel	Tier 2	QL (75 GM per 30 days)
clindamycin phosphate external lotion	Tier 2	
clindamycin phosphate external solution	Tier 2	QL (60 ML per 30 days)
clindamycin phosphate in d5w intravenous solution	Tier 6	HI
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	Tier 6	HI
clindamycin phosphate vaginal cream	Tier 2	
colistimethate sodium (cba) injection solution reconstituted	Tier 6	HI
dalvance intravenous solution reconstituted	Tier 6	HI
daptomycin intravenous solution reconstituted	Tier 6	HI
firvanq oral solution reconstituted 25 mg/ml	Tier 1	
fosfomycin tromethamine oral packet	Tier 2	
<b>GLOBAL ALCOHOL PREP EASE PAD</b>	Tier 4	
linezolid intravenous solution 600 mg/300ml	Tier 6	HI
linezolid oral suspension reconstituted	Tier 5	NEDS
linezolid oral tablet	Tier 2	
methenamine hippurate oral tablet	Tier 2	
metronidazole external cream	Tier 2	
metronidazole external gel	Tier 2	
metronidazole external lotion	Tier 4	
metronidazole intravenous solution 500 mg/100ml	Tier 6	HI
metronidazole oral tablet	Tier 1	
metronidazole vaginal gel	Tier 2	
mupirocin external ointment	Tier 2	QL (220 GM per 30 days)
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Tier 2	
nitrofurantoin macrocrystal oral capsule 100 mg	Tier 2	
nitrofurantoin macrocrystal oral capsule 25 mg, 50 mg	Tier 2	QL (56 EA per 14 days)

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Beta-Lactam, Penicillins</b>		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted</i>	Tier 1	
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	Tier 6	HI
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	Tier 6	HI
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Tier 6	HI
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	Tier 6	HI
<b>BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION</b>	Tier 4	
<b>BICILLIN C-R INTRAMUSCULAR SUSPENSION</b>	Tier 4	
<i>dicloxacillin sodium oral capsule</i>	Tier 2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 6	HI
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	Tier 6	HI
<i>oxacillin sodium in dextrose intravenous solution</i>	Tier 6	HI
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 6	HI
<i>oxacillin sodium intravenous solution reconstituted</i>	Tier 6	HI
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	Tier 6	HI
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	Tier 6	HI
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	Tier 6	
<i>penicillin g sodium injection solution reconstituted</i>	Tier 6	HI

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>penicillin v potassium oral solution reconstituted</i>	Tier 1	
<i>penicillin v potassium oral tablet</i>	Tier 1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	Tier 6	HI
<i>zosyn intravenous solution 2-0.25 gm/50ml, 3-0.375 gm/50ml</i>	Tier 6	HI
<b>Macrolides</b>		
<b>AZASITE OPHTHALMIC SOLUTION</b>	Tier 4	
<i>azithromycin intravenous solution reconstituted</i>	Tier 6	HI
<i>azithromycin oral suspension reconstituted</i>	Tier 2	
<i>azithromycin oral tablet</i>	Tier 1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier 2	
<i>clarithromycin oral suspension reconstituted</i>	Tier 2	
<i>clarithromycin oral tablet</i>	Tier 2	
<b>DIFICID ORAL SUSPENSION RECONSTITUTED</b>	Tier 5	QL (136 ML per 10 days); NEDS
<b>DIFICID ORAL TABLET</b>	Tier 5	QL (20 EA per 10 days); NEDS
<i>e.e.s. 400 oral tablet</i>	Tier 2	
<b>ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</b>	Tier 6	HI
<i>erythromycin base oral capsule delayed release particles</i>	Tier 2	
<i>erythromycin base oral tablet</i>	Tier 2	
<i>erythromycin base oral tablet delayed release 333 mg, 500 mg</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	Tier 5	NEDS
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 2	
<i>erythromycin ophthalmic ointment</i>	Tier 1	
<i>erythromycin oral tablet delayed release 250 mg</i>	Tier 1	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 2	
<b>Quinolones</b>		
<b>BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 6	HI
<b>CILOXAN OPHTHALMIC OINTMENT</b>	Tier 3	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
ciprofloxacin hcl oral tablet 100 mg	Tier 2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	Tier 6	HI
gatifloxacin ophthalmic solution	Tier 2	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	Tier 6	HI
levofloxacin intravenous solution	Tier 6	HI
levofloxacin ophthalmic solution	Tier 2	
levofloxacin oral solution	Tier 2	
levofloxacin oral tablet	Tier 1	
moxifloxacin hcl in nacl intravenous solution	Tier 6	HI
moxifloxacin hcl ophthalmic solution	Tier 2	
moxifloxacin hcl oral tablet	Tier 2	
ofloxacin ophthalmic solution	Tier 2	
ofloxacin oral tablet 300 mg, 400 mg	Tier 2	
ofloxacin otic solution	Tier 2	

### Sulfonamides

<b>SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT</b>	Tier 4	
sulfacetamide sodium ophthalmic solution	Tier 2	
sulfadiazine oral tablet	Tier 2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Tier 2	
sulfamethoxazole-trimethoprim oral tablet	Tier 1	

### Tetracyclines

doxy 100 intravenous solution reconstituted	Tier 6	HI
doxycycline hyclate oral capsule	Tier 2	ST
doxycycline hyclate oral tablet 100 mg, 20 mg	Tier 2	ST
doxycycline monohydrate oral capsule	Tier 2	
doxycycline monohydrate oral suspension reconstituted	Tier 2	
doxycycline monohydrate oral tablet	Tier 2	
minocycline hcl oral capsule	Tier 2	
minocycline hcl oral tablet	Tier 2	ST
monodoxine nl oral capsule 100 mg	Tier 2	
<b>NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 6	HI
tetracycline hcl oral capsule	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
<b>BRIVIACT ORAL SOLUTION</b>	Tier 5	PA NS; MO; NEDS
<b>BRIVIACT ORAL TABLET</b>	Tier 5	PA NS; MO; NEDS
<b>DIACOMIT ORAL CAPSULE</b>	Tier 5	PA NS; MO; NEDS
<b>DIACOMIT ORAL PACKET</b>	Tier 5	PA NS; MO; NEDS
<b>FINTEPLA ORAL SOLUTION</b>	Tier 5	PA NS; MO; NEDS
<i>levetiracetam er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>levetiracetam oral solution</i>	Tier 2	MO
<i>levetiracetam oral tablet</i>	Tier 2	MO
<i>roweepra oral tablet 500 mg</i>	Tier 2	MO
<b>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE</b>	Tier 4	MO
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 &amp; 150 MG</b>	Tier 5	MO; QL (56 EA per 28 days); NEDS
<b>XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	MO; QL (56 EA per 28 days); NEDS
<b>XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG</b>	Tier 5	MO; QL (60 EA per 30 days); NEDS
<b>XCOPRI ORAL TABLET 50 MG</b>	Tier 5	MO; QL (90 EA per 30 days); NEDS
<b>XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG &amp; 14 X 25 MG</b>	Tier 4	QL (28 EA per 28 days)
<b>XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG &amp; 14 X 200 MG, 14 X 50 MG &amp; 14 X 100 MG</b>	Tier 5	QL (28 EA per 28 days); NEDS
<b>Calcium Channel Modifying Agents</b>		
<b>CELONTIN ORAL CAPSULE</b>	Tier 4	MO
<i>ethosuximide oral capsule</i>	Tier 2	MO
<i>ethosuximide oral solution</i>	Tier 2	MO
<i>zonisamide oral capsule</i>	Tier 2	MO
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>		
<i>clobazam oral suspension</i>	Tier 2	PA NS; MO
<i>clobazam oral tablet</i>	Tier 2	PA NS; MO
<i>clonazepam oral tablet</i>	Tier 1	
<i>clonazepam oral tablet dispersible</i>	Tier 2	
<b>DIAZEPAM INTENSOL ORAL CONCENTRATE</b>	Tier 2	QL (240 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>diazepam rectal gel</i>	Tier 2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 2	MO
<b>EPIDIOLEX ORAL SOLUTION</b>	Tier 5	PA NS; MO; NEDS
<i>gabapentin oral capsule</i>	Tier 2	MO
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 2	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 2	MO
<b>NAYZILAM NASAL SOLUTION</b>	Tier 5	QL (10 EA per 30 days); NEDS
<i>phenobarbital oral elixir</i>	Tier 2	MO
<i>phenobarbital oral tablet</i>	Tier 2	MO
<i>primidone oral tablet</i>	Tier 2	MO
<b>SYMPAZAN ORAL FILM</b>	Tier 5	PA NS; MO; NEDS
<i>tiagabine hcl oral tablet</i>	Tier 4	MO
<i>valproic acid oral capsule</i>	Tier 2	MO
<i>valproic acid oral solution</i>	Tier 2	MO
<b>VALTOCO 10 MG DOSE NASAL LIQUID</b>	Tier 5	QL (10 EA per 30 days); NEDS
<b>VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK</b>	Tier 5	QL (10 EA per 30 days); NEDS
<b>VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK</b>	Tier 5	QL (10 EA per 30 days); NEDS
<b>VALTOCO 5 MG DOSE NASAL LIQUID</b>	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
<b>Glutamate Reducing Agents</b>		
<i>felbamate oral suspension</i>	Tier 5	MO; NEDS
<i>felbamate oral tablet</i>	Tier 2	MO
<b>FYCOMPA ORAL SUSPENSION</b>	Tier 5	PA NS; MO; NEDS
<b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG</b>	Tier 5	PA NS; MO; NEDS
<b>FYCOMPA ORAL TABLET 2 MG</b>	Tier 4	PA NS; MO
<i>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>	Tier 2	
<i>lamotrigine starter kit-blue oral kit</i>	Tier 2	
<i>lamotrigine starter kit-green oral kit</i>	Tier 5	NEDS
<i>lamotrigine starter kit-orange oral kit</i>	Tier 2	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	Tier 2	MO
<i>topiramate oral capsule sprinkle</i>	Tier 2	MO
<i>topiramate oral tablet</i>	Tier 1	MO

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>rivastigmine tartrate oral capsule</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour</i>	Tier 2	MO; QL (1 EA per 1 day)
<b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</b>		
<i>memantine hcl er oral capsule extended release 24 hour</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	MO
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	Tier 2	
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	Tier 2	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	Tier 2	MO
<i>bupropion hcl oral tablet</i>	Tier 2	MO
<i>mirtazapine oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	Tier 2	MO; QL (30 EA per 30 days)
<b>TRINTELLIX ORAL TABLET</b>	Tier 4	PA NS; MO
<b>Monoamine Oxidase Inhibitors</b>		
<b>EMSAM TRANSDERMAL PATCH 24 HOUR</b>	Tier 5	PA NS; MO; NEDS
<b>MARPLAN ORAL TABLET</b>	Tier 3	MO
<i>phenelzine sulfate oral tablet</i>	Tier 2	MO
<i>tranylcypromine sulfate oral tablet</i>	Tier 2	MO
<b>Sris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor</b>		
<i>citalopram hydrobromide oral solution</i>	Tier 2	MO
<i>citalopram hydrobromide oral tablet</i>	Tier 1	MO
<b>DESVENLAFAKINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 4	MO; QL (1 EA per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	Tier 2	MO
<b>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG</b>	Tier 4	MO; QL (60 EA per 30 days)
<b>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG</b>	Tier 4	MO; QL (90 EA per 30 days)

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>imipramine hcl oral tablet</i>	Tier 2	MO
<i>nortriptyline hcl oral capsule</i>	Tier 1	MO
<i>nortriptyline hcl oral solution</i>	Tier 2	MO
<i>perphenazine-amitriptyline oral tablet</i>	Tier 2	MO
<i>protriptyline hcl oral tablet</i>	Tier 2	MO
<i>trimipramine maleate oral capsule</i>	Tier 2	MO

## Antiemetics

### Antiemetics, Other

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

### Emetogenic Therapy Adjuncts

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

## Antifungals

### Antifungals

<b>ABELCET INTRAVENOUS SUSPENSION</b>	Tier 6	B/D; HI
<b>AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 6	B/D; HI
<i>amphotericin b liposome intravenous suspension reconstituted</i>	Tier 6	B/D
<b>BREXAFEMME ORAL TABLET</b>	Tier 5	PA; QL (4 EA per 1 day); NEDS
<b>CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 6	HI
<i>ciclodan external solution</i>	Tier 3	

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>nystop external powder</i>	Tier 2	QL (60 GM per 30 days)
<b>OXISTAT EXTERNAL LOTION</b>	Tier 3	
<i>posaconazole oral tablet delayed release</i>	Tier 5	PA; MO; NEDS
<i>terbinafine hcl oral tablet</i>	Tier 1	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	Tier 2	
<i>terconazole vaginal suppository</i>	Tier 2	
<i>voriconazole intravenous solution reconstituted</i>	Tier 6	PA; HI
<i>voriconazole oral suspension reconstituted</i>	Tier 5	PA; NEDS
<i>voriconazole oral tablet</i>	Tier 2	PA
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol oral tablet</i>	Tier 1	MO
<i>colchicine oral capsule</i>	Tier 2	
<i>colchicine oral tablet</i>	Tier 2	
<i>colchicine-probenecid oral tablet</i>	Tier 2	MO
<i>febuxostat oral tablet</i>	Tier 2	MO
<i>probenecid oral tablet</i>	Tier 2	MO
<b>Anti-Inflammatory Agents</b>		
<b>Glucocorticoids</b>		
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	Tier 2	
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<i>etodolac oral capsule</i>	Tier 2	MO
<i>etodolac oral tablet</i>	Tier 2	MO
<i>flurbiprofen oral tablet</i>	Tier 2	MO
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate injection solution</i>	Tier 5	QL (8 ML per 30 days); NEDS
<i>dihydroergotamine mesylate nasal solution</i>	Tier 5	NEDS
<b>ERGOMAR SUBLINGUAL TABLET SUBLINGUAL</b>	Tier 5	NEDS
<i>ergotamine-caffeine oral tablet</i>	Tier 2	
<b>Prophylactic</b>		
<b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 3	PA; MO; QL (1 ML per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<b>EPRONTIA ORAL SOLUTION</b>	Tier 4	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>timolol maleate oral tablet</i>	Tier 2	MO
<b>UBRELVY ORAL TABLET</b>	Tier 5	PA; QL (16 EA per 30 days); NEDS
<b>Serotonin 5-HT-Receptor Agonists</b>		
<i>rizatriptan benzoate oral tablet</i>	Tier 2	QL (36 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 2	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 2	QL (8 ML per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier 3	
<i>pyridostigmine bromide oral solution</i>	Tier 5	NEDS
<i>pyridostigmine bromide oral tablet</i>	Tier 2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone oral tablet</i>	Tier 2	MO
<i>rifabutin oral capsule</i>	Tier 2	
<b>Antituberculars</b>		
<i>ethambutol hcl oral tablet</i>	Tier 2	
<b>ISONIAZID ORAL SYRUP</b>	Tier 4	MO
<i>isoniazid oral tablet</i>	Tier 1	MO
<b>PASER ORAL PACKET</b>	Tier 4	
<i>pretomanid oral tablet</i>	Tier 2	
<b>PRIFTIN ORAL TABLET</b>	Tier 4	
<i>pyrazinamide oral tablet</i>	Tier 2	
<i>rifampin intravenous solution reconstituted</i>	Tier 6	HI
<i>rifampin oral capsule</i>	Tier 2	
<b>SIRTURO ORAL TABLET</b>	Tier 5	PA; NEDS
<b>TRECATOR ORAL TABLET</b>	Tier 4	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide oral capsule</i>	Tier 2	B/D
<i>cyclophosphamide oral tablet</i>	Tier 2	B/D
<b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</b>	Tier 4	
<b>LEUKERAN ORAL TABLET</b>	Tier 5	NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>MATULANE ORAL CAPSULE</b>	Tier 5	NEDS
<i>thiotepa injection solution reconstituted 15 mg</i>	Tier 5	NEDS
<b>VALCHLOR EXTERNAL GEL</b>	Tier 5	PA NS; NEDS
<b>Antiandrogens</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 2	PA NS
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 5	PA NS; NEDS
<i>bicalutamide oral tablet</i>	Tier 2	
<b>ERLEADA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<i>flutamide oral capsule</i>	Tier 2	
<i>nilutamide oral tablet</i>	Tier 5	NEDS
<b>NUBEQA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>XTANDI ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>XTANDI ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>YONSA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>Antiangiogenic Agents</b>		
<i>lenalidomide oral capsule</i>	Tier 5	PA NS; LA; NEDS
<b>POMALYST ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>REVLIMID ORAL CAPSULE 2.5 MG, 20 MG</b>	Tier 5	PA NS; LA; NEDS
<b>THALOMID ORAL CAPSULE</b>	Tier 5	PA NS; MO; NEDS
<b>Antiestrogens/Modifiers</b>		
<b>EMCYT ORAL CAPSULE</b>	Tier 5	NEDS
<i>fulvestrant intramuscular solution</i>	Tier 5	NEDS
<b>SOLTAMOX ORAL SOLUTION</b>	Tier 5	MO; NEDS
<i>tamoxifen citrate oral tablet</i>	Tier 2	MO
<i>toremifene citrate oral tablet</i>	Tier 5	MO; NEDS
<b>Antimetabolites</b>		
<i>hydroxyurea oral capsule</i>	Tier 2	
<b>INQOVI ORAL TABLET</b>	Tier 5	PA NS; QL (5 EA per 28 days); NEDS
<b>LONSURF ORAL TABLET</b>	Tier 5	PA NS; NEDS
<i>mercaptopurine oral tablet</i>	Tier 2	
<b>ONUREG ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>PURIXAN ORAL SUSPENSION</b>	Tier 5	NEDS
<b>SIKLOS ORAL TABLET 100 MG</b>	Tier 4	
<b>SIKLOS ORAL TABLET 1000 MG</b>	Tier 5	NEDS
<b>TABLOID ORAL TABLET</b>	Tier 4	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Antineoplastics, Other</b>		
<i>azacitidine injection suspension reconstituted</i>	Tier 5	PA NS; NEDS
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	Tier 2	B/D
<i>bortezomib injection solution reconstituted 3.5 mg</i>	Tier 5	NEDS
<b>COTELLIC ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>GAVRETO ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>GILOTRIF ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>IBRANCE ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>IBRANCE ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	Tier 2	
<b>LUMAKRAS ORAL TABLET</b>	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
<b>NINLARO ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>ODOMZO ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>ONCASPAR INJECTION SOLUTION</b>	Tier 5	NEDS
<b>ORGOVYX ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>RETEVMO ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA NS; NEDS
<b>TAGRISSO ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>TUKYSA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>VELCADE INJECTION SOLUTION RECONSTITUTED</b>	Tier 5	NEDS
<b>VENCLEXTA ORAL TABLET 10 MG</b>	Tier 4	PA NS
<b>VENCLEXTA ORAL TABLET 100 MG, 50 MG</b>	Tier 5	PA NS; NEDS
<b>VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>WELIREG ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG</b>	Tier 5	PA NS; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	Tier 5	PA NS; NEDS
<b>XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	Tier 5	PA NS; NEDS
<b>XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG</b>	Tier 5	PA NS; NEDS
<b>XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	Tier 5	PA NS; NEDS
<b>XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>ZOLINZA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>Aromatase Inhibitors, 3Rd Generation</b>		
<i>anastrozole oral tablet</i>	Tier 2	MO
<i>exemestane oral tablet</i>	Tier 2	MO
<i>letrozole oral tablet</i>	Tier 2	MO
<b>Enzyme Inhibitors</b>		
<b>COPIKTRA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>IDHIFA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>TIBSOVO ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>VERZENIO ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>VITRAKVI ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>VITRAKVI ORAL SOLUTION</b>	Tier 5	PA NS; NEDS
<b>XOSPATA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>ZYDELIG ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>Molecular Target Inhibitors</b>		
<b>ALECensa ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>ALUNBRIG ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>ALUNBRIG ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>AYVAKIT ORAL TABLET</b>	Tier 5	PA NS; QL (1 EA per 1 day); NEDS
<b>BALVERSA ORAL TABLET</b>	Tier 5	PA NS; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>BOSULIF ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>BRAFTOVI ORAL CAPSULE 75 MG</b>	Tier 5	PA NS; NEDS
<b>BRUKINSA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>CABOMETYX ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>CALQUENCE ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>CAPRELSA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &amp; 20 MG</b>	Tier 5	PA NS; NEDS
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG &amp; 80 MG</b>	Tier 5	PA NS; NEDS
<b>COMETRIQ (60 MG DAILY DOSE) ORAL KIT</b>	Tier 5	PA NS; NEDS
<b>DAURISMO ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>ERIVEDGE ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<i>erlotinib hcl oral tablet</i>	Tier 5	PA NS; NEDS
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	PA NS; NEDS
<i>everolimus oral tablet soluble</i>	Tier 5	PA NS; NEDS
<b>EXKIVITY ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>FARYDAK ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>FOTIVDA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>ICLUSIG ORAL TABLET</b>	Tier 5	PA NS; NEDS
<i>imatinib mesylate oral tablet</i>	Tier 2	
<b>IMBRUWICA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>IMBRUWICA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>INLYTA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>INREBIC ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>IRESSA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>JAKAFI ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>KOSELUGO ORAL CAPSULE 10 MG</b>	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
<b>KOSELUGO ORAL CAPSULE 25 MG</b>	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
<i>lapatinib ditosylate oral tablet</i>	Tier 5	PA NS; LA; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LORBRENA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>LYNPARZA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>MEKINIST ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>MEKTOVI ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>NERLYNX ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>PEMAZYRE ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>QINLOCK ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>ROZLYTREK ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>RUBRACA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>RYDAPT ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>SCEMBLIX ORAL TABLET 20 MG</b>	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
<b>SCEMBLIX ORAL TABLET 40 MG</b>	Tier 5	PA NS; NEDS
<i>sorafenib tosylate oral tablet</i>	Tier 5	PA NS; NEDS
<b>SPRYCEL ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>STIVARGA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<i>sunitinib malate oral capsule</i>	Tier 5	PA NS; NEDS
<b>TABRECTA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>TAFINLAR ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>TALZENNA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>TASIGNA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>TAZVERIK ORAL TABLET</b>	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
<b>TEPMETKO ORAL TABLET</b>	Tier 5	PA NS; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; QL (21 EA per 28 days); NEDS
<b>TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; QL (42 EA per 28 days); NEDS
<b>TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; QL (42 EA per 28 days); NEDS
<b>TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; QL (63 EA per 28 days); NEDS
<b>TURALIO ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>UKONIQ ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>VIZIMPRO ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>VONJO ORAL CAPSULE</b>	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
<b>VOTRIENT ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>XALKORI ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>ZEJULA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>ZELBORAFA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>ZYKADIA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>Retinoids</b>		
<i>bexarotene external gel</i>	Tier 5	PA NS; NEDS
<i>bexarotene oral capsule</i>	Tier 5	NEDS
<b>PANRETIN EXTERNAL GEL</b>	Tier 5	NEDS
<i>tretinoiin oral capsule</i>	Tier 5	NEDS
<b>Treatment Adjuncts</b>		
<i>leucovorin calcium injection solution 100 mg/10ml</i>	Tier 2	
<i>leucovorin calcium oral tablet</i>	Tier 2	
<b>MESNEX ORAL TABLET</b>	Tier 5	NEDS
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet</i>	Tier 5	NEDS
<i>ivermectin oral tablet</i>	Tier 2	
<i>praziquantel oral tablet</i>	Tier 2	
<b>Antiprotozoals</b>		
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	Tier 5	NEDS
<i>atovaquone oral suspension</i>	Tier 2	
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 2	
<i>chloroquine phosphate oral tablet</i>	Tier 2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>COARTEM ORAL TABLET</b>	Tier 4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	Tier 2	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 2	MO
<b>IMPAVIDO ORAL CAPSULE</b>	Tier 5	NEDS
<b>KRINTAFEL ORAL TABLET</b>	Tier 4	
<i>mefloquine hcl oral tablet</i>	Tier 2	MO
<i>nitazoxanide oral tablet</i>	Tier 5	NEDS
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier 2	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	Tier 2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 2	
<i>pyrimethamine oral tablet</i>	Tier 5	NEDS
<i>quinine sulfate oral capsule</i>	Tier 2	PA
<b>Pediculicides/Scabicides</b>		
<i>lindane external shampoo</i>	Tier 2	
<i>malathion external lotion</i>	Tier 2	
<i>permethrin external cream</i>	Tier 3	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate oral tablet</i>	Tier 1	PA NS; MO
<i>trihexyphenidyl hcl oral solution</i>	Tier 2	MO
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	MO
<b>Antiparkinson Agents, Other</b>		
<i>entacapone oral tablet</i>	Tier 2	MO
<i>tolcapone oral tablet</i>	Tier 5	MO; NEDS
<b>Dopamine Agonists</b>		
<i>apomorphine hcl subcutaneous solution cartridge</i>	Tier 5	PA; NEDS
<i>bromocriptine mesylate oral capsule</i>	Tier 2	MO
<i>bromocriptine mesylate oral tablet</i>	Tier 2	MO
<b>KYNMOBI SUBLINGUAL FILM</b>	Tier 5	PA; NEDS
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR</b>	Tier 4	MO
<i>pramipexole dihydrochloride oral tablet</i>	Tier 2	MO
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>ropinirole hcl oral tablet</i>	Tier 2	MO

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>perphenazine oral tablet</i>	Tier 2	MO
<i>pimozide oral tablet</i>	Tier 2	MO
<i>prochlorperazine maleate oral tablet</i>	Tier 1	MO
<i>prochlorperazine rectal suppository</i>	Tier 2	
<i>thioridazine hcl oral tablet</i>	Tier 1	MO
<i>thiothixene oral capsule</i>	Tier 2	MO
<i>trifluoperazine hcl oral tablet</i>	Tier 2	MO
<b>2Nd Generation/Atypical</b>		
<b>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE</b>	Tier 5	MO; NEDS
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</b>	Tier 5	MO; NEDS
<i>aripiprazole oral solution</i>	Tier 2	MO
<i>aripiprazole oral tablet</i>	Tier 2	MO
<i>aripiprazole oral tablet dispersible</i>	Tier 5	MO; NEDS
<i>asenapine maleate sublingual tablet sublingual</i>	Tier 2	MO
<b>CAPLYTA ORAL CAPSULE 42 MG</b>	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
<b>FANAPT ORAL TABLET</b>	Tier 5	ST; NEDS
<b>FANAPT TITRATION PACK ORAL TABLET</b>	Tier 4	ST
<b>INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 5	NEDS
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML</b>	Tier 5	NEDS
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML</b>	Tier 4	
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML</b>	Tier 5	NEDS
<b>LATUDA ORAL TABLET</b>	Tier 5	MO; NEDS
<b>LYBALVI ORAL TABLET</b>	Tier 5	ST; QL (30 EA per 30 days); NEDS
<b>NUPLAZID ORAL CAPSULE</b>	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
<b>NUPLAZID ORAL TABLET 10 MG</b>	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>olanzapine oral tablet</i>	Tier 2	MO
<i>olanzapine oral tablet dispersible</i>	Tier 2	MO
<i>paliperidone er oral tablet extended release 24 hour</i>	Tier 2	MO
<b>PERSERIS SUBCUTANEOUS PREFILLED SYRINGE</b>	Tier 5	MO; NEDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	MO
<b>REXULTI ORAL TABLET</b>	Tier 5	MO; NEDS
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG</b>	Tier 3	
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG</b>	Tier 5	NEDS
<i>risperidone oral solution</i>	Tier 2	MO; QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible</i>	Tier 2	MO; QL (2 EA per 1 day)
<b>SECUADO TRANSDERMAL PATCH 24 HOUR</b>	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
<b>VRAYLAR ORAL CAPSULE</b>	Tier 5	ST; MO; QL (1 EA per 1 day); NEDS
<b>VRAYLAR ORAL CAPSULE THERAPY PACK</b>	Tier 4	ST
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Tier 2	
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG</b>	Tier 4	
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet</i>	Tier 2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	Tier 2	
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 5	NEDS
<b>VERSACLOZ ORAL SUSPENSION</b>	Tier 5	NEDS
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet</i>	Tier 2	
<i>dantrolene sodium oral capsule</i>	Tier 2	
<i>tizanidine hcl oral tablet</i>	Tier 2	

Drug	Status	Requirements/Limits
<b>Antivirals</b>		
<b>Anti-Cytomegalovirus (Cmv) Agents</b>		
LIVTENCITY ORAL TABLET	Tier 5	NEDS
PREVYMIS ORAL TABLET	Tier 5	PA; MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 5	MO; NEDS
<i>valganciclovir hcl oral tablet</i>	Tier 2	MO
ZIRGAN OPHTHALMIC GEL	Tier 4	
<b>Anti-Hepatitis B (Hbv) Agents</b>		
<i>adefovir dipivoxil oral tablet</i>	Tier 2	PA; MO
BARACLUDE ORAL SOLUTION	Tier 5	PA; MO; NEDS
<i>entecavir oral tablet</i>	Tier 2	PA; MO
EPIVIR HBV ORAL SOLUTION	Tier 3	MO
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier 5	MO; NEDS
<i>lamivudine oral tablet 100 mg</i>	Tier 2	MO
<b>Anti-Hepatitis C (Hcv) Agents</b>		
EPCLUSA ORAL PACKET	Tier 5	PA; NEDS
EPCLUSA ORAL TABLET	Tier 5	PA; NEDS
HARVONI ORAL PACKET	Tier 5	PA; NEDS
HARVONI ORAL TABLET 90-400 MG	Tier 5	PA; NEDS
<i>ledipasvir-sofosbuvir oral tablet</i>	Tier 5	PA; NEDS
<i>sofosbuvir-velpatasvir oral tablet</i>	Tier 5	PA; NEDS
<b>Anti-Hepatitis C (Hcv) Agents, Direct Acting</b>		
MAVYRET ORAL PACKET	Tier 5	PA; NEDS
MAVYRET ORAL TABLET	Tier 5	PA; NEDS
VOSEVI ORAL TABLET	Tier 5	PA; NEDS
<b>Anti-Hepatitis C (Hcv) Agents, Other</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	NEDS
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED	Tier 5	NEDS
<i>ribavirin oral capsule</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	
<b>Antiherpetic Agents</b>		
<i>acyclovir oral capsule</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>acyclovir oral suspension</i>	Tier 2	
<i>acyclovir oral tablet</i>	Tier 1	
<i>acyclovir sodium intravenous solution</i>	Tier 6	B/D; HI
<i>famciclovir oral tablet</i>	Tier 2	
<b>SITAVIG BUCCAL TABLET</b>	Tier 5	NEDS
<i>trifluridine ophthalmic solution</i>	Tier 2	
<i>valacyclovir hcl oral tablet</i>	Tier 2	
<b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>		
<b>BIKTARVY ORAL TABLET 30-120-15 MG</b>	Tier 5	NEDS
<b>BIKTARVY ORAL TABLET 50-200-25 MG</b>	Tier 5	MO; NEDS
<b>GENVOYA ORAL TABLET</b>	Tier 5	MO; NEDS
<b>ISENTRESS HD ORAL TABLET</b>	Tier 5	MO; NEDS
<b>ISENTRESS ORAL PACKET</b>	Tier 5	MO; NEDS
<b>ISENTRESS ORAL TABLET</b>	Tier 5	MO; NEDS
<b>ISENTRESS ORAL TABLET CHEWABLE 100 MG</b>	Tier 5	MO; NEDS
<b>ISENTRESS ORAL TABLET CHEWABLE 25 MG</b>	Tier 3	MO
<b>STRIBILD ORAL TABLET</b>	Tier 5	MO; NEDS
<b>SYMTUZA ORAL TABLET</b>	Tier 5	MO; NEDS
<b>TIVICAY ORAL TABLET 10 MG</b>	Tier 3	MO
<b>TIVICAY ORAL TABLET 25 MG, 50 MG</b>	Tier 5	MO; NEDS
<b>TIVICAY PD ORAL TABLET SOLUBLE</b>	Tier 5	MO; NEDS
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>		
<b>COMPLERA ORAL TABLET</b>	Tier 5	MO; NEDS
<b>EDURANT ORAL TABLET</b>	Tier 5	MO; NEDS
<i>efavirenz oral capsule</i>	Tier 1	MO
<i>efavirenz oral tablet</i>	Tier 1	MO
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	Tier 5	MO; NEDS
<i>etravirine oral tablet</i>	Tier 5	MO; NEDS
<b>INTELENCE ORAL TABLET 25 MG</b>	Tier 4	MO
<i>nevirapine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nevirapine oral suspension</i>	Tier 2	MO
<i>nevirapine oral tablet</i>	Tier 2	MO
<b>ODEFSEY ORAL TABLET</b>	Tier 5	MO; NEDS
<b>PIFELTRO ORAL TABLET</b>	Tier 5	MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>		
<i>abacavir sulfate oral solution</i>	Tier 2	MO
<i>abacavir sulfate oral tablet</i>	Tier 2	MO
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 2	MO
<b>CIMDUO ORAL TABLET</b>	Tier 5	MO; NEDS
<b>DELSTRIGO ORAL TABLET</b>	Tier 5	MO; NEDS
<b>DESCOVY ORAL TABLET 200-25 MG</b>	Tier 5	MO; NEDS
<b>DOVATO ORAL TABLET</b>	Tier 5	MO; NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Tier 5	MO; NEDS
<i>emtricitabine oral capsule</i>	Tier 2	MO
<i>emtricitabine-tenofovir df oral tablet</i>	Tier 5	MO; NEDS
<b>EMTRIVA ORAL SOLUTION</b>	Tier 4	MO
<b>JULUCA ORAL TABLET</b>	Tier 5	MO; NEDS
<i>lamivudine oral solution</i>	Tier 2	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 2	MO
<i>lamivudine-zidovudine oral tablet</i>	Tier 2	MO
<i>stavudine oral capsule</i>	Tier 2	MO
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier 2	MO
<b>TRIUMEQ ORAL TABLET</b>	Tier 5	MO; NEDS
<b>TRIZIVIR ORAL TABLET</b>	Tier 5	MO; NEDS
<b>VIREAD ORAL POWDER</b>	Tier 5	MO; NEDS
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	Tier 5	MO; NEDS
<i>zidovudine oral capsule</i>	Tier 2	MO
<i>zidovudine oral syrup</i>	Tier 2	MO
<i>zidovudine oral tablet</i>	Tier 2	MO
<b>Anti-Hiv Agents, Other</b>		
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	MO; NEDS
<i>maraviroc oral tablet</i>	Tier 5	MO; NEDS
<b>RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	Tier 5	MO; QL (2 EA per 1 day); NEDS
<b>SELZENTRY ORAL SOLUTION</b>	Tier 5	MO; NEDS
<b>SELZENTRY ORAL TABLET 25 MG</b>	Tier 3	MO
<b>SELZENTRY ORAL TABLET 75 MG</b>	Tier 5	MO; NEDS
<b>TRIUMEQ PD ORAL TABLET SOLUBLE</b>	Tier 5	
<b>TYBOST ORAL TABLET</b>	Tier 3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Anti-Hiv Agents, Protease Inhibitors</b>		
<b>APTIVUS ORAL CAPSULE</b>	Tier 5	MO; NEDS
<i>atazanavir sulfate oral capsule</i>	Tier 2	MO
<b>EVOTAZ ORAL TABLET</b>	Tier 5	MO; NEDS
<b>FOSAMPRENAVIR CALCIUM ORAL TABLET</b>	Tier 5	MO; NEDS
<b>LEXIVA ORAL SUSPENSION</b>	Tier 4	MO
<i>lopinavir-ritonavir oral solution</i>	Tier 2	MO
<i>lopinavir-ritonavir oral tablet</i>	Tier 2	MO
<b>NORVIR ORAL PACKET</b>	Tier 3	MO
<b>NORVIR ORAL SOLUTION</b>	Tier 3	MO
<b>PREZCOBIX ORAL TABLET</b>	Tier 5	MO; NEDS
<b>PREZISTA ORAL SUSPENSION</b>	Tier 5	NEDS
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG</b>	Tier 5	NEDS
<b>PREZISTA ORAL TABLET 75 MG</b>	Tier 4	
<b>REYATAZ ORAL PACKET</b>	Tier 5	MO; NEDS
<i>ritonavir oral tablet</i>	Tier 2	MO
<b>VIRACEPT ORAL TABLET</b>	Tier 5	MO; NEDS
<b>Anti-Influenza Agents</b>		
<i>amantadine hcl oral capsule</i>	Tier 2	MO
<i>amantadine hcl oral solution</i>	Tier 2	
<i>amantadine hcl oral tablet</i>	Tier 2	MO
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	QL (25 ML per 1 day)
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 4	
<i>rimantadine hcl oral tablet</i>	Tier 2	
<b>XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 3	
<b>XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 3	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl oral tablet</i>	Tier 2	
<i>doxepin hcl oral tablet</i>	Tier 2	QL (30 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>hydroxyzine hcl oral syrup</i>	Tier 2	PA NS
<i>hydroxyzine hcl oral tablet</i>	Tier 2	PA NS
<b>Benzodiazepines</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i>	Tier 2	
<i>alprazolam oral tablet</i>	Tier 1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	Tier 2	
<i>chlordiazepoxide hcl oral capsule</i>	Tier 1	
<i>clorazepate dipotassium oral tablet</i>	Tier 2	
<i>diazepam oral solution 5 mg/5ml</i>	Tier 2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>estazolam oral tablet</i>	Tier 2	QL (1 EA per 1 day)
<i>lorazepam injection solution 2 mg/ml</i>	Tier 2	
<i>lorazepam intensol oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Tier 1	QL (150 EA per 30 days)
<i>oxazepam oral capsule</i>	Tier 2	
<b>Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor</b>		
<i>paroxetine hcl oral tablet</i>	Tier 1	MO
<i>venlafaxine hcl oral tablet</i>	Tier 2	MO
<b>Bipolar Agents</b>		
<b>Bipolar Agents, Other</b>		
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier 2	MO
<i>ziprasidone hcl oral capsule</i>	Tier 2	MO
<b>Mood Stabilizers</b>		
<i>divalproex sodium oral tablet delayed release</i>	Tier 2	MO
<i>lamotrigine oral tablet</i>	Tier 1	MO
<i>lamotrigine oral tablet chewable</i>	Tier 2	MO
<i>lithium carbonate er oral tablet extended release</i>	Tier 2	MO
<i>lithium carbonate oral capsule</i>	Tier 1	MO
<i>lithium carbonate oral tablet</i>	Tier 2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose oral tablet</i>	Tier 2	MO; QL (3 EA per 1 day)
<i>alogliptin benzoate oral tablet</i>	Tier 2	MO
<b>BYDUREON BCISE SUBCUTANEOUS AUTO-Injector</b>	Tier 3	MO
<b>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 4	MO
<b>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 4	MO
<b>CYCLOSET ORAL TABLET</b>	Tier 4	MO
<b>FARXIGA ORAL TABLET</b>	Tier 3	MO
<i>glimepiride oral tablet</i>	Tier 1	MO
<i>glipizide er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>glipizide oral tablet</i>	Tier 1	MO
<i>glyburide micronized oral tablet</i>	Tier 2	PA NS; MO
<i>glyburide oral tablet</i>	Tier 2	PA NS; MO
<b>GLYXAMBI ORAL TABLET</b>	Tier 3	MO
<b>JANUVIA ORAL TABLET</b>	Tier 3	MO; QL (1 EA per 1 day)
<b>JARDIANCE ORAL TABLET</b>	Tier 3	MO
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>metformin hcl oral solution</i>	Tier 2	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	MO
<i>miglitol oral tablet</i>	Tier 1	MO
<i>nateglinide oral tablet</i>	Tier 2	MO
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 3	MO
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML</b>	Tier 3	MO
<i>pioglitazone hcl oral tablet</i>	Tier 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Tier 2	MO; QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	Tier 2	MO; QL (8 EA per 1 day)
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 5	PA; MO; NEDS
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 5	PA; MO; NEDS
<b>SYNJARDY ORAL TABLET</b>	Tier 3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 3	MO
<b>TRADJENTA ORAL TABLET</b>	Tier 3	MO; QL (1 EA per 1 day)
<b>TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 3	MO
<b>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 3	MO
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 3	MO
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 3	MO
<b>Blood Glucose Regulators</b>		
<i>glipizide-metformin hcl oral tablet</i>	Tier 2	MO
<i>glyburide-metformin oral tablet</i>	Tier 2	PA NS; MO; QL (4 EA per 1 day)
<b>GVOKE HYPOOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML</b>	Tier 3	QL (0.4 ML per 1 day)
<b>GVOKE HYPOOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML</b>	Tier 3	QL (0.8 ML per 1 day)
<b>GVOKE KIT SUBCUTANEOUS SOLUTION</b>	Tier 3	QL (0.8 ML per 1 day)
<b>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML</b>	Tier 3	QL (0.4 ML per 1 day)
<b>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML</b>	Tier 3	QL (0.8 ML per 1 day)
<b>JANUMET ORAL TABLET</b>	Tier 3	MO; QL (2 EA per 1 day)
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 3	MO; QL (2 EA per 1 day)
<b>JENTADUETO ORAL TABLET</b>	Tier 3	MO; QL (2 EA per 1 day)
<b>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	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
<b>Glycemic Agents</b>		
<i>diazoxide oral suspension</i>	Tier 5	MO; NEDS
<b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</b>	Tier 3	
<b>GLUCAGON EMERGENCY INJECTION KIT</b>	Tier 3	
<b>Insulins</b>		
<b>ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML</b>	Tier 4	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML</b>	Tier 4	
<b>CVS GAUZE STERILE PAD 2"X2"</b>	Tier 4	
<b>HUMALOG INJECTION SOLUTION</b>	Tier 3	MO; \$35
<b>HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR</b>	Tier 3	MO; \$35
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 3	MO; \$35
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR</b>	Tier 3	MO; \$35
<b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION</b>	Tier 3	MO; \$35
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR</b>	Tier 3	MO; \$35
<b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION</b>	Tier 3	MO; \$35
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier 3	MO; \$35
<b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR</b>	Tier 3	MO; \$35
<b>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION</b>	Tier 3	MO; \$35
<b>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier 3	MO; \$35
<b>HUMULIN N SUBCUTANEOUS SUSPENSION</b>	Tier 3	MO; \$35
<b>HUMULIN R INJECTION SOLUTION</b>	Tier 3	MO; \$35
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION</b>	Tier 3	MO; \$35
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR</b>	Tier 3	MO; \$35
<b>INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN- INJECTOR</b>	Tier 3	MO; \$35
<i>insulin lispro injection solution</i>	Tier 3	MO; \$35
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Tier 3	MO; \$35
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector</i>	Tier 3	MO; \$35

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO; \$35
LANTUS SUBCUTANEOUS SOLUTION	Tier 3	MO; \$35
RELI-ON INSULIN SYRINGE 29G 0.3 ML	Tier 4	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO; \$35
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO; \$35
<b>Blood Glucose Supplies</b>		
<b>Glucose Monitoring Test Supplies</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCU-CHEK GUIDE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCUTREND GLUCOSE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVANCE INTUITION TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX AMP TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX JAZZ TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX PRESTO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE 3 TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE 4 TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE II CHECK IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE II IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE PLATINUM IN VITRO STRIP	Tier 4	PA
ASSURE PRISM MULTI TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE PRO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
BIOSCANNER GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>BLOOD GLUCOSE TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>CARESENS N GLUCOSE TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>CARETOUCH TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>CLEVER CHEK TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>CLEVER CHOICE MICRO TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>CLEVER CHOICE NO CODING IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>CLEVER CHOICE TALK SYSTEM IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>CONTOUR NEXT TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>CONTOUR TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>DEXCOM G6 RECEIVER DEVICE</b>	Tier 4	PA
<b>DEXCOM G6 SENSOR</b>	Tier 4	PA
<b>DEXCOM G6 TRANSMITTER</b>	Tier 4	PA
<b>EASY PLUS II GLUCOSE TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>EASY STEP TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>EASY TOUCH TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>EASYTRAK BLOOD GLUCOSE TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>EASYGLUCO IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>EASymax 15 TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>ENLITE GLUCOSE SENSOR</b>	Tier 4	PA
<b>EVERSENSE SENSOR/HOLDER</b>	Tier 4	PA
<b>EVERSENSE SMART TRANSMITTER</b>	Tier 4	PA
<b>FREESTYLE INSULINX TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>FREESTYLE LIBRE 14 DAY READER DEVICE</b>	Tier 4	PA

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	Tier 4	PA
<b>FREESTYLE LIBRE READER DEVICE</b>	Tier 4	PA
<b>FREESTYLE LITE TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>FREESTYLE PRECISION NEO TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>FREESTYLE TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>GUARDIAN LINK 3 TRANSMITTER</b>	Tier 4	PA
<b>GUARDIAN REAL-TIME REPLACE PED DEVICE</b>	Tier 4	PA
<b>GUARDIAN SENSOR (3)</b>	Tier 4	PA
<b>ONETOUCH ULTRA 2 KIT</b>	Tier 3	QL (1 EA per 365 days)
<b>ONETOUCH ULTRA MINI KIT</b>	Tier 3	QL (1 EA per 365 days)
<b>ONETOUCH VERIO FLEX SYSTEM KIT</b>	Tier 3	QL (1 EA per 365 days)
<b>ONETOUCH VERIO IN VITRO STRIP</b>	Tier 3	QL (5 EA per 1 day)
<b>ONETOUCH VERIO IQ SYSTEM KIT</b>	Tier 3	QL (1 EA per 365 days)
<b>ONETOUCH VERIO KIT</b>	Tier 3	QL (1 EA per 365 days)
<b>OPTIUMEZ TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>PTS PANELS GLUCOSE TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>QUICKTEK TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>RELION BLOOD GLUCOSE TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>RELION CONFIRM/MICRO TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>RELION PRIME TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>RELION ULTIMA TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>Blood Products And Modifiers</b>		
<b>Anticoagulants</b>		
<b>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK</b>	Tier 3	
<b>ELIQUIS ORAL TABLET</b>	Tier 3	MO
<i>enoxaparin sodium injection solution prefilled syringe</i>	Tier 2	
<b>XARELTO ORAL TABLET</b>	Tier 3	MO
<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK</b>	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Blood Products And Modifiers, Other</b>		
<b>PYRUKYND ORAL TABLET 20 MG, 5 MG</b>	Tier 5	PA; QL (60 EA per 30 days); NEDS
<b>PYRUKYND ORAL TABLET 50 MG</b>	Tier 5	PA; QL (120 EA per 30 days); NEDS
<b>PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK</b>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<b>Platelet Modifying Agents</b>		
<b>DOPTELET ORAL TABLET</b>	Tier 5	PA; NEDS
<i>prasugrel hcl oral tablet</i>	Tier 2	MO
<b>TAVALISSE ORAL TABLET</b>	Tier 5	PA; MO; NEDS
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
<i>enoxaparin sodium injection solution</i>	Tier 2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 5	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier 2	
<b>FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML</b>	Tier 5	NEDS
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 2	
<i>heparin sodium (porcine) pf injection solution</i>	Tier 2	
<i>jantoven oral tablet</i>	Tier 1	MO
<i>warfarin sodium oral tablet</i>	Tier 1	MO
<b>Blood Formation Modifiers</b>		
<i>anagrelide hcl oral capsule</i>	Tier 2	MO
<b>CABLIVI INJECTION KIT</b>	Tier 5	PA; NEDS
<b>LEUKINE INJECTION SOLUTION RECONSTITUTED</b>	Tier 5	NEDS
<b>MOZOBIL SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; NEDS
<b>MULPLETA ORAL TABLET</b>	Tier 5	PA; NEDS
<b>OXBRYTA ORAL TABLET</b>	Tier 5	PA; MO; QL (5 EA per 1 day); NEDS
<b>OXBRYTA ORAL TABLET SOLUBLE</b>	Tier 5	PA; QL (8 EA per 1 day); NEDS
<b>PROMACTA ORAL PACKET</b>	Tier 5	PA; MO; NEDS
<b>PROMACTA ORAL TABLET</b>	Tier 5	PA; MO; NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>telmisartan oral tablet</i>	Tier 2	MO
<i>telmisartan-hctz oral tablet</i>	Tier 2	MO
<i>valsartan oral tablet</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<b>Angiotensin-Converting Enzyme (Ace) Inhibitors</b>		
<i>benazepril hcl oral tablet</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>captopril oral tablet</i>	Tier 2	MO
<i>enalapril maleate oral tablet</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>fosinopril sodium oral tablet</i>	Tier 1	MO
<i>fosinopril sodium-hctz oral tablet</i>	Tier 2	MO
<i>lisinopril oral tablet</i>	Tier 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>moexipril hcl oral tablet</i>	Tier 2	MO
<i>perindopril erbumine oral tablet</i>	Tier 2	MO
<i>quinapril hcl oral tablet</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>ramipril oral capsule</i>	Tier 1	MO
<i>trandolapril oral tablet</i>	Tier 2	MO
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier 2	MO
<b>Antiarrhythmics</b>		
<i>amiodarone hcl oral tablet</i>	Tier 2	MO
<i>disopyramide phosphate oral capsule</i>	Tier 2	MO
<i>dofetilide oral capsule</i>	Tier 2	MO
<i>flecainide acetate oral tablet</i>	Tier 2	MO
<i>mexiletine hcl oral capsule</i>	Tier 2	MO
<b>MULTAQ ORAL TABLET</b>	Tier 3	MO
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	Tier 3	MO
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 2	MO
<i>propafenone hcl oral tablet</i>	Tier 2	MO
<i>quinidine gluconate er oral tablet extended release</i>	Tier 2	MO
<i>quinidine sulfate oral tablet</i>	Tier 2	MO
<i>sorine oral tablet</i>	Tier 2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
sotalol hcl (af) oral tablet	Tier 2	MO
sotalol hcl oral tablet	Tier 2	MO
<b>Beta-Adrenergic Blocking Agents</b>		
acebutolol hcl oral capsule	Tier 2	MO
atenolol oral tablet	Tier 1	MO
atenolol-chlorthalidone oral tablet	Tier 1	MO
betaxolol hcl oral tablet	Tier 2	MO
bisoprolol fumarate oral tablet	Tier 2	MO
bisoprolol-hydrochlorothiazide oral tablet	Tier 1	MO
carvedilol oral tablet	Tier 1	MO
carvedilol phosphate er oral capsule extended release 24 hour	Tier 1	MO
labetalol hcl oral tablet	Tier 2	MO
metoprolol succinate er oral tablet extended release 24 hour	Tier 2	MO
metoprolol tartrate oral tablet	Tier 1	MO
metoprolol-hydrochlorothiazide oral tablet	Tier 2	MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 2	MO
pindolol oral tablet	Tier 2	MO
propranolol hcl er oral capsule extended release 24 hour	Tier 2	MO
propranolol hcl oral solution	Tier 2	MO
propranolol hcl oral tablet	Tier 2	MO
<b>Calcium Channel Blocking Agents</b>		
amlodipine besy-benazepril hcl oral capsule	Tier 2	MO
amlodipine besylate oral tablet	Tier 1	MO
amlodipine besylate-valsartan oral tablet	Tier 2	MO; QL (1 EA per 1 day)
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG</b>	Tier 4	MO
cartia xt oral capsule extended release 24 hour	Tier 2	MO
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg	Tier 2	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour	Tier 2	MO
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	Tier 2	MO
diltiazem hcl er oral capsule extended release 12 hour	Tier 2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 2	MO
diltiazem hcl oral tablet	Tier 1	MO
dilt-xr oral capsule extended release 24 hour	Tier 2	MO
felodipine er oral tablet extended release 24 hour	Tier 2	MO
isradipine oral capsule	Tier 2	MO
matzim la oral tablet extended release 24 hour	Tier 2	MO
nicardipine hcl oral capsule	Tier 2	MO
nifedipine er oral tablet extended release 24 hour	Tier 2	MO
nifedipine er osmotic release oral tablet extended release 24 hour	Tier 2	MO
nifedipine oral capsule	Tier 2	MO
taztia xt oral capsule extended release 24 hour	Tier 2	MO
tiadylt er oral capsule extended release 24 hour	Tier 2	MO
verapamil hcl er oral capsule extended release 24 hour	Tier 2	MO
verapamil hcl er oral tablet extended release	Tier 2	MO
verapamil hcl oral tablet	Tier 1	MO

### **Cardiovascular Agents, Other**

aliskiren fumarate oral tablet	Tier 2	MO
<b>CORLANOR ORAL SOLUTION</b>	Tier 4	PA; MO
<b>CORLANOR ORAL TABLET</b>	Tier 4	PA; MO
digitek oral tablet	Tier 2	MO
digox oral tablet	Tier 2	MO
digoxin oral solution	Tier 2	MO
digoxin oral tablet	Tier 2	MO
droxidopa oral capsule	Tier 5	PA; NEDS
metyrosine oral capsule	Tier 5	NEDS
<b>NEXLETOL ORAL TABLET</b>	Tier 4	PA; MO; QL (1 EA per 1 day)
<b>NEXLIZET ORAL TABLET</b>	Tier 4	PA; MO; QL (1 EA per 1 day)
<b>ORLADEYO ORAL CAPSULE</b>	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
pentoxifylline er oral tablet extended release	Tier 2	MO
ranolazine er oral tablet extended release 12 hour	Tier 2	MO
telmisartan-amlodipine oral tablet	Tier 2	MO
<b>VERQUVO ORAL TABLET</b>	Tier 4	PA; MO; QL (1 EA per 1 day)

### **Diuretics, Carbonic Anhydrase Inhibitors**

acetazolamide oral tablet	Tier 2	MO
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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>methazolamide oral tablet</i>	Tier 2	MO
<b>Diuretics, Loop</b>		
<i>bumetanide oral tablet</i>	Tier 2	MO
<i>ethacrynic acid oral tablet</i>	Tier 2	MO
<i>furosemide injection solution</i>	Tier 6	HI
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 2	MO
<i>furosemide oral tablet</i>	Tier 1	MO
<i>torsemide oral tablet</i>	Tier 2	MO
<b>Diuretics, Potassium-Sparing</b>		
<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
<b>KERENDIA ORAL TABLET</b>	Tier 4	PA; MO; QL (1 EA per 1 day)
<i>spironolactone oral tablet</i>	Tier 1	MO
<i>spironolactone-hctz oral tablet</i>	Tier 2	MO
<i>triamterene oral capsule</i>	Tier 2	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 2	MO
<i>triamterene-hctz oral tablet</i>	Tier 2	MO
<b>Diuretics, Thiazide</b>		
<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
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<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
<b>Dyslipidemics, Hmg Coa Reductase Inhibitors</b>		
<i>atorvastatin calcium oral tablet</i>	Tier 1	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>fluvastatin sodium oral capsule</i>	Tier 2	MO
<i>lovastatin oral tablet</i>	Tier 1	MO
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO; QL (1.5 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet</i>	Tier 2	MO
<i>simvastatin oral tablet</i>	Tier 1	MO; QL (1.5 EA per 1 day)
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light oral packet</i>	Tier 2	MO
<i>cholestyramine light oral powder</i>	Tier 2	MO
<i>cholestyramine oral packet</i>	Tier 2	MO
<i>cholestyramine oral powder</i>	Tier 2	MO
<i>colesevelam hcl oral packet</i>	Tier 2	MO
<i>colesevelam hcl oral tablet</i>	Tier 2	MO
<i>colestipol hcl oral packet</i>	Tier 2	MO
<i>colestipol hcl oral tablet</i>	Tier 2	MO
<i>ezetimibe oral tablet</i>	Tier 2	MO
<i>ezetimibe-simvastatin oral tablet</i>	Tier 2	MO
<i>icosapent ethyl oral capsule</i>	Tier 2	MO
<b>JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG</b>	Tier 5	PA; MO; NEDS
<i>niacin (antihyperlipidemic) oral tablet</i>	Tier 2	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	Tier 2	MO
<i>niacor oral tablet</i>	Tier 2	
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 2	MO
<b>PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 3	PA; MO
<i>prevalite oral packet</i>	Tier 2	MO
<b>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier 3	PA; MO
<b>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 3	PA; MO
<b>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 3	PA; MO
<b>VASCEPA ORAL CAPSULE 0.5 GM</b>	Tier 4	MO
<b>Vasodilators, Direct-Acting Arterial</b>		
<i>hydralazine hcl oral tablet</i>	Tier 2	MO
<i>minoxidil oral tablet</i>	Tier 2	MO
<b>Vasodilators, Direct-Acting Arterial/Venous</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	Tier 5	MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>isosorbide mononitrate oral tablet</i>	Tier 2	MO
<b>NITRO-BID TRANSDERMAL OINTMENT</b>	Tier 4	MO
<i>nitroglycerin sublingual tablet sublingual</i>	Tier 2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 2	MO
<i>nitroglycerin translingual solution</i>	Tier 2	MO
<b>RECTIV RECTAL OINTMENT</b>	Tier 4	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral solution</i>	Tier 2	MO; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>		
<i>atomoxetine hcl oral capsule</i>	Tier 2	MO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Tier 2	PA; MO
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 50 mg, 60 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	Tier 2	MO; QL (60 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	Tier 2	MO
<i>methylphenidate hcl oral tablet</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>relexxii oral tablet extended release</i>	Tier 2	MO; QL (30 EA per 30 days)
<b>Central Nervous System, Other</b>		
<b>AUSTEDO ORAL TABLET</b>	Tier 5	PA; MO; NEDS
<b>EVRYSDI ORAL SOLUTION RECONSTITUTED</b>	Tier 5	PA; MO; NEDS
<b>EXSERVAN ORAL FILM</b>	Tier 5	MO; QL (2 EA per 1 day); NEDS
<b>FIRDAPSE ORAL TABLET</b>	Tier 5	PA; NEDS
<b>HETLIOZ LQ ORAL SUSPENSION</b>	Tier 5	PA; MO; NEDS
<b>HETLIOZ ORAL CAPSULE</b>	Tier 5	PA; MO; NEDS
<b>INGREZZA ORAL CAPSULE</b>	Tier 5	PA; MO; NEDS
<b>INGREZZA ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA; NEDS
<b>NUEDEXTA ORAL CAPSULE</b>	Tier 5	PA; MO; NEDS
<i>riluzole oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>tetrabenazine oral tablet</i>	Tier 5	PA; MO; NEDS
<b>TIGLUTIK ORAL SUSPENSION</b>	Tier 5	MO; QL (20 ML per 1 day); NEDS
<b>Fibromyalgia Agents</b>		
<i>pregabalin oral capsule</i>	Tier 2	PA NS; MO
<i>pregabalin oral solution</i>	Tier 2	PA NS; MO
<b>SAVELLA ORAL TABLET</b>	Tier 3	MO; QL (60 EA per 30 days)
<b>SAVELLA TITRATION PACK ORAL</b>	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Multiple Sclerosis Agents</b>		
<b>AUBAGIO ORAL TABLET</b>	Tier 5	PA; MO; NEDS
<b>AVONEX PEN INTRAMUSCULAR AUTO- INJECTOR KIT</b>	Tier 5	MO; NEDS
<b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</b>	Tier 5	MO; NEDS
<b>BETASERON SUBCUTANEOUS KIT</b>	Tier 5	MO; NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier 3	PA; MO
<i>dimethyl fumarate oral capsule delayed release</i>	Tier 5	PA; MO; NEDS
<i>dimethyl fumarate starter pack oral</i>	Tier 5	PA; NEDS
<b>GILENYA ORAL CAPSULE 0.5 MG</b>	Tier 5	PA; MO; NEDS
<b>GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	MO; NEDS
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 5	MO; NEDS
<b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML</b>	Tier 5	MO; NEDS
<b>KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; QL (1.6 ML per 30 days); NEDS
<b>ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA; QL (14 EA per 365 days); NEDS
<b>ZEPOSIA ORAL CAPSULE</b>	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
<b>ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA; QL (74 EA per 365 days); NEDS
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl oral capsule</i>	Tier 2	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	
<i>periogard mouth/throat solution</i>	Tier 1	
<i>pilocarpine hcl oral tablet</i>	Tier 2	MO
<i>triamcinolone acetonide mouth/throat paste</i>	Tier 2	
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
<i>acitretin oral capsule</i>	Tier 2	
<i>acyclovir external ointment</i>	Tier 2	QL (15 GM per 14 days)
<i>adapalene external gel 0.1 %</i>	Tier 2	
<i>adapalene external solution</i>	Tier 5	NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; NEDS
<i>ammonium lactate external cream</i>	Tier 2	
<i>ammonium lactate external lotion</i>	Tier 2	
<i>azelaic acid external gel</i>	Tier 3	
<i>calcipotriene external cream</i>	Tier 3	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier 4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier 4	QL (120 ML per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 2	
<i>clobetasol prop emollient base external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>clobetasol propionate emulsion external foam</i>	Tier 4	
<i>clobetasol propionate external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external foam</i>	Tier 4	
<i>clobetasol propionate external gel</i>	Tier 3	QL (60 GM per 30 days)
<i>clobetasol propionate external lotion</i>	Tier 4	
<i>clobetasol propionate external ointment</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier 4	
<i>clobetasol propionate external solution</i>	Tier 3	QL (59 ML per 30 days)
<i>clocortolone pivalate external cream</i>	Tier 2	
<b>CLODAN EXTERNAL SHAMPOO</b>	Tier 4	
<i>clotrimazole-betamethasone external cream</i>	Tier 2	
<i>clotrimazole-betamethasone external lotion</i>	Tier 3	
<b>CONDYLOX EXTERNAL GEL</b>	Tier 4	
<i>diclofenac sodium external gel 1 %</i>	Tier 2	QL (960 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	Tier 3	QL (200 GM per 30 days)
<i>doxepin hcl external cream</i>	Tier 2	QL (90 GM per 30 days)
<i>doxycycline oral capsule delayed release</i>	Tier 2	ST
<b>DUOBRII EXTERNAL LOTION</b>	Tier 5	PA; NEDS
<i>erythromycin external gel</i>	Tier 2	
<i>erythromycin external solution</i>	Tier 2	
<i>fluorouracil external cream 0.5 %</i>	Tier 5	NEDS
<i>fluorouracil external cream 5 %</i>	Tier 2	
<i>fluorouracil external solution</i>	Tier 4	
<i>hydrocortisone (perianal) external cream</i>	Tier 2	
<i>imiquimod external cream 5 %</i>	Tier 4	
<i>methoxsalen rapid oral capsule</i>	Tier 5	NEDS
<i>mupirocin calcium external cream</i>	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>OPZELURA EXTERNAL CREAM</b>	Tier 5	PA; QL (240 GM per 30 days); NEDS
<i>pimecrolimus external cream</i>	Tier 3	
<i>podofilox external solution</i>	Tier 2	
<i>procto-med hc external cream</i>	Tier 2	
<i>procto-pak external cream</i>	Tier 2	
<i>proctosol hc external cream</i>	Tier 2	
<i>proctozone-hc external cream</i>	Tier 2	
<b>REGRANEX EXTERNAL GEL</b>	Tier 5	NEDS
<b>SANTYL EXTERNAL OINTMENT</b>	Tier 3	QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	Tier 2	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 2	
<i>tacrolimus external ointment</i>	Tier 3	
<i>tazarotene external cream</i>	Tier 3	
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	Tier 4	
<b>TAZORAC EXTERNAL GEL</b>	Tier 4	
<b>TOVET EXTERNAL FOAM</b>	Tier 4	
<i>tretinoin external cream</i>	Tier 2	
<i>tretinoin external gel</i>	Tier 2	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
<i>aminosyn ii intravenous solution 15 %</i>	Tier 6	B/D
<i>carglumic acid oral tablet soluble</i>	Tier 5	PA; NEDS
<b>CLINISOL SF INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION</b>	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
<b>KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION</b>	Tier 6	HI
<i>klor-con 10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m15 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m20 oral tablet extended release</i>	Tier 2	MO
<i>klor-con oral packet 20 meq</i>	Tier 2	MO
<i>klor-con oral tablet extended release</i>	Tier 2	MO
<b>K-PHOS NO 2 ORAL TABLET</b>	Tier 4	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Tier 6	HI
<i>na sulfate-k sulfate-mg sulf oral solution</i>	Tier 4	
<b>ORACIT ORAL SOLUTION</b>	Tier 4	
<b>PLASMA-LYTE 148 INTRAVENOUS SOLUTION</b>	Tier 6	HI
<b>PLASMA-LYTE A INTRAVENOUS SOLUTION</b>	Tier 6	HI
<b>PLENAMINE INTRAVENOUS SOLUTION</b>	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</i>	Tier 2	MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	Tier 6	HI
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	Tier 6	HI
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	Tier 6	HI
<i>potassium chloride oral packet</i>	Tier 2	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 2	MO
<i>potassium citrate er oral tablet extended release</i>	Tier 2	
<b>PREMASOL INTRAVENOUS SOLUTION 10 %</b>	Tier 6	B/D; HI
<b>PROSOL INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Tier 6	HI
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
<i>sodium fluoride oral tablet 2.2 (1f) mg</i>	Tier 1	MO
<b>SUPREP BOWEL PREP KIT ORAL SOLUTION</b>	Tier 4	
<b>TRAVASOL INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>TROPHAMINE INTRAVENOUS SOLUTION 10 %</b>	Tier 6	B/D; HI
<b>Electrolyte/Mineral/Metal Modifiers</b>		
<i>deferasirox oral tablet soluble</i>	Tier 5	MO; NEDS
<i>deferiprone oral tablet</i>	Tier 5	PA; MO; NEDS
<b>DOJOLVI ORAL LIQUID</b>	Tier 5	PA; MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>JYNARQUE ORAL TABLET</b>	Tier 5	PA; NEDS
<b>JYNARQUE ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<i>penicillamine oral tablet</i>	Tier 5	NEDS
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
<b>TOLVAPTAN ORAL TABLET 15 MG</b>	Tier 5	PA; NEDS
<i>tolvaptan oral tablet 30 mg</i>	Tier 5	PA; NEDS
<b>TRIENTINE HCL ORAL CAPSULE</b>	Tier 5	NEDS
<b>VELTASSA ORAL PACKET</b>	Tier 5	MO; NEDS
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 6	HI
<b>DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %</b>	Tier 6	HI
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	Tier 6	HI
<i>intralipid intravenous emulsion 20 %</i>	Tier 6	B/D; HI
<b>INTRALIPID INTRAVENOUS EMULSION 30 %</b>	Tier 6	B/D; HI
<b>ISOLYTE-P IN D5W INTRAVENOUS SOLUTION</b>	Tier 6	HI
<b>NUTRILIPID INTRAVENOUS EMULSION</b>	Tier 6	B/D; HI
<b>PROCALAMINE INTRAVENOUS SOLUTION</b>	Tier 6	B/D

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>TPN ELECTROLYTES INTRAVENOUS CONCENTRATE</b>	Tier 6	HI
<b>Vitamins</b>		
<i>doxercalciferol oral capsule</i>	Tier 3	MO
<b>PNV-DHA ORAL CAPSULE</b>	Tier 4	
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	
<i>vp-pnv-dha oral capsule</i>	Tier 2	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hcl oral capsule</i>	Tier 1	
<i>dicyclomine hcl oral solution</i>	Tier 2	
<i>dicyclomine hcl oral tablet</i>	Tier 2	
<i>glycopyrrolate oral solution</i>	Tier 2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>methscopolamine bromide oral tablet</i>	Tier 4	
<b>Gastrointestinal Agents, Other</b>		
<b>BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE</b>	Tier 5	PA NS; MO; NEDS
<b>BYLVAY ORAL CAPSULE</b>	Tier 5	PA NS; MO; NEDS
<i>diphenoxylate-atropine oral liquid</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	
<b>GATTEX SUBCUTANEOUS KIT</b>	Tier 5	PA; MO; NEDS
<b>LIVMARLI ORAL SOLUTION</b>	Tier 5	PA; QL (90 ML per 30 days); NEDS
<i>loperamide hcl oral capsule</i>	Tier 2	
<i>metoclopramide hcl injection solution</i>	Tier 2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
<b>MOTOFEN ORAL TABLET</b>	Tier 4	
<b>MOVANTIK ORAL TABLET</b>	Tier 3	PA
<b>OCALIVA ORAL TABLET</b>	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
<b>OSMOPREP ORAL TABLET</b>	Tier 4	
<b>RELISTOR ORAL TABLET</b>	Tier 5	PA; NEDS
<b>RELISTOR SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; NEDS
<i>ursodiol oral capsule 300 mg</i>	Tier 2	MO
<i>ursodiol oral tablet</i>	Tier 4	MO
<b>XERMELO ORAL TABLET</b>	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Histamine2 (H2) Receptor Antagonists</b>		
cimetidine hcl oral solution 300 mg/5ml	Tier 2	MO
cimetidine oral tablet 200 mg	Tier 2	
cimetidine oral tablet 300 mg	Tier 2	MO
cimetidine oral tablet 400 mg, 800 mg	Tier 2	MO
famotidine oral suspension reconstituted	Tier 2	MO
famotidine oral tablet 20 mg	Tier 2	MO
famotidine oral tablet 40 mg	Tier 2	MO
<b>Irritable Bowel Syndrome Agents</b>		
alosetron hcl oral tablet	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
<b>LINZESS ORAL CAPSULE</b>	Tier 3	MO
lubiprostone oral capsule	Tier 3	MO
<b>Laxatives</b>		
constulose oral solution	Tier 2	MO
enulose oral solution	Tier 2	MO
gavilyte-c oral solution reconstituted	Tier 2	
gavilyte-g oral solution reconstituted	Tier 2	
gavilyte-n with flavor pack oral solution reconstituted	Tier 2	
generlac oral solution	Tier 2	MO
lactulose oral solution 10 gm/15ml	Tier 2	MO
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	Tier 2	
peg-3350/electrolytes oral solution reconstituted	Tier 2	
peg-3350/electrolytes/ascorbat oral solution reconstituted	Tier 2	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	Tier 2	
<b>Protectants</b>		
misoprostol oral tablet	Tier 2	MO
sucralfate oral suspension	Tier 2	MO
sucralfate oral tablet	Tier 2	MO
<b>Proton Pump Inhibitors</b>		
<b>DEXILANT ORAL CAPSULE DELAYED RELEASE</b>	Tier 3	MO
dexlansoprazole oral capsule delayed release	Tier 3	MO
esomeprazole magnesium oral capsule delayed release	Tier 3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>lansoprazole oral capsule delayed release</i>	Tier 3	MO
<i>omeprazole oral capsule delayed release 10 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	MO; QL (2 EA per 1 day)
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG</b>	Tier 6	PA; HI; LA
<i>betaine oral powder</i>	Tier 5	MO; NEDS
<b>CERDELGA ORAL CAPSULE</b>	Tier 5	PA; MO; NEDS
<b>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES</b>	Tier 3	MO
<b>CYSTAGON ORAL CAPSULE</b>	Tier 4	MO
<b>ENDARI ORAL PACKET</b>	Tier 5	PA; NEDS
<b>GALAFOLD ORAL CAPSULE</b>	Tier 5	PA; MO; NEDS
<b>GLASSIA INTRAVENOUS SOLUTION</b>	Tier 6	PA; HI
<i> miglustat oral capsule</i>	Tier 5	PA; MO; NEDS
<i> nitisinone oral capsule</i>	Tier 5	PA; MO; NEDS
<b>ORFADIN ORAL CAPSULE 20 MG</b>	Tier 5	PA; MO; NEDS
<b>ORFADIN ORAL SUSPENSION</b>	Tier 5	PA; MO; NEDS
<b>PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 6	PA; HI
<b>RAVICTI ORAL LIQUID</b>	Tier 5	MO; NEDS
<i>sapropterin dihydrochloride oral packet</i>	Tier 5	PA; MO; NEDS
<b>SODIUM PHENYLBUTYRATE ORAL TABLET</b>	Tier 5	MO; NEDS
<b>TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; NEDS
<b>ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 6	PA; HI
<b>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</b>	Tier 4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>flavoxate hcl oral tablet</i>	Tier 2	MO
<b>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER</b>	Tier 4	MO
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 4	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>oxybutynin chloride oral syrup</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet</i>	Tier 1	MO
<i>solifenacin succinate oral tablet</i>	Tier 2	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>tolterodine tartrate oral tablet</i>	Tier 2	MO
<i>trospium chloride er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>trospium chloride oral tablet</i>	Tier 2	MO
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 2	MO; QL (1 EA per 1 day)
<b>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 4	MO
<i>doxazosin mesylate oral tablet</i>	Tier 2	MO
<i>dutasteride oral capsule</i>	Tier 2	MO
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>finasteride oral tablet 5 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>silodosin oral capsule</i>	Tier 2	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 2	PA; MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>terazosin hcl oral capsule</i>	Tier 1	MO
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral tablet</i>	Tier 2	
<b>ELMIRON ORAL CAPSULE</b>	Tier 5	NEDS
<b>Phosphate Binders</b>		
<b>AURYXIA ORAL TABLET</b>	Tier 5	PA; MO; NEDS
<i>calcium acetate (phos binder) oral capsule</i>	Tier 2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>calcium acetate oral tablet 667 mg</i>	Tier 2	MO
<i>sevelamer carbonate oral packet</i>	Tier 5	MO; NEDS
<i>sevelamer carbonate oral tablet</i>	Tier 2	MO
<i>sevelamer hcl oral tablet</i>	Tier 2	MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>ACTHAR INJECTION GEL</b>	Tier 5	PA; NEDS
<i>ala-cort external cream</i>	Tier 2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external cream</i>	Tier 2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 2	QL (240 GM per 30 days)
<i>amcinonide external cream</i>	Tier 2	
<i>amcinonide external lotion</i>	Tier 2	
<b>AMCINONIDE EXTERNAL OINTMENT</b>	Tier 4	
<i>betamethasone dipropionate aug external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Tier 4	QL (180 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 4	QL (150 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone valerate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<b>CAPEX EXTERNAL SHAMPOO</b>	Tier 4	
<b>CORTROPHIN INJECTION GEL</b>	Tier 5	PA; NEDS
<i>desonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>desonide external lotion</i>	Tier 4	QL (240 ML per 30 days)
<i>desonide external ointment</i>	Tier 4	QL (240 GM per 30 days)
<i>desoximetasone external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>desoximetasone external gel</i>	Tier 4	QL (180 GM per 30 days)
<i>desoximetasone external ointment</i>	Tier 4	QL (180 GM per 30 days)
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE</b>	Tier 4	
<i>dexamethasone oral elixir</i>	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>dexamethasone oral solution</i>	Tier 2	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>dexamethasone oral tablet therapy pack</i>	Tier 2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Tier 2	
<i>diflorasone diacetate external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>diflurasone diacetate external ointment</i>	Tier 5	QL (180 GM per 30 days); NEDS
<b>EMFLAZA ORAL SUSPENSION</b>	Tier 5	PA; NEDS
<b>EMFLAZA ORAL TABLET</b>	Tier 5	PA; NEDS
<i>fludrocortisone acetate oral tablet</i>	Tier 2	MO
<i>fluocinolone acetonide body external oil</i>	Tier 3	
<i>fluocinolone acetonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external ointment</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	Tier 4	QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Tier 3	
<i>fluocinonide emulsified base external cream</i>	Tier 4	QL (120 GM per 30 days)
<i>fluocinonide external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	Tier 4	QL (60 ML per 30 days)
<i>fluticasone propionate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>fluticasone propionate external lotion</i>	Tier 4	QL (240 ML per 30 days)
<i>fluticasone propionate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>halcinonide external cream</i>	Tier 3	
<i>halobetasol propionate external cream</i>	Tier 4	QL (150 GM per 30 days)
<i>halobetasol propionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
<b>HALOG EXTERNAL OINTMENT</b>	Tier 4	
<i>hydrocortisone butyrate external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>hydrocortisone butyrate external ointment</i>	Tier 4	QL (180 GM per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	QL (240 ML per 30 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	Tier 4	QL (180 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	Tier 4	QL (180 GM per 30 days)
<b>MEDROL ORAL TABLET 2 MG</b>	Tier 4	
<i>methylprednisolone oral tablet</i>	Tier 2	
<i>methylprednisolone oral tablet therapy pack</i>	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Tier 2	
<i>mometasone furoate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external solution</i>	Tier 2	
<i>prednicarbate external ointment</i>	Tier 2	QL (180 GM per 30 days)
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	Tier 2	
<b>PREDNISONE INTENSOL ORAL CONCENTRATE</b>	Tier 4	
<i>prednisone oral solution</i>	Tier 2	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 2	
<b>RECORLEV ORAL TABLET</b>	Tier 5	PA; QL (240 EA per 30 days); NEDS
<i>taperdex 7-day oral tablet therapy pack 1.5 mg (27)</i>	Tier 2	
<b>TEXACORT EXTERNAL SOLUTION</b>	Tier 4	QL (240 ML per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	Tier 4	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	QL (150 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 1	QL (150 GM per 30 days)
<i>triderm external cream 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triderm external cream 0.5 %</i>	Tier 1	QL (150 GM per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin ace spray refrig nasal solution</i>	Tier 2	MO
<i>desmopressin acetate injection solution</i>	Tier 5	NEDS
<i>desmopressin acetate oral tablet</i>	Tier 2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>desmopressin acetate spray nasal solution</i>	Tier 2	MO
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG</b>	Tier 4	PA
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG</b>	Tier 5	PA; NEDS
<b>GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG</b>	Tier 5	PA; NEDS
<b>GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG</b>	Tier 4	PA
<b>INCRELEX SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; LA; MO; NEDS
<b>STIMATE NASAL SOLUTION</b>	Tier 5	MO; NEDS
<b>VYNDAMAX ORAL CAPSULE</b>	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
<b>VYNDAQEL ORAL CAPSULE</b>	Tier 5	PA; MO; QL (4 EA per 1 day); NEDS
<b>ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; MO; NEDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<b>KORLYM ORAL TABLET</b>	Tier 5	PA; MO; NEDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Anabolic Steroids</b>		
<i>oxandrolone oral tablet</i>	Tier 2	PA
<b>Androgens</b>		
<b>ANDRODERM TRANSDERMAL PATCH 24 HOUR</b>	Tier 4	PA; MO
<i>danazol oral capsule</i>	Tier 2	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	Tier 2	MO
<i>testosterone enanthate intramuscular solution</i>	Tier 2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 2	PA; MO
<b>Estrogens</b>		
<b>ALORA TRANSDERMAL PATCH TWICE WEEKLY</b>	Tier 4	MO; QL (8 EA per 28 days)
<i>altavera oral tablet</i>	Tier 2	MO
<i>alyacen 1/35 oral tablet</i>	Tier 2	MO
<i>amabelz oral tablet</i>	Tier 2	MO
<i>amethia oral tablet</i>	Tier 2	MO
<i>amethyst oral tablet</i>	Tier 2	MO
<b>ANGELIQ ORAL TABLET</b>	Tier 4	MO
<i>apri oral tablet</i>	Tier 2	MO
<i>aranelle oral tablet</i>	Tier 2	MO
<i>ashlyna oral tablet</i>	Tier 2	MO
<i>aubra eq oral tablet</i>	Tier 2	MO
<i>aviane oral tablet</i>	Tier 2	MO
<i>balziva oral tablet</i>	Tier 2	MO
<i>blisovi 24 fe oral tablet</i>	Tier 2	MO
<i>blisovi fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>briellyn oral tablet</i>	Tier 2	MO
<i>camrese lo oral tablet</i>	Tier 2	MO
<i>caziant oral tablet</i>	Tier 2	MO
<b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</b>	Tier 4	MO
<b>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY</b>	Tier 4	MO
<i>cryselle-28 oral tablet</i>	Tier 2	MO
<i>cyred eq oral tablet</i>	Tier 2	MO
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 2	MO
<i>dolishale oral tablet</i>	Tier 2	MO
<i>dotti transdermal patch twice weekly</i>	Tier 2	MO; QL (8 EA per 28 days)
<i>drospirenen-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	Tier 2	MO
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 2	MO
<i>eluryng vaginal ring</i>	Tier 2	MO
<i>emoquette oral tablet</i>	Tier 2	MO
<i>enpresse-28 oral tablet</i>	Tier 2	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	Tier 2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>estarrylla oral tablet</i>	Tier 2	MO
<i>estradiol oral tablet</i>	Tier 1	MO
<i>estradiol transdermal patch twice weekly</i>	Tier 2	MO; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 2	MO
<i>estradiol vaginal tablet</i>	Tier 2	MO
<i>estradiol-norethindrone acet oral tablet</i>	Tier 2	MO
<b>ESTRING VAGINAL RING</b>	Tier 4	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier 2	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 2	MO
<i>falmina oral tablet</i>	Tier 2	MO
<b>FEMRING VAGINAL RING</b>	Tier 4	MO
<i>femynor oral tablet</i>	Tier 2	MO
<i>fyavolv oral tablet</i>	Tier 2	MO
<i>gemmafly oral capsule</i>	Tier 2	MO
<i>hailey 24 fe oral tablet</i>	Tier 2	MO
<i>iclevia oral tablet</i>	Tier 2	MO
<i>introvale oral tablet</i>	Tier 2	MO
<i>isibloom oral tablet</i>	Tier 2	MO
<i>jasmiel oral tablet</i>	Tier 2	MO
<i>jinteli oral tablet</i>	Tier 2	MO
<i>juleber oral tablet</i>	Tier 2	MO
<i>junel 1.5/30 oral tablet</i>	Tier 2	MO
<i>junel 1/20 oral tablet</i>	Tier 2	MO
<i>junel fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>junel fe 1/20 oral tablet</i>	Tier 2	MO
<i>junel fe 24 oral tablet</i>	Tier 2	MO
<i>kaitlib fe oral tablet chewable</i>	Tier 2	MO
<i>kariva oral tablet</i>	Tier 2	MO
<i>kelnor 1/35 oral tablet</i>	Tier 2	MO
<i>kelnor 1/50 oral tablet</i>	Tier 2	MO
<i>kurvelo oral tablet</i>	Tier 2	MO
<i>larin 1.5/30 oral tablet</i>	Tier 2	MO
<i>larin 1/20 oral tablet</i>	Tier 2	MO
<i>larin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>larin fe 1/20 oral tablet</i>	Tier 2	MO
<i>larissia oral tablet</i>	Tier 2	MO
<i>layolis fe oral tablet chewable</i>	Tier 2	MO
<i>leena oral tablet</i>	Tier 2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>lessina oral tablet</i>	Tier 2	MO
<i>levonest oral tablet</i>	Tier 2	MO
<i>levonorgest-eth est &amp; eth est oral tablet</i>	Tier 2	MO
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 2	MO
<i>levonorgestrel-ethynodiol dihydrogen oral tablet</i>	Tier 2	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 2	MO
<i>levora 0.15/30 (28) oral tablet</i>	Tier 2	MO
<i>loryna oral tablet</i>	Tier 2	MO
<i>low-ogestrel oral tablet</i>	Tier 2	MO
<i>lutera oral tablet</i>	Tier 2	MO
<i>lyllana transdermal patch twice weekly</i>	Tier 2	MO; QL (8 EA per 28 days)
<i>marlissa oral tablet</i>	Tier 2	MO
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</b>	Tier 4	MO
<b>MENOSTAR TRANSDERMAL PATCH WEEKLY</b>	Tier 4	MO
<i>merzee oral capsule</i>	Tier 2	MO
<i>microgestin 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin 1/20 oral tablet</i>	Tier 2	MO
<i>microgestin 24 fe oral tablet</i>	Tier 2	MO
<i>microgestin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin fe 1/20 oral tablet</i>	Tier 2	MO
<i>mili oral tablet</i>	Tier 2	MO
<i>mimvey oral tablet</i>	Tier 2	MO
<i>necon 0.5/35 (28) oral tablet</i>	Tier 2	MO
<i>necon 1/35 (28) oral tablet</i>	Tier 2	MO
<i>nikki oral tablet</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral capsule</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 2	MO
<i>norethindrone acet-ethynodiol oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethindrone-eth estradiol oral tablet</i>	Tier 2	MO
<i>norethindrone-eth estradiol-fe oral tablet chewable</i>	Tier 2	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 2	MO
<i>norgestim-eth estrad triphasic oral tablet</i>	Tier 2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier 2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>nortrel 1/35 (21) oral tablet</i>	Tier 2	MO
<i>nortrel 1/35 (28) oral tablet</i>	Tier 2	MO
<i>nortrel 7/7/7 oral tablet</i>	Tier 2	MO
<i>nylia 1/35 oral tablet</i>	Tier 2	MO
<i>nylia 7/7/7 oral tablet</i>	Tier 2	MO
<i>nymyo oral tablet</i>	Tier 2	MO
<i>ocella oral tablet</i>	Tier 2	MO
<i>orsythia oral tablet</i>	Tier 2	MO
<i>pimtrea oral tablet</i>	Tier 2	MO
<i>pirmella 1/35 oral tablet</i>	Tier 2	MO
<i>portia-28 oral tablet</i>	Tier 2	MO
<i>prefest oral tablet</i>	Tier 2	MO
<b>PREMARIN ORAL TABLET</b>	Tier 4	MO
<b>PREMARIN VAGINAL CREAM</b>	Tier 3	MO
<b>PREMPHASE ORAL TABLET</b>	Tier 4	MO
<b>PREMPRO ORAL TABLET</b>	Tier 4	MO
<i>previfem oral tablet</i>	Tier 2	MO
<i>reclipsen oral tablet</i>	Tier 2	MO
<i>rivelsa oral tablet</i>	Tier 2	MO
<i>setlakin oral tablet</i>	Tier 2	MO
<i>sprintec 28 oral tablet</i>	Tier 2	MO
<i>sronyx oral tablet</i>	Tier 2	MO
<i>syeda oral tablet</i>	Tier 2	MO
<i>tarina 24 fe oral tablet</i>	Tier 2	MO
<i>tarina fe 1/20 eq oral tablet</i>	Tier 2	MO
<i>taysofy oral capsule</i>	Tier 2	MO
<i>tilia fe oral tablet</i>	Tier 2	MO
<i>tri-estarrylla oral tablet</i>	Tier 2	MO
<i>tri-legest fe oral tablet</i>	Tier 2	MO
<i>tri-lo-estarrylla oral tablet</i>	Tier 2	MO
<i>tri-lo-sprintec oral tablet</i>	Tier 2	MO
<i>tri-mili oral tablet</i>	Tier 2	MO
<i>trinessa (28) oral tablet</i>	Tier 2	MO
<i>tri-nymyo oral tablet</i>	Tier 2	MO
<i>tri-sprintec oral tablet</i>	Tier 2	MO
<i>trivora (28) oral tablet</i>	Tier 2	MO
<i>tri-vylibra lo oral tablet</i>	Tier 2	MO
<i>tri-vylibra oral tablet</i>	Tier 2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>tydemy oral tablet</i>	Tier 2	MO
<i>velivet oral tablet</i>	Tier 2	MO
<i>vienva oral tablet</i>	Tier 2	MO
<i>vyfemla oral tablet</i>	Tier 2	MO
<i>vylibra oral tablet</i>	Tier 2	MO
<i>wymzya fe oral tablet chewable</i>	Tier 2	MO
<i>yuvafem vaginal tablet</i>	Tier 2	MO
<i>zovia 1/35 (28) oral tablet</i>	Tier 2	MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>BIJUVA ORAL CAPSULE</b>	Tier 4	MO
<i>estradiol vaginal cream</i>	Tier 1	MO
<b>Progestins</b>		
<i>camila oral tablet</i>	Tier 2	MO
<b>CRINONE VAGINAL GEL</b>	Tier 4	PA
<i>deblitane oral tablet</i>	Tier 2	MO
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE</b>	Tier 3	QL (0.65 ML per 90 days)
<i>errin oral tablet</i>	Tier 2	MO
<i>hydroxyprogesterone caproate intramuscular solution</i>	Tier 5	NEDS
<i>incassia oral tablet</i>	Tier 2	MO
<i>lyleq oral tablet</i>	Tier 2	MO
<i>lyza oral tablet</i>	Tier 2	MO
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	Tier 1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 2	PA NS
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 2	PA NS; MO
<i>megestrol acetate oral tablet</i>	Tier 2	PA NS
<i>nora-be oral tablet</i>	Tier 2	MO
<i>norethindrone acetate oral tablet</i>	Tier 2	MO
<i>norethindrone oral tablet</i>	Tier 2	MO
<i>sharobel oral tablet</i>	Tier 2	MO
<b>Selective Estrogen Receptor Modifying Agents</b>		
<b>OSPHENA ORAL TABLET</b>	Tier 4	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>raloxifene hcl oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>euthyrox oral tablet</i>	Tier 1	MO
<i>levo-t oral tablet</i>	Tier 1	MO
<i>levothyroxine sodium oral tablet</i>	Tier 1	MO
<i>levoxyl oral tablet</i>	Tier 1	MO
<i>liothyronine sodium oral tablet</i>	Tier 2	MO
<b>SYNTHROID ORAL TABLET</b>	Tier 4	MO
<i>unithroid oral tablet</i>	Tier 1	MO
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>ISTURISA ORAL TABLET</b>	Tier 5	PA; MO; NEDS
<b>LYSODREN ORAL TABLET</b>	Tier 5	NEDS
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline oral tablet</i>	Tier 2	QL (32 EA per 30 days)
<b>ELIGARD SUBCUTANEOUS KIT</b>	Tier 4	
<i>lanreotide acetate subcutaneous solution</i>	Tier 5	PA NS; NEDS
<i>leuprolide acetate injection kit</i>	Tier 5	NEDS
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT</b>	Tier 5	NEDS
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT</b>	Tier 5	NEDS
<b>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT</b>	Tier 5	NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier 2	MO
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Tier 5	MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG</b>	Tier 5	MO; NEDS
<b>SIGNIFOR SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; MO; NEDS
<b>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML</b>	Tier 5	PA NS; NEDS
<b>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML</b>	Tier 5	PA; NEDS
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	LA; MO; NEDS
<b>SYNAREL NASAL SOLUTION</b>	Tier 5	NEDS
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet</i>	Tier 2	MO
<i>propylthiouracil oral tablet</i>	Tier 2	MO
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
<b>BERINERT INTRAVENOUS KIT</b>	Tier 6	PA; HI
<b>CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 6	PA; HI
<b>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; NEDS
<b>ICATIBANT ACETATE SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; NEDS
<b>RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 6	HI
<i>sajazir subcutaneous solution</i>	Tier 5	PA; NEDS
<b>TAKHZYRO SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
<b>TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; QL (4 ML per 28 days); NEDS
<b>Antiangiogenic Agents</b>		
<b>EMPAVELI SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; QL (200 ML per 28 days); NEDS
<b>Immune Suppressants</b>		
<i>azathioprine sodium injection solution reconstituted</i>	Tier 5	B/D; NEDS
<b>Immunoglobulins</b>		
<b>BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML</b>	Tier 6	B/D; HI

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML</b>	Tier 6	B/D; HI
<b>GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML</b>	Tier 6	B/D; HI
<b>GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 6	B/D; HI
<b>GAMMAKED INJECTION SOLUTION 1 GM/10ML</b>	Tier 6	B/D; HI
<b>GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML</b>	Tier 6	B/D; HI
<b>GAMUNEX-C INJECTION SOLUTION 1 GM/10ML</b>	Tier 6	B/D; HI
<b>OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML</b>	Tier 6	B/D; HI
<b>PANZYGA INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML</b>	Tier 6	B/D; HI
<b>Immunological Agents, Other</b>		
<b>ACTIMMUNE SUBCUTANEOUS SOLUTION</b>	Tier 5	PA NS; LA; MO; NEDS
<b>ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; MO; NEDS
<b>BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA NS; NEDS
<b>CIBINQO ORAL TABLET</b>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<b>COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; NEDS
<b>COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; NEDS
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; NEDS
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; NEDS
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 5	PA; MO; NEDS
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML</b>	Tier 5	PA; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML</b>	Tier 5	PA; MO; NEDS
<i>leflunomide oral tablet</i>	Tier 2	MO
<b>OLUMIANT ORAL TABLET 1 MG, 2 MG</b>	Tier 5	PA; MO; NEDS
<b>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; NEDS
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; NEDS
<b>RIDAURA ORAL CAPSULE</b>	Tier 5	MO; NEDS
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG</b>	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG</b>	Tier 5	PA; QL (1 EA per 1 day); NEDS
<b>SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; NEDS
<b>SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
<b>SKYRIZI INTRAVENOUS SOLUTION</b>	Tier 5	PA; MO; NEDS
<b>SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier 5	PA; MO; QL (2.4 ML per 28 days); NEDS
<b>SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML</b>	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML</b>	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
<b>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
<b>TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 5	PA; MO; NEDS
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; NEDS
<b>XELJANZ ORAL SOLUTION</b>	Tier 5	PA; MO; NEDS
<b>XELJANZ ORAL TABLET</b>	Tier 5	PA; MO; NEDS
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 5	PA; MO; NEDS

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier 5	B/D; MO; NEDS
<i>mycophenolate mofetil oral tablet</i>	Tier 2	B/D; MO
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 2	B/D; MO
<b>OTEZLA ORAL TABLET</b>	Tier 5	PA; MO; NEDS
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	Tier 5	PA; NEDS
<b>PROGRAF ORAL PACKET</b>	Tier 4	B/D; MO
<b>REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	MO
<b>REZUROCK ORAL TABLET</b>	Tier 5	PA; QL (60 EA per 30 days); NEDS
<b>SANDIMMUNE ORAL SOLUTION</b>	Tier 4	B/D; MO
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-Injector</b>	Tier 5	PA; MO; NEDS
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; NEDS
<i>sirolimus oral solution</i>	Tier 5	B/D; MO; NEDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	Tier 2	B/D; MO
<i>sirolimus oral tablet 2 mg</i>	Tier 5	B/D; MO; NEDS
<i>tacrolimus oral capsule</i>	Tier 2	B/D; MO
<b>TAVNEOS ORAL CAPSULE</b>	Tier 5	PA; QL (180 EA per 30 days); NEDS
<i>trexall oral tablet</i>	Tier 2	
<b>XATMEP ORAL SOLUTION</b>	Tier 4	
<b>Vaccines</b>		
<b>ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	Tier 6	\$0
<b>ADACEL INTRAMUSCULAR SUSPENSION</b>	Tier 6	\$0
<b>BCG VACCINE INJECTION SOLUTION RECONSTITUTED</b>	Tier 6	\$0
<b>BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	\$0
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	Tier 6	\$0
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	\$0
<b>DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5</b>	Tier 6	\$0
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier 6	\$0
<b>ENGERIX-B INJECTION SUSPENSION</b>	Tier 6	B/D; \$0

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION</b>	Tier 6	\$0
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	\$0
<b>HAVRIX INTRAMUSCULAR SUSPENSION</b>	Tier 6	\$0
<b>HIBERIX INJECTION SOLUTION RECONSTITUTED</b>	Tier 6	\$0
<b>IMOVAX RABIES INTRAMUSCULAR INJECTABLE</b>	Tier 6	\$0
<b>INFANRIX INTRAMUSCULAR SUSPENSION</b>	Tier 6	\$0
<b>IPOL INJECTION INJECTABLE</b>	Tier 6	\$0
<b>IXIARO INTRAMUSCULAR SUSPENSION</b>	Tier 6	\$0
<b>KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	\$0
<b>MENACTRA INTRAMUSCULAR SOLUTION</b>	Tier 6	\$0
<b>MENQUADFI INTRAMUSCULAR SOLUTION</b>	Tier 6	\$0
<b>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	Tier 6	\$0
<b>M-M-R II INJECTION SOLUTION RECONSTITUTED</b>	Tier 6	\$0
<b>PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	\$0
<b>PEDVAX HIB INTRAMUSCULAR SUSPENSION</b>	Tier 6	\$0
<b>PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 6	\$0
<i>prehevbrio intramuscular suspension</i>	Tier 6	B/D; \$0
<b>PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	Tier 6	\$0
<b>PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	Tier 6	\$0
<b>QUADRACEL INTRAMUSCULAR SUSPENSION</b>	Tier 6	\$0
<b>QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	\$0
<b>RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 6	\$0
<b>RECOMBIVAX HB INJECTION SUSPENSION</b>	Tier 6	B/D; \$0

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>ROTARIX ORAL SUSPENSION RECONSTITUTED</b>	Tier 6	\$0
<b>ROTATEQ ORAL SOLUTION</b>	Tier 6	\$0
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</b>	Tier 6	\$0; QL (2 EA per 999 days)
<b>TDVAX INTRAMUSCULAR SUSPENSION</b>	Tier 6	\$0
<b>TENIVAC INTRAMUSCULAR INJECTABLE</b>	Tier 6	\$0
<b>TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	\$0
<b>TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	\$0
<b>TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	\$0
<b>TYPHIM VI INTRAMUSCULAR SOLUTION</b>	Tier 6	\$0
<b>TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	Tier 6	\$0
<b>VAQTA INTRAMUSCULAR SUSPENSION</b>	Tier 6	\$0
<b>VARIVAX SUBCUTANEOUS INJECTABLE</b>	Tier 6	\$0
<b>VARIZIG INTRAMUSCULAR SOLUTION</b>	Tier 6	
<b>YF-VAX SUBCUTANEOUS INJECTABLE</b>	Tier 6	\$0

### Inflammatory Bowel Disease Agents

#### Aminosalicylates

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

#### Glucocorticoids

<i>budesonide er oral tablet extended release 24 hour</i>	Tier 5	NEDS
<i>budesonide oral capsule delayed release particles</i>	Tier 2	
<i>hydrocortisone oral tablet</i>	Tier 2	
<i>hydrocortisone rectal enema</i>	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) injection solution</i>	Tier 5	NEDS
<i>calcitonin (salmon) nasal solution</i>	Tier 2	MO
<i>calcitriol oral capsule</i>	Tier 2	MO
<i>calcitriol oral solution</i>	Tier 2	MO
<i>cinacalcet hcl oral tablet 30 mg</i>	Tier 4	MO
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	Tier 5	MO; NEDS
<b>FOSAMAX PLUS D ORAL TABLET</b>	Tier 4	MO
<i>ibandronate sodium oral tablet</i>	Tier 2	MO; QL (1 EA per 28 days)
<i>paricalcitol oral capsule</i>	Tier 2	PA; MO
<b>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	PA
<i>risedronate sodium oral tablet 150 mg</i>	Tier 2	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	Tier 2	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	Tier 5	PA; MO; NEDS
<b>XGEVA SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; NEDS
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<b>1ST TIER UNIFINE PENTIPS 31G X 6 MM</b>	Tier 4	
<b>1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM</b>	Tier 4	
<b>ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM</b>	Tier 4	
<b>BD DISP NEEDLES 25G X 7/8" , 30G X 1/2"</b>	Tier 4	
<b>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML</b>	Tier 4	
<b>BD INSULIN SYRINGE HALF-UNIT</b>	Tier 4	
<b>BD INSULIN SYRINGE U/F 1/2UNIT</b>	Tier 4	
<b>BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML</b>	Tier 4	
<b>BD PEN</b>	Tier 4	
<b>BD PEN MINI</b>	Tier 4	

Drug	Status	Requirements/Limits
BD PEN NEEDLE MICRO U/F	Tier 4	
BD PEN NEEDLE MINI U/F	Tier 4	
BD PEN NEEDLE NANO 2ND GEN	Tier 4	
BD PEN NEEDLE NANO U/F	Tier 4	
BD PEN NEEDLE ORIGINAL U/F	Tier 4	
BD PEN NEEDLE SHORT U/F	Tier 4	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Tier 4	
BD SYRINGE LUER-LOK 1 ML	Tier 4	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	Tier 4	
COMFORT EZ PEN NEEDLES 32G X 8 MM	Tier 4	
CRYSVITA SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; NEDS
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
DROPLET PEN NEEDLES 32G X 8 MM	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8"	Tier 4	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Tier 4	
HYPODERMIC NEEDLE 25G X 3/4" , 26G X 3/8" , 26G X 5/8"	Tier 4	
INSUPEN SENSITIVE 32G X 8 MM	Tier 4	
KEVEYIS ORAL TABLET	Tier 5	PA; NEDS
<i>levocarnitine oral solution</i>	Tier 2	MO
<i>levocarnitine oral tablet</i>	Tier 2	MO
LITETOUCH PEN NEEDLES 29G X 12.7MM	Tier 4	
<i>methylergonovine maleate oral tablet</i>	Tier 5	NEDS
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 26G X 1/2" , 27G X 1/2" , 30G X 3/4"	Tier 4	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	Tier 4	
NATPARA SUBCUTANEOUS CARTRIDGE	Tier 5	PA; MO; NEDS
PEN NEEDLES 30G X 8 MM	Tier 4	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 4	

Drug	Status	Requirements/Limits
PURE COMFORT PEN NEEDLE 32G X 8 MM	Tier 4	
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Tier 4	
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
TECHLITE PEN NEEDLES 32G X 8 MM	Tier 4	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Tier 4	
ULTICARE PEN NEEDLES 29G X 12.7MM	Tier 4	
ULTILET PEN NEEDLE 29G X 12.7MM	Tier 4	
ULTRA-THIN II PEN NEEDLES	Tier 4	

### Ophthalmic Agents

#### Ophthalmic Prostaglandin And Prostamide Analogs

<i>brimonidine tartrate-timolol ophthalmic solution</i>	Tier 3	MO
<b>COMBIGAN OPHTHALMIC SOLUTION</b>	Tier 3	MO
<i>latanoprost ophthalmic solution</i>	Tier 2	MO
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	Tier 3	MO
<b>RHOPRESSA OPHTHALMIC SOLUTION</b>	Tier 3	MO
<i>travoprost (bak free) ophthalmic solution</i>	Tier 2	MO

#### Ophthalmic Agents, Other

<i>ak-poly-bac ophthalmic ointment</i>	Tier 2	
<b>ATROPINE SULFATE OPHTHALMIC OINTMENT</b>	Tier 4	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 2	MO
<b>CYSTADROPS OPHTHALMIC SOLUTION</b>	Tier 5	PA; MO; NEDS
<b>CYSTARAN OPHTHALMIC SOLUTION</b>	Tier 5	PA; MO; NEDS
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	
<i>proparacaine hcl ophthalmic solution</i>	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %</b>	Tier 3	MO
<b>RESTASIS OPHTHALMIC EMULSION</b>	Tier 2	MO
<b>ROCKLATAN OPHTHALMIC SOLUTION</b>	Tier 4	MO
<b>Ophthalmic Anti-Allergy Agents</b>		
<b>ALOCRIL OPHTHALMIC SOLUTION</b>	Tier 4	
<i>azelastine hcl ophthalmic solution</i>	Tier 2	
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	
<i>epinastine hcl ophthalmic solution</i>	Tier 2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 2	
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 2	MO
<b>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %</b>	Tier 3	MO
<i>apraclonidine hcl ophthalmic solution</i>	Tier 2	
<i>betaxolol hcl ophthalmic solution</i>	Tier 2	MO
<b>BETOPTIC-S OPHTHALMIC SUSPENSION</b>	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution</i>	Tier 2	MO
<i>brinzolamide ophthalmic suspension</i>	Tier 1	MO
<i>carteolol hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	Tier 2	MO
<b>IOPIDINE OPHTHALMIC SOLUTION 1 %</b>	Tier 3	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	MO
<b>SIMBRINZA OPHTHALMIC SUSPENSION</b>	Tier 3	MO
<i>timolol maleate (once-daily) ophthalmic solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic gel forming solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic solution</i>	Tier 1	MO
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	Tier 2	MO
<b>Ophthalmic Anti-Inflammatories</b>		
<b>ALOMIDE OPHTHALMIC SOLUTION</b>	Tier 4	
<b>ALREX OPHTHALMIC SUSPENSION</b>	Tier 3	
<b>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT</b>	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 2	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 2	
<i>diclofenac sodium ophthalmic solution</i>	Tier 2	
<i>diluprednate ophthalmic emulsion</i>	Tier 2	
<b>EYSUVIS OPHTHALMIC SUSPENSION</b>	Tier 4	QL (16.6 ML per 30 days)
<i>fluorometholone ophthalmic suspension</i>	Tier 2	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier 2	
<b>FML FORTE OPHTHALMIC SUSPENSION</b>	Tier 3	
<b>FML OPHTHALMIC OINTMENT</b>	Tier 3	
<b>INVELTYS OPHTHALMIC SUSPENSION</b>	Tier 4	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier 2	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	
<b>MAXIDEX OPHTHALMIC SUSPENSION</b>	Tier 3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 2	
<b>NEVANAC OPHTHALMIC SUSPENSION</b>	Tier 4	
<b>PRED MILD OPHTHALMIC SUSPENSION</b>	Tier 4	
<b>PRED-G OPHTHALMIC SUSPENSION</b>	Tier 3	
<b>PRED-G S.O.P. OPHTHALMIC OINTMENT</b>	Tier 3	
<i>prednisolone acetate ophthalmic suspension</i>	Tier 2	
<b>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION</b>	Tier 4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 2	
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	Tier 3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 2	

### Otic Agents

### Otic Agents

<i>acetasol hc otic solution</i>	Tier 2	
<i>acetic acid otic solution</i>	Tier 2	
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 2	
<i>flac otic oil</i>	Tier 2	
<i>fluocinolone acetonide otic oil</i>	Tier 2	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 2	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.1 %</i>	Tier 2	
<i>ciproheptadine hcl oral tablet</i>	Tier 2	
<i>diphenhydramine hcl injection solution</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule</i>	Tier 2	PA NS
<i>levocetirizine dihydrochloride oral tablet</i>	Tier 2	QL (1 EA per 1 day)
<i>olopatadine hcl nasal solution</i>	Tier 2	ST
<b>Anti-Inflammatories, Inhaled</b>		
<b>Corticosteroids</b>		
<b>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 3	MO
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 2	MO
<i>budesonide inhalation suspension</i>	Tier 2	B/D; MO
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 3	MO
<b>FLOVENT HFA INHALATION AEROSOL</b>	Tier 3	MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 2	
<i>fluticasone propionate nasal suspension</i>	Tier 2	
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 4	MO
<b>Antileukotrienes</b>		
<i>montelukast sodium oral packet</i>	Tier 2	MO
<i>montelukast sodium oral tablet</i>	Tier 2	MO
<i>montelukast sodium oral tablet chewable</i>	Tier 2	MO
<i>zafirlukast oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>zileuton er oral tablet extended release 12 hour</i>	Tier 5	MO; QL (4 EA per 1 day); NEDS
<b>Bronchodilators, Anticholinergic</b>		
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION</b>	Tier 4	MO
<b>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION</b>	Tier 3	MO
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>ipratropium bromide inhalation solution</i>	Tier 2	B/D; MO
<i>ipratropium bromide nasal solution</i>	Tier 2	MO
<i>ipratropium-albuterol inhalation solution</i>	Tier 2	B/D; MO
<b>SPIRIVA HANDIHALER INHALATION CAPSULE</b>	Tier 3	MO
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION</b>	Tier 3	MO
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa inhalation aerosol solution</i>	Tier 1	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Tier 2	B/D; MO
<i>albuterol sulfate oral syrup</i>	Tier 2	MO
<i>albuterol sulfate oral tablet</i>	Tier 2	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	Tier 2	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 2	
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier 2	B/D; MO
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	MO
<b>PROAIR HFA INHALATION AEROSOL SOLUTION</b>	Tier 3	MO
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 3	MO
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 3	MO
<b>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE</b>	Tier 3	QL (2 EA per 1 day)
<i>terbutaline sulfate oral tablet</i>	Tier 2	MO
<b>Cystic Fibrosis Agents</b>		
<b>BRONCHITOL INHALATION CAPSULE</b>	Tier 5	PA; MO; NEDS
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED</b>	Tier 5	PA; NEDS
<b>KALYDECO ORAL PACKET</b>	Tier 5	PA; MO; NEDS
<b>KALYDECO ORAL TABLET</b>	Tier 5	PA; MO; NEDS
<b>ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG</b>	Tier 5	PA; MO; NEDS
<b>ORKAMBI ORAL TABLET</b>	Tier 5	PA; MO; NEDS
<b>PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML</b>	Tier 5	B/D; MO; NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 5	PA; MO; NEDS
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation solution</i>	Tier 2	B/D
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 3	MO
<b>BEVESPI AEROSPHERE INHALATION AEROSOL</b>	Tier 3	MO
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION</b>	Tier 3	MO
<b>SYMBICORT INHALATION AEROSOL</b>	Tier 2	MO
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</b>	Tier 2	MO
<b>ADVAIR HFA INHALATION AEROSOL</b>	Tier 2	MO
<b>BREZTRI AEROSPHERE INHALATION AEROSOL</b>	Tier 3	MO
<b>FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; NEDS
<b>FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; NEDS
<i>mometasone furoate nasal suspension</i>	Tier 2	
<b>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; NEDS
<b>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>	Tier 5	PA; MO; NEDS
<b>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML</b>	Tier 5	PA; NEDS
<b>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; MO; NEDS
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 3	MO
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol oral tablet</i>	Tier 2	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>methocarbamol oral tablet</i>	Tier 1	PA
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Sleep Disorder Agents</b>		
<b>Gaba Receptor Modulators</b>		
<i>eszopiclone oral tablet</i>	Tier 2	PA NS; QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule</i>	Tier 2	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	Tier 2	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	Tier 2	PA NS; QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	PA NS; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	Tier 1	PA NS; QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual</i>	Tier 2	PA NS
<b>Sleep Disorders, Other</b>		
<i>doxepin hcl oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>modafinil oral tablet</i>	Tier 3	PA; MO; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>triazolam oral tablet</i>	Tier 2	QL (60 EA per 30 days)
<b>XYREM ORAL SOLUTION</b>	Tier 5	PA; LA; NEDS
<b>XYWAV ORAL SOLUTION</b>	Tier 5	PA; NEDS

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<b>CINRYZE</b>	71	<b>CLODAN</b>	53	<i>cyclopentolate hcl</i>	81
<i>ciprofloxacin hcl</i>	11, 12	<i>clomipramine hcl</i>	17	<i>cyclophosphamide</i>	21
<i>ciprofloxacin in d5w</i>	12	<i>clonazepam</i>	13	<b>CYCLOSET</b>	37
<i>ciprofloxacin-dexamethasone</i>	83	<i>clonidine</i>	44	<i>cyclosporine</i>	74
<i>citalopram hydrobromide</i>	16	<i>clonidine hcl</i>	44	<i>cyclosporine modified</i>	74
<i>claravis</i>	53	<i>clopidogrel bisulfate</i>	44	<i>cyproheptadine hcl</i>	84
<i>clarithromycin</i>	11	<i>clorazepate dipotassium</i>	36	<i>cyred eq</i>	65
<i>clarithromycin er</i>	11	<i>clotrimazole</i>	19	<b>CYSTADROPS</b>	81

<b>CYSTAGON</b>	59	<i>diclofenac-misoprostol</i>	3	<i>drospirenone-ethinyl estradiol</i>	65
<b>CYSTARAN</b>	81	<i>dicloxacillin sodium</i>	10	<i>droxidopa</i>	47
<i>dalfampridine er</i>	52	<i>dicyclomine hcl</i>	57	<i>duloxetine hcl</i>	17
<b>DALIRESP</b>	86	<b>DIFICID</b>	11	<b>DUOBRII</b>	53
<i>dalvance</i>	7	<i>diflorasone diacetate</i>	62	<b>DUPIXENT</b>	72, 73
<i>danazol</i>	64	<i>dilfusal</i>	3	<i>duramorph</i>	4
<i>dantrolene sodium</i>	31	<i>disfluprednate</i>	83	<i>dutasteride</i>	60
<i>dapsone</i>	21	<i>digitek</i>	47	<i>dutasteride-tamsulosin hcl</i>	60
<b>DAPTACEL</b>	76	<i>digox</i>	47	<i>e.e.s. 400</i>	11
<i>daptomycin</i>	7	<i>digoxin</i>	47	<b>EASY PLUS II GLUCOSE TEST</b>	41
<i>darifenacin hydrobromide er</i>	60	<i>dihydroergotamine mesylate</i>	20	<b>EASY STEP TEST</b>	41
<b>DAURISMO</b>	25	<b>DILANTIN</b>	15	<b>EASY TALK BLOOD GLUCOSE TEST</b>	41
<i>deblitane</i>	69	<i>diltiazem hcl</i>	47	<b>EASY TOUCH</b>	
<i>deferasirox</i>	55	<i>diltiazem hcl er</i>	46, 47	<b>HYPODERMIC NEEDLE</b>	80
<i>deferiprone</i>	55	<i>diltiazem hcl er beads</i>	46	<b>EASY TOUCH TEST</b>	41
<b>DELSTRIGO</b>	34	<i>diltiazem hcl er coated beads</i>	46	<b>EASY TRAK BLOOD GLUCOSE TEST</b>	41
<b>DEPO-SUBQ PROVERA 104</b>	69	<i>dilt-xr</i>	47	<b>EASYGLUCO</b>	41
<b>DESCOVY</b>	34	<i>dimethyl fumarate</i>	52	<b>EASymax 15 TEST</b>	41
<i>desipramine hcl</i>	17	<i>dimethyl fumarate starter pack</i>	52	<i>econazole nitrate</i>	19
<i>desmopressin ace spray refrig</i>	63	<b>DIPENTUM</b>	78	<b>EDURANT</b>	33
<i>desmopressin acetate</i>	63	<i>diphenhydramine hcl</i>	84	<i>efavirenz</i>	33
<i>desmopressin acetate spray</i>	64	<i>diphenoxylate-atropine</i>	57	<i>efavirenz-emtricitab-tenofovir</i>	33
<i>desogestrel-ethinyl estradiol</i>	65	<i>diphtheria-tetanus toxoids dt</i>	76	<i>efavirenz-lamivudine-tenofovir</i>	34
<i>desonide</i>	61	<i>dipyridamole</i>	44	<b>ELIGARD</b>	70
<i>desoximetasone</i>	61	<i>disopyramide phosphate</i>	45	<b>ELIQUIS</b>	42
<b>DESVENLAFAKINE ER</b>	16	<i>disulfiram</i>	5	<b>ELIQUIS DVT/PE STARTER PACK</b>	42
<i>desvenlafaxine succinate er</i>	16	<i>divalproex sodium</i>	14, 36	<b>ELIXOPHYLLIN</b>	86
<i>dexamethasone</i>	61, 62	<i>divalproex sodium er</i>	20	<b>ELMIRON</b>	60
<b>DEXAMETHASONE INTENSOL</b>	61	<i>dofetilide</i>	45	<i>eluryng</i>	65
<i>dexamethasone sodium phosphate</i>	62, 83	<b>DOJOLVI</b>	55	<b>EMCYT</b>	22
<b>DEXCOM G6 RECEIVER</b>	41	<i>dolishale</i>	65	<b>EMEND</b>	18
<b>DEXCOM G6 SENSOR</b>	41	<i>donepezil hcl</i>	15	<b>EMFLAZA</b>	62
<b>DEXCOM G6 TRANSMITTER</b>	41	<b>DOPTELET</b>	43	<i>emoquette</i>	65
<b>DEXILANT</b>	58	<i>dorzolamide hcl</i>	82	<b>EMPAVELI</b>	71
<i>dexlansoprazole</i>	58	<i>dorzolamide hcl-timolol mal</i>	82	<b>EMSAM</b>	16
<i>dexmethylphenidate hcl</i>	50	<i>dorzolamide hcl-timolol mal pf</i>	82	<i>emtricitabine</i>	34
<i>dexmethylphenidate hcl er</i>	50	<i>dotti</i>	65	<i>emtricitabine-tenofovir df</i>	34
<i>dextroamphetamine sulfate</i>	50	<b>DOVATO</b>	34	<b>EMTRIVA</b>	34
<i>dextroamphetamine sulfate er</i>	50	<i>doxazosin mesylate</i>	60	<i>enalapril maleate</i>	45
<i>dextrose</i>	56	<i>doxepin hcl</i>	17, 35, 53, 88	<i>enalapril-hydrochlorothiazide</i>	45
<b>EXTROSE-NACL</b>	56	<i>doxercalciferol</i>	57	<b>ENBREL</b>	74
<i>dextrose-nacl</i>	56	<i>doxy 100</i>	12	<b>ENBREL MINI</b>	74
<b>DIACOMIT</b>	13	<i>doxycycline</i>	53	<b>ENBREL SURECLICK</b>	74
<i>diazepam</i>	14, 36	<i>doxycycline hyclate</i>	12	<b>ENDARI</b>	59
<b>DIAZEPAM INTENSOL</b>	13	<i>doxycycline monohydrate</i>	12	<i>endocet</i>	4
<i>diazoxide</i>	38	<i>doxylamine-pyridoxine</i>	18	<b>ENGERIX-B</b>	76
<i>diclofenac potassium</i>	3	<b>DRIZALMA SPRINKLE</b>	16	<b>ENLITE GLUCOSE SENSOR</b>	41
<i>diclofenac sodium</i>	3, 53, 83	<i>dronabinol</i>	18		
<i>diclofenac sodium er</i>	3	<b>DROPLET INSULIN SYRINGE</b>	80		
		<b>DROPLET PEN NEEDLES</b>	80		
		<i>drospirene-eth estrad-levomefol</i>	65		

<i>enoxaparin sodium</i>	42, 43	<b>EVERSENSE SMART</b>	62
<i>enpresse-28</i>	65	<b>TRANSMITTER</b>	62
<i>enskyce</i>	65	<b>EVOTAZ</b>	62
<b>ENSPRYNG</b>	74	<b>EVRYSDI</b>	83
<i>entacapone</i>	28	<b>EXEL COMFORT POINT</b>	53
<i>entecavir</i>	32	<b>PEN NEEDLE</b>	17
<b>ENTRESTO</b>	44	<b>EXELDERM</b>	17
<i>enulose</i>	58	<i>exemestane</i>	29
<b>EPCLUSA</b>	32	<b>EXKIVITY</b>	29
<b>EPIDIOLEX</b>	14	<b>EXSERVAN</b>	29
<i>epinastine hcl</i>	82	<b>EYSUVIS</b>	29
<i>epinephrine</i>	85	<i>ezetimibe</i>	88
<i>epitol</i>	15	<i>ezetimibe-simvastatin</i>	20
<b>EPIVIR HBV</b>	32	<i>falmina</i>	83
<i>eplerenone</i>	48	<i>famciclovir</i>	22
<b>EPRONTIA</b>	20	<i>famotidine</i>	84
<b>EQUETRO</b>	15	<b>FANAPT</b>	48
<b>ERAXIS</b>	19	<b>FANAPT TITRATION</b>	48
<i>ergoloid mesylates</i>	15	<b>PACK</b>	17
<b>ERGOMAR</b>	20	<b>FARXIGA</b>	83
<i>ergotamine-caffeine</i>	20	<b>FARYDAK</b>	83
<b>ERIVEDGE</b>	25	<b>FASENRA</b>	83
<b>ERLEADA</b>	22	<b>FASENRA PEN</b>	83
<i>erlotinib hcl</i>	25	<i>febuxostat</i>	43
<i>errin</i>	69	<i>felbamate</i>	35
<i>ertapenem sodium</i>	9	<i>felodipine er</i>	7
<b>ERYTHROCIN</b>		<b>FEMRING</b>	45
<b>LACTOBIONATE</b>	11	<i>femynor</i>	45
<i>erythromycin</i>	11, 53	<i>fenofibrate</i>	45
<i>erythromycin base</i>	11	<i>fenofibrate micronized</i>	45
<i>erythromycin ethylsuccinate</i>	11	<i>fenoprofen calcium</i>	15
<i>erythromycin stearate</i>	11	<i>fentanyl</i>	25
<i>escitalopram oxalate</i>	17	<i>fentanyl citrate</i>	43
<i>esomeprazole magnesium</i>	58	<b>FETZIMA</b>	43
<i>estarrylla</i>	66	<b>FETZIMA TITRATION</b>	43
<i>estazolam</i>	36	<i>finasteride</i>	17
<i>estradiol</i>	66, 69	<b>FINTEPLA</b>	41
<i>estradiol-norethindrone acet</i>	66	<b>FIRDAPSE</b>	41
<b>ESTRING</b>	66	<i>firvanq</i>	41
<i>eszopiclone</i>	88	<i>flac</i>	41
<i>ethacrylic acid</i>	48	<i>flavoxate hcl</i>	41
<i>ethambutol hcl</i>	21	<b>FLEBOGAMMA DIF</b>	41
<i>ethosuximide</i>	13	<i>flecainide acetate</i>	41
<i>ethynodiol diac-eth estradiol</i>	66	<b>FLOVENT DISKUS</b>	41
<i>etodolac</i>	20	<b>FLOVENT HFA</b>	41
<i>etodolac er</i>	3	<i>fluconazole</i>	41
<i>etonogestrel-ethinyl estradiol</i>	66	<i>fluconazole in sodium chloride</i>	41
<i>etravirine</i>	33	<i>flucytosine</i>	41
<i>euthyrox</i>	70	<i>fludrocortisone acetate</i>	41
<i>everolimus</i>	25, 74	<i>flunisolide</i>	41
<b>EVERSENSE</b>		<i>fluocinolone acetonide</i>	41
<b>SENSOR/HOLDER</b>	41	<i>fluocinolone acetonide body</i>	41
		<b>FLUPHENAZINE HCL</b>	59
		<i>fluphenazine hcl</i>	59
		<i>flurazepam hcl</i>	83
		<i>flurbiprofen</i>	83
		<i>flurbiprofen sodium</i>	83
		<i>flutamide</i>	83
		<i>fluticasone propionate</i>	83
		<i>fluvastatin sodium</i>	83
		<i>fluvastatin sodium er</i>	83
		<i>fluvoxamine maleate</i>	83
		<i>fluvoxamine maleate er</i>	83
		<b>FML</b>	83
		<b>FML FORTE</b>	83
		<i>fondaparinux sodium</i>	83
		<b>FOSAMAX PLUS D</b>	83
		<b>FOSAMPRENAVIR</b>	83
		<b>CALCIUM</b>	83
		<i>fosfomycin tromethamine</i>	83
		<i>fosinopril sodium</i>	83
		<i>fosinopril sodium-hctz</i>	83
		<i>fosphénytoïn sodium</i>	83
		<b>FOTIVDA</b>	83
		<b>FRAGMIN</b>	83
		<b>FREESTYLE INSULINX</b>	83
		<b>TEST</b>	83
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		<b>FREESTYLE LITE TEST</b>	83
		<b>FREESTYLE PRECISION</b>	83
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		<b>FREESTYLE TEST</b>	83
		<i>fulvestrant</i>	83
		<i>furosemide</i>	83
		<b>FUZEON</b>	83
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		<i>gabapentin</i>	83
		<b>GALAFOLD</b>	83
		<i>galantamine hydrobromide</i>	83
		<i>galantamine hydrobromide er</i>	83

<b>GAMMAGARD</b>	72	<b>GUARDIAN SENSOR (3)</b>	42	<i>hydrocodone-acetaminophen</i>	4
<b>GAMMAGARD S/D LESS</b>		<b>GVOKE HYPOPEN 2-PACK</b>	38	<i>hydrocodone-ibuprofen</i>	4
<b>IGA</b>	72	<b>GVOKE KIT</b>	38	<i>hydrocortisone</i>	62, 78
<b>GAMMAKED</b>	72	<b>GVOKE PFS</b>	38	<i>hydrocortisone (perianal)</i>	53
<b>GAMMAPLEX</b>	72	<b>HAEGARDA</b>	71	<i>hydrocortisone butyrate</i>	62
<b>GAMUNEX-C</b>	72	<i>hailey 24 fe</i>	66	<i>hydrocortisone valerate</i>	62
<b>GARDASIL 9</b>	77	<i>halcinonide</i>	62	<i>hydrocortisone-acetic acid</i>	83
<i>gatifloxacin</i>	12	<i>halobetasol propionate</i>	62	<i>hydromorphone hcl</i>	4
<b>GATTEX</b>	57	<b>HALOG</b>	62	<i>hydroxychloroquine sulfate</i>	28
<i>gavilyte-c</i>	58	<i>haloperidol</i>	29	<i>hydroxyprogesterone caproate</i>	69
<i>gavilyte-g</i>	58	<i>haloperidol decanoate</i>	29	<i>hydroxyurea</i>	22
<i>gavilyte-n with flavor pack</i>	58	<i>haloperidol lactate</i>	29	<i>hydroxyzine hcl</i>	36
<b>GAVRETO</b>	23	<b>HARVONI</b>	32	<i>hydroxyzine pamoate</i>	84
<i>gemfibrozil</i>	48	<b>HAVRIX</b>	77	<b>HYPODERMIC NEEDLE</b>	80
<i>gemmafly</i>	66	<i>heparin sodium (porcine)</i>	43	<i>ibandronate sodium</i>	79
<i>generlac</i>	58	<i>heparin sodium (porcine) pf</i>	43	<b>IBRANCE</b>	23
<i>gengraf</i>	74	<b>HETLIOZ</b>	51	<i>ibu</i>	3
<b>GENOTROPIN</b>	64	<b>HETLIOZ LQ</b>	51	<i>ibuprofen</i>	3
<b>GENOTROPIN MINIQUICK</b>	64	<b>HIBERIX</b>	77	<b>ICATIBANT ACETATE</b>	71
<i>gentak</i>	6	<b>HUMALOG</b>	39	<i>iclevia</i>	66
<i>gentamicin in saline</i>	6	<b>HUMALOG JUNIOR</b>		<b>ICLUSIG</b>	25
<i>gentamicin sulfate</i>	6	<b>KWIKPEN</b>	39	<i>icosapent ethyl</i>	49
<b>GENVOYA</b>	33	<b>HUMALOG KWIKPEN</b>	39	<b>IDHIFA</b>	24
<b>GILENYA</b>	52	<b>HUMALOG MIX 50/50</b>	39	<b>ILARIS</b>	74
<b>Gilotrif</b>	23	<b>HUMALOG MIX 50/50</b>		<i>imatinib mesylate</i>	25
<b>GLASSIA</b>	59	<b>KWIKPEN</b>	39	<b>IMBRUVICA</b>	25
<b>GLATIRAMER ACETATE</b>	52	<b>HUMALOG MIX 75/25</b>	39	<i>imipenem-cilastatin</i>	9
<i>glatopa</i>	52	<b>HUMALOG MIX 75/25</b>		<i>imipramine hcl</i>	18
<b>GLATOPA</b>	52	<b>KWIKPEN</b>	39	<i>imiquimod</i>	53
<b>GLEOSTINE</b>	21	<b>HUMIRA</b>	75	<b>IMOVAZ RABIES</b>	77
<i>glimepiride</i>	37	<b>HUMIRA PEDIATRIC</b>		<b>IMPAVIDO</b>	28
<i>glipizide</i>	37	<b>CROHNS START</b>	74, 75	<b>INBRIJA</b>	29
<i>glipizide er</i>	37	<b>HUMIRA PEN</b>	75	<i>incassia</i>	69
<i>glipizide-metformin hcl</i>	38	<b>HUMIRA PEN-CD/UC/HS</b>		<b>INCRELEX</b>	64
<b>GLOBAL ALCOHOL PREP</b>		<b>STARTER</b>	75	<b>INCRUSE ELLIPTA</b>	84
<b>EASE</b>	7	<b>HUMIRA PEN-PEDIATRIC</b>		<i>indapamide</i>	48
<b>GLUCAGEN HYPOKIT</b>	38	<b>UC START</b>	75	<i>indomethacin</i>	3
<b>GLUCAGON EMERGENCY</b>	38	<b>HUMIRA PEN-PS/UV/ADOL</b>		<i>indomethacin er</i>	3
<i>glyburide</i>	37	<b>HS START</b>	75	<b>INFANRIX</b>	77
<i>glyburide micronized</i>	37	<b>HUMIRA PEN-PSOR/UVEIT</b>		<b>INGREZZA</b>	51
<i>glyburide-metformin</i>	38	<b>STARTER</b>	75	<b>INLYTA</b>	25
<i>glycopyrrolate</i>	57	<b>HUMULIN 70/30</b>	39	<b>INQOVI</b>	22
<b>GLYXAMBI</b>	37	<b>HUMULIN 70/30 KWIKPEN</b>	39	<b>INREBIC</b>	25
<i>gransetron hcl</i>	18	<b>HUMULIN N</b>	39	<i>insulin lispro</i>	39
<i>griseofulvin microsize</i>	19	<b>HUMULIN N KWIKPEN</b>	39	<b>INSULIN LISPRO (1 UNIT</b>	
<i>griseofulvin ultramicrosize</i>	19	<b>HUMULIN R</b>	39	<b>DIAL)</b>	39
<i>guanfacine hcl</i>	44	<b>HUMULIN R U-500</b>		<i>insulin lispro junior kwikpen</i>	39
<i>guanfacine hcl er</i>	50	<b>(CONCENTRATED)</b>	39	<i>insulin lispro prot &amp; lispro</i>	39
<b>GUARDIAN LINK 3</b>		<b>HUMULIN R U-500</b>		<b>INSUPEN SENSITIVE</b>	80
<b>TRANSMITTER</b>	42	<b>KWIKPEN</b>	39	<b>INTELENCE</b>	33
<b>GUARDIAN REAL-TIME</b>		<i>hydralazine hcl</i>	49	<i>intralipid</i>	56
<b>REPLACE PED</b>	42	<i>hydrochlorothiazide</i>	48	<b>INTRALIPID</b>	56

<b>INTRON A</b>	32	<b>KCL-LACTATED RINGERS-D5W</b>	54	<i>larin fe 1/20</i>	66
<i>introvale</i>	66	<i>kelnor 1/35</i>	66	<i>larissia</i>	66
<b>INVEGA HAFYERA</b>	30	<i>kelnor 1/50</i>	66	<i>latanoprost</i>	81
<b>INVEGA SUSTENNA</b>	30	<b>KERENDIA</b>	48	<b>LATUDA</b>	30
<b>INVEGA TRINZA</b>	30	<b>KESIMPTA</b>	52	<i>layolis fe</i>	66
<b>INVELTYS</b>	83	<i>ketoconazole</i>	19	<i>ledipasvir-sofosbuvir</i>	32
<b>IOPIDINE</b>	82	<i>ketoprofen</i>	3	<i>leena</i>	66
<b>IPOL</b>	77	<i>ketoprofen er</i>	3	<i>leflunomide</i>	73
<i>ipratropium bromide</i>	85	<i>ketorolac tromethamine</i>	3, 83	<i>lenalidomide</i>	22
<i>ipratropium-albuterol</i>	85	<b>KEVEYIS</b>	80	<b>LENVIMA (10 MG DAILY DOSE)</b>	26
<i>irbesartan</i>	44	<b>KEVZARA</b>	75	<b>LENVIMA (12 MG DAILY DOSE)</b>	26
<i>irbesartan-hydrochlorothiazide</i>	44	<b>KINERET</b>	75	<b>LENVIMA (14 MG DAILY DOSE)</b>	26
<b>IRESSA</b>	25	<b>KINRIX</b>	77	<b>LENVIMA (18 MG DAILY DOSE)</b>	26
<b>ISENTRESS</b>	33	<b>KISQALI (200 MG DOSE)</b>	25	<b>LENVIMA (20 MG DAILY DOSE)</b>	26
<b>ISENTRESS HD</b>	33	<b>KISQALI (400 MG DOSE)</b>	25	<b>LENVIMA (24 MG DAILY DOSE)</b>	26
<i>isibloom</i>	66	<b>KISQALI (600 MG DOSE)</b>	25	<b>LENVIMA (4 MG DAILY DOSE)</b>	26
<b>ISOLYTE-P IN D5W</b>	56	<b>KISQALI FEMARA (400 MG DOSE)</b>	23	<b>LENVIMA (8 MG DAILY DOSE)</b>	26
<b>ISOLYTE-S PH 7.4</b>	54	<b>KISQALI FEMARA (600 MG DOSE)</b>	23	<i>lessina</i>	67
<b>ISONIAZID</b>	21	<b>KISQALI FEMARA(200 MG DOSE)</b>	23	<i>letrozole</i>	24
<i>isoniazid</i>	21	<i>klor-con</i>	54	<i>leucovorin calcium</i>	23, 27
<i>isosorbide dinitrate</i>	49	<i>klor-con 10</i>	54	<b>LEUKERAN</b>	21
<i>isosorbide mononitrate</i>	50	<i>klor-con m10</i>	54	<b>LEUKINE</b>	43
<i>isosorbide mononitrate er</i>	50	<i>klor-con m15</i>	54	<i>leuprolide acetate</i>	70
<i>isradipine</i>	47	<i>klor-con m20</i>	54	<i>levalbuterol hcl</i>	85
<b>ISTURISA</b>	70	<b>KLOXXADO</b>	6	<i>levalbuterol tartrate</i>	85
<i>itraconazole</i>	19	<b>KORLYM</b>	64	<i>levetiracetam</i>	13
<i>ivermectin</i>	27	<b>KOSELUGO</b>	25	<i>levetiracetam er</i>	13
<b>IXIARO</b>	77	<b>K-PHOS NO 2</b>	54	<i>levobunolol hcl</i>	82
<b>JAKAFI</b>	25	<b>KRINTAFEL</b>	28	<i>levocarnitine</i>	80
<i>jantoven</i>	43	<i>kurvelo</i>	66	<i>levocetirizine dihydrochloride</i>	84
<b>JANUMET</b>	38	<b>KYNMOBI</b>	28	<i>levofloxacin</i>	12
<b>JANUMET XR</b>	38	<i>labetalol hcl</i>	46	<i>levofloxacin in d5w</i>	12
<b>JANUVIA</b>	37	<i>lacosamide</i>	15	<i>levonest</i>	67
<b>JARDIANCE</b>	37	<i>lactulose</i>	58	<i>levonorgest-eth est &amp; eth est</i>	67
<i>jasmiel</i>	66	<i>lamivudine</i>	32, 34	<i>levonorgest-eth estrad 91-day</i>	67
<b>JENTADUETO</b>	38	<i>lamivudine-zidovudine</i>	34	<i>levonorgestrel-ethinyl estrad</i>	67
<b>JENTADUETO XR</b>	38	<i>lamotrigine</i>	14, 36	<i>levonorg-eth estrad triphasic</i>	67
<i>jinteli</i>	66	<i>lamotrigine starter kit-blue</i>	14	<i>levora 0.15/30 (28)</i>	67
<i>juleber</i>	66	<i>lamotrigine starter kit-green</i>	14	<i>levorphanol tartrate</i>	4
<b>JULUCA</b>	34	<i>lamotrigine starter kit-orange</i>	14	<i>levo-t</i>	70
<i>junel 1.5/30</i>	66	<i>lanreotide acetate</i>	70	<i>levothyroxine sodium</i>	70
<i>junel 1/20</i>	66	<i>lansoprazole</i>	59	<i>levoxyl</i>	70
<i>junel fe 1.5/30</i>	66	<b>LANTUS</b>	40	<b>LEXIVA</b>	35
<i>junel fe 1/20</i>	66	<b>LANTUS SOLOSTAR</b>	40	<i>lidocaine</i>	5
<i>junel fe 24</i>	66	<i>lapatinib ditosylate</i>	25		
<b>JUXTAPID</b>	49	<i>larin 1.5/30</i>	66		
<b>JYNARQUE</b>	56	<i>larin 1/20</i>	66		
<i>kaitlib fe</i>	66	<i>larin fe 1.5/30</i>	66		
<b>KALYDECO</b>	85				
<i>kariva</i>	66				
<i>kcl in dextrose-nacl</i>	54				

<b>lidocaine hcl</b>	5	<b>MARPLAN</b>	16	<i>metoprolol succinate er</i>	46
<i>lidocaine hcl (pf)</i>	5	<b>MATULANE</b>	22	<i>metoprolol tartrate</i>	46
<i>lidocaine hcl urethral/mucosal</i>	5	<i>matzim la</i>	47	<i>metoprolol-hydrochlorothiazide</i>	46
<i>lidocaine viscous hcl</i>	5	<b>MAVYRET</b>	32	<i>metronidazole</i>	7
<i>lidocaine-prilocaine</i>	5	<b>MAXIDEX</b>	83	<i>metyrosine</i>	47
<i>lindane</i>	28	<i>meclizine hcl</i>	18	<i>mexiletine hcl</i>	45
<i>linezolid</i>	7	<i>meclofenamate sodium</i>	3	<i>micafungin sodium</i>	19
<b>LINZESS</b>	58	<b>MEDROL</b>	62	<i>miconazole 3</i>	19
<i>liothyronine sodium</i>	70	<i>medroxyprogesterone acetate</i>	69	<i>microgestin 1.5/30</i>	67
<i>lisinopril</i>	45	<i>mefloquine hcl</i>	28	<i>microgestin 1/20</i>	67
<i>lisinopril-hydrochlorothiazide</i>	45	<i>megestrol acetate</i>	69	<i>microgestin 24 fe</i>	67
<b>LITETOUCH PEN NEEDLES</b>	80	<b>MEKINIST</b>	26	<i>microgestin fe 1.5/30</i>	67
<i>lithium carbonate</i>	36	<b>MEKTOVI</b>	26	<i>microgestin fe 1/20</i>	67
<i>lithium carbonate er</i>	36	<i>meloxicam</i>	3	<i>midodrine hcl</i>	44
<b>LIVMARLI</b>	57	<i>memantine hcl</i>	16	<i>miglitol</i>	37
<b>LIVTENCITY</b>	32	<i>memantine hcl er</i>	16	<i>miglustat</i>	59
<b>LONSURF</b>	22	<b>MENACTRA</b>	77	<i>ili</i>	67
<i>loperamide hcl</i>	57	<b>MENEST</b>	67	<i>mimvey</i>	67
<i>lopinavir-ritonavir</i>	35	<b>MENOSTAR</b>	67	<i>minocycline hcl</i>	12
<i>lorazepam</i>	36	<b>MENQUADFI</b>	77	<i>minoxidil</i>	49
<i>lorazepam intensol</i>	36	<b>MENVEO</b>	77	<i>mirtazapine</i>	16
<b>LORBRENA</b>	26	<i>meperidine hcl</i>	5	<i>misoprostol</i>	58
<i>loryna</i>	67	<i>mercaptopurine</i>	22	<b>M-M-R II</b>	77
<i>losartan potassium</i>	44	<i>meropenem</i>	9	<i>modafinil</i>	88
<i>losartan potassium-hctz</i>	44	<i>merzee</i>	67	<i>moexipril hcl</i>	45
<i>loteprednol etabonate</i>	83	<i>mesalamine</i>	78	<i>molindone hcl</i>	29
<i>lovastatin</i>	48	<i>mesalamine-cleanser</i>	78	<i>mometasone furoate</i>	63, 87
<i>low-ogestrel</i>	67	<b>MESNEX</b>	27	<i>monodoxine nl</i>	12
<i>loxapine succinate</i>	29	<i>metformin hcl</i>	37	<b>MONOJECT</b>	
<i>lubiprostone</i>	58	<i>metformin hcl er</i>	37	<b>HYPODERMIC NEEDLE</b>	80
<b>LUCEMYRA</b>	6	<i>methadone hcl</i>	4	<b>MONOJECT INSULIN SYRINGE</b>	80
<b>LUMAKRAS</b>	23	<i>methazolamide</i>	48	<i>montelukast sodium</i>	84
<b>LUMIGAN</b>	81	<i>methenamine hippurate</i>	7	<i>morphine sulfate</i>	5
<b>LUPKYNIS</b>	75	<i>methimazole</i>	71	<i>morphine sulfate (concentrate)</i>	5
<b>LUPRON DEPOT (1-MONTH)</b>	70	<i>methocarbamol</i>	87	<i>morphine sulfate (pf)</i>	5
<b>LUPRON DEPOT (3-MONTH)</b>	70	<i>methotrexate</i>	75	<i>morphine sulfate er</i>	4
<b>LUPRON DEPOT (4-MONTH)</b>	70	<i>methotrexate sodium</i>	75	<b>MOTOFEN</b>	57
<i>lutera</i>	67	<i>methotrexate sodium (pf)</i>	75	<b>MOVANTIK</b>	57
<b>LYBALVI</b>	30	<i>methoxsalen rapid</i>	53	<i>moxifloxacin hcl</i>	12
<i>lyeq</i>	69	<i>methscopolamine bromide</i>	57	<i>moxifloxacin hcl in nacl</i>	12
<i>lyllana</i>	67	<i>methyldopa</i>	44	<b>MOZOBIL</b>	43
<b>LYNPARZA</b>	26	<i>methylergonovine maleate</i>	80	<b>MULPLETA</b>	43
<b>LYSODREN</b>	70	<i>methylphenidate hcl</i>	51	<b>MULTAQ</b>	45
<i>lyza</i>	69	<i>methylphenidate hcl er</i>	51	<i>mupirocin</i>	7
<i>magnesium sulfate</i>	55	<i>methylphenidate hcl er (cd)</i>	50	<i>mupirocin calcium</i>	53
<i>malathion</i>	28	<i>methylphenidate hcl er (la)</i>	50, 51	<i>mycophenolate mofetil</i>	75, 76
<i>maraviroc</i>	34	<i>methylphenidate hcl er (osm)</i>	51	<i>mycophenolate sodium</i>	76
<i>marlissa</i>	67	<i>methylprednisolone</i>	62	<b>MYRBETRIQ</b>	60
		<i>methylprednisolone acetate</i>	20	<i>na sulfate-k sulfate-mg sulf</i>	55
		<i>methylprednisolone sodium succ</i>	63	<i>nabumetone</i>	3
		<i>metoclopramide hcl</i>	57	<i>nadolol</i>	46
		<i>metolazone</i>	48		

<b>nafcillin sodium</b>	10	<b>norgestimate-eth estradiol</b>	67	<b>OPZELURA</b>	54
<b>naloxone hcl</b>	6	<b>norgesim-eth estrad triphasic</b>	67	<b>ORACIT</b>	55
<b>naltrexone hcl</b>	6	<b>NORPACE CR</b>	45	<b>ORENCIA</b>	73
<b>NAMZARIC</b>	15	<b>nortrel 0.5/35 (28)</b>	67	<b>ORENCIA CLICKJECT</b>	73
<b>naproxen</b>	3	<b>nortrel 1/35 (21)</b>	68	<b>ORENITRAM</b>	86
<b>naproxen sodium</b>	3	<b>nortrel 1/35 (28)</b>	68	<b>ORFADIN</b>	59
<b>NARCAN</b>	6	<b>nortrel 7/7/7</b>	68	<b>ORGOVYX</b>	23
<b>NATACYN</b>	19	<b>nortriptyline hcl</b>	18	<b>ORKAMBI</b>	85
<b>nateglinide</b>	37	<b>NORVIR</b>	35	<b>ORLADEYO</b>	47
<b>NATPARA</b>	80	<b>NOXAFILE</b>	19	<i>orphenadrine citrate er</i>	87
<b>NAYZILAM</b>	14	<b>NUBEQA</b>	22	<i>orsythia</i>	68
<b>necon 0.5/35 (28)</b>	67	<b>NUCALA</b>	87	<i>oseltamivir phosphate</i>	35
<b>necon 1/35 (28)</b>	67	<b>NUEDEXTA</b>	51	<b>OSMOPREP</b>	57
<b>nefazodone hcl</b>	17	<b>NUPLAZID</b>	30	<b>OSPHENA</b>	69
<b>neomycin sulfate</b>	6	<b>NUTRILIPID</b>	56	<b>OTEZLA</b>	76
<b>neomycin-bacitracin zn-polymyx</b>	81	<b>NUZYRA</b>	12	<i>oxacillin sodium</i>	10
<b>neomycin-polymyxin-dexameth</b>	83	<b>nyamyc</b>	19	<i>oxacillin sodium in dextrose</i>	10
<b>neomycin-polymyxin-gramicidin</b>	81	<b>nylia 1/35</b>	68	<i>oxandrolone</i>	64
<b>neomycin-polymyxin-hc</b>	7, 83, 84	<b>nylia 7/7/7</b>	68	<i>oxaprozin</i>	3
<b>NERLYNX</b>	26	<b>nymyo</b>	68	<i>oxazepam</i>	36
<b>NEUPRO</b>	28	<b>nystatin</b>	19	<b>OXBRYTA</b>	43
<b>NEVANAC</b>	83	<b>nystatin-triamcinolone</b>	19	<i>oxcarbazepine</i>	15
<b>nevirovapine</b>	33	<b>nystop</b>	20	<b>OXISTAT</b>	20
<b>nevirovapine er</b>	33	<b>OCALIVA</b>	57	<i>oxybutynin chloride</i>	60
<b>NEXLETOL</b>	47	<b>ocella</b>	68	<i>oxybutynin chloride er</i>	60
<b>NEXLIZET</b>	47	<b>OCTAGAM</b>	72	<i>oxycodone hcl</i>	5
<b>niacin (antihyperlipidemic)</b>	49	<b>octreotide acetate</b>	70	<i>oxycodone hcl er</i>	4
<b>niacin er (antihyperlipidemic)</b>	49	<b>ODEFSEY</b>	33	<i>oxycodone-acetaminophen</i>	5
<b>niacor</b>	49	<b>ODOMZO</b>	23	<b>OXYCONTIN</b>	4
<b>nicardipine hcl</b>	47	<b>OFEV</b>	86	<b>OZEMPIC (0.25 OR 0.5 MG/DOSE)</b>	37
<b>NICOTROL</b>	6	<b>ofloxacin</b>	12	<b>OZEMPIC (1 MG/DOSE)</b>	37
<b>nifedipine</b>	47	<b>olanzapine</b>	30, 31	<i>paliperidone er</i>	31
<b>nifedipine er</b>	47	<b>olanzapine-fluoxetine hcl</b>	36	<b>PANRETIN</b>	27
<b>nifedipine er osmotic release</b>	47	<b>olmesartan medoxomil</b>	44	<i>pantoprazole sodium</i>	59
<b>nikki</b>	67	<b>olmesartan medoxomil-hctz</b>	44	<b>PANZYGA</b>	72
<b>nilutamide</b>	22	<b>olopatadine hcl</b>	82, 84	<i>paricalcitol</i>	79
<b>NINLARO</b>	23	<b>OLUMIANT</b>	73	<i>paromomycin sulfate</i>	6
<b>nitazoxanide</b>	28	<b>omega-3-acid ethyl esters</b>	49	<i>paroxetine hcl</i>	17, 36
<b>nitisinone</b>	59	<b>omeprazole</b>	59	<i>paroxetine hcl er</i>	17
<b>NITRO-BID</b>	50	<b>ONCASPAR</b>	23	<b>PASER</b>	21
<b>nitrofurantoin</b>	8	<b>ondansetron</b>	18	<b>PEDIARIX</b>	77
<b>nitrofurantoin macrocrystal</b>	7	<b>ondansetron hcl</b>	18	<b>PEDVAX HIB</b>	77
<b>nitrofurantoin monohyd macro</b>	8	<b>ONETOUCH ULTRA 2</b>	42	<i>peg 3350-kcl-na bicarb-nacl</i>	58
<b>nitroglycerin</b>	50	<b>ONETOUCH ULTRA MINI</b>	42	<i>peg-3350/electrolytes</i>	58
<b>nora-be</b>	69	<b>ONETOUCH VERIO</b>	42	<i>peg-3350/electrolytes/ascorbat</i>	58
<b>norethrin ace-eth estrad-fe</b>	67	<b>ONETOUCH VERIO FLEX SYSTEM</b>	42	<b>PEGASYS</b>	32
<b>norethindrone</b>	69	<b>ONETOUCH VERIO IQ SYSTEM</b>	42	<i>peg-kcl-nacl-nasulf-na asc-c</i>	58
<b>norethindrone acetate</b>	69	<b>ONUREG</b>	22	<b>PEMAZYRE</b>	26
<b>norethindrone acet-ethinyl est</b>	67	<b>OPSUMIT</b>	86	<b>PEN NEEDLES</b>	80
<b>norethindrone-eth estradiol</b>	67	<b>OPTIUMEZ TEST</b>	42	<i>penicillamine</i>	56
<b>norethrin-eth estradiol-fe</b>	67			<i>penicillin g pot in dextrose</i>	10

<i>penicillin g potassium</i>	10	<b>PRALUENT</b>	49	<b>PROGRAF</b>	76
<i>penicillin g sodium</i>	10	<i>pramipexole dihydrochloride</i>	28	<b>PROLASTIN-C</b>	59
<i>penicillin v potassium</i>	11	<i>prasugrel hcl</i>	43	<b>PROLIA</b>	79
<b>PENTACEL</b>	77	<i>pravastatin sodium</i>	48, 49	<b>PROMACTA</b>	43
<i>pentamidine isethionate</i>	28	<i>praziquantel</i>	27	<i>promethazine hcl</i>	18
<i>pentoxifylline er</i>	47	<i>prazosin hcl</i>	44	<i>promethegan</i>	18
<i>perindopril erbumine</i>	45	<b>PRECISION XTRA BLOOD</b>		<i>propafenone hcl</i>	45
<i>periogard</i>	52	<b>GLUCOSE</b>	42	<i>propafenone hcl er</i>	45
<i>permethrin</i>	28	<b>PRED MILD</b>	83	<i>proparacaine hcl</i>	81
<i>perphenazine</i>	30	<b>PRED-G</b>	83	<i>propranolol hcl</i>	46
<i>perphenazine-amitriptyline</i>	18	<b>PRED-G S.O.P.</b>	83	<i>propranolol hcl er</i>	46
<b>PERSERIS</b>	31	<i>prednicarbate</i>	63	<i>propylthiouracil</i>	71
<i>phenelzine sulfate</i>	16	<i>prednisolone</i>	63	<b>PROQUAD</b>	77
<i>phenobarbital</i>	14	<i>prednisolone acetate</i>	83	<b>PROSOL</b>	55
<i>phenoxybenzamine hcl</i>	44	<i>prednisolone sodium phosphate</i>	63	<i>protriptyline hcl</i>	18
<i>phenytoin</i>	15	<b>PREDNISOLONE SODIUM</b>		<b>PTS PANELS GLUCOSE</b>	
<i>phenytoin sodium extended</i>	15	<b>PHOSPHATE</b>	83	<b>TEST</b>	42
<b>PIFELTRO</b>	33	<i>prednisone</i>	63	<b>PULMICORT FLEXHALER</b>	84
<i>pilocarpine hcl</i>	52, 82	<b>PREDNISONE INTENSOL</b>	63	<b>PULMOZYME</b>	85
<i>pimecrolimus</i>	54	<b>PREFERRED PLUS</b>		<b>PURE COMFORT PEN</b>	
<i>pimozide</i>	30	<b>INSULIN SYRINGE</b>	80	<b>NEEDLE</b>	81
<i>pimtrea</i>	68	<i>prefest</i>	68	<b>PURIXAN</b>	22
<i>pindolol</i>	46	<i>pregabalin</i>	51	<i>pyrazinamide</i>	21
<i>pioglitazone hcl</i>	37	<i>prehevbrio</i>	77	<i>pyridostigmine bromide</i>	21
<i>pioglitazone hcl-glimepiride</i>	38	<b>PREMARIN</b>	68	<i>pyridostigmine bromide er</i>	21
<i>pioglitazone hcl-metformin hcl</i>	38	<b>PREMASOL</b>	55	<i>pyrimethamine</i>	28
<i>piperacillin sod-tazobactam so</i>	11	<b>PREMPHASE</b>	68	<b>PYRUKYND</b>	43
<b>PIQRAY (200 MG DAILY DOSE)</b>	24	<b>PREMPRO</b>	68	<b>PYRUKYND TAPER PACK</b>	43
<b>PIQRAY (250 MG DAILY DOSE)</b>	24	<i>prenatal</i>	57	<b>QINLOCK</b>	26
<b>PIQRAY (300 MG DAILY DOSE)</b>	24	<i>pretomanid</i>	21	<b>QUADRACEL</b>	77
<i>pirfenidone</i>	87	<i>prevalite</i>	49	<i>quetiapine fumarate</i>	31
<i>pirmella 1/35</i>	68	<i>previfem</i>	68	<b>QUICKTEK TEST</b>	42
<i>piroxicam</i>	3	<b>PREVYMIS</b>	32	<i>quinapril hcl</i>	45
<b>PLASMA-LYTE 148</b>	55	<b>PREZCOBIX</b>	35	<i>quinapril-hydrochlorothiazide</i>	45
<b>PLASMA-LYTE A</b>	55	<b>PREZISTA</b>	35	<i>quinidine gluconate er</i>	45
<b>PLENAMINE</b>	55	<b>PRIFTIN</b>	21	<i>quinidine sulfate</i>	45
<b>PNV-DHA</b>	57	<i>primaquine phosphate</i>	28	<i>quinine sulfate</i>	28
<i>podofilox</i>	54	<i>primidone</i>	14	<b>RABAVERT</b>	77
<i>polymyxin b sulfate</i>	8	<b>PRIORIX</b>	77	<i>raloxifene hcl</i>	70
<i>polymyxin b-trimethoprim</i>	81	<b>PRIVIGEN</b>	72	<i>ramelteon</i>	88
<b>POMALYST</b>	22	<b>PROAIR HFA</b>	85	<i>ramipril</i>	45
<i>portia-28</i>	68	<b>PROAIR RESPICLICK</b>	85	<i>ranolazine er</i>	47
<i>posaconazole</i>	20	<i>probenecid</i>	20	<i>rasagiline mesylate</i>	29
<i>potassium chloride</i>	55	<b>PROCALAMINE</b>	56	<b>RAVICTI</b>	59
<i>potassium chloride crys er</i>	55	<i>prochlorperazine</i>	30	<i>reclipsen</i>	68
<i>potassium chloride er</i>	55	<i>prochlorperazine maleate</i>	30	<b>RECOMBIVAX HB</b>	77
<i>potassium chloride in dextrose</i>	55	<i>procto-med hc</i>	54	<b>RECORLEV</b>	63
<i>potassium chloride in nacl</i>	55	<i>procto-pak</i>	54	<b>RECTIV</b>	50
<i>potassium citrate er</i>	55	<i>proctosol hc</i>	54	<b>REDITREX</b>	76
		<i>protozone-hc</i>	54	<b>REGRANEX</b>	54
		<b>PRODIGY NO CODING BLOOD GLUC</b>	42	<b>RELENZA DISKHALER</b>	35
				<i>relexxii</i>	51

<b>RELION BLOOD GLUCOSE TEST</b>	42	<i>rufinamide</i>	15	<i>sorafenib tosylate</i>	26
<b>RELION CONFIRM/MICRO TEST</b>	42	<b>RUKOBIA</b>	34	<i>sorine</i>	45
<b>RELION INSULIN SYRINGE</b>	81	<b>RYDAPT</b>	26	<i>sotalol hcl</i>	46
<b>RELI-ON INSULIN SYRINGE</b>	40	<b>RYTARY</b>	29	<i>sotalol hcl (af)</i>	46
<b>RELION PRIME TEST</b>	42	<i>sajazir</i>	71	<b>SPIRIVA HANDIHALER</b>	85
<b>RELION ULTIMA TEST</b>	42	<i>salsalate</i>	3	<b>SPIRIVA RESPIMAT</b>	85
<b>RELISTOR</b>	57	<b>SANDIMMUNE</b>	76	<i>spironolactone</i>	48
<i>repaglinide</i>	37	<b>SANTYL</b>	54	<i>spironolactone-hctz</i>	48
<b>REPATHA</b>	49	<i>sapropterin dihydrochloride</i>	59	<i>sprintec 28</i>	68
<b>REPATHA PUSHTRONEX SYSTEM</b>	49	<b>SAVELLA</b>	51	<b>SPRITAM</b>	13
<b>REPATHA SURECLICK</b>	49	<b>SAVELLA TITRATION PACK</b>	51	<b>SPRYCEL</b>	26
<b>RESTASIS</b>	82	<b>SCEMBLIX</b>	26	<i>sronyx</i>	68
<b>RESTASIS MULTIDOSE</b>	82	<i>scopolamine</i>	18	<i>ssd</i>	8
<b>RETACRIT</b>	44	<b>SECUADO</b>	31	<i>stavudine</i>	34
<b>RETEVMO</b>	23	<i>selegiline hcl</i>	29	<b>STELARA</b>	73
<b>REVOLIMID</b>	22	<i>selenium sulfide</i>	54	<b>STIMATE</b>	64
<b>REXULTI</b>	31	<b>SELZENTRY</b>	34	<b>STIOLTO RESPIMAT</b>	87
<b>REYATAZ</b>	35	<b>SEREVENT DISKUS</b>	85	<b>STIVARGA</b>	26
<b>REZUROCK</b>	76	<i>sertraline hcl</i>	17	<b>STREPTOMYCIN SULFATE</b>	6
<b>RHOPRESSA</b>	81	<i>setlakin</i>	68	<b>STRIBILD</b>	33
<b>RIBAVIRIN</b>	32	<i>sevelamer carbonate</i>	61	<i>sucralfate</i>	58
<i>ribavirin</i>	32	<i>sevelamer hcl</i>	61	<b>SULFACETAMIDE SODIUM</b>	12
<b>RIDAURA</b>	73	<i>sharobel</i>	69	<i>sulfacetamide sodium</i>	12
<i>rifabutin</i>	21	<b>SHINGRIX</b>	78	<i>sulfacetamide sodium (acne)</i>	54
<i>rifampin</i>	21	<b>SIGNIFOR</b>	71	<i>sulfacetamide-prednisolone</i>	83
<i>riluzole</i>	51	<b>SIGNIFOR LAR</b>	71	<i>sulfadiazine</i>	12
<i>rimantadine hcl</i>	35	<b>SIKLOS</b>	22	<i>sulfamethoxazole-trimethoprim</i>	12
<b>RINVOQ</b>	73	<i>sildenafil citrate</i>	86	<i>sulfasalazine</i>	78
<i>risedronate sodium</i>	79	<b>SILIQ</b>	73	<i>sulindac</i>	3
<b>RISPERDAL CONSTA</b>	31	<i>silodosin</i>	60	<i>sumatriptan succinate</i>	21
<i>risperidone</i>	31	<i>silver sulfadiazine</i>	8	<i>sunitinib malate</i>	26
<i>ritonavir</i>	35	<b>SIMBRINZA</b>	82	<b>SUPRAX</b>	9
<i>rivastigmine</i>	16	<b>SIMPONI</b>	76	<b>SUPREP BOWEL PREP KIT</b>	55
<i>rivastigmine tartrate</i>	16	<i>simvastatin</i>	49	<b>SURE COMFORT PEN NEEDLES</b>	81
<i>rivelsa</i>	68	<i>sirolimus</i>	76	<i>syeda</i>	68
<i>rizatriptan benzoate</i>	21	<b>SIRTURO</b>	21	<b>SYMBICORT</b>	87
<b>ROCKLATAN</b>	82	<b>SITAVIG</b>	33	<b>SYMDEKO</b>	86
<i>ropinirole hcl</i>	28	<b>SIVEXTRO</b>	8	<b>SYMJEPI</b>	85
<i>ropinirole hcl er</i>	28	<b>SKYRIZI</b>	73	<b>SYMLINPEN 120</b>	37
<i>rosadan</i>	8	<b>SKYRIZI (150 MG DOSE)</b>	73	<b>SYMLINPEN 60</b>	37
<i>rosuvastatin calcium</i>	49	<b>SKYRIZI PEN</b>	73	<b>SYMPAZAN</b>	14
<b>ROTARIX</b>	78	<i>sodium chloride</i>	55	<b>SYMTUZA</b>	33
<b>ROTATEQ</b>	78	<i>sodium fluoride</i>	55	<b>SYNAGIS</b>	74
<i>roweepra</i>	13	<b>SODIUM</b>		<b>SYNAREL</b>	71
<b>ROZLYTREK</b>	26	<b>PHENYLBUTYRATE</b>	59	<b>SYNDROS</b>	18
<b>RUBRACA</b>	26	<i>sodium polystyrene sulfonate</i>	56	<b>SYNJARDY</b>	37
<b>RUCONEST</b>	71	<i>sofosbuvir-velpatasvir</i>	32	<b>SYNJARDY XR</b>	38
		<i>solifenacin succinate</i>	60	<b>SYNRIBO</b>	23
		<b>SOLTAMOX</b>	22	<b>SYNTROID</b>	70
		<b>SOMATULINE DEPOT</b>	71	<b>TABLOID</b>	22
		<b>SOMAVERT</b>	71		

<b>TABRECTA</b>	26	<i>thiothixene</i>	30	<i>triazolam</i>	88
<i>tacrolimus</i>	54, 76	<i>tiadylt er</i>	47	<i>triderm</i>	63
<i>tadalafil</i>	60	<i>tiagabine hcl</i>	14	<b>TRIENTINE HCL</b>	56
<i>tadalafil (pah)</i>	86	<b>TIBSOVO</b>	24	<i>tri-estarylla</i>	68
<b>TAFINLAR</b>	26	<b>TICOVAC</b>	78	<i>trifluoperazine hcl</i>	30
<b>TAGRISSO</b>	23	<i>tigecycline</i>	8	<i>trifluridine</i>	33
<b>TAKHZYRO</b>	71	<b>TIGLUTIK</b>	51	<i>trihexyphenidyl hcl</i>	28
<b>TALTZ</b>	73	<i>tilia fe</i>	68	<b>TRIJARDY XR</b>	38
<b>TALZENNA</b>	26	<i>timolol maleate</i>	21, 82	<b>TRIKAFTA</b>	86
<i>tamoxifen citrate</i>	22	<i>timolol maleate (once-daily)</i>	82	<i>tri-legest fe</i>	68
<i>tamsulosin hcl</i>	60	<i>timolol maleate pf</i>	82	<i>tri-lo-estarylla</i>	68
<i>taperdex 7-day</i>	63	<i>tinidazole</i>	8	<i>tri-lo-sprintec</i>	68
<i>tarina 24 fe</i>	68	<b>TIVICAY</b>	33	<i>trimethoprim</i>	8
<i>tarina fe 1/20 eq</i>	68	<b>TIVICAY PD</b>	33	<i>tri-mili</i>	68
<b>TASIGNA</b>	26	<i>tizanidine hcl</i>	31	<i>trimipramine maleate</i>	18
<b>TAVALISSE</b>	43	<b>TOBI PODHALER</b>	86	<i>trinessa (28)</i>	68
<b>TAVNEOS</b>	76	<b>TOBRADEX</b>	83	<b>TRINTELLIX</b>	16
<i>taysofy</i>	68	<i>tobramycin</i>	6, 86	<i>tri-nymyo</i>	68
<i>tazarotene</i>	54	<i>tobramycin sulfate</i>	6	<i>tri-sprintec</i>	68
<b>TAZICEF</b>	9	<i>tobramycin-dexamethasone</i>	83	<b>TRIUMEQ</b>	34
<b>TAZORAC</b>	54	<i>tolcapone</i>	28	<b>TRIUMEQ PD</b>	34
<i>taztia xt</i>	47	<i>tolterodine tartrate</i>	60	<i>trivora (28)</i>	68
<b>TAZVERIK</b>	26	<i>tolterodine tartrate er</i>	60	<i>tri-vylibra</i>	68
<b>TDVAX</b>	78	<b>TOLVAPTAN</b>	56	<i>tri-vylibra lo</i>	68
<b>TECHLITE INSULIN SYRINGE</b>	81	<i>tolvaptan</i>	56	<b>TRIZIVIR</b>	34
<b>TECHLITE PEN NEEDLES</b>	81	<i>topiramate</i>	14	<b>TROPHAMINE</b>	55
<b>TEFLARO</b>	9	<i>topiramate er</i>	14	<i>trospium chloride</i>	60
<b>TEGSEDI</b>	59	<i>toremifene citrate</i>	22	<i>trospium chloride er</i>	60
<i>telmisartan</i>	45	<i>torsemide</i>	48	<b>TRUEPLUS 5-BEVEL PEN NEEDLES</b>	81
<i>telmisartan-amlodipine</i>	47	<b>TOUJEO MAX SOLOSTAR</b>	40	<b>TRULICITY</b>	38
<i>telmisartan-hctz</i>	45	<b>TOUJEO SOLOSTAR</b>	40	<b>TRUMENBA</b>	78
<i>temazepam</i>	88	<b>TOVET</b>	54	<b>TRUSELTIQ (100MG DAILY DOSE)</b>	27
<b>TENIVAC</b>	78	<b>TPN ELECTROLYTES</b>	57	<b>TRUSELTIQ (125MG DAILY DOSE)</b>	27
<i>tenofovir disoproxil fumarate</i>	34	<b>TRACLEER</b>	86	<b>TRUSELTIQ (50MG DAILY DOSE)</b>	27
<b>TEPMETKO</b>	26	<b>TRADJENTA</b>	38	<b>TRUSELTIQ (75MG DAILY DOSE)</b>	27
<i>terazosin hcl</i>	60	<i>tramadol hcl</i>	5	<b>TUKYSA</b>	23
<i>terbinafine hcl</i>	20	<i>tramadol-acetaminophen</i>	5	<b>TURALIO</b>	27
<i>terbutaline sulfate</i>	85	<i>trandolapril</i>	45	<b>TWINRIX</b>	78
<i>terconazole</i>	20	<i>trandolapril-verapamil hcl er</i>	45	<b>TYBOST</b>	34
<i>teriparatide (recombinant)</i>	79	<i>tranexamic acid</i>	44	<i>tydemy</i>	69
<i>testosterone</i>	65	<i>tranylcypromine sulfate</i>	16	<b>TYPHIM VI</b>	78
<i>testosterone cypionate</i>	64	<b>TRAVASOL</b>	55	<b>UBRELVY</b>	21
<i>testosterone enanthate</i>	64	<i>travoprost (bak free)</i>	81	<b>UKONIQ</b>	27
<i>tetrabenazine</i>	51	<i>trazodone hcl</i>	17	<b>ULTICARE PEN NEEDLES</b>	81
<i>tetracycline hcl</i>	12	<b>TRECATOR</b>	21	<b>ULTILET PEN NEEDLE</b>	81
<b>TEXACORT</b>	63	<b>TRELEGY ELLIPTA</b>	87	<b>ULTRA-THIN II PEN NEEDLES</b>	81
<b>THALOMID</b>	22	<b>TREMFYA</b>	73		
<b>THEO-24</b>	86	<i>tretinoin</i>	27, 54		
<i>theophylline er</i>	86	<i>trexall</i>	76		
<i>thioridazine hcl</i>	30	<i>triamcinolone acetonide</i>	52, 63		
<i>thiotepa</i>	22	<i>triamterene</i>	48		
		<i>triamterene-hctz</i>	48		

<i>unithroid</i>	70	<b>VRAYLAR</b>	31	<b>ZELBORAF</b>	27
<b>UPTRAVI</b>	86	<i>vyfemla</i>	69	<b>ZEMAIRA</b>	59
<i>ursodiol</i>	57	<i>vylibra</i>	69	<b>ZEMDRI</b>	6
<b>VABOMERE</b>	8	<b>VYNDAMAX</b>	64	<b>ZENPEP</b>	59
<i>valacyclovir hcl</i>	33	<b>VYNDAQEL</b>	64	<b>ZEPOSIA</b>	52
<b>VALCHLOR</b>	22	<i>warfarin sodium</i>	43	<b>ZEPOSIA 7-DAY STARTER</b>	
<i>valganciclovir hcl</i>	32	<b>WELIREG</b>	23	<b>PACK</b>	52
<i>valproic acid</i>	14	<i>wymzya fe</i>	69	<b>ZEPOSIA STARTER KIT</b>	52
<i>valsartan</i>	45	<b>XALKORI</b>	27	<b>ZERBAXA</b>	9
<i>valsartan-hydrochlorothiazide</i>	45	<b>XARELTO</b>	42	<i>zidovudine</i>	34
<b>VALTOCO 10 MG DOSE</b>	14	<b>XARELTO STARTER PACK</b>	42	<i>zileuton er</i>	84
<b>VALTOCO 15 MG DOSE</b>	14	<b>XATMEP</b>	76	<b>ZIMHI</b>	6
<b>VALTOCO 20 MG DOSE</b>	14	<b>XCOPRI</b>	13	<i>ziprasidone hcl</i>	36
<b>VALTOCO 5 MG DOSE</b>	14	<b>XCOPRI (250 MG DAILY</b>		<i>ziprasidone mesylate</i>	31
<i>vancomycin hcl</i>	8	<b>DOSE)</b>	13	<b>ZIRGAN</b>	32
<b>VANCOMYCIN HCL</b>	8	<b>XCOPRI (350 MG DAILY</b>		<b>ZOLINZA</b>	24
<i>vandazole</i>	8	<b>DOSE)</b>	13	<i>zolpidem tartrate</i>	88
<b>VAQTA</b>	78	<b>XELJANZ</b>	73	<i>zolpidem tartrate er</i>	88
<i>varenicline tartrate</i>	6	<b>XELJANZ XR</b>	73	<i>zonisamide</i>	13
<b>VARIVAX</b>	78	<b>XERMELO</b>	57	<b>ZORBTIVE</b>	64
<b>VARIZIG</b>	78	<b>XGEVA</b>	79	<i>zosyn</i>	11
<b>VASCEPA</b>	49	<b>XIFAXAN</b>	8	<i>zovia 1/35 (28)</i>	69
<b>VELCADE</b>	23	<b>XIGDUO XR</b>	38	<b>ZYDELIG</b>	24
<i>velivet</i>	69	<b>XOFLUZA (40 MG DOSE)</b>	35	<b>ZYKADIA</b>	27
<b>VELTASSA</b>	56	<b>XOFLUZA (80 MG DOSE)</b>	35	<b>ZYPREXA RELPREVV</b>	31
<b>VENCLEXTA</b>	23	<b>XOLAIR</b>	74		
<b>VENCLEXTA STARTING</b>		<b>XOSPATA</b>	24		
<b>PACK</b>	23	<b>XPOVIO (100 MG ONCE</b>			
<i>venlafaxine hcl</i>	36	<b>WEEKLY)</b>	23		
<i>venlafaxine hcl er</i>	17	<b>XPOVIO (40 MG ONCE</b>			
<b>VENTAVIS</b>	86	<b>WEEKLY)</b>	24		
<i>verapamil hcl</i>	47	<b>XPOVIO (40 MG TWICE</b>			
<i>verapamil hcl er</i>	47	<b>WEEKLY)</b>	24		
<b>VERQUVO</b>	47	<b>XPOVIO (60 MG ONCE</b>			
<b>VERSACLOZ</b>	31	<b>WEEKLY)</b>	24		
<b>VERZENIO</b>	24	<b>XPOVIO (60 MG TWICE</b>			
<b>VICTOZA</b>	38	<b>WEEKLY)</b>	24		
<i>vienna</i>	69	<b>XPOVIO (80 MG ONCE</b>			
<i>vigabatrin</i>	14	<b>WEEKLY)</b>	24		
<i>vigadrone</i>	14	<b>XPOVIO (80 MG TWICE</b>			
<b>VIIBRYD STARTER PACK</b>	17	<b>WEEKLY)</b>	24		
<i>vilazodone hcl</i>	17	<b>XTANDI</b>	22		
<b>VIRACEPT</b>	35	<b>XYREM</b>	88		
<b>VIREAD</b>	34	<b>XYWAV</b>	88		
<b>VITRAKVI</b>	24	<b>YF-VAX</b>	78		
<b>VIVITROL</b>	6	<b>YONSA</b>	22		
<b>VIZIMPRO</b>	27	<i>yuvafem</i>	69		
<b>VONJO</b>	27	<i>zafirlukast</i>	84		
<i>voriconazole</i>	20	<i>zaleplon</i>	88		
<b>VOSEVI</b>	32	<b>ZARXIO</b>	44		
<b>VOTRIENT</b>	27	<b>ZEJULA</b>	27		
<i>vp-pnv-dha</i>	57	<b>ZELAPAR</b>	29		



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This formulary was updated on 09/28/2022. For more recent information or other questions, please contact Fallon Medicare Plus Customer Service at 1-800-325-5669 (TTY users should call TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit [fallonhealth.org/medicare](http://fallonhealth.org/medicare).