

Fallon Health

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

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

Formulary ID: 00026299 Version: 13

This formulary was updated on 5/28/2026. For more recent information or other questions, please contact Fallon Health Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/medicare.

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

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

This document includes a Drug List (formulary) for our plan which is current as of May 28, 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Fallon Health formulary?

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

Can the formulary change?

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

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

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

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

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

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of May 28, 2026. To get updated information about the drugs covered by Fallon Medicare Plus, please contact us. Our contact information appears on the front and back cover pages. All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur. The formulary and any addenda will also be available online at fallonhealth.org/medicare.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 101. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

What if my drug is not on the formulary?

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

Service and ask if your drug is covered.

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Fallon Health formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Fallon Medicare Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 101.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug	Status	Requirements/Limits
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 2	
<i>levofloxacin oral solution</i>	Tier 4	
<i>levofloxacin oral tablet</i>	Tier 1	
<i>moxifloxacin hcl in nacl intravenous solution</i>	Tier 6	HI
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 2	
<i>moxifloxacin hcl oral tablet</i>	Tier 2	
<i>ofloxacin ophthalmic solution</i>	Tier 2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
<i>ofloxacin otic solution</i>	Tier 2	
Sulfonamides		
SULFACETAMIDE SODIUM OPTHALMIC OINTMENT	Tier 4	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 2	
<i>sulfadiazine oral tablet</i>	Tier 5	NEDS
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted</i>	Tier 6	HI
<i>doxycycline hyclate intravenous solution reconstituted</i>	Tier 6	HI
<i>doxycycline hyclate oral capsule</i>	Tier 2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 3	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier 3	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 3	
<i>minocycline hcl oral capsule</i>	Tier 2	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	Tier 3	
<i>monodoxyne nl oral capsule 100 mg</i>	Tier 3	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>tetracycline hcl oral capsule</i>	Tier 3	
Anticonvulsants		
Anticonvulsants, Other		
<i>brivaracetam oral solution</i>	Tier 4	PA NS
<i>brivaracetam oral tablet</i>	Tier 4	PA NS

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

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

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

Drug	Status	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 5	QL (28 EA per 28 days); NEDS
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule</i>	Tier 3	MO
<i>ethosuximide oral solution</i>	Tier 4	MO
<i>methsuximide oral capsule</i>	Tier 4	
ZONISADE ORAL SUSPENSION	Tier 4	ST
<i>zonisamide oral capsule</i>	Tier 2	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 4	PA NS; MO
<i>clobazam oral tablet</i>	Tier 4	PA NS; MO
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	Tier 1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	Tier 3	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	Tier 3	QL (300 EA per 30 days)
<i>diazepam rectal gel</i>	Tier 4	
EPIDIOLEX ORAL SOLUTION	Tier 5	PA NS; MO; NEDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Tier 2	MO; QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	Tier 2	MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 2	MO; QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	Tier 2	MO; QL (150 EA per 30 days)
NAYZILAM NASAL SOLUTION	Tier 4	QL (10 EA per 30 days)
<i>phenobarbital oral elixir</i>	Tier 2	MO
<i>phenobarbital oral tablet</i>	Tier 2	MO
<i>primidone oral tablet 125 mg</i>	Tier 2	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 2	MO
SYMPAZAN ORAL FILM	Tier 5	PA NS; MO; NEDS
<i>tiagabine hcl oral tablet</i>	Tier 4	MO
<i>valproic acid oral capsule</i>	Tier 2	MO
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 2	MO
VALTOCO 10 MG DOSE NASAL LIQUID	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 5	QL (10 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 5	QL (10 EA per 30 days); NEDS
VALTOCO 5 MG DOSE NASAL LIQUID	Tier 5	QL (10 EA per 30 days); NEDS
<i>vigabatrin oral packet</i>	Tier 5	PA NS; MO; NEDS
<i>vigabatrin oral tablet</i>	Tier 5	PA NS; MO; NEDS
<i>vigadrone oral packet</i>	Tier 5	PA NS; MO; NEDS
<i>vigadrone oral tablet</i>	Tier 5	PA NS; NEDS
VIGAFYDE ORAL SOLUTION	Tier 5	PA NS; NEDS
<i>vigpoder oral packet</i>	Tier 5	PA NS; NEDS
ZTALMY ORAL SUSPENSION	Tier 5	PA NS; NEDS
Glutamate Reducing Agents		
EPRONTIA ORAL SOLUTION	Tier 4	
<i>felbamate oral suspension</i>	Tier 4	MO
<i>felbamate oral tablet</i>	Tier 4	MO
FYCOMPA ORAL SUSPENSION	Tier 5	PA NS; MO; NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	Tier 5	PA NS; MO; NEDS
FYCOMPA ORAL TABLET 2 MG	Tier 4	PA NS; MO
<i>perampanel oral suspension</i>	Tier 5	PA NS; NEDS
<i>perampanel oral tablet 10 mg, 8 mg</i>	Tier 5	PA NS; NEDS
<i>perampanel oral tablet 12 mg, 4 mg, 6 mg</i>	Tier 5	PA NS; MO; NEDS
<i>perampanel oral tablet 2 mg</i>	Tier 4	PA NS; MO
<i>topiramate oral capsule sprinkle</i>	Tier 2	MO
<i>topiramate oral solution</i>	Tier 4	
<i>topiramate oral tablet</i>	Tier 1	MO
Sodium Channel Agents		
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier 3	MO
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier 3	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 4	MO
<i>carbamazepine oral tablet</i>	Tier 2	MO
<i>carbamazepine oral tablet chewable</i>	Tier 2	MO
DILANTIN ORAL CAPSULE 30 MG	Tier 3	MO
<i>epitol oral tablet</i>	Tier 2	MO
<i>eslicarbazepine acetate oral tablet</i>	Tier 4	PA NS; MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	Tier 2	

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

Drug	Status	Requirements/Limits
<i>lacosamide oral solution 10 mg/ml</i>	Tier 4	MO
<i>lacosamide oral tablet 100 mg</i>	Tier 2	MO
<i>lacosamide oral tablet 150 mg, 200 mg, 50 mg</i>	Tier 4	MO
<i>oxcarbazepine oral suspension</i>	Tier 4	MO
<i>oxcarbazepine oral tablet</i>	Tier 2	MO
<i>phenytek oral capsule</i>	Tier 2	MO
<i>phenytoin oral suspension</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 40 mg/ml</i>	Tier 5	PA NS; MO; NEDS
<i>rufinamide oral tablet 200 mg</i>	Tier 4	PA NS; MO
<i>rufinamide oral tablet 400 mg</i>	Tier 5	PA NS; MO; NEDS
Antidementia Agents		
Antidementia Agents, Other		
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour</i>	Tier 4	MO; QL (30 EA per 30 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Tier 4	MO; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	Tier 3	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier 4	MO
<i>galantamine hydrobromide oral solution</i>	Tier 4	MO
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	Tier 3	MO
<i>galantamine hydrobromide oral tablet 4 mg</i>	Tier 4	MO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 6 mg</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour</i>	Tier 4	MO; QL (1 EA per 1 day)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour</i>	Tier 3	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	MO
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)

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

Drug	Status	Requirements/Limits
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 2	
Antidepressants		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE	Tier 5	QL (60 EA per 30 days); NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet</i>	Tier 2	MO
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	Tier 5	ST; NEDS
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 36.3 MG, 54.5 MG, 72.6 MG	Tier 5	ST; QL (30 EA per 30 days); NEDS
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	ST; NEDS
<i>mirtazapine oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	Tier 2	MO; QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET	Tier 4	MO; QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Tier 5	PA NS; QL (28 EA per 14 days); NEDS
ZURZUVAE ORAL CAPSULE 30 MG	Tier 5	PA NS; QL (14 EA per 14 days); NEDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier 5	PA NS; MO; QL (30 EA per 30 days); NEDS
MARPLAN ORAL TABLET	Tier 4	MO
<i>phenelzine sulfate oral tablet</i>	Tier 3	MO
<i>tranylcypromine sulfate oral tablet</i>	Tier 4	MO
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor		
<i>citalopram hydrobromide oral solution</i>	Tier 3	MO
<i>citalopram hydrobromide oral tablet</i>	Tier 1	MO

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

Drug	Status	Requirements/Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	Tier 2	MO; QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier 4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Tier 4	QL (90 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Tier 4	MO; QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 4	MO
<i>escitalopram oxalate oral tablet</i>	Tier 1	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	PA NS; MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier 4	PA NS; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule</i>	Tier 1	MO
<i>fluoxetine hcl oral capsule delayed release</i>	Tier 4	MO; QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	Tier 2	MO
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	Tier 2	MO
<i>fluoxetine hcl oral tablet 60 mg</i>	Tier 2	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>fluvoxamine maleate oral tablet</i>	Tier 2	MO
<i>nefazodone hcl oral tablet</i>	Tier 4	MO
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>paroxetine hcl oral suspension</i>	Tier 4	MO
RALDESY ORAL SOLUTION	Tier 5	NEDS
<i>sertraline hcl oral concentrate</i>	Tier 2	MO
<i>sertraline hcl oral tablet</i>	Tier 1	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	MO
<i>trazodone hcl oral tablet 300 mg</i>	Tier 2	MO
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>vilazodone hcl oral tablet</i>	Tier 4	PA NS; MO; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	Tier 2	MO
<i>amoxapine oral tablet</i>	Tier 3	MO
<i>clomipramine hcl oral capsule</i>	Tier 3	MO
<i>desipramine hcl oral tablet</i>	Tier 4	MO
<i>doxepin hcl oral capsule</i>	Tier 4	MO
<i>doxepin hcl oral concentrate</i>	Tier 2	MO
<i>imipramine hcl oral tablet</i>	Tier 2	MO
<i>nortriptyline hcl oral capsule</i>	Tier 1	MO
<i>nortriptyline hcl oral solution</i>	Tier 4	MO
<i>protriptyline hcl oral tablet</i>	Tier 4	MO
<i>trimipramine maleate oral capsule</i>	Tier 4	MO
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>promethazine hcl injection solution</i>	Tier 2	
<i>promethazine hcl oral tablet</i>	Tier 1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 4	
<i>promethegan rectal suppository 25 mg</i>	Tier 4	
<i>scopolamine transdermal patch 72 hour</i>	Tier 4	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg</i>	Tier 4	B/D; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 4	B/D; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 4	B/D; QL (8 EA per 30 days)
<i>aprepitant oral capsule therapy pack</i>	Tier 4	B/D; QL (6 EA per 30 days)
<i>dronabinol oral capsule</i>	Tier 4	B/D; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet</i>	Tier 4	B/D; QL (30 EA per 30 days)
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Tier 2	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 2	B/D; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 2	B/D; QL (14 EA per 28 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 2	B/D

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

Drug	Status	Requirements/Limits
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	Tier 6	B/D
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	B/D; HI
<i>amphotericin b liposome intravenous suspension reconstituted</i>	Tier 6	B/D; HI
BREXAFEMME ORAL TABLET	Tier 5	PA; QL (4 EA per 1 day); NEDS
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>ciclodan external solution</i>	Tier 3	
<i>ciclopirox external gel</i>	Tier 2	QL (100 GM per 30 days)
<i>ciclopirox external shampoo</i>	Tier 4	
<i>ciclopirox external solution</i>	Tier 3	
<i>ciclopirox olamine external cream</i>	Tier 2	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 2	QL (60 ML per 30 days)
<i>clotrimazole external cream</i>	Tier 2	QL (90 GM per 30 days)
<i>clotrimazole external solution</i>	Tier 2	QL (30 ML per 30 days)
<i>clotrimazole mouth/throat troche</i>	Tier 2	
CRESEMBA ORAL CAPSULE	Tier 5	PA; NEDS
<i>econazole nitrate external cream</i>	Tier 3	QL (85 GM per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	Tier 6	HI
<i>fluconazole oral suspension reconstituted</i>	Tier 2	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	Tier 2	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	Tier 1	
<i>flucytosine oral capsule</i>	Tier 5	NEDS
<i>griseofulvin microsize oral suspension</i>	Tier 4	
<i>griseofulvin microsize oral tablet</i>	Tier 4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 4	
<i>itraconazole oral capsule</i>	Tier 4	
<i>ketoconazole external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	Tier 2	
<i>ketoconazole oral tablet</i>	Tier 2	
<i>micafungin sodium intravenous solution reconstituted</i>	Tier 6	HI
<i>miconazole 3 vaginal suppository</i>	Tier 2	

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

Drug	Status	Requirements/Limits
NATACYN OPHTHALMIC SUSPENSION	Tier 4	
<i>nyamyc external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>nystatin external cream</i>	Tier 2	
<i>nystatin external ointment</i>	Tier 2	
<i>nystatin external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>nystatin mouth/throat suspension</i>	Tier 2	
<i>nystatin oral tablet</i>	Tier 2	
<i>nystatin-triamcinolone external cream</i>	Tier 3	
<i>nystatin-triamcinolone external ointment</i>	Tier 3	
<i>nystop external powder</i>	Tier 2	QL (60 GM per 30 days)
<i>posaconazole oral suspension</i>	Tier 5	PA; NEDS
<i>posaconazole oral tablet delayed release</i>	Tier 5	PA; MO; NEDS
<i>terbinafine hcl oral tablet</i>	Tier 1	QL (84 EA per 180 days)
<i>terconazole vaginal cream</i>	Tier 2	
<i>terconazole vaginal suppository</i>	Tier 4	
<i>voriconazole intravenous solution reconstituted</i>	Tier 6	PA; HI
<i>voriconazole oral suspension reconstituted</i>	Tier 5	PA; NEDS
<i>voriconazole oral tablet</i>	Tier 4	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	MO
<i>colchicine oral tablet</i>	Tier 2	
<i>colchicine-probenecid oral tablet</i>	Tier 3	MO
<i>febuxostat oral tablet</i>	Tier 3	MO
<i>probenecid oral tablet</i>	Tier 3	MO
Anti-Inflammatory Agents		
Glucocorticoids		
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	Tier 2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection solution</i>	Tier 5	QL (8 ML per 30 days); NEDS
<i>dihydroergotamine mesylate nasal solution</i>	Tier 5	QL (8 ML per 30 days); NEDS
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier 4	
<i>ergotamine-caffeine oral tablet</i>	Tier 3	QL (24 EA per 28 days)

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

Drug	Status	Requirements/Limits
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (1 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	Tier 5	PA; QL (18 EA per 30 days); NEDS
<i>timolol maleate oral tablet 10 mg</i>	Tier 2	MO
<i>timolol maleate oral tablet 20 mg</i>	Tier 4	MO
<i>timolol maleate oral tablet 5 mg</i>	Tier 3	MO
UBRELVY ORAL TABLET	Tier 5	PA; QL (16 EA per 30 days); NEDS
Serotonin 5-Ht-Receptor Agonists		
<i>rizatriptan benzoate oral tablet</i>	Tier 2	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 2	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 4	QL (5 ML per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier 4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg</i>	Tier 2	MO
<i>dapsone oral tablet 25 mg</i>	Tier 3	MO
<i>rifabutin oral capsule</i>	Tier 4	
Antituberculars		
<i>ethambutol hcl oral tablet</i>	Tier 3	
<i>isoniazid oral syrup</i>	Tier 4	MO
<i>isoniazid oral tablet</i>	Tier 1	MO
PRIFTIN ORAL TABLET	Tier 4	
<i>pyrazinamide oral tablet</i>	Tier 4	
<i>rifampin intravenous solution reconstituted</i>	Tier 6	HI
<i>rifampin oral capsule</i>	Tier 4	
SIRTURO ORAL TABLET	Tier 5	PA; NEDS
TRECATOR ORAL TABLET	Tier 4	

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

Drug	Status	Requirements/Limits
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Tier 3	B/D
<i>cyclophosphamide oral tablet</i>	Tier 3	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	Tier 4	
GLEOSTINE ORAL CAPSULE 100 MG	Tier 5	NEDS
LEUKERAN ORAL TABLET	Tier 5	NEDS
<i>lomustine oral capsule 10 mg, 40 mg</i>	Tier 4	
<i>lomustine oral capsule 100 mg</i>	Tier 5	NEDS
MATULANE ORAL CAPSULE	Tier 5	NEDS
<i>thiotepa injection solution reconstituted 15 mg</i>	Tier 5	NEDS
VALCHLOR EXTERNAL GEL	Tier 5	PA NS; NEDS
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 2	PA NS
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 5	PA NS; NEDS
<i>abirtega oral tablet</i>	Tier 2	PA NS
<i>bicalutamide oral tablet</i>	Tier 2	
ERLEADA ORAL TABLET	Tier 5	PA NS; NEDS
EULEXIN ORAL CAPSULE	Tier 4	
<i>nilutamide oral tablet</i>	Tier 5	NEDS
NUBEQA ORAL TABLET	Tier 5	PA NS; NEDS
XTANDI ORAL CAPSULE	Tier 5	PA NS; NEDS
XTANDI ORAL TABLET	Tier 5	PA NS; NEDS
YONSA ORAL TABLET	Tier 5	PA NS; NEDS
Antiangiogenic Agents		
<i>lenalidomide oral capsule</i>	Tier 5	PA NS; LA; NEDS
<i>pomalidomide oral capsule 1 mg, 2 mg</i>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>pomalidomide oral capsule 3 mg, 4 mg</i>	Tier 5	PA NS; NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
POMALYST ORAL CAPSULE 3 MG, 4 MG	Tier 5	PA NS; NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA NS; MO; NEDS
Antiestrogens/Modifiers		
<i>fulvestrant intramuscular solution prefilled syringe</i>	Tier 5	NEDS

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

Drug	Status	Requirements/Limits
INLURIYO ORAL TABLET	Tier 5	PA NS; NEDS
ORSERDU ORAL TABLET	Tier 5	PA NS; NEDS
SOLTAMOX ORAL SOLUTION	Tier 5	MO; NEDS
<i>tamoxifen citrate oral tablet</i>	Tier 2	MO
<i>toremifene citrate oral tablet</i>	Tier 5	MO; NEDS
Antimetabolites		
<i>azacitidine injection suspension reconstituted</i>	Tier 5	PA NS; NEDS
DROXIA ORAL CAPSULE	Tier 4	
<i>hydroxyurea oral capsule</i>	Tier 2	
INQOVI ORAL TABLET	Tier 5	PA NS; QL (5 EA per 28 days); NEDS
LONSURF ORAL TABLET	Tier 5	PA NS; NEDS
<i>mercaptopurine oral suspension</i>	Tier 5	NEDS
<i>mercaptopurine oral tablet</i>	Tier 3	
ONUREG ORAL TABLET	Tier 5	PA NS; NEDS
TABLOID ORAL TABLET	Tier 5	NEDS
Antineoplastics, Other		
<i>bleomycin sulfate injection solution reconstituted</i>	Tier 2	B/D
<i>bortezomib injection solution reconstituted 3.5 mg</i>	Tier 5	NEDS
COTELLIC ORAL TABLET	Tier 5	PA NS; NEDS
GAVRETO ORAL CAPSULE	Tier 5	PA NS; NEDS
GILOTRIF ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
IBRANCE ORAL CAPSULE	Tier 5	PA NS; NEDS
IBRANCE ORAL TABLET	Tier 5	PA NS; NEDS
IWILFIN ORAL TABLET	Tier 5	PA NS; NEDS
KRAZATI ORAL TABLET	Tier 5	PA NS; NEDS
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
LUMAKRAS ORAL TABLET 240 MG	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
NINLARO ORAL CAPSULE	Tier 5	PA NS; NEDS
ODOMZO ORAL CAPSULE	Tier 5	PA NS; NEDS
OJJAARA ORAL TABLET 100 MG, 200 MG	Tier 5	PA NS; NEDS
OJJAARA ORAL TABLET 150 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
ONCASPAR INJECTION SOLUTION	Tier 5	NEDS
ORGOVYX ORAL TABLET	Tier 5	PA NS; NEDS

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

Drug	Status	Requirements/Limits
RETEVMO ORAL TABLET 120 MG, 160 MG	Tier 5	PA NS; NEDS
RETEVMO ORAL TABLET 40 MG	Tier 5	PA NS; QL (90 EA per 30 days); NEDS
RETEVMO ORAL TABLET 80 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
TAGRISSE ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
TUKYSA ORAL TABLET	Tier 5	PA NS; NEDS
VENCLEXTA ORAL TABLET 10 MG	Tier 4	PA NS
VENCLEXTA ORAL TABLET 100 MG, 50 MG	Tier 5	PA NS; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
VORANIGO ORAL TABLET	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
WELIREG ORAL TABLET	Tier 5	PA NS; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 5	PA NS; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	Tier 5	PA NS; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 5	PA NS; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Tier 5	PA NS; NEDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	Tier 5	PA NS; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
ZOLINZA ORAL CAPSULE	Tier 5	PA NS; NEDS
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	Tier 2	MO
<i>exemestane oral tablet</i>	Tier 3	MO
<i>letrozole oral tablet</i>	Tier 2	MO
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE	Tier 5	PA NS; NEDS
IDHIFA ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
OGSIVEO ORAL TABLET	Tier 5	PA NS; NEDS

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

Drug	Status	Requirements/Limits
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
REZLIDHIA ORAL CAPSULE	Tier 5	PA NS; NEDS
TIBSOVO ORAL TABLET	Tier 5	PA NS; NEDS
VERZENIO ORAL TABLET	Tier 5	PA NS; NEDS
VITRAKVI ORAL CAPSULE	Tier 5	PA NS; NEDS
VITRAKVI ORAL SOLUTION	Tier 5	PA NS; NEDS
XOSPATA ORAL TABLET	Tier 5	PA NS; NEDS
ZYDELIG ORAL TABLET	Tier 5	PA NS; NEDS
Molecular Target Inhibitors		
AKEEGA ORAL TABLET	Tier 5	PA NS; NEDS
ALECENSA ORAL CAPSULE	Tier 5	PA NS; NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Tier 5	PA NS; QL (60 EA per 365 days); NEDS
AUGTYRO ORAL CAPSULE	Tier 5	PA NS; NEDS
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	Tier 5	PA NS; NEDS
AYVAKIT ORAL TABLET	Tier 5	PA NS; QL (1 EA per 1 day); NEDS
BALVERSA ORAL TABLET	Tier 5	PA NS; NEDS
BOSULIF ORAL CAPSULE	Tier 5	PA NS; NEDS
BOSULIF ORAL TABLET	Tier 5	PA NS; NEDS
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5	PA NS; NEDS
BRUKINSA ORAL CAPSULE	Tier 5	PA NS; NEDS
BRUKINSA ORAL TABLET	Tier 5	PA NS; NEDS
CABOMETYX ORAL TABLET 20 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
CABOMETYX ORAL TABLET 40 MG, 60 MG	Tier 5	PA NS; NEDS
CALQUENCE ORAL TABLET	Tier 5	PA NS; NEDS
CAPRELSA ORAL TABLET 100 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
CAPRELSA ORAL TABLET 300 MG	Tier 5	PA NS; NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 5	PA NS; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 5	PA NS; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier 5	PA NS; NEDS
DANZITEN ORAL TABLET	Tier 5	PA NS; NEDS
<i>dasatinib oral tablet</i>	Tier 5	PA NS; NEDS
DAURISMO ORAL TABLET	Tier 5	PA NS; NEDS
ENSACOVE ORAL CAPSULE	Tier 5	PA NS; NEDS
ERIVEDGE ORAL CAPSULE	Tier 5	PA NS; NEDS
<i>erlotinib hcl oral tablet</i>	Tier 5	PA NS; NEDS
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>everolimus oral tablet soluble</i>	Tier 5	PA NS; NEDS
FOTIVDA ORAL CAPSULE	Tier 5	PA NS; NEDS
FRUZAQLA ORAL CAPSULE	Tier 5	PA NS; NEDS
<i>gefitinib oral tablet</i>	Tier 5	PA NS; NEDS
GOMEKLI ORAL CAPSULE	Tier 5	PA NS; NEDS
GOMEKLI ORAL TABLET SOLUBLE	Tier 5	PA NS; NEDS
HERNEXEOS ORAL TABLET	Tier 5	PA NS; NEDS
HYRNUO ORAL TABLET	Tier 5	PA NS; NEDS
IBTROZI ORAL CAPSULE	Tier 5	PA NS; NEDS
ICLUSIG ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 3	
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 5	
IMBRUVICA ORAL CAPSULE 140 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	Tier 5	PA NS; QL (28 EA per 28 days); NEDS
IMBRUVICA ORAL SUSPENSION	Tier 5	PA NS; NEDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG	Tier 5	PA NS; QL (28 EA per 28 days); NEDS
IMBRUVICA ORAL TABLET 420 MG	Tier 5	PA NS; NEDS
IMKELDI ORAL SOLUTION	Tier 5	PA NS; NEDS
INLYTA ORAL TABLET	Tier 5	PA NS; NEDS
INREBIC ORAL CAPSULE	Tier 5	PA NS; NEDS

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

Drug	Status	Requirements/Limits
ITOVEBI ORAL TABLET 3 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
ITOVEBI ORAL TABLET 9 MG	Tier 5	PA NS; NEDS
JAKAFI ORAL TABLET	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	Tier 5	PA NS; NEDS
JAYPIRCA ORAL TABLET 50 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
KOSELUGO ORAL CAPSULE 10 MG	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
KOSELUGO ORAL CAPSULE 25 MG	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
KOSELUGO ORAL CAPSULE SPRINKLE	Tier 5	PA NS; NEDS
<i>lapatinib ditosylate oral tablet</i>	Tier 5	PA NS; LA; NEDS
LAZCLUZE ORAL TABLET 240 MG	Tier 5	PA NS; NEDS
LAZCLUZE ORAL TABLET 80 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; NEDS
LORBRENA ORAL TABLET	Tier 5	PA NS; NEDS

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

Drug	Status	Requirements/Limits
LYNPARZA ORAL TABLET	Tier 5	PA NS; NEDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA NS; NEDS
MEKINIST ORAL SOLUTION RECONSTITUTED	Tier 5	PA NS; NEDS
MEKINIST ORAL TABLET	Tier 5	PA NS; NEDS
MEKTOVI ORAL TABLET	Tier 5	PA NS; NEDS
MODEYSO ORAL CAPSULE	Tier 5	PA NS; NEDS
NERLYNX ORAL TABLET	Tier 5	PA NS; QL (180 EA per 30 days); NEDS
<i>nilotinib d-tartrate oral capsule</i>	Tier 5	PA NS; NEDS
<i>nilotinib hcl oral capsule</i>	Tier 5	PA NS; NEDS
OJEMDA ORAL SUSPENSION RECONSTITUTED	Tier 5	PA NS; NEDS
OJEMDA ORAL TABLET	Tier 5	PA NS; NEDS
<i>pazopanib hcl oral tablet 200 mg</i>	Tier 5	PA NS; NEDS
PEMAZYRE ORAL TABLET	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
QINLOCK ORAL TABLET	Tier 5	PA NS; NEDS
REVUFORJ ORAL TABLET	Tier 5	PA NS; NEDS
ROMVIMZA ORAL CAPSULE	Tier 5	PA NS; NEDS
ROZLYTREK ORAL CAPSULE	Tier 5	PA NS; NEDS
ROZLYTREK ORAL PACKET	Tier 5	PA NS; NEDS
RUBRACA ORAL TABLET 200 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
RUBRACA ORAL TABLET 250 MG, 300 MG	Tier 5	PA NS; NEDS
RYDAPT ORAL CAPSULE	Tier 5	PA NS; NEDS
SCEMBLIX ORAL TABLET 100 MG	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	Tier 5	PA NS; QL (240 EA per 30 days); NEDS
<i>sorafenib tosylate oral tablet</i>	Tier 5	PA NS; NEDS
STIVARGA ORAL TABLET	Tier 5	PA NS; NEDS
<i>sunitinib malate oral capsule</i>	Tier 5	PA NS; NEDS

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

Drug	Status	Requirements/Limits
TABRECTA ORAL TABLET	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
TAFINLAR ORAL CAPSULE	Tier 5	PA NS; NEDS
TAFINLAR ORAL TABLET SOLUBLE	Tier 5	PA NS; NEDS
TALZENNA ORAL CAPSULE	Tier 5	PA NS; NEDS
TAZVERIK ORAL TABLET	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
TEPMETKO ORAL TABLET	Tier 5	PA NS; NEDS
<i>torpenz oral tablet</i>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
TRUQAP ORAL TABLET	Tier 5	PA NS; NEDS
TRUQAP ORAL TABLET THERAPY PACK 160 MG	Tier 5	PA NS; NEDS
TURALIO ORAL CAPSULE 125 MG	Tier 5	PA NS; NEDS
VANFLYTA ORAL TABLET	Tier 5	PA NS; NEDS
VIZIMPRO ORAL TABLET	Tier 5	PA NS; NEDS
VONJO ORAL CAPSULE	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
XALKORI ORAL CAPSULE	Tier 5	PA NS; NEDS
XALKORI ORAL CAPSULE SPRINKLE	Tier 5	PA NS; NEDS
YULITHIRA ORAL TABLET	Tier 4	PA NS; QL (30 EA per 30 days)
ZEJULA ORAL TABLET 100 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
ZEJULA ORAL TABLET 200 MG, 300 MG	Tier 5	PA NS; NEDS
ZELBORAF ORAL TABLET	Tier 5	PA NS; NEDS
ZYKADIA ORAL TABLET	Tier 5	PA NS; NEDS
Retinoids		
<i>bexarotene external gel</i>	Tier 5	PA NS; NEDS
<i>bexarotene oral capsule</i>	Tier 5	NEDS
PANRETIN EXTERNAL GEL	Tier 5	NEDS
<i>tretinoin oral capsule</i>	Tier 5	NEDS
Treatment Adjuncts		
<i>lederle leucovorin oral tablet</i>	Tier 2	
<i>leucovorin calcium injection solution</i>	Tier 2	
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	Tier 2	
<i>leucovorin calcium oral tablet 10 mg</i>	Tier 3	
<i>leucovorin calcium oral tablet 15 mg, 25 mg</i>	Tier 4	
<i>leucovorin calcium oral tablet 5 mg</i>	Tier 2	

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

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

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

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

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

Drug	Status	Requirements/Limits
<i>haloperidol lactate injection solution</i>	Tier 2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2	MO
<i>haloperidol oral tablet</i>	Tier 1	MO
<i>loxapine succinate oral capsule</i>	Tier 2	MO
<i>molindone hcl oral tablet</i>	Tier 4	MO
<i>perphenazine oral tablet</i>	Tier 4	MO
<i>pimozide oral tablet</i>	Tier 4	MO
<i>prochlorperazine maleate oral tablet</i>	Tier 1	MO
<i>prochlorperazine rectal suppository</i>	Tier 3	
<i>thioridazine hcl oral tablet</i>	Tier 3	MO
<i>thiothixene oral capsule</i>	Tier 4	MO
<i>trifluoperazine hcl oral tablet</i>	Tier 3	MO
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Tier 5	MO; NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier 5	MO; NEDS
<i>aripiprazole oral solution</i>	Tier 4	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual</i>	Tier 4	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
COBENFY ORAL CAPSULE	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	Tier 5	PA NS; QL (112 EA per 365 days); NEDS
FANAPT ORAL TABLET	Tier 5	ST; QL (60 EA per 30 days); NEDS
FANAPT TITRATION PACK A ORAL TABLET	Tier 4	ST; QL (16 EA per 365 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	Tier 5	NEDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 4	

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

Drug	Status	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 5	NEDS
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
LYBALVI ORAL TABLET	Tier 5	ST; QL (30 EA per 30 days); NEDS
NUPLAZID ORAL CAPSULE	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Tier 4	
<i>olanzapine oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	Tier 4	MO; QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	Tier 5	PA NS; QL (90 EA per 30 days); NEDS
OPIPZA ORAL FILM 2 MG	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier 5	MO; NEDS
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
REXULTI ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg</i>	Tier 2	
<i>risperidone microspheres er intramuscular suspension reconstituted er 25 mg</i>	Tier 4	
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	Tier 5	NEDS
<i>risperidone oral solution</i>	Tier 2	MO; QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 4	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible 0.5 mg</i>	Tier 2	MO; QL (2 EA per 1 day)

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

Drug	Status	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	Tier 5	ST; QL (1 EA per 1 day); NEDS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 5	ST; MO; QL (1 EA per 1 day); NEDS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Tier 4	QL (60 EA per 30 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	Tier 4	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	Tier 4	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg</i>	Tier 2	QL (270 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	Tier 4	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	Tier 4	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	Tier 4	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 4	QL (120 EA per 30 days); NEDS
VERSACLOZ ORAL SUSPENSION	Tier 5	QL (540 ML per 30 days); NEDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>dantrolene sodium oral capsule</i>	Tier 4	
<i>tizanidine hcl oral tablet</i>	Tier 2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET	Tier 5	NEDS
PREVYMIS ORAL PACKET	Tier 5	PA; NEDS
PREVYMIS ORAL TABLET	Tier 5	PA; MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 5	MO; NEDS
<i>valganciclovir hcl oral tablet</i>	Tier 3	MO
ZIRGAN OPHTHALMIC GEL	Tier 4	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	Tier 4	PA; MO
BARACLUDE ORAL SOLUTION	Tier 5	MO; QL (600 ML per 30 days); NEDS
<i>entecavir oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 4	MO

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

Drug	Status	Requirements/Limits
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL PACKET 150-37.5 MG	Tier 5	PA; QL (84 EA per 365 days); NEDS
EPCLUSA ORAL PACKET 200-50 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
EPCLUSA ORAL TABLET 200-50 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
EPCLUSA ORAL TABLET 400-100 MG	Tier 5	PA; QL (84 EA per 365 days); NEDS
HARVONI ORAL PACKET 33.75-150 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
HARVONI ORAL PACKET 45-200 MG	Tier 5	PA; QL (336 EA per 365 days); NEDS
HARVONI ORAL TABLET 45-200 MG	Tier 5	PA; QL (336 EA per 365 days); NEDS
HARVONI ORAL TABLET 90-400 MG	Tier 5	PA; QL (168 EA per 365 days); NEDS
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
MAVYRET ORAL PACKET	Tier 5	PA; QL (560 EA per 365 days); NEDS
MAVYRET ORAL TABLET	Tier 5	PA; QL (336 EA per 365 days); NEDS
VOSEVI ORAL TABLET	Tier 5	PA; QL (84 EA per 365 days); NEDS
Anti-Hepatitis C (Hcv) Agents, Other		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	NEDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	NEDS
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED	Tier 5	NEDS
<i>ribavirin oral capsule</i>	Tier 3	
<i>ribavirin oral tablet 200 mg</i>	Tier 3	
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	Tier 2	
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 2	
<i>acyclovir oral tablet 400 mg</i>	Tier 1	
<i>acyclovir oral tablet 800 mg</i>	Tier 2	
<i>acyclovir sodium intravenous solution</i>	Tier 6	B/D; HI

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

Drug	Status	Requirements/Limits
<i>famciclovir oral tablet</i>	Tier 3	
<i>trifluridine ophthalmic solution</i>	Tier 2	
<i>valacyclovir hcl oral tablet</i>	Tier 2	QL (120 EA per 30 days)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 5	QL (30 EA per 30 days); NEDS
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 5	MO; QL (30 EA per 30 days); NEDS
GENVOYA ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
ISENTRESS HD ORAL TABLET	Tier 5	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL PACKET	Tier 5	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET	Tier 5	MO; QL (60 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier 5	MO; QL (180 EA per 30 days); NEDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier 4	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
SYMTUZA ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
TIVICAY ORAL TABLET 50 MG	Tier 5	MO; QL (60 EA per 30 days); NEDS
TIVICAY PD ORAL TABLET SOLUBLE	Tier 5	MO; QL (180 EA per 30 days); NEDS
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
EDURANT ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
EDURANT PED ORAL TABLET SOLUBLE	Tier 5	QL (180 EA per 30 days); NEDS
<i>efavirenz oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df oral tablet</i>	Tier 5	QL (30 EA per 30 days); NEDS
<i>etravirine oral tablet</i>	Tier 5	MO; QL (60 EA per 30 days); NEDS
INTELENCE ORAL TABLET 25 MG	Tier 4	MO; QL (120 EA per 30 days)

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

Drug	Status	Requirements/Limits
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	Tier 3	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
PIFELTRO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>rilpivirine hcl oral tablet</i>	Tier 5	QL (30 EA per 30 days); NEDS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	Tier 4	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
DELSTRIGO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 120-15 MG	Tier 5	QL (30 EA per 30 days); NEDS
DESCOVY ORAL TABLET 200-25 MG	Tier 5	Part B; MO; QL (30 EA per 30 days); NEDS
DOVATO ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>emtricitabine oral capsule</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Tier 4	Part B; MO; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	Tier 4	MO; QL (850 ML per 30 days)
IDVYNZO ORAL TABLET	Tier 5	QL (30 EA per 30 days); NEDS
JULUCA ORAL TABLET	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>lamivudine oral solution 10 mg/ml</i>	Tier 4	MO; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	Tier 4	MO; QL (30 EA per 30 days)

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

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

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

Drug	Status	Requirements/Limits
KALETRA ORAL SOLUTION	Tier 4	
<i>lopinavir-ritonavir oral solution</i>	Tier 4	
<i>lopinavir-ritonavir oral tablet</i>	Tier 4	MO
NORVIR ORAL PACKET	Tier 4	MO; QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG	Tier 5	QL (30 EA per 30 days); NEDS
PREZCOBIX ORAL TABLET 800-150 MG	Tier 5	MO; QL (30 EA per 30 days); NEDS
PREZISTA ORAL SUSPENSION	Tier 5	QL (400 ML per 30 days); NEDS
PREZISTA ORAL TABLET 150 MG	Tier 5	QL (180 EA per 30 days); NEDS
PREZISTA ORAL TABLET 75 MG	Tier 4	QL (300 EA per 30 days)
REYATAZ ORAL PACKET	Tier 5	MO; QL (180 EA per 30 days); NEDS
<i>ritonavir oral tablet</i>	Tier 3	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	Tier 5	MO; QL (300 EA per 30 days); NEDS
VIRACEPT ORAL TABLET 625 MG	Tier 5	MO; QL (120 EA per 30 days); NEDS
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	Tier 2	MO
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 2	
<i>amantadine hcl oral tablet</i>	Tier 2	MO
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	Tier 2	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	Tier 2	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 4	QL (240 EA per 365 days)
<i>rimantadine hcl oral tablet</i>	Tier 4	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 3	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet</i>	Tier 2	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 2	
<i>hydroxyzine hcl oral tablet</i>	Tier 2	

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

Drug	Status	Requirements/Limits
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	Tier 1	QL (150 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	Tier 4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	Tier 3	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Tier 3	QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE	Tier 2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 3	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>lorazepam injection solution</i>	Tier 2	
<i>lorazepam intensol oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Tier 1	QL (150 EA per 30 days)
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor		
<i>paroxetine hcl oral tablet</i>	Tier 1	MO
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	Tier 4	
<i>venlafaxine hcl oral tablet</i>	Tier 2	MO
Bipolar Agents		
Bipolar Agents, Other		
<i>ziprasidone hcl oral capsule</i>	Tier 3	MO; QL (60 EA per 30 days)
Mood Stabilizers		
<i>lamotrigine oral tablet chewable</i>	Tier 2	MO
<i>lithium carbonate er oral tablet extended release</i>	Tier 2	MO
<i>lithium carbonate oral capsule</i>	Tier 1	MO
<i>lithium carbonate oral tablet</i>	Tier 2	MO
<i>lithium oral solution</i>	Tier 2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	Tier 2	MO; QL (3 EA per 1 day)
DAPAGLIFLOZIN ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)
FARXIGA ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)

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

Drug	Status	Requirements/Limits
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MO
<i>glipizide er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>glipizide oral tablet 2.5 mg</i>	Tier 2	MO
<i>glyburide oral tablet</i>	Tier 2	MO
GLYXAMBI ORAL TABLET	Tier 3	MO
JANUVIA ORAL TABLET	Tier 3	MO; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET	Tier 3	MO; QL (30 EA per 30 days)
<i>liraglutide subcutaneous solution pen-injector</i>	Tier 3	PA; MO; QL (9 ML per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	MO
<i>miglitol oral tablet</i>	Tier 1	MO
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet</i>	Tier 2	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 3	PA; MO; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 3	PA; MO; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	PA; MO; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	Tier 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Tier 2	MO; QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	Tier 2	MO; QL (8 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; MO; NEDS
SYNJARDY ORAL TABLET	Tier 3	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
TRADJENTA ORAL TABLET	Tier 3	MO; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	MO

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

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

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

Drug	Status	Requirements/Limits
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 4	
CVS GAUZE STERILE PAD 2"X2"	Tier 4	
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
FIASP INJECTION SOLUTION	Tier 3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	
HUMALOG INJECTION SOLUTION	Tier 3	MO
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	Tier 3	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	Tier 3	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	Tier 3	MO
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	Tier 3	MO
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	MO
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier 3	MO
HUMULIN R INJECTION SOLUTION	Tier 3	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Tier 3	MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	Tier 3	MO

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

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

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

Drug	Status	Requirements/Limits
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	MO
Blood Glucose Supplies		
Glucose Monitoring Test Supplies		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	Tier 3	Part B; QL (5 EA per 1 day)
ACCU-CHEK GUIDE TEST IN VITRO STRIP	Tier 3	Part B; QL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW IN VITRO STRIP	Tier 3	Part B; QL (5 EA per 1 day)
ACCUTREND GLUCOSE IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ADVANCE INTUITION TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ADVOCATE REDI-CODE IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ADVOCATE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
AGAMATRIX AMP TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
AGAMATRIX JAZZ TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
AGAMATRIX PRESTO TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ASSURE 3 TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ASSURE 4 TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ASSURE II CHECK IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ASSURE II IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ASSURE PLATINUM IN VITRO STRIP	Tier 4	PA; Part B
ASSURE PRISM MULTI TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ASSURE PRO TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CARESENS N GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CARETOUCH TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)

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

Drug	Status	Requirements/Limits
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CLEVER CHEK TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CLEVER CHOICE MICRO TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CLEVER CHOICE NO CODING IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CONTOUR NEXT TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
CONTOUR TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
DEXCOM G6 RECEIVER DEVICE	Tier 4	PA; Part B
DEXCOM G6 SENSOR	Tier 4	PA; Part B
DEXCOM G6 TRANSMITTER	Tier 4	PA; Part B
DEXCOM G7 RECEIVER DEVICE	Tier 4	PA; Part B
DEXCOM G7 SENSOR	Tier 4	PA; Part B
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
EASY STEP TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
EASY TOUCH TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
EASYGLUCO IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
EASYMAX 15 TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ENLITE GLUCOSE SENSOR	Tier 4	PA; Part B
EVERSENSE SENSOR/HOLDER	Tier 4	PA; Part B
EVERSENSE SMART TRANSMITTER	Tier 4	PA; Part B
FONDCIRCLE BLOOD GLUCOSE MONIT KIT	Tier 4	PA; QL (1 EA per 365 days)
FONDCIRCLE BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
FREESTYLE INSULINX TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 4	PA; Part B
FREESTYLE LIBRE 14 DAY SENSOR	Tier 4	PA; Part B

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

Drug	Status	Requirements/Limits
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 4	PA; Part B
FREESTYLE LIBRE 2 READER DEVICE	Tier 4	PA; Part B
FREESTYLE LIBRE 2 SENSOR	Tier 4	PA; Part B
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 4	PA; Part B
FREESTYLE LIBRE 3 READER DEVICE	Tier 4	PA; Part B
FREESTYLE LIBRE 3 SENSOR	Tier 4	PA; Part B
FREESTYLE LIBRE READER DEVICE	Tier 4	PA; Part B
FREESTYLE LITE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
FREESTYLE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
GUARDIAN LINK 3 TRANSMITTER	Tier 4	PA; Part B
GUARDIAN REAL-TIME REPLACE PED DEVICE	Tier 4	PA; Part B
GUARDIAN SENSOR (3)	Tier 4	PA; Part B
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ONETOUCH ULTRA IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ONETOUCH ULTRA TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
ONETOUCH VERIO IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
OPTIUMEZ TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
QUICKTEK TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
RELION CONFIRM/MICRO TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
RELION PRIME TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
RELION ULTIMA TEST IN VITRO STRIP	Tier 4	PA; Part B; QL (5 EA per 1 day)
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP	Tier 4	PA; QL (150 EA per 30 days)
Blood Products And Modifiers		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule</i>	Tier 4	QL (60 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	QL (148 EA per 365 days)

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

Drug	Status	Requirements/Limits
ELIQUIS ORAL TABLET 2.5 MG	Tier 3	MO; QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	Tier 3	MO; QL (90 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 4	
<i>enoxaparin sodium injection solution prefilled syringe</i>	Tier 4	
<i>rivaroxaban oral suspension reconstituted</i>	Tier 3	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 3	MO; QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 3	MO; QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	QL (102 EA per 365 days)
Blood Products And Modifiers, Other		
VOYDEYA ORAL TABLET	Tier 5	PA; QL (180 EA per 30 days); NEDS
VOYDEYA ORAL TABLET THERAPY PACK	Tier 5	PA; QL (180 EA per 30 days); NEDS
Hemostasis Agents		
<i>tranexamic acid oral tablet</i>	Tier 3	
Platelet Modifying Agents		
DOPTELET ORAL TABLET	Tier 5	PA; NEDS
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE	Tier 5	PA; NEDS
<i>prasugrel hcl oral tablet</i>	Tier 4	MO
WAYRILZ ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days); NEDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 5	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Tier 5	NEDS
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	Tier 3	
<i>heparin sodium (porcine) injection solution 20000 unit/ml</i>	Tier 4	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>	Tier 4	
<i>jantoven oral tablet</i>	Tier 1	MO

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

Drug	Status	Requirements/Limits
<i>warfarin sodium oral tablet</i>	Tier 1	MO
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule</i>	Tier 4	MO
CABLIVI INJECTION KIT	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>eltrombopag olamine oral packet</i>	Tier 5	PA; NEDS
<i>eltrombopag olamine oral tablet</i>	Tier 5	PA; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 4	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier 5	PA; NEDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier 6	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 4	MO
<i>cilostazol oral tablet</i>	Tier 2	MO
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	MO
<i>dipyridamole oral tablet</i>	Tier 3	MO
<i>ticagrelor oral tablet</i>	Tier 3	MO
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Tier 2	MO
<i>clonidine transdermal patch weekly 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 4	MO
<i>guanfacine hcl oral tablet</i>	Tier 2	MO
<i>methyldopa oral tablet</i>	Tier 2	MO
<i>midodrine hcl oral tablet 10 mg</i>	Tier 3	
<i>midodrine hcl oral tablet 2.5 mg, 5 mg</i>	Tier 2	
Alpha-Adrenergic Blocking Agents		
<i>prazosin hcl oral capsule</i>	Tier 2	MO
Angiotensin Ii Receptor Antagonists		
<i>amlodipine-olmesartan oral tablet</i>	Tier 2	MO
<i>candesartan cilexetil oral tablet</i>	Tier 1	MO
<i>candesartan cilexetil-hctz oral tablet</i>	Tier 1	MO

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

Drug	Status	Requirements/Limits
ENTRESTO ORAL CAPSULE SPRINKLE	Tier 3	QL (240 EA per 30 days)
<i>irbesartan oral tablet</i>	Tier 1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>losartan potassium oral tablet</i>	Tier 1	MO
<i>losartan potassium-hctz oral tablet</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet</i>	Tier 1	MO
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier 1	MO
<i>sacubitril-valsartan oral tablet</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>telmisartan oral tablet</i>	Tier 1	MO
<i>telmisartan-hctz oral tablet</i>	Tier 1	MO
<i>valsartan oral tablet</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>captopril oral tablet</i>	Tier 2	MO
<i>enalapril maleate oral tablet</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>fosinopril sodium oral tablet</i>	Tier 1	MO
<i>fosinopril sodium-hctz oral tablet</i>	Tier 2	MO
<i>lisinopril oral tablet</i>	Tier 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>moexipril hcl oral tablet</i>	Tier 2	MO
<i>perindopril erbumine oral tablet</i>	Tier 2	MO
<i>quinapril hcl oral tablet</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-25 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>ramipril oral capsule</i>	Tier 1	MO
<i>trandolapril oral tablet</i>	Tier 1	MO
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier 2	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg</i>	Tier 3	MO
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	Tier 2	MO
<i>dofetilide oral capsule</i>	Tier 4	MO

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

Drug	Status	Requirements/Limits
<i>flecainide acetate oral tablet</i>	Tier 2	MO
<i>mexiletine hcl oral capsule</i>	Tier 2	MO
MULTAQ ORAL TABLET	Tier 3	MO
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 4	MO
<i>propafenone hcl oral tablet</i>	Tier 2	MO
<i>quinidine gluconate er oral tablet extended release</i>	Tier 4	MO
<i>quinidine sulfate oral tablet</i>	Tier 2	MO
<i>sotalol hcl (af) oral tablet</i>	Tier 2	MO
<i>sotalol hcl oral tablet</i>	Tier 2	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	Tier 2	MO
<i>atenolol oral tablet</i>	Tier 1	MO
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	MO
<i>betaxolol hcl oral tablet</i>	Tier 3	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i>	Tier 2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	MO
<i>carvedilol oral tablet</i>	Tier 1	MO
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 2	MO
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	MO
<i>pindolol oral tablet</i>	Tier 2	MO
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>propranolol hcl oral solution</i>	Tier 2	MO
<i>propranolol hcl oral tablet</i>	Tier 2	MO
Calcium Channel Blocking Agents		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier 1	MO
<i>amlodipine besylate oral tablet</i>	Tier 1	MO

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

Drug	Status	Requirements/Limits
<i>amlodipine besylate-valsartan oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>cartia xt oral capsule extended release 24 hour</i>	Tier 2	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier 2	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier 2	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 2	MO
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 420 mg</i>	Tier 2	MO
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg</i>	Tier 3	MO
<i>diltiazem hcl oral tablet</i>	Tier 2	MO
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier 2	MO
<i>felodipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>isradipine oral capsule</i>	Tier 4	MO
<i>matzim la oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nicardipine hcl oral capsule</i>	Tier 4	MO
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier 2	MO
<i>tiadylt er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier 4	MO
<i>verapamil hcl er oral tablet extended release</i>	Tier 2	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg</i>	Tier 1	MO
<i>verapamil hcl oral tablet 80 mg</i>	Tier 2	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet</i>	Tier 2	MO
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (2.4 ML per 28 days); NEDS
CORLANOR ORAL SOLUTION	Tier 4	PA; MO; QL (450 ML per 30 days)
<i>digoxin oral solution</i>	Tier 2	MO
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 2	MO
<i>droxidopa oral capsule 100 mg</i>	Tier 4	PA
<i>droxidopa oral capsule 200 mg, 300 mg</i>	Tier 5	PA; NEDS

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

Drug	Status	Requirements/Limits
<i>ivabradine hcl oral tablet</i>	Tier 4	PA; QL (60 EA per 30 days)
<i>metirosine oral capsule</i>	Tier 5	NEDS
NEXLETOL ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
<i>pentoxifylline er oral tablet extended release</i>	Tier 2	MO
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier 3	MO
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (0.5 ML per 84 days); NEDS
<i>telmisartan-amlodipine oral tablet</i>	Tier 2	MO
VANRAFIA ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
VERQUVO ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
WEGOVI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	Tier 5	PA; QL (2 ML per 28 days); NEDS
WEGOVI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	Tier 5	PA; QL (3 ML per 28 days); NEDS
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral tablet 125 mg</i>	Tier 2	MO
<i>acetazolamide oral tablet 250 mg</i>	Tier 3	MO
<i>methazolamide oral tablet</i>	Tier 4	MO
Diuretics, Loop		
<i>bumetanide oral tablet</i>	Tier 2	MO
<i>ethacrynic acid oral tablet</i>	Tier 4	MO
<i>furosemide injection solution</i>	Tier 6	HI
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 2	MO
<i>furosemide oral tablet</i>	Tier 1	MO
<i>torseamide oral tablet</i>	Tier 2	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet</i>	Tier 2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>eplerenone oral tablet</i>	Tier 2	MO
KERENDIA ORAL TABLET	Tier 4	PA; MO; QL (1 EA per 1 day)
<i>spironolactone oral tablet</i>	Tier 1	MO
<i>spironolactone-hctz oral tablet</i>	Tier 2	MO
<i>triamterene oral capsule</i>	Tier 2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>triamterene-hctz oral tablet</i>	Tier 2	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	MO
<i>hydrochlorothiazide oral capsule</i>	Tier 1	MO
<i>hydrochlorothiazide oral tablet</i>	Tier 1	MO
<i>indapamide oral tablet</i>	Tier 1	MO
INZIRQO ORAL SUSPENSION RECONSTITUTED	Tier 4	PA
<i>metolazone oral tablet</i>	Tier 2	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 2	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 2	MO
<i>gemfibrozil oral tablet</i>	Tier 2	MO
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet</i>	Tier 1	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>fluvastatin sodium oral capsule</i>	Tier 2	MO
<i>lovastatin oral tablet</i>	Tier 1	MO
<i>pitavastatin calcium oral tablet</i>	Tier 4	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO; QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet</i>	Tier 1	MO
<i>simvastatin oral tablet</i>	Tier 1	MO; QL (1.5 EA per 1 day)
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	Tier 4	MO
<i>cholestyramine light oral powder</i>	Tier 2	MO
<i>cholestyramine oral packet</i>	Tier 3	MO
<i>cholestyramine oral powder</i>	Tier 2	MO
<i>colesevelam hcl oral packet</i>	Tier 2	MO
<i>colesevelam hcl oral tablet</i>	Tier 4	MO
<i>colestipol hcl oral packet</i>	Tier 4	MO
<i>colestipol hcl oral tablet</i>	Tier 4	MO
<i>ezetimibe oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>ezetimibe-simvastatin oral tablet</i>	Tier 2	MO
<i>icosapent ethyl oral capsule</i>	Tier 4	
<i>niacin (antihyperlipidemic) oral tablet</i>	Tier 2	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	Tier 2	MO
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 3	MO
<i>niacor oral tablet</i>	Tier 2	
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 3	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (2 ML per 28 days)
<i>prevalite oral packet</i>	Tier 3	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	PA; MO; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; MO; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; MO; QL (3 ML per 28 days)
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet</i>	Tier 2	MO
<i>minoxidil oral tablet</i>	Tier 2	MO
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>isosorbide mononitrate oral tablet</i>	Tier 2	MO
NITRO-BID TRANSDERMAL OINTMENT	Tier 4	MO
<i>nitroglycerin rectal ointment</i>	Tier 4	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier 2	MO
<i>nitroglycerin transdermal ointment</i>	Tier 4	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 2	MO
<i>nitroglycerin translingual solution</i>	Tier 3	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 2	MO; QL (30 EA per 30 days)

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

Drug	Status	Requirements/Limits
<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 10 mg, 15 mg</i>	Tier 3	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 3	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 5 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 3	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 54 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 3	QL (90 EA per 30 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 54 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	Tier 4	MO
<i>methylphenidate hcl oral tablet</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	Tier 2	MO; QL (90 EA per 30 days)

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

Drug	Status	Requirements/Limits
Central Nervous System, Other		
AUSTEDO ORAL TABLET	Tier 5	PA; MO; QL (120 EA per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; QL (30 EA per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Tier 5	PA; QL (56 EA per 365 days); NEDS
DUVYZAT ORAL SUSPENSION	Tier 5	PA; QL (360 ML per 30 days); NEDS
FORZINITY SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (14 ML per 28 days); NEDS
INGREZZA ORAL CAPSULE 40 MG	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE 60 MG, 80 MG	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	Tier 5	PA; QL (30 EA per 30 days); NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier 5	PA; QL (56 EA per 365 days); NEDS
NUEDEXTA ORAL CAPSULE	Tier 5	PA; MO; NEDS
<i>riluzole oral tablet</i>	Tier 4	MO; QL (2 EA per 1 day)
SKYCLARYS ORAL CAPSULE	Tier 5	PA; QL (90 EA per 30 days); NEDS
<i>tasimelteon oral capsule</i>	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; MO
<i>tetrabenazine oral tablet 25 mg</i>	Tier 5	PA; MO; NEDS
VEOZAH ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	Tier 4	MO; QL (900 ML per 30 days)
SAVELLA ORAL TABLET	Tier 3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	Tier 3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS

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

Drug	Status	Requirements/Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
BETASERON SUBCUTANEOUS KIT	Tier 5	PA; MO; QL (15 EA per 30 days); NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier 3	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i>	Tier 4	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	Tier 4	PA; QL (120 EA per 365 days)
<i>fingolimod hcl oral capsule</i>	Tier 5	PA; QL (30 EA per 30 days); NEDS
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier 5	PA; MO; QL (30 ML per 30 days); NEDS
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 5	PA; MO; QL (12 ML per 28 days); NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (0.4 ML per 28 days); NEDS
<i>teriflunomide oral tablet</i>	Tier 5	PA; QL (30 EA per 30 days); NEDS
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Tier 5	PA; QL (14 EA per 365 days); NEDS
ZEPOSIA ORAL CAPSULE	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	Tier 5	PA; QL (56 EA per 365 days); NEDS
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule</i>	Tier 3	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	
<i>kourzeq mouth/throat paste</i>	Tier 2	
<i>periogard mouth/throat solution</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg</i>	Tier 3	MO
<i>pilocarpine hcl oral tablet 7.5 mg</i>	Tier 4	MO
<i>triamcinolone acetonide mouth/throat paste</i>	Tier 2	
Dermatological Agents		
Dermatological Agents		
<i>acitretin oral capsule</i>	Tier 4	

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

Drug	Status	Requirements/Limits
<i>acyclovir external ointment</i>	Tier 2	QL (15 GM per 14 days)
<i>adapalene external gel 0.1 %</i>	Tier 2	
<i>adapalene external solution</i>	Tier 5	NEDS
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (8 ML per 28 days); NEDS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (6 ML per 28 days); NEDS
<i>ammonium lactate external cream</i>	Tier 2	
<i>ammonium lactate external lotion</i>	Tier 2	
<i>azelaic acid external gel</i>	Tier 3	QL (100 GM per 30 days)
<i>calcipotriene external cream</i>	Tier 4	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier 4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier 4	QL (60 ML per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 4	
<i>clobetasol prop emollient base external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external gel</i>	Tier 3	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier 4	
<i>clobetasol propionate external solution</i>	Tier 3	QL (59 ML per 30 days)
CLODAN EXTERNAL SHAMPOO	Tier 4	
<i>clotrimazole-betamethasone external cream</i>	Tier 2	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	Tier 3	QL (60 ML per 30 days)
<i>diclofenac sodium external gel 1 %</i>	Tier 2	QL (960 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	Tier 3	QL (200 GM per 30 days)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; NEDS
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
<i>erythromycin external gel</i>	Tier 2	
<i>erythromycin external solution</i>	Tier 2	
EUCRISA EXTERNAL OINTMENT	Tier 4	PA
<i>fluorouracil external cream 0.5 %</i>	Tier 4	QL (30 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	Tier 3	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	Tier 4	
<i>hydrocortisone (perianal) external cream</i>	Tier 2	
<i>imiquimod external cream 5 %</i>	Tier 4	QL (48 EA per 30 days)

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

Drug	Status	Requirements/Limits
<i>mupirocin calcium external cream</i>	Tier 3	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	Tier 5	PA; QL (2 EA per 28 days); NEDS
<i>pimecrolimus external cream</i>	Tier 3	
<i>podofilox external solution</i>	Tier 3	
<i>procto-med hc external cream</i>	Tier 2	
<i>proctosol hc external cream</i>	Tier 2	
<i>proctozone-hc external cream</i>	Tier 2	
REGRANEX EXTERNAL GEL	Tier 5	NEDS
SANTYL EXTERNAL OINTMENT	Tier 4	QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	Tier 2	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 4	
<i>tacrolimus external ointment</i>	Tier 3	QL (120 GM per 30 days)
<i>tazarotene external cream</i>	Tier 3	QL (60 GM per 30 days)
<i>tazarotene external gel</i>	Tier 4	QL (100 GM per 30 days)
<i>tretinoin external cream 0.025 %</i>	Tier 2	
<i>tretinoin external cream 0.05 %, 0.1 %</i>	Tier 3	
<i>tretinoin external gel</i>	Tier 3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>aminosyn ii intravenous solution 15 %</i>	Tier 6	B/D; HI
<i>carglumic acid oral tablet soluble</i>	Tier 5	PA; NEDS
CLINISOL SF INTRAVENOUS SOLUTION	Tier 6	B/D; HI
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	Tier 6	HI
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	Tier 6	HI
<i>klor-con 10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m15 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m20 oral tablet extended release</i>	Tier 2	MO
<i>klor-con oral packet 20 meq</i>	Tier 4	MO
<i>klor-con oral tablet extended release</i>	Tier 2	MO
K-PHOS NO 2 ORAL TABLET	Tier 4	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Tier 6	HI

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

Drug	Status	Requirements/Limits
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	Tier 6	HI
<i>na sulfate-k sulfate-mg sulf oral solution</i>	Tier 4	
ORACIT ORAL SOLUTION	Tier 4	
PLENAMINE INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>potassium chloride crys er oral tablet extended release</i>	Tier 2	MO
<i>potassium chloride er oral capsule extended release</i>	Tier 2	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 2	MO
<i>potassium chloride er oral tablet extended release 15 meq</i>	Tier 2	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	Tier 6	HI
<i>potassium chloride oral packet 20 meq</i>	Tier 4	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 4	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Tier 3	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 2	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	Tier 6	HI
PREMASOL INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
PROSOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	Tier 6	HI
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 1	MO
TRAVASOL INTRAVENOUS SOLUTION	Tier 6	B/D; HI
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 6	B/D; HI
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox oral tablet 90 mg</i>	Tier 3	
<i>deferasirox oral tablet soluble 125 mg</i>	Tier 4	MO
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	Tier 5	MO; NEDS
JYNARQUE ORAL TABLET	Tier 5	PA; QL (120 EA per 30 days); NEDS
<i>kionex combination suspension</i>	Tier 3	
<i>penicillamine oral tablet</i>	Tier 5	NEDS

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

Drug	Status	Requirements/Limits
<i>sodium polystyrene sulfonate combination suspension</i>	Tier 3	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
<i>sps (sodium polystyrene sulf) combination suspension</i>	Tier 3	
TOLVAPTAN (HYPONATREMIA) ORAL TABLET 15 MG	Tier 5	PA; QL (120 EA per 30 days); NEDS
<i>tolvaptan (hyponatremia) oral tablet 30 mg</i>	Tier 5	PA; QL (120 EA per 30 days); NEDS
TOLVAPTAN ORAL TABLET 15 MG	Tier 5	PA; QL (120 EA per 30 days); NEDS
<i>tolvaptan oral tablet 30 mg</i>	Tier 5	PA; QL (120 EA per 30 days); NEDS
TRIENTINE HCL ORAL CAPSULE 250 MG	Tier 5	NEDS
VELTASSA ORAL PACKET 1 GM	Tier 4	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 4	MO
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	Tier 6	B/D; HI
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 6	HI
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %	Tier 6	HI
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	Tier 6	HI
<i>intralipid intravenous emulsion 20 %</i>	Tier 6	B/D; HI
INTRALIPID INTRAVENOUS EMULSION 30 %	Tier 6	B/D; HI
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 6	HI
NUTRILIPID INTRAVENOUS EMULSION	Tier 6	B/D; HI
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	Tier 6	HI
Vitamins		
PNV-DHA ORAL CAPSULE	Tier 4	

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

Drug	Status	Requirements/Limits
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	Tier 3	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 3	
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 3	
<i>glycopyrrolate oral solution</i>	Tier 4	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
Gastrointestinal Agents, Other		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	Tier 3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 4	
GATTEX SUBCUTANEOUS KIT	Tier 5	PA; MO; NEDS
IQIRVO ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
LIVDELZI ORAL CAPSULE	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>loperamide hcl oral capsule</i>	Tier 2	
<i>metoclopramide hcl +rfd injection solution</i>	Tier 2	
<i>metoclopramide hcl injection solution</i>	Tier 2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
MOTOFEN ORAL TABLET	Tier 4	
MOVANTIK ORAL TABLET	Tier 3	QL (30 EA per 30 days)
RELISTOR ORAL TABLET	Tier 5	QL (90 EA per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	Tier 5	QL (18 ML per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	Tier 5	QL (18 ML per 30 days); NEDS
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	Tier 5	QL (12 ML per 30 days); NEDS
REZDIFFRA ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>ursodiol oral capsule 300 mg</i>	Tier 3	MO
<i>ursodiol oral tablet</i>	Tier 3	MO
VOQUEZNA DUAL PAK ORAL THERAPY PACK	Tier 4	PA
VOQUEZNA ORAL TABLET 10 MG	Tier 4	PA; QL (30 EA per 30 days)
VOQUEZNA ORAL TABLET 20 MG	Tier 4	PA; QL (60 EA per 30 days)

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

Drug	Status	Requirements/Limits
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	Tier 4	PA
VOWST ORAL CAPSULE	Tier 5	PA; NEDS
XERMELO ORAL TABLET	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 2	
<i>cimetidine oral tablet 200 mg</i>	Tier 3	
<i>cimetidine oral tablet 300 mg</i>	Tier 3	MO
<i>cimetidine oral tablet 400 mg, 800 mg</i>	Tier 4	MO
<i>famotidine oral suspension reconstituted</i>	Tier 3	MO
<i>famotidine oral tablet 20 mg</i>	Tier 3	MO
<i>famotidine oral tablet 40 mg</i>	Tier 3	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	Tier 4	PA; MO; QL (2 EA per 1 day)
<i>alosetron hcl oral tablet 1 mg</i>	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
LINZESS ORAL CAPSULE	Tier 3	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule</i>	Tier 3	MO; QL (60 EA per 30 days)
Laxatives		
<i>constulose oral solution</i>	Tier 2	MO
<i>enulose oral solution</i>	Tier 2	MO
<i>gavilyte-c oral solution reconstituted</i>	Tier 2	
<i>gavilyte-g oral solution reconstituted</i>	Tier 2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	Tier 2	
<i>generlac oral solution</i>	Tier 2	MO
<i>lactulose oral solution</i>	Tier 2	MO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Tier 4	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 4	
Protectants		
<i>misoprostol oral tablet</i>	Tier 2	MO
<i>sucralfate oral suspension</i>	Tier 4	MO
<i>sucralfate oral tablet</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule delayed release</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	MO; QL (2 EA per 1 day)
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
AQNEURSA ORAL PACKET	Tier 5	PA; QL (120 EA per 30 days); NEDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	PA; HI; LA
<i>betaine oral powder</i>	Tier 5	MO; NEDS
CERDELGA ORAL CAPSULE	Tier 5	PA; MO; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier 3	MO
CYSTAGON ORAL CAPSULE	Tier 4	MO
<i>l-glutamine oral packet</i>	Tier 5	PA; NEDS
<i>miglustat oral capsule</i>	Tier 5	PA; MO; NEDS
MIPLYFFA ORAL CAPSULE	Tier 5	PA; QL (90 EA per 30 days); NEDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Tier 5	PA; MO; NEDS
<i>nitisinone oral capsule 20 mg</i>	Tier 5	PA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	Tier 6	PA; HI
<i>sapropterin dihydrochloride oral packet</i>	Tier 5	PA; MO; NEDS
<i>sapropterin dihydrochloride oral tablet</i>	Tier 5	PA; NEDS
SODIUM PHENYL BUTYRATE ORAL TABLET	Tier 5	MO; NEDS
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (20 ML per 28 days); NEDS
YARGESA ORAL CAPSULE	Tier 5	PA; NEDS
<i>zelvysia oral packet</i>	Tier 5	PA; NEDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 6	PA; HI

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

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

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

Drug	Status	Requirements/Limits
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet</i>	Tier 2	MO
<i>dutasteride oral capsule</i>	Tier 2	MO
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier 4	MO
<i>finasteride oral tablet 5 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>silodosin oral capsule</i>	Tier 3	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>terazosin hcl oral capsule</i>	Tier 1	MO
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	Tier 2	
ELMIRON ORAL CAPSULE	Tier 5	NEDS
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule</i>	Tier 3	
<i>calcium acetate (phos binder) oral tablet</i>	Tier 3	MO
<i>calcium acetate oral tablet 667 mg</i>	Tier 3	MO
<i>sevelamer carbonate oral packet</i>	Tier 4	MO
<i>sevelamer carbonate oral tablet</i>	Tier 2	MO
<i>sevelamer hcl oral tablet 800 mg</i>	Tier 2	MO
Glucose Monitoring Test Supplies		
Glucose Monitoring Test Supplies		
ACCU-CHEK AVIVA PLUS KIT	Tier 2	Part B; QL (1 EA per 365 days)
ACCU-CHEK GUIDE KIT	Tier 2	Part B; QL (1 EA per 365 days)
ACCU-CHEK GUIDE ME KIT	Tier 2	Part B; QL (1 EA per 365 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
AGAMREE ORAL SUSPENSION	Tier 5	PA; QL (300 ML per 30 days); NEDS
<i>alclometasone dipropionate external cream</i>	Tier 2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 2	QL (240 GM per 30 days)
<i>betamethasone dipropionate aug external cream</i>	Tier 2	QL (150 GM per 30 days)

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

Drug	Status	Requirements/Limits
<i>betamethasone dipropionate aug external gel</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Tier 4	QL (180 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Tier 3	QL (150 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 4	QL (150 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone valerate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>desonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>desonide external ointment</i>	Tier 4	QL (120 GM per 30 days)
<i>desoximetasone external cream</i>	Tier 4	QL (100 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	Tier 4	QL (180 GM per 30 days)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>dexamethasone oral elixir</i>	Tier 2	
<i>dexamethasone oral solution</i>	Tier 2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg</i>	Tier 1	
<i>dexamethasone oral tablet 2 mg, 6 mg</i>	Tier 2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Tier 2	
<i>fludrocortisone acetate oral tablet</i>	Tier 2	MO
<i>fluocinolone acetonide body external oil</i>	Tier 3	
<i>fluocinolone acetonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external ointment</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	Tier 4	QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Tier 3	
<i>fluocinonide emulsified base external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 3	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	Tier 2	QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	Tier 4	QL (60 ML per 30 days)
<i>fluticasone propionate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>fluticasone propionate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>halobetasol propionate external cream</i>	Tier 4	QL (150 GM per 30 days)

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

Drug	Status	Requirements/Limits
<i>halobetasol propionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
<i>hydrocortisone external cream 1 %</i>	Tier 2	
<i>hydrocortisone external cream 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	QL (240 ML per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Tier 2	QL (100 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	Tier 4	QL (180 GM per 30 days)
<i>medpura hydrocortisone external cream</i>	Tier 2	
<i>methylprednisolone oral tablet</i>	Tier 2	
<i>methylprednisolone oral tablet therapy pack</i>	Tier 2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Tier 2	
<i>mometasone furoate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external solution</i>	Tier 2	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	Tier 3	
<i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>prednisone oral solution</i>	Tier 4	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 2	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 2	QL (150 GM per 30 days)
<i>triderm external cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)

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

Drug	Status	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution</i>	Tier 3	MO
<i>desmopressin acetate injection solution</i>	Tier 5	NEDS
<i>desmopressin acetate oral tablet</i>	Tier 3	MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	Tier 4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Tier 5	PA; NEDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE	Tier 5	PA; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	Tier 5	PA; LA; MO; NEDS
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	Tier 4	MO
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	Tier 5	MO; NEDS
VYNDAMAX ORAL CAPSULE	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
VYNDAQEL ORAL CAPSULE	Tier 5	PA; MO; QL (4 EA per 1 day); NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>mifepristone oral tablet 300 mg</i>	Tier 5	PA; QL (120 EA per 30 days); NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol oral capsule</i>	Tier 4	

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

Drug	Status	Requirements/Limits
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 2	MO
<i>testosterone cypionate intramuscular solution 200 mg/ml (1 ml)</i>	Tier 2	
<i>testosterone enanthate intramuscular solution</i>	Tier 3	MO
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 3	PA; MO
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Tier 4	PA; MO
Estrogens		
ABIGALE LO ORAL TABLET	Tier 3	MO
<i>abigale oral tablet</i>	Tier 3	MO
<i>altavera oral tablet</i>	Tier 2	MO
<i>alyacen 1/35 oral tablet</i>	Tier 2	MO
AMETHIA ORAL TABLET	Tier 2	MO; QL (91 EA per 91 days)
<i>amethyst oral tablet</i>	Tier 2	MO
<i>apri oral tablet</i>	Tier 2	MO
<i>aranelle oral tablet</i>	Tier 3	MO
<i>ashlyna oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>aubra eq oral tablet</i>	Tier 2	MO
<i>aviane oral tablet</i>	Tier 2	MO
<i>azurette oral tablet</i>	Tier 2	MO
<i>balziva oral tablet</i>	Tier 3	MO
<i>blisovi 24 fe oral tablet</i>	Tier 4	MO
<i>blisovi fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>briellyn oral tablet</i>	Tier 3	MO
CAMRESE LO ORAL TABLET	Tier 2	QL (91 EA per 91 days)
CAMRESE ORAL TABLET	Tier 2	MO; QL (91 EA per 91 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier 4	MO
<i>cryselle oral tablet</i>	Tier 2	MO
<i>cyred eq oral tablet</i>	Tier 2	MO
DAYSEE ORAL TABLET	Tier 2	MO; QL (91 EA per 91 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 2	MO
<i>dotti transdermal patch twice weekly</i>	Tier 3	MO; QL (8 EA per 28 days)
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 3	MO
<i>eluryng vaginal ring</i>	Tier 3	MO

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

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

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

Drug	Status	Requirements/Limits
<i>kelnor 1/35 oral tablet</i>	Tier 3	MO
<i>kelnor 1/50 oral tablet</i>	Tier 3	MO
<i>kurvelo oral tablet</i>	Tier 2	MO
<i>larin 1.5/30 oral tablet</i>	Tier 3	MO
<i>larin 1/20 oral tablet</i>	Tier 2	MO
<i>larin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>larin fe 1/20 oral tablet</i>	Tier 2	MO
<i>leena oral tablet</i>	Tier 3	MO
<i>lessina oral tablet</i>	Tier 2	MO
<i>levonest oral tablet</i>	Tier 2	MO
<i>levonorgest-eth est & eth est oral tablet</i>	Tier 3	MO; QL (91 EA per 91 days)
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 3	MO; QL (91 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Tier 3	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Tier 4	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 2	MO
<i>levora 0.15/30 (28) oral tablet</i>	Tier 2	MO
<i>lojaimiess oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>loryna oral tablet</i>	Tier 2	MO
<i>low-ogestrel oral tablet</i>	Tier 2	MO
<i>luizza 1.5/30 oral tablet</i>	Tier 2	MO
<i>luizza 1/20 oral tablet</i>	Tier 2	MO
<i>lutra oral tablet</i>	Tier 2	MO
<i>lyllana transdermal patch twice weekly</i>	Tier 3	MO; QL (8 EA per 28 days)
<i>marlissa oral tablet</i>	Tier 2	MO
MENEST ORAL TABLET 0.625 MG, 2.5 MG	Tier 4	MO
<i>mibelas 24 fe oral tablet chewable</i>	Tier 2	MO
<i>microgestin 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin 1/20 oral tablet</i>	Tier 2	MO
<i>microgestin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin fe 1/20 oral tablet</i>	Tier 2	MO
<i>mili oral tablet</i>	Tier 2	MO
<i>mimvey oral tablet</i>	Tier 4	MO
<i>minzoya oral tablet</i>	Tier 2	MO
<i>necon 0.5/35 (28) oral tablet</i>	Tier 2	MO
<i>nikki oral tablet</i>	Tier 2	MO

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

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

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

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

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

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

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

Drug	Status	Requirements/Limits
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
CRENESSITY ORAL CAPSULE 100 MG	Tier 5	PA; QL (120 EA per 30 days); NEDS
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	Tier 5	PA; QL (90 EA per 30 days); NEDS
CRENESSITY ORAL SOLUTION	Tier 5	PA; QL (240 ML per 30 days); NEDS
ISTURISA ORAL TABLET 1 MG	Tier 5	PA; MO; QL (240 EA per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	Tier 5	PA; MO; QL (360 EA per 30 days); NEDS
LYSODREN ORAL TABLET	Tier 5	NEDS
PALSONIFY ORAL TABLET 20 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS
PALSONIFY ORAL TABLET 30 MG	Tier 5	PA; QL (120 EA per 30 days); NEDS
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	Tier 3	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	Tier 4	QL (1 EA per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG	Tier 4	QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	Tier 4	QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	Tier 4	QL (1 EA per 28 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA NS; QL (4 EA per 365 days); NEDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4	PA NS; QL (1 EA per 28 days)
<i>lanreotide acetate subcutaneous solution</i>	Tier 5	PA NS; NEDS
<i>leuprolide acetate injection kit</i>	Tier 4	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Tier 5	QL (1 EA per 28 days); NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Tier 5	QL (1 EA per 84 days); NEDS

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

Drug	Status	Requirements/Limits
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Tier 5	QL (1 EA per 112 days); NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier 4	MO
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Tier 5	MO; NEDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	Tier 5	MO; QL (1 EA per 28 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (60 ML per 30 days); NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	Tier 5	PA NS; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	Tier 5	PA; NEDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	LA; MO; NEDS
SYNAREL NASAL SOLUTION	Tier 5	NEDS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	Tier 2	MO
<i>propylthiouracil oral tablet</i>	Tier 2	MO
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	Tier 6	PA; HI
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	PA; HI
EKTERLY ORAL TABLET	Tier 5	PA; QL (120 EA per 30 days); NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
ICATIBANT ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	Tier 6	HI
<i>sajazir subcutaneous solution prefilled syringe</i>	Tier 5	PA; NEDS
Antiangiogenic Agents		
EMPAVELI SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (200 ML per 28 days); NEDS

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

Drug	Status	Requirements/Limits
Immune Suppressants		
<i>azathioprine sodium injection solution reconstituted</i>	Tier 5	B/D; NEDS
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION	Tier 5	PA; NEDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML	Tier 5	PA; NEDS
GAMMAGARD ERC INJECTION SOLUTION	Tier 5	PA; NEDS
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 5 GM/50ML	Tier 5	PA; NEDS
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 5 GM/50ML	Tier 5	PA; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	Tier 5	PA; NEDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 5 GM/50ML	Tier 5	PA; NEDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML	Tier 5	PA; NEDS
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 5	PA; NEDS
Immunological Agents, Other		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier 5	PA NS; LA; MO; NEDS
ANZUPGO EXTERNAL CREAM	Tier 5	PA; QL (60 GM per 28 days); NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; NEDS
<i>auranofin oral capsule</i>	Tier 5	NEDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA NS; NEDS
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	Tier 5	PA; QL (2 ML per 28 days); NEDS

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

Drug	Status	Requirements/Limits
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	Tier 5	PA; QL (2 ML per 28 days); NEDS
CIBINQO ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (10 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	Tier 5	PA; MO; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 5	PA; MO; QL (4.56 ML per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	Tier 5	PA; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	Tier 5	PA; NEDS
LAGEVRIO ORAL CAPSULE	Tier 3	QL (40 EA per 5 days)
<i>leflunomide oral tablet</i>	Tier 2	MO
LEQSELVI ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days); NEDS
OCTAGAM INTRAVENOUS SOLUTION 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	Tier 5	PA; NEDS
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	Tier 3	PA; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS

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

Drug	Status	Requirements/Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	Tier 5	PA; MO; QL (1.6 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	Tier 5	PA; MO; QL (2.8 ML per 28 days); NEDS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	Tier 3	QL (20 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	Tier 3	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	Tier 3	QL (30 EA per 5 days)
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML	Tier 5	PA; NEDS
REVCOVI INTRAMUSCULAR SOLUTION	Tier 5	PA; NEDS
RHAPSIDO ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days); NEDS
RINVOQ LQ ORAL SOLUTION	Tier 5	PA; QL (360 ML per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	Tier 5	PA; QL (1 EA per 1 day); NEDS
SKYRIZI INTRAVENOUS SOLUTION	Tier 5	PA; MO; QL (60 ML per 365 days); NEDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Tier 5	PA; QL (1.2 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Tier 5	PA; MO; QL (2.4 ML per 56 days); NEDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
SOTYKTU ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
STELARA INTRAVENOUS SOLUTION	Tier 5	PA; QL (104 ML per 365 days); NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; MO; QL (3 ML per 84 days); NEDS

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

Drug	Status	Requirements/Limits
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	PA; QL (3 ML per 84 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; QL (3 ML per 84 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	Tier 5	PA; QL (0.5 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; QL (2 ML per 56 days); NEDS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 5	PA; QL (4 ML per 28 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; MO; QL (2 ML per 56 days); NEDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Tier 5	PA; QL (2 ML per 28 days); NEDS
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (4 ML per 28 days); NEDS
USTEKINUMAB INTRAVENOUS SOLUTION	Tier 5	PA; QL (104 ML per 365 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; MO; QL (3 ML per 84 days); NEDS
WEZLANA SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (3 ML per 84 days); NEDS
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (3 ML per 84 days); NEDS
XELJANZ ORAL SOLUTION	Tier 5	PA; MO; QL (300 ML per 30 days); NEDS
XELJANZ ORAL TABLET	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS

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

Drug	Status	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	Tier 5	PA; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 5	PA; QL (8 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; QL (8 EA per 28 days); NEDS
Immunomodulators		
ILARIS SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (2 ML per 28 days); NEDS
Immunosuppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; NEDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (3.6 ML per 28 days); NEDS
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 5	PA; QL (6 EA per 28 days); NEDS
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; QL (3 EA per 28 days); NEDS
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; QL (6 EA per 28 days); NEDS
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	Tier 5	PA; QL (2 EA per 28 days); NEDS
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 5	PA; QL (6 EA per 28 days); NEDS
<i>adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit</i>	Tier 5	PA; QL (3 EA per 28 days); NEDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	B/D
<i>azathioprine oral tablet 50 mg</i>	Tier 2	B/D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS

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

Drug	Status	Requirements/Limits
<i>cyclosporine modified oral capsule</i>	Tier 4	B/D; MO
<i>cyclosporine modified oral solution</i>	Tier 4	B/D; MO
<i>cyclosporine oral capsule</i>	Tier 4	B/D; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	Tier 4	B/D
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	Tier 5	B/D; NEDS
<i>everolimus oral tablet 0.25 mg</i>	Tier 4	B/D; MO
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	Tier 5	B/D; MO; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 4	B/D; MO
<i>gengraf oral solution</i>	Tier 4	B/D; MO
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; MO; QL (6 EA per 365 days); NEDS
JYLAMVO ORAL SOLUTION	Tier 4	PA NS

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

Drug	Status	Requirements/Limits
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (2.28 ML per 28 days); NEDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; QL (2.28 ML per 28 days); NEDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; MO; NEDS
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution reconstituted</i>	Tier 2	
<i>methotrexate sodium oral tablet</i>	Tier 2	
<i>mycophenolate mofetil oral capsule</i>	Tier 4	B/D; MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier 5	B/D; MO; NEDS
<i>mycophenolate mofetil oral tablet</i>	Tier 4	B/D; MO
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 4	B/D; MO
OTEZLA ORAL TABLET 20 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS
OTEZLA ORAL TABLET 30 MG	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
OTEZLA ORAL TABLET THERAPY PACK	Tier 5	PA; QL (110 EA per 365 days); NEDS
PROGRAF ORAL PACKET	Tier 4	B/D; MO
REZUROCK ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days); NEDS
<i>sirolimus oral solution</i>	Tier 4	B/D; MO
<i>sirolimus oral tablet</i>	Tier 4	B/D; MO
<i>tacrolimus er oral capsule extended release 24 hour</i>	Tier 4	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	Tier 3	B/D; MO
<i>tacrolimus oral capsule 5 mg</i>	Tier 4	B/D; MO
TAVNEOS ORAL CAPSULE	Tier 5	PA; QL (180 EA per 30 days); NEDS
XATMEP ORAL SOLUTION	Tier 4	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 5	PA; QL (2 EA per 28 days); NEDS
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; QL (1 EA per 28 days); NEDS

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

Drug	Status	Requirements/Limits
Vaccines		
ABRYVO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	QL (1 EA per 252 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
ADACEL INTRAMUSCULAR SUSPENSION	Tier 6	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	QL (1 EA per 999 days)
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	Tier 6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 6	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 6	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 6	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Tier 6	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 6	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED	Tier 6	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
INFANRIX INTRAMUSCULAR SUSPENSION	Tier 6	
IPOL INJECTION SUSPENSION	Tier 6	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
IXIARO INTRAMUSCULAR SUSPENSION	Tier 6	

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Drug	Status	Requirements/Limits
JYNNEOS SUBCUTANEOUS SUSPENSION	Tier 6	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 6	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	QL (0.5 ML per 999 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier 6	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
<i>penmenvy intramuscular suspension reconstituted</i>	Tier 6	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 6	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
RECOMBIVAX HB INJECTION SUSPENSION	Tier 6	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Tier 6	B/D
ROTARIX ORAL SUSPENSION	Tier 6	
ROTATEQ ORAL SOLUTION	Tier 6	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	QL (1 ML per 365 days)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 6	QL (2 EA per 999 days)

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

Drug	Status	Requirements/Limits
STAMARIL INJECTION SUSPENSION RECONSTITUTED	Tier 6	
TENIVAC INTRAMUSCULAR INJECTABLE	Tier 6	
TENIVAC INTRAMUSCULAR SUSPENSION	Tier 6	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TYPHIM VI INTRAMUSCULAR SOLUTION	Tier 6	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 6	
VAQTA INTRAMUSCULAR SUSPENSION	Tier 6	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	Tier 6	
VARIZIG INTRAMUSCULAR SOLUTION	Tier 6	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	Tier 6	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Tier 6	
YF-VAX SUBCUTANEOUS INJECTABLE	Tier 6	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	

Inflammatory Bowel Disease Agents

Aminosalicylates

<i>balsalazide disodium oral capsule</i>	Tier 4	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 4	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 4	
<i>mesalamine rectal enema</i>	Tier 4	
<i>mesalamine rectal suppository</i>	Tier 4	
<i>mesalamine-cleanser rectal kit</i>	Tier 2	
<i>sulfasalazine oral tablet</i>	Tier 2	MO
<i>sulfasalazine oral tablet delayed release</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
Glucocorticoids		
ANALPRAM HC EXTERNAL CREAM 2.5-1 %	Tier 3	
<i>budesonide er oral tablet extended release 24 hour</i>	Tier 5	QL (1 EA per 1 day); NEDS
<i>budesonide oral capsule delayed release particles</i>	Tier 3	QL (3 EA per 1 day)
<i>hydrocortisone oral tablet</i>	Tier 2	
<i>hydrocortisone rectal enema</i>	Tier 2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	MO; QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; NEDS
<i>calcitonin (salmon) injection solution</i>	Tier 5	NEDS
<i>calcitonin (salmon) nasal solution</i>	Tier 3	MO; QL (3.7 ML per 30 days)
<i>calcitriol oral capsule</i>	Tier 2	MO
<i>calcitriol oral solution</i>	Tier 4	MO
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 3	MO
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 4	MO
<i>ibandronate sodium oral tablet</i>	Tier 2	MO; QL (1 EA per 28 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	QL (2 ML per 365 days)
OSEVELT SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
<i>paricalcitol oral capsule</i>	Tier 4	PA; MO
<i>risedronate sodium oral tablet 150 mg</i>	Tier 4	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 4	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	Tier 4	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	Tier 4	MO; QL (1 EA per 1 day)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	QL (2 ML per 365 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	Tier 5	PA; MO; NEDS
WYOST SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML	Tier 5	PA; QL (1.12 ML per 28 days); NEDS

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

Drug	Status	Requirements/Limits
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML	Tier 5	PA; QL (1.96 ML per 28 days); NEDS
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML	Tier 5	PA; QL (2.8 ML per 28 days); NEDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS 31G X 6 MM	Tier 4	QL (200 EA per 30 days)
1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM	Tier 4	QL (200 EA per 30 days)
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
BD DISP NEEDLES 25G X 7/8" , 30G X 1/2"	Tier 4	
BD PEN	Tier 4	
BD PEN MINI	Tier 4	
BD PEN NEEDLE MICRO U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE MINI U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE MINI ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE NANO U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE NANO ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE ORIGINAL U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT U/F	Tier 4	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE	Tier 4	QL (200 EA per 30 days)
BD SYRINGE LUER-LOK 1 ML	Tier 4	
CEQR SIMPLICITY 2U DEVICE	Tier 4	PA; QL (1 EA per 4 days)
CEQR SIMPLICITY INSERTER	Tier 4	PA
COMFORT EZ PEN NEEDLES 32G X 8 MM	Tier 4	QL (200 EA per 30 days)
<i>dichlorphenamide oral tablet</i>	Tier 5	PA; QL (120 EA per 30 days); NEDS
DROPLET PEN NEEDLES 32G X 8 MM	Tier 4	QL (200 EA per 30 days)
EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8"	Tier 4	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Tier 4	QL (200 EA per 30 days)
<i>levocarnitine oral solution</i>	Tier 4	MO
<i>levocarnitine oral tablet</i>	Tier 4	MO
LITETOUCH PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)

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

Drug	Status	Requirements/Limits
<i>methylergonovine maleate oral tablet</i>	Tier 5	QL (56 EA per 365 days); NEDS
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 26G X 1/2" , 27G X 1/2" , 30G X 3/4"	Tier 4	
MONOJECT INSULIN SYRINGE U-100 1 ML	Tier 4	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 4	PA; QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 4	PA; QL (1 EA per 3 days)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	Tier 4	PA; QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	Tier 4	PA; QL (1 EA per 3 days)
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 4	PA; QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	Tier 4	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	Tier 4	PA; QL (1 EA per 3 days)
PEN NEEDLES 30G X 8 MM	Tier 4	QL (200 EA per 30 days)
PURE COMFORT PEN NEEDLE 32G X 8 MM	Tier 4	QL (200 EA per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
ULTICARE PEN NEEDLES 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
ULTILET PEN NEEDLE 29G X 12.7MM	Tier 4	QL (200 EA per 30 days)
ULTRA-THIN II PEN NEEDLES	Tier 4	QL (200 EA per 30 days)
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	Tier 3	MO
<i>latanoprost ophthalmic solution</i>	Tier 2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 3	MO; QL (2.5 ML per 25 days)
RHOPRESSA OPHTHALMIC SOLUTION	Tier 3	MO; QL (2.5 ML per 25 days)
<i>travoprost (bak free) ophthalmic solution</i>	Tier 3	MO; QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION	Tier 4	QL (5 ML per 25 days)
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	

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

Drug	Status	Requirements/Limits
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 2	
CEQUA OPHTHALMIC SOLUTION	Tier 4	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 2	MO
MIEBO OPHTHALMIC SOLUTION	Tier 4	PA; QL (12 ML per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 3	
<i>neo-polycin hc ophthalmic ointment</i>	Tier 2	
<i>neo-polycin ophthalmic ointment</i>	Tier 2	
<i>polycin ophthalmic ointment</i>	Tier 2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	
<i>proparacaine hcl ophthalmic solution</i>	Tier 2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 3	MO
RESTASIS OPHTHALMIC EMULSION	Tier 3	MO
ROCKLATAN OPHTHALMIC SOLUTION	Tier 4	MO; QL (2.5 ML per 25 days)
TRYPTYR OPHTHALMIC SOLUTION	Tier 4	PA; QL (60 EA per 30 days)
XDEMVY OPHTHALMIC SOLUTION	Tier 5	QL (10 ML per 42 days); NEDS
Ophthalmic Anti-Allergy Agents		
ALOCRILOPHTHALMIC SOLUTION	Tier 4	
<i>azelastine hcl ophthalmic solution</i>	Tier 2	
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	
<i>epinastine hcl ophthalmic solution</i>	Tier 3	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 2	MO
<i>apraclonidine hcl ophthalmic solution</i>	Tier 2	
<i>betaxolol hcl ophthalmic solution</i>	Tier 3	MO
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	Tier 4	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 2	MO
<i>brinzolamide ophthalmic suspension</i>	Tier 4	MO
<i>carteolol hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 2	MO

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

Drug	Status	Requirements/Limits
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Tier 4	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MO
<i>pilocarpine hcl ophthalmic solution 1 %</i>	Tier 3	MO
<i>pilocarpine hcl ophthalmic solution 2 %, 4 %</i>	Tier 2	MO
SIMBRINZA OPHTHALMIC SUSPENSION	Tier 4	MO
<i>timolol maleate (once-daily) ophthalmic solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %</i>	Tier 4	MO
<i>timolol maleate ophthalmic gel forming solution 0.5 %</i>	Tier 3	MO
<i>timolol maleate ophthalmic solution</i>	Tier 1	MO
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 4	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Tier 2	QL (12 ML per 365 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	Tier 1	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 2	
<i>diclofenac sodium ophthalmic solution</i>	Tier 2	
<i>difluprednate ophthalmic emulsion</i>	Tier 4	
EYSUVIS OPHTHALMIC SUSPENSION	Tier 4	QL (16.6 ML per 30 days)
<i>fluorometholone ophthalmic suspension</i>	Tier 3	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier 2	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier 2	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 2	
<i>prednisolone acetate ophthalmic suspension</i>	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	Tier 4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 2	
TOBRADEX OPHTHALMIC OINTMENT	Tier 3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 2	

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

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

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

Drug	Status	Requirements/Limits
Antileukotrienes		
<i>montelukast sodium oral packet</i>	Tier 2	MO
<i>montelukast sodium oral tablet</i>	Tier 2	MO
<i>montelukast sodium oral tablet chewable</i>	Tier 2	MO
<i>zafirlukast oral tablet</i>	Tier 3	MO; QL (2 EA per 1 day)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier 4	MO; QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO; QL (8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	Tier 3	MO; QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution</i>	Tier 2	B/D; MO; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution</i>	Tier 2	MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 2	B/D; MO; QL (540 ML per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	Tier 3	MO; QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 3	MO
<i>tiotropium bromide inhalation capsule</i>	Tier 3	QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Tier 2	MO; QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	Tier 2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	Tier 2	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Tier 2	B/D; MO; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 2	B/D; MO; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Tier 2	B/D; MO; QL (100 EA per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 3	MO
<i>albuterol sulfate oral tablet</i>	Tier 4	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	Tier 3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 3	

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

Drug	Status	Requirements/Limits
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>	Tier 3	B/D; MO; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	Tier 2	B/D; MO; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Tier 4	B/D; MO; QL (90 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	Tier 2	B/D; MO; QL (270 ML per 30 days)
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	MO; QL (30 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	MO; QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 3	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet</i>	Tier 4	MO
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE	Tier 5	PA; MO; QL (560 EA per 28 days); NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
KALYDECO ORAL PACKET 13.4 MG	Tier 5	PA; QL (56 EA per 28 days); NEDS
KALYDECO ORAL PACKET 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 5	PA; MO; QL (56 EA per 28 days); NEDS
KALYDECO ORAL TABLET	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	Tier 5	PA; MO; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL PACKET 75-94 MG	Tier 5	PA; QL (56 EA per 28 days); NEDS
ORKAMBI ORAL TABLET	Tier 5	PA; MO; QL (112 EA per 28 days); NEDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 5	B/D; MO; NEDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	Tier 5	PA; MO; QL (56 EA per 28 days); NEDS
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
TOBI PODHALER INHALATION CAPSULE	Tier 5	MO; QL (224 EA per 56 days); NEDS

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

Drug	Status	Requirements/Limits
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 5	B/D; MO; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	Tier 5	PA; MO; QL (84 EA per 28 days); NEDS
TRIKAFTA ORAL THERAPY PACK	Tier 5	PA; QL (56 EA per 28 days); NEDS
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution</i>	Tier 3	B/D; MO
<i>cromolyn sodium oral concentrate</i>	Tier 4	MO
Phosphodiesterase Inhibitors, Airways Disease		
ELIXOPHYLLIN ORAL ELIXIR	Tier 4	MO
OHTUVAYRE INHALATION SUSPENSION	Tier 5	PA; QL (150 ML per 30 days); NEDS
<i>roflumilast oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	Tier 4	MO
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>theophylline oral elixir</i>	Tier 4	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS
ALYQ ORAL TABLET	Tier 4	PA; MO; QL (60 EA per 30 days)
<i>ambrisentan oral tablet</i>	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
<i>bosentan oral tablet</i>	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
<i>bosentan oral tablet soluble</i>	Tier 5	PA; MO; QL (112 EA per 28 days); NEDS
OPSUMIT ORAL TABLET	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; QL (336 EA per 365 days); NEDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; QL (672 EA per 365 days); NEDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	Tier 5	PA; QL (504 EA per 365 days); NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Tier 4	PA; MO

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

Drug	Status	Requirements/Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; MO; NEDS
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 3	PA; MO; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	Tier 4	PA; MO; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	Tier 5	PA; QL (400 EA per 365 days); NEDS
VENTAVIS INHALATION SOLUTION	Tier 5	PA; MO; QL (270 ML per 30 days); NEDS
WINREVAIR SUBCUTANEOUS KIT	Tier 5	PA; QL (1 EA per 21 days); NEDS
Pulmonary Fibrosis Agents		
JASCAYD ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days); NEDS
OFEV ORAL CAPSULE	Tier 5	PA; MO; NEDS
<i>pirfenidone oral capsule</i>	Tier 5	PA; MO; NEDS
<i>pirfenidone oral tablet</i>	Tier 5	PA; MO; NEDS
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution</i>	Tier 3	B/D
AIRSUPRA INHALATION AEROSOL	Tier 3	QL (32.1 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 3	MO; QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL	Tier 3	MO; QL (10.7 GM per 30 days)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT	Tier 3	QL (12 GM per 30 days)
BREYNA INHALATION AEROSOL 80-4.5 MCG/ACT	Tier 3	QL (13.8 GM per 30 days)
BRINSUPRI ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	MO; QL (24 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	Tier 3	MO; QL (12 GM per 30 days)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	Tier 3	MO; QL (13.8 GM per 30 days)

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

Drug	Status	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 3	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL	Tier 3	MO; QL (24 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	Tier 3	MO; QL (23.6 GM per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	Tier 4	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 500-50 mcg/act</i>	Tier 3	QL (60 EA per 30 days)
<i>mometasone furoate nasal suspension</i>	Tier 2	QL (34 GM per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Tier 5	PA; QL (0.4 ML per 28 days); NEDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; MO; QL (3 EA per 28 days); NEDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 3	MO; QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act</i>	Tier 3	QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 500-50 mcg/act</i>	Tier 3	MO; QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 350 mg</i>	Tier 2	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier 2	

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

Drug	Status	Requirements/Limits
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	Tier 2	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	Tier 1	QL (30 EA per 30 days)
Sleep Disorders, Other		
LUMRYZ STARTER PACK ORAL THERAPY PACK	Tier 5	PA; QL (56 EA per 365 days); NEDS
<i>modafinil oral tablet</i>	Tier 2	PA; MO; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	Tier 3	QL (30 EA per 30 days)
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Sleep Promoting Agents		
BELSOMRA ORAL TABLET	Tier 3	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 4	QL (30 EA per 30 days)

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<i>carbidopa</i>	31	<i>ciclopirox</i>	19	<i>clonazepam</i>	13
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<i>carvedilol</i>	51	<i>claravis</i>	59	<i>colesevelam hcl</i>	54
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<i>cefuroxime axetil</i>	8	<i>clindamycin phos (once-daily)</i>	6	CORLANOR	52
<i>cefuroxime sodium</i>	8	<i>clindamycin phos (twice-daily)</i>	6	COSENTYX	80
<i>celecoxib</i>	3	<i>clindamycin phosphate</i>	6	COSENTYX (300 MG DOSE)	80
<i>cephalexin</i>	8	<i>clindamycin phosphate in d5w</i>	6	COSENTYX SENSOREADY	
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<i>desogestrel-ethinyl estradiol</i>	71	<i>disulfiram</i>	5	ELIGARD	77
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<i>dexlansoprazole</i>	65	<i>doxycycline hyclate</i>	11	<i>enalapril-hydrochlorothiazide</i>	50
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EPIDIOLEX	13	<i>falmina</i>	72
<i>epinastine hcl</i>	92	<i>famciclovir</i>	36
<i>epinephrine</i>	95	<i>famotidine</i>	64
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<i>eplerenone</i>	53	FANAPT TITRATION	
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<i>ergotamine-caffeine</i>	20	FASENRA	99
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<i>erythromycin base</i>	10	<i>fenofibrate</i>	54
<i>erythromycin ethylsuccinate</i>	10	<i>fenofibrate micronized</i>	54
<i>escitalopram oxalate</i>	17	<i>fentanyl</i>	4
<i>eslicarbazepine acetate</i>	14	FETZIMA	17
<i>esomeprazole magnesium</i>	65	FETZIMA TITRATION	17
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<i>estradiol</i>	72	FIASP FLEXTOUCH	43
<i>estradiol-norethindrone acet</i>	72	FIASP PENFILL	43
ESTRING	72	<i>fidaxomicin</i>	10
<i>estrogens conjugated</i>	72	<i>finasteride</i>	67
<i>eszopiclone</i>	100	<i>fingolimod hcl</i>	58
<i>ethacrynic acid</i>	53	FINTEPLA	12
<i>ethambutol hcl</i>	21	<i>finzala</i>	72
<i>ethosuximide</i>	13	FIRMAGON	77
<i>ethynodiol diac-eth estradiol</i>	72	FIRMAGON (240 MG DOSE)	77
<i>etodolac</i>	3	<i>flac</i>	94
<i>etodolac er</i>	3	FLEBOGAMMA DIF	79, 80
<i>etonogestrel-ethinyl estradiol</i>	72	<i>flecainide acetate</i>	51
<i>etravirine</i>	36	<i>fluconazole</i>	19
EUCRISA	59	<i>fluconazole in sodium chloride</i> ..	19
EULEXIN	22	<i>flucytosine</i>	19
<i>euthyrox</i>	76	<i>fludrocortisone acetate</i>	68
<i>everolimus</i>	26, 84	<i>flunisolide</i>	94
EVERSENSE		<i>fluocinolone acetonide</i>	68, 94
SENSOR/HOLDER	46	<i>fluocinolone acetonide body</i>	68
		<i>fluocinolone acetonide scalp</i>	68
		<i>fluocinonide</i>	68
		<i>fluocinonide emulsified base</i>	68
		<i>fluorometholone</i>	93
		<i>fluorouracil</i>	59
		<i>fluoxetine hcl</i>	17
		<i>fluphenazine decanoate</i>	31
		<i>fluphenazine hcl</i>	31
		<i>flurbiprofen</i>	3
		<i>flurbiprofen sodium</i>	93
		<i>fluticasone propionate</i>	68, 94
		<i>fluticasone propionate diskus</i>	94
		<i>fluticasone propionate hfa</i>	94
		<i>fluticasone-salmeterol</i>	99
		<i>fluvastatin sodium</i>	54
		<i>fluvastatin sodium er</i>	54
		<i>fluvoxamine maleate</i>	17
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		<i>fondaparinux sodium</i>	48
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		<i>fosfomycin tromethamine</i>	6
		<i>fosinopril sodium</i>	50
		<i>fosinopril sodium-hctz</i>	50
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FRUZAQLA	26	<i>griseofulvin microsize</i>	19	(CONCENTRATED)	43
<i>fulvestrant</i>	22	<i>griseofulvin ultramicrosize</i>	19	HUMULIN R U-500	
<i>furosemide</i>	53	<i>guanfacine hcl</i>	49	KWIKPEN	43
FUZEON	38	<i>guanfacine hcl er</i>	56	<i>hydralazine hcl</i>	55
<i>fyavolv</i>	72	GUARDIAN LINK 3		<i>hydrochlorothiazide</i>	54
FYCOMPA	14	TRANSMITTER	47	<i>hydrocodone-acetaminophen</i>	4
<i>gabapentin</i>	13	GUARDIAN REAL-TIME		<i>hydrocortisone</i>	69, 89
<i>galantamine hydrobromide</i>	15	REPLACE PED	47	<i>hydrocortisone (perianal)</i>	59
<i>galantamine hydrobromide er</i>	15	GUARDIAN SENSOR (3)	47	<i>hydrocortisone valerate</i>	69
<i>galbriela</i>	72	GVOKE HYPOPEN 2-PACK	42	<i>hydrocortisone-acetic acid</i>	94
<i>gallifrey</i>	75	GVOKE KIT	42	<i>hydromorphone hcl</i>	4
GAMMAGARD	79	GVOKE PFS	42	<i>hydroxychloroquine sulfate</i>	30
GAMMAGARD ERC	79	HAEGARDA	78	<i>hydroxyurea</i>	23
GAMMAGARD S/D LESS		<i>hailey 24 fe</i>	72	<i>hydroxyzine hcl</i>	39
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GAMUNEX-C	79	<i>haloperidol</i>	32	IBRANCE	23
GARDASIL 9	86	<i>haloperidol decanoate</i>	31	IBTROZI	26
<i>gatifloxacin</i>	10	<i>haloperidol lactate</i>	32	<i>ibu</i>	3
GATTEX	63	HARVONI	35	<i>ibuprofen</i>	3
<i>gavilyte-c</i>	64	HAVRIX	86	ICATIBANT ACETATE	78
<i>gavilyte-g</i>	64	<i>heather</i>	76	<i>iclevia</i>	72
<i>gavilyte-n with flavor pack</i>	64	<i>heparin sodium (porcine)</i>	48	ICLUSIG	26
GAVRETO	23	<i>heparin sodium (porcine) pf</i>	48	<i>icosapent ethyl</i>	55
<i>gefitinib</i>	26	HEPLISAV-B	86	IDHIFA	24
<i>gemfibrozil</i>	54	HERNEXEOS	26	IDVYNZO	37
GEMTESA	66	HIBERIX	86	ILARIS	83
<i>generlac</i>	64	HUMALOG	43	<i>imatinib mesylate</i>	26
<i>gengraf</i>	84	HUMALOG JUNIOR		IMBRUVICA	26
GENOTROPIN	70	KWIKPEN	43	<i>imipenem-cilastatin</i>	9
GENOTROPIN MINIQUICK	70	HUMALOG KWIKPEN	43	<i>imipramine hcl</i>	18
<i>gentamicin in saline</i>	6	HUMALOG MIX 50/50		<i>imiquimod</i>	59
<i>gentamicin sulfate</i>	6	KWIKPEN	43	IMKELDI	26
GENVOYA	36	HUMALOG MIX 75/25	43	IMOVAX RABIES	86
GILOTRIF	23	HUMALOG MIX 75/25		IMPAVIDO	30
GLATIRAMER ACETATE	58	KWIKPEN	43	INBRIJA	31
GLEOSTINE	22	HUMIRA (1 PEN)	84	<i>incassia</i>	76
<i>glimepiride</i>	41	HUMIRA (2 PEN)	84	INCRELEX	70
<i>glipizide</i>	41	HUMIRA (2 SYRINGE)	84	INCRUSE ELLIPTA	95
<i>glipizide er</i>	41	HUMIRA-CD/UC/HS		<i>indapamide</i>	54
<i>glipizide-metformin hcl</i>	42	STARTER	84	<i>indomethacin</i>	3
GLOBAL ALCOHOL PREP		HUMIRA-		<i>indomethacin er</i>	3
EASE	6	PSORIASIS/UEVIT		INFANRIX	86
GLUCAGON EMERGENCY	42	STARTER	84	INGREZZA	57
<i>glyburide</i>	41	HUMULIN 70/30	43	INLURIYO	23
<i>glyburide-metformin</i>	42	HUMULIN 70/30 KWIKPEN	43	INLYTA	26

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INREBIC	26	<i>jasmiel</i>	72	<i>lamotrigine</i>	12, 40
INSULIN ASPART	44	JAYPIRCA	27	<i>lamotrigine starter kit-blue</i>	12
INSULIN ASPART		JENTADUETO	42	<i>lamotrigine starter kit-green</i>	12
FLEXPEN	44	JENTADUETO XR	42	<i>lamotrigine starter kit-orange</i>	12
INSULIN ASPART PENFILL	44	<i>jinteli</i>	72	<i>lanreotide acetate</i>	77
<i>insulin lispro</i>	44	JOLESSA	72	<i>lansoprazole</i>	65
INSULIN LISPRO (1 UNIT		JUBBONTI	89	LANTUS	44
DIAL)	44	<i>juleber</i>	72	LANTUS SOLOSTAR	44
<i>insulin lispro junior kwikpen</i>	44	JULUCA	37	<i>lapatinib ditosylate</i>	27
<i>insulin lispro prot & lispro</i>	44	<i>junel 1.5/30</i>	72	<i>larin 1.5/30</i>	73
INTELENCE	36	<i>junel 1/20</i>	72	<i>larin 1/20</i>	73
<i>intralipid</i>	62	<i>junel fe 1.5/30</i>	72	<i>larin fe 1.5/30</i>	73
INTRALIPID	62	<i>junel fe 1/20</i>	72	<i>larin fe 1/20</i>	73
<i>introvale</i>	72	<i>junel fe 24</i>	72	<i>latanoprost</i>	91
INVEGA HAFYERA	32	JYLAMVO	84	LAZCLUZE	27
INVEGA SUSTENNA	32	JYNARQUE	61	<i>lederle leucovorin</i>	29
INVEGA TRINZA	33	JYNNEOS	87	<i>leena</i>	73
INZIRQO	54	KALETRA	39	<i>leflunomide</i>	80
IPOL	86	KALYDECO	96	<i>lenalidomide</i>	22
<i>ipratropium bromide</i>	95	<i>kariva</i>	72	LENVIMA (10 MG DAILY	
<i>ipratropium-albuterol</i>	95	<i>kcl in dextrose-nacl</i>	60	DOSE)	27
IQIRVO	63	<i>kelnor 1/35</i>	73	LENVIMA (12 MG DAILY	
<i>irbesartan</i>	50	<i>kelnor 1/50</i>	73	DOSE)	27
<i>irbesartan-hydrochlorothiazide</i> ..	50	KERENDIA	53	LENVIMA (14 MG DAILY	
ISENTRESS	36	KESIMPTA	58	DOSE)	27
ISENTRESS HD	36	<i>ketoconazole</i>	19	LENVIMA (18 MG DAILY	
<i>isibloom</i>	72	<i>ketorolac tromethamine</i>	3, 93	DOSE)	27
ISOLYTE-P IN D5W	62	KEVZARA	85	LENVIMA (20 MG DAILY	
ISOLYTE-S PH 7.4	60	KINERET	85	DOSE)	27
<i>isoniazid</i>	21	KINRIX	87	LENVIMA (24 MG DAILY	
<i>isosorbide dinitrate</i>	55	<i>kionex</i>	61	DOSE)	27
<i>isosorbide mononitrate</i>	55	KISQALI (200 MG DOSE)	27	LENVIMA (4 MG DAILY	
<i>isosorbide mononitrate er</i>	55	KISQALI (400 MG DOSE)	27	DOSE)	27
<i>isradipine</i>	52	KISQALI (600 MG DOSE)	27	LENVIMA (8 MG DAILY	
ISTURISA	77	<i>klor-con</i>	60	DOSE)	27
ITOVEBI	27	<i>klor-con 10</i>	60	LEQSELVI	80
<i>itraconazole</i>	19	<i>klor-con m10</i>	60	<i>lessina</i>	73
<i>ivabradine hcl</i>	53	<i>klor-con m15</i>	60	<i>letrozole</i>	24
<i>ivermectin</i>	30	<i>klor-con m20</i>	60	<i>leucovorin calcium</i>	29
IWILFIN	23	KLOXXADO	5	LEUKERAN	22
IXCHIQ	86	KOSELUGO	27	<i>leuprolide acetate</i>	77
IXIARO	86	<i>kourzeq</i>	58	<i>levabuterol hcl</i>	96
<i>jaimiess</i>	72	K-PHOS NO 2	60	<i>levabuterol tartrate</i>	96
JAKAFI	27	KRAZATI	23	<i>levetiracetam</i>	12
JAKAFI XR	27	<i>kurvelo</i>	73	<i>levetiracetam er</i>	12
<i>jantoven</i>	48	<i>labetalol hcl</i>	51	<i>levobunolol hcl</i>	93
JANUMET	42	<i>lacosamide</i>	15	<i>levocarnitine</i>	90
JANUMET XR	42	<i>lactulose</i>	64	<i>levocetirizine dihydrochloride</i>	94
JANUVIA	41	LAGEVRIO	80	<i>levofloxacin</i>	10, 11
JARDIANCE	41	<i>lamivudine</i>	34, 37	<i>levofloxacin in d5w</i>	10

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<i>levonest</i>	73	LUPRON DEPOT (1-MONTH)	77	<i>methazolamide</i>	53
<i>levonorgest-eth est & eth est</i>	73	LUPRON DEPOT (3-MONTH)	77	<i>methenamine hippurate</i>	7
<i>levonorgest-eth estrad 91-day</i>	73	LUPRON DEPOT (4-MONTH)	78	<i>methimazole</i>	78
<i>levonorgestrel-ethinyl estrad</i>	73	<i>lurasidone hcl</i>	33	<i>methocarbamol</i>	99
<i>levonorg-eth estrad triphasic</i>	73	<i>luter</i>	73	<i>methotrexate sodium</i>	85
<i>levora 0.15/30 (28)</i>	73	LYBALVI	33	<i>methotrexate sodium (pf)</i>	85
<i>levo-t</i>	76	<i>lyleq</i>	76	<i>methsuximide</i>	13
<i>levothyroxine sodium</i>	76	<i>lyllana</i>	73	<i>methylidopa</i>	49
<i>levoxyl</i>	76	LYNPARZA	28	<i>methylergonovine maleate</i>	91
<i>l-glutamine</i>	65	LYSODREN	77	<i>methylphenidate hcl</i>	56
<i>lidocaine</i>	5	LYTGOBI (12 MG DAILY DOSE)	28	<i>methylphenidate hcl er</i>	56
<i>lidocaine hcl</i>	5	LYTGOBI (16 MG DAILY DOSE)	28	<i>methylphenidate hcl er (osm)</i>	56
<i>lidocaine hcl (pf)</i>	5	LYTGOBI (20 MG DAILY DOSE)	28	<i>methylphenidate hcl er(diffus)</i>	56
<i>lidocaine viscous hcl</i>	5	<i>lyza</i>	76	<i>methylprednisolone</i>	69
<i>lidocaine-prilocaine</i>	5	<i>magnesium sulfate</i>	60	<i>methylprednisolone acetate</i>	20
LILETTA (52 MG)	75	<i>malathion</i>	30	<i>methylprednisolone sodium succ</i>	69
<i>linezolid</i>	6, 7	<i>maraviroc</i>	38	<i>metoclopramide hcl</i>	63
LINZESS	64	<i>marlissa</i>	73	<i>metoclopramide hcl +rfid</i>	63
<i>liomny</i>	76	MARPLAN	16	<i>metolazone</i>	54
<i>liothyronine sodium</i>	76	MATULANE	22	<i>metoprolol succinate er</i>	51
<i>liraglutide</i>	41	<i>matzim la</i>	52	<i>metoprolol tartrate</i>	51
<i>lisinopril</i>	50	MAVYRET	35	<i>metoprolol-hydrochlorothiazide</i>	51
<i>lisinopril-hydrochlorothiazide</i>	50	<i>meclizine hcl</i>	18	<i>metronidazole</i>	7
LITETOUCH PEN NEEDLES	90	<i>medpura hydrocortisone</i>	69	<i>metyrosine</i>	53
<i>lithium</i>	40	<i>medroxyprogesterone acetate</i>	76	<i>mexiletine hcl</i>	51
<i>lithium carbonate</i>	40	<i>mefloquine hcl</i>	30	<i>mibelas 24 fe</i>	73
<i>lithium carbonate er</i>	40	<i>megestrol acetate</i>	76	<i>micafungin sodium</i>	19
LIVDELZI	63	MEKINIST	28	<i>miconazole 3</i>	19
LIVTENCITY	34	MEKTOVI	28	<i>microgestin 1.5/30</i>	73
<i>lojaimiess</i>	73	<i>meleya</i>	76	<i>microgestin 1/20</i>	73
<i>lomustine</i>	22	<i>meloxicam</i>	3	<i>microgestin fe 1.5/30</i>	73
LONSURF	23	<i>memantine hcl</i>	15, 16	<i>microgestin fe 1/20</i>	73
<i>loperamide hcl</i>	63	<i>memantine hcl er</i>	15	<i>midodrine hcl</i>	49
<i>lopinavir-ritonavir</i>	39	<i>memantine hcl-donepezil hcl er..</i>	15	MIEBO	92
<i>lorazepam</i>	40	MENEST	73	<i>mifepristone</i>	70
<i>lorazepam intensol</i>	40	MENQUADFI	87	<i>miglitol</i>	41
LORBRENA	27	MENVEO	87	<i>miglustat</i>	65
<i>loryna</i>	73	<i>mercaptapurine</i>	23	<i>mili</i>	73
<i>losartan potassium</i>	50	<i>meropenem</i>	9	<i>mimvey</i>	73
<i>losartan potassium-hctz</i>	50	<i>mesalamine</i>	88	<i>minocycline hcl</i>	11
<i>loteprednol etabonate</i>	93	<i>mesalamine-cleanser</i>	88	<i>minoxidil</i>	55
<i>lovastatin</i>	54	<i>mesna</i>	30	<i>minzoya</i>	73
<i>low-ogestrel</i>	73	<i>metformin hcl</i>	41	MIPLYFFA	65
<i>loxapine succinate</i>	32	<i>metformin hcl er</i>	41	<i>mirtazapine</i>	16
<i>lubiprostone</i>	64	<i>methadone hcl</i>	4	<i>misoprostol</i>	64
<i>luizza 1.5/30</i>	73			M-M-R II	87
<i>luizza 1/20</i>	73			<i>modafinil</i>	100
LUMAKRAS	23			MODEYSO	28
LUMIGAN	91			<i>moexipril hcl</i>	50
LUMRYZ STARTER PACK	100			<i>molindone hcl</i>	32
				<i>mometasone furoate</i>	69, 99

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<i>mondoxyne nl</i>	11	NEXLIZET	53	<i>nylia 7/7/7</i>	74
MONOJECT		NEXPLANON	75	<i>nystatin</i>	20
HYPODERMIC NEEDLE	91	<i>niacin (antihyperlipidemic)</i>	55	<i>nystatin-triamcinolone</i>	20
MONOJECT INSULIN		<i>niacin er (antihyperlipidemic)</i>	55	<i>nystop</i>	20
SYRINGE	44, 91	<i>niacor</i>	55	<i>ocella</i>	74
<i>montelukast sodium</i>	95	<i>nicardipine hcl</i>	52	OCTAGAM	79, 80
<i>morphine sulfate</i>	4	NICOTROL	5	<i>octreotide acetate</i>	70, 78
<i>morphine sulfate (concentrate)</i>	4	NICOTROL NS	5	ODACTRA	80
<i>morphine sulfate (pf)</i>	4	<i>nifedipine er</i>	52	ODEFSEY	37
<i>morphine sulfate er</i>	4	<i>nifedipine er osmotic release</i>	52	ODOMZO	23
MOTOFEN	63	<i>nikki</i>	73	OFEV	98
MOUNJARO	41	<i>nilotinib d-tartrate</i>	28	<i>ofloxacin</i>	11
MOVANTIK	63	<i>nilotinib hcl</i>	28	OGSIVEO	24
<i>moxifloxacin hcl</i>	11	<i>nilutamide</i>	22	OHTUVAYRE	97
<i>moxifloxacin hcl in nacl</i>	11	NINLARO	23	OJEMDA	28
MRESVIA	87	<i>nitazoxanide</i>	30	OJJAARA	23
MULTAQ	51	<i>nitisinone</i>	65	<i>olanzapine</i>	33
<i>multiple electro type 1 ph 7.4</i>	61	NITRO-BID	55	<i>olmesartan medoxomil</i>	50
<i>mupirocin</i>	7	<i>nitrofurantoin monohyd macro</i>	7	<i>olmesartan medoxomil-hctz</i>	50
<i>mupirocin calcium</i>	60	<i>nitroglycerin</i>	55	<i>omega-3-acid ethyl esters</i>	55
<i>mycophenolate mofetil</i>	85	<i>nora-be</i>	76	<i>omeprazole</i>	65
<i>mycophenolate sodium</i>	85	<i>norelgestromin-eth estradiol</i>	75	OMNIPOD 5 DEXG7G6	
MYRBETRIQ	66	<i>norethin ace-eth estrad-fe</i>	74	INTRO GEN 5	91
<i>na sulfate-k sulfate-mg sulf</i>	61	<i>norethindrone</i>	76	OMNIPOD 5 DEXG7G6	
<i>nabumetone</i>	3	<i>norethindrone acetate</i>	76	PODS GEN 5	91
<i>nadolol</i>	51	<i>norethindrone acet-ethinyl est</i> ...	74	OMNIPOD 5 LIBRE2 G6	
<i>nafcillin sodium</i>	9	<i>norethindrone-eth estradiol</i>	74	INTRO GEN5	91
<i>naloxone hcl</i>	5	<i>norgestimate-eth estradiol</i>	74	OMNIPOD 5 LIBRE2 PLUS	
<i>naltrexone hcl</i>	5	<i>norgestim-eth estrad triphasic</i> ...	74	G6 PODS	91
NAMZARIC	15	<i>nortrel 0.5/35 (28)</i>	74	OMNIPOD DASH INTRO	
<i>naproxen</i>	3	<i>nortrel 1/35 (21)</i>	74	(GEN 4)	91
<i>naproxen dr</i>	3	<i>nortrel 1/35 (28)</i>	74	OMNIPOD DASH PDM	
<i>naproxen sodium</i>	3	<i>nortrel 7/7/7</i>	74	(GEN 4)	91
NATACYN	20	<i>nortriptyline hcl</i>	18	OMNIPOD DASH PODS	
<i>nateglinide</i>	41	NORVIR	39	(GEN 4)	91
NAYZILAM	13	NOVOLIN R FLEXPEN	44	ONCASPAR	23
<i>necon 0.5/35 (28)</i>	73	NOVOLOG	44	<i>ondansetron</i>	18
<i>nefazodone hcl</i>	17	NOVOLOG FLEXPEN	44	<i>ondansetron hcl</i>	18
NEMLUVIO	60	NOVOLOG FLEXPEN		ONETOUCH ULTRA	47
<i>neomycin sulfate</i>	6	RELION	44	ONETOUCH ULTRA BLUE	
<i>neomycin-bacitracin zn-</i>		NOVOLOG PENFILL	44	TEST	47
<i>polymyx</i>	92	NOVOLOG RELION	44	ONETOUCH ULTRA TEST ...	47
<i>neomycin-polymyxin-dexameth</i> ...	93	NUBEQA	22	ONETOUCH VERIO	47
<i>neomycin-polymyxin-gramicidin</i>	92	NUCALA	99	ONUREG	23
<i>neomycin-polymyxin-hc</i>	7, 94	NUEDEXTA	57	OPIPZA	33
<i>neo-polycin</i>	92	NUPLAZID	33	OPSUMIT	97
<i>neo-polycin hc</i>	92	NURTEC	21	OPTIUMEZ TEST	47
NERLYNX	28	NUTRILIPID	62	OPVEE	5
<i>nevirapine</i>	37	NUZYRA	11	ORACIT	61
<i>nevirapine er</i>	37	<i>nyamyc</i>	20	ORENCIA	80, 81
NEXLETOL	53	<i>nylia 1/35</i>	74	ORENCIA CLICKJECT	80

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

ORENITRAM	97, 98	<i>penmenvy</i>	87	<i>prasugrel hcl</i>	48
ORENITRAM MONTH 1	97	PENTACEL	87	<i>pravastatin sodium</i>	54
ORENITRAM MONTH 2	97	<i>pentamidine isethionate</i>	30	<i>praziquantel</i>	30
ORENITRAM MONTH 3	97	<i>pentoxifylline er</i>	53	<i>prazosin hcl</i>	49
ORGOVYX	23	<i>perampanel</i>	14	PRECISION XTRA BLOOD	
ORKAMBI	96	<i>perindopril erbumine</i>	50	GLUCOSE	47
<i>orphenadrine citrate er</i>	99	<i>periogard</i>	58	<i>prednisolone</i>	69
<i>orquidea</i>	76	<i>permethrin</i>	30	<i>prednisolone acetate</i>	93
ORSERDU	23	<i>perphenazine</i>	32	<i>prednisolone sodium phosphate</i>	69
<i>oseltamivir phosphate</i>	39	PERSERIS	33	PREDNISOLONE SODIUM	
OSENVELT	89	<i>phenelzine sulfate</i>	16	PHOSPHATE	93
OSPHENA	76	<i>phenobarbital</i>	13	<i>prednisone</i>	69
OTEZLA	85	<i>phenytek</i>	15	PREDNISONE INTENSOL	69
<i>oxacillin sodium</i>	9	<i>phenytoin</i>	15	PREFERRED PLUS	
<i>oxaprozin</i>	3	<i>phenytoin sodium extended</i>	15	INSULIN SYRINGE	44
<i>oxcarbazepine</i>	15	PIFELTRO	37	<i>pregabalin</i>	57
<i>oxybutynin chloride</i>	66	<i>pilocarpine hcl</i>	58, 93	PREMARIN	74
<i>oxybutynin chloride er</i>	66	<i>pimecrolimus</i>	60	PREMASOL	61
<i>oxycodone hcl</i>	4	<i>pimozide</i>	32	PREMPHASE	74
<i>oxycodone-acetaminophen</i>	4	<i>pimtrea</i>	74	PREMPRO	74
OZEMPIC (0.25 OR 0.5		<i>pindolol</i>	51	<i>prenatal</i>	63
MG/DOSE)	41	<i>pioglitazone hcl</i>	41	<i>prevalite</i>	55
OZEMPIC (1 MG/DOSE)	41	<i>pioglitazone hcl-glimepiride</i>	42	PREVYMIS	34
OZEMPIC (2 MG/DOSE)	41	<i>pioglitazone hcl-metformin hcl</i> ... 42		PREZCOBIX	39
<i>paliperidone er</i>	33	<i>piperacillin sod-tazobactam so</i> ... 10		PREZISTA	39
PALSONIFY	77	PIQRAY (200 MG DAILY		PRIFTIN	21
PANRETIN	29	DOSE)	25	<i>primaquine phosphate</i>	30
<i>pantoprazole sodium</i>	65	PIQRAY (250 MG DAILY		<i>primidone</i>	13
<i>paricalcitol</i>	89	DOSE)	25	PRIORIX	87
<i>paroxetine hcl</i>	17, 40	PIQRAY (300 MG DAILY		PRIVIGEN	79, 81
<i>paroxetine hcl er</i>	17	DOSE)	25	PROAIR RESPICLICK	96
PAXLOVID (150/100)	81	<i>pirfenidone</i>	98	<i>probenecid</i>	20
PAXLOVID (300/100 &		<i>piroxicam</i>	3	<i>prochlorperazine</i>	32
150/100)	81	<i>pitavastatin calcium</i>	54	<i>prochlorperazine maleate</i>	32
PAXLOVID (300/100)	81	PLENAMINE	61	<i>procto-med hc</i>	60
<i>pazopanib hcl</i>	28	PNV-DHA	62	<i>proctosol hc</i>	60
PEDIARIX	87	<i>podofilox</i>	60	<i>proctozone-hc</i>	60
PEDVAX HIB	87	<i>polycin</i>	92	PRODIGY NO CODING	
<i>peg 3350-kcl-na bicarb-nacl</i>	64	<i>polymyxin b sulfate</i>	7	BLOOD GLUC	47
<i>peg-3350/electrolytes</i>	64	<i>polymyxin b-trimethoprim</i>	92	PROGRAF	85
<i>peg-3350/electrolytes/ascorbat</i> ... 64		<i>pomalidomide</i>	22	PROLASTIN-C	65
PEGASYS	35	POMALYST	22	<i>promethazine hcl</i>	18
<i>peg-kcl-nacl-nasulf-na asc-c</i>	64	<i>portia-28</i>	74	<i>promethegan</i>	18
PEMAZYRE	28	<i>posaconazole</i>	20	<i>propafenone hcl</i>	51
PEN NEEDLES	91	<i>potassium chloride</i>	61	<i>propafenone hcl er</i>	51
PENBRAYA	87	<i>potassium chloride crys er</i>	61	<i>proparacaine hcl</i>	92
<i>penicillamine</i>	61	<i>potassium chloride er</i>	61	<i>propranolol hcl</i>	51
<i>penicillin g pot in dextrose</i>	9	<i>potassium citrate er</i>	61	<i>propranolol hcl er</i>	51
<i>penicillin g potassium</i>	9	<i>potassium cl in dextrose 5%</i>	61	<i>propylthiouracil</i>	78
<i>penicillin g sodium</i>	10	PRALUENT	55	PROQUAD	87
<i>penicillin v potassium</i>	10	<i>pramipexole dihydrochloride</i>	31	PROSOL	61

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

<i>protriptyline hcl</i>	18	REVCOVI	81	SAVELLA TITRATION	
PULMOZYME	96	REVUFORJ	28	PACK	57
PURE COMFORT PEN		REXULTI	33	SCSEMBLIX	28
NEEDLE	91	REYATAZ	39	<i>scopolamine</i>	18
<i>pyrazinamide</i>	21	REZDIFFRA	63	SECUADO	34
<i>pyridostigmine bromide</i>	21	REZLIDHIA	25	<i>selegiline hcl</i>	31
<i>pyridostigmine bromide er</i>	21	REZUROCK	85	<i>selenium sulfide</i>	60
<i>pyrimethamine</i>	30	RHAPSIDO	81	SELZENTRY	38
PYRUKYND	66	RHOPRESSA	91	SEREVENT DISKUS	96
PYRUKYND TAPER PACK ...	66	RIBAVIRIN	35	<i>sertraline hcl</i>	17
QINLOCK	28	<i>ribavirin</i>	35	<i>setlakin</i>	74
QUADRACEL	87	<i>rifabutin</i>	21	<i>sevelamer carbonate</i>	67
<i>quetiapine fumarate</i>	33	<i>rifampin</i>	21	<i>sevelamer hcl</i>	67
QUICKTEK TEST	47	<i>rilpivirine hcl</i>	37	<i>sharobel</i>	76
<i>quinapril hcl</i>	50	<i>riluzole</i>	57	SHINGRIX	87
<i>quinapril-hydrochlorothiazide</i>	50	<i>rimantadine hcl</i>	39	SIGNIFOR	78
<i>quinidine gluconate er</i>	51	RINVOQ	81	SIGNIFOR LAR	78
<i>quinidine sulfate</i>	51	RINVOQ LQ	81	<i>sildenafil citrate</i>	98
<i>quinine sulfate</i>	30	<i>risedronate sodium</i>	89	<i>silodosin</i>	67
RABAVERT	87	<i>risperidone</i>	33	<i>silver sulfadiazine</i>	7
RALDESY	17	<i>risperidone microspheres er</i>	33	SIMBRINZA	93
<i>raloxifene hcl</i>	76	<i>ritonavir</i>	39	SIMPESSE	74
<i>ramelteon</i>	100	<i>rivaroxaban</i>	48	<i>simvastatin</i>	54
<i>ramipril</i>	50	<i>rivastigmine</i>	15	<i>sirolimus</i>	85
<i>ranolazine er</i>	53	<i>rivastigmine tartrate</i>	15	SIRTURO	21
<i>rasagiline mesylate</i>	31	RIVELSA	74	SKYCLARYS	57
<i>reclipsen</i>	74	<i>rizatriptan benzoate</i>	21	SKYRIZI	81
RECOMBIVAX HB	87	ROCKLATAN	92	SKYRIZI PEN	81
REDEMPLO	53	<i>roflumilast</i>	97	<i>sodium chloride</i>	61, 91
REGRANEX	60	ROMVIMZA	28	<i>sodium fluoride</i>	61
RELENZA DISKHALER	39	<i>ropinirole hcl</i>	31	<i>sodium oxybate</i>	100
RELION BLOOD GLUCOSE		<i>ropinirole hcl er</i>	31	SODIUM	
TEST	47	<i>rosuvastatin calcium</i>	54	PHENYLBUTYRATE	65
RELION CONFIRM/MICRO		<i>rosyrah</i>	74	<i>sodium phenylbutyrate</i>	66
TEST	47	ROTARIX	87	<i>sodium polystyrene sulfonate</i>	62
RELION INSULIN		ROTATEQ	87	<i>solifenacin succinate</i>	66
SYRINGE	44	<i>roweepra</i>	12	SOLTAMOX	23
RELI-ON INSULIN		ROZLYTREK	28	SOMATULINE DEPOT	78
SYRINGE	44	RUBRACA	28	SOMAVERT	78
RELION PRIME TEST	47	RUCONEST	78	<i>sorafenib tosylate</i>	28
RELION ULTIMA TEST	47	<i>rufinamide</i>	15	<i>sotalol hcl</i>	51
RELISTOR	63	RUKOBIA	38	<i>sotalol hcl (af)</i>	51
<i>repaglinide</i>	41	RYDAPT	28	SOTYKTU	81
REPATHA	55	RYTARY	31	SPIRIVA RESPIMAT	95
REPATHA PUSHTRONEX		<i>sacubitril-valsartan</i>	50	<i>spironolactone</i>	53
SYSTEM	55	<i>sajazir</i>	78	<i>spironolactone-hctz</i>	53
REPATHA SURECLICK	55	<i>salsalate</i>	3	<i>sprintec 28</i>	74
RESTASIS	92	SANTYL	60	SPRITAM	12
RESTASIS MULTIDOSE	92	<i>sapropterin dihydrochloride</i>	65	<i>sps (sodium polystyrene sulf)</i>	62
RETACRIT	49	SAVELLA	57	<i>sronyx</i>	74
RETEVMO	24			<i>ssd</i>	7

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

STAMARIL	88	<i>tarina 24 fe</i>	74	<i>tobramycin sulfate</i>	6
STELARA	81	<i>tarina fe 1/20 eq</i>	74	<i>tobramycin-dexamethasone</i>	93
STEQEYMA	82	<i>tasimelteon</i>	57	<i>tolterodine tartrate</i>	66
STIOLTO RESPIMAT	98	TAVNEOS	85	<i>tolterodine tartrate er</i>	66
STIVARGA	28	<i>taysofy</i>	74	TOLVAPTAN	62
STOBOCLO	89	<i>tazarotene</i>	60	<i>tolvaptan</i>	62
STREPTOMYCIN SULFATE ..	6	TAZICEF	8	TOLVAPTAN	
STRIBILD	36	TAZVERIK	29	(HYPONATREMIA)	62
SUBVENITE	12	TECHLITE INSULIN		<i>tolvaptan (hyponatremia)</i>	62
<i>subvenite</i>	12	SYRINGE	44	<i>topiramate</i>	14
<i>subvenite starter kit-blue</i>	12	<i>telmisartan</i>	50	<i>toremifene citrate</i>	23
<i>subvenite starter kit-green</i>	12	<i>telmisartan-amlodipine</i>	53	<i>torpenz</i>	29
<i>subvenite starter kit-orange</i>	12	<i>telmisartan-hctz</i>	50	<i>torse mide</i>	53
<i>sucralfate</i>	64	<i>temazepam</i>	100	TOUJEO MAX SOLOSTAR ..	44
SULFACETAMIDE		TENIVAC	88	TOUJEO SOLOSTAR	45
SODIUM	11	<i>tenofovir disoproxil fumarate</i>	38	TPN ELECTROLYTES	62
<i>sulfacetamide sodium</i>	11	TEPMETKO	29	TRADJENTA	41
<i>sulfacetamide sodium (acne)</i>	60	<i>terazosin hcl</i>	67	<i>tramadol hcl</i>	4
<i>sulfacetamide-prednisolone</i>	93	<i>terbinafine hcl</i>	20	<i>tramadol-acetaminophen</i>	4
<i>sulfadiazine</i>	11	<i>terbutaline sulfate</i>	96	<i>trandolapril</i>	50
<i>sulfamethoxazole-trimethoprim</i> ..	11	<i>terconazole</i>	20	<i>trandolapril-verapamil hcl er</i>	50
<i>sulfasalazine</i>	88	<i>teriflunomide</i>	58	<i>tranexamic acid</i>	48
<i>sulindac</i>	3	<i>teriparatide</i>	89	<i>tranylcypramine sulfate</i>	16
<i>sumatriptan succinate</i>	21	<i>testosterone</i>	71	TRAVASOL	61
<i>sunitinib malate</i>	28	<i>testosterone cypionate</i>	71	<i>travoprost (bak free)</i>	91
SUNLENCA	38	<i>testosterone enanthate</i>	71	<i>trazodone hcl</i>	17
SURE COMFORT PEN		<i>tetrabenazine</i>	57	TRECTOR	21
NEEDLES	91	<i>tetracycline hcl</i>	11	TRELEGY ELLIPTA	99
<i>syeda</i>	74	THALOMID	22	TREMFYA	82
SYMBICORT	98	<i>theophylline</i>	97	TREMFYA ONE-PRESS	82
SYMDEKO	96	<i>theophylline er</i>	97	TREMFYA PEN	82
SYMLINPEN 120	41	<i>thioridazine hcl</i>	32	TREMFYA-CD/UC	
SYMLINPEN 60	41	<i>thiotepa</i>	22	INDUCTION	82
SYMPAZAN	13	<i>thiothixene</i>	32	<i>tretinoin</i>	29, 60
SYMTUZA	36	<i>tiadylt er</i>	52	<i>triamcinolone acetonide</i>	58, 69
SYNAREL	78	<i>tiagabine hcl</i>	13	<i>triamterene</i>	53
SYNJARDY	41	TIBSOVO	25	<i>triamterene-hctz</i>	53, 54
SYNJARDY XR	41	<i>ticagrelor</i>	49	<i>triderm</i>	69
SYNTHROID	76	TICOVAC	88	TRIENTINE HCL	62
TABLOID	23	<i>tigecycline</i>	7	<i>tri-estarylla</i>	74
TABRECTA	29	<i>tilia fe</i>	74	<i>trifluoperazine hcl</i>	32
<i>tacrolimus</i>	60, 85	<i>timolol maleate</i>	21, 93	<i>trifluridine</i>	36
<i>tacrolimus er</i>	85	<i>timolol maleate (once-daily)</i>	93	<i>trihexyphenidyl hcl</i>	30
<i>tadalafil</i>	67	<i>tinidazole</i>	7	TRIJARDY XR	41
<i>tadalafil (pah)</i>	98	<i>tiotropium bromide</i>	95	TRIKAFTA	97
TAFINLAR	29	TIVICAY	36	TRI-LEGEST FE	74
TAGRISSE	24	TIVICAY PD	36	<i>tri-lo-estarylla</i>	74
TALTZ	82	<i>tizanidine hcl</i>	34	<i>tri-lo-sprintec</i>	75
TALZENNA	29	TOBI PODHALER	96	<i>trimethoprim</i>	7
<i>tamoxifen citrate</i>	23	TOBRADEX	93	<i>tri-mili</i>	75
<i>tamsulosin hcl</i>	67	<i>tobramycin</i>	6, 97	<i>trimipramine maleate</i>	18

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TRINTELLIX	16	VAQTA	88	WAINUA	66
<i>tri-sprintec</i>	75	<i>varenicline tartrate</i>	5	<i>warfarin sodium</i>	49
TRIUMEQ	38	<i>varenicline tartrate (starter)</i>	5	WAYRILZ	48
TRIUMEQ PD	38	VARIVAX	88	WEGOVI	53
<i>trivora (28)</i>	75	VARIZIG	88	WELIREG	24
<i>tri-vylibra</i>	75	VAXCHORA	88	WEZLANA	82
<i>tri-vylibra lo</i>	75	<i>velivet</i>	75	WINREVAIR	98
TROPHAMINE	61	VELTASSA	62	<i>wixela inhub</i>	99
<i>trospium chloride</i>	66	VENCLEXTA	24	WYMZYA FE	75
<i>trospium chloride er</i>	66	VENCLEXTA STARTING		WYOST	89
TRUE METRIX PRO		PACK	24	XALKORI	29
BLOOD GLUCOSE	47	<i>venlafaxine besylate er</i>	40	<i>xarah fe</i>	75
TRUEPLUS 5-BEVEL PEN		<i>venlafaxine hcl</i>	40	XARELTO	48
NEEDLES	91	<i>venlafaxine hcl er</i>	17	XARELTO STARTER PACK	48
TRULICITY	41	VENTAVIS	98	XATMEP	85
TRUMENBA	88	VEOZAH	57	XCOPRI	12, 13
TRUQAP	29	<i>verapamil hcl</i>	52	XCOPRI (250 MG DAILY	
TRYPTYR	92	<i>verapamil hcl er</i>	52	DOSE)	12
TUKYSA	24	VERQUVO	53	XCOPRI (350 MG DAILY	
TURALIO	29	VERSACLOZ	34	DOSE)	12
<i>turqoz</i>	75	VERZENIO	25	XDEMVY	92
TWINRIX	88	<i>vienna</i>	75	XELJANZ	82
<i>tyblume</i>	75	<i>vigabatrin</i>	14	XELJANZ XR	82
TYBOST	38	<i>vigadrone</i>	14	<i>xelria fe</i>	75
<i>tydemy</i>	75	VIGAFYDE	14	XERMELO	64
TYPHIM VI	88	<i>vigpoder</i>	14	XIFAXAN	7
UBRELVI	21	<i>vilazodone hcl</i>	18	XIGDUO XR	41
ULTICARE PEN NEEDLES ...	91	VIMKUNYA	88	XOFLUZA (40 MG DOSE)	39
ULTILET PEN NEEDLE	91	<i>viorele</i>	75	XOFLUZA (80 MG DOSE)	39
ULTRA-THIN II PEN		VIRACEPT	39	XOLAIR	83
NEEDLES	91	VIREAD	38	XOSPATA	25
<i>unithroid</i>	76	VITRAKVI	25	XPOVIO (100 MG ONCE	
UPTRAVI	98	VIVITROL	5	WEEKLY)	24
UPTRAVI TITRATION	98	VIVOTIF	88	XPOVIO (40 MG ONCE	
<i>ursodiol</i>	63	VIZIMPRO	29	WEEKLY)	24
USTEKINUMAB	82	VONJO	29	XPOVIO (40 MG TWICE	
<i>valacyclovir hcl</i>	36	VOQUEZNA	63	WEEKLY)	24
VALCHLOR	22	VOQUEZNA DUAL PAK	63	XPOVIO (60 MG ONCE	
<i>valganciclovir hcl</i>	34	VOQUEZNA TRIPLE PAK	64	WEEKLY)	24
<i>valproic acid</i>	13	VORANIGO	24	XPOVIO (60 MG TWICE	
<i>valsartan</i>	50	<i>voriconazole</i>	20	WEEKLY)	24
<i>valsartan-hydrochlorothiazide</i> ...	50	VOSEVI	35	XPOVIO (80 MG ONCE	
VALTOCO 10 MG DOSE	13	VOWST	64	WEEKLY)	24
VALTOCO 15 MG DOSE	13	VOYDEYA	48	XPOVIO (80 MG TWICE	
VALTOCO 20 MG DOSE	14	VRAYLAR	34	WEEKLY)	24
VALTOCO 5 MG DOSE	14	<i>vyfemla</i>	75	XTANDI	22
<i>valtya 1/35</i>	75	<i>vylibra</i>	75	<i>xulane</i>	75
<i>valtya 1/50</i>	75	VYNDAMAX	70	YARGESA	65
<i>vancomycin hcl</i>	7	VYNDAQEL	70	YF-VAX	88
VANFLYTA	29	VYVGART HYTRULO	65	YONSA	22
VANRAFIA	53	VYZULTA	91	YORVIPATH	89, 90

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YULITHIRA	29
YUVAFEM	75
<i>zafirlukast</i>	95
<i>zaleplon</i>	100
ZARXIO	49
ZEJULA	29
ZELBORAF	29
<i>zelvysia</i>	65
ZEMAIRA	65
ZENPEP	66
ZEPOSIA	58
ZEPOSIA 7-DAY STARTER PACK	58
ZEPOSIA STARTER KIT	58
<i>zidovudine</i>	38
<i>ziprasidone hcl</i>	40
<i>ziprasidone mesylate</i>	34
ZIRGAN	34
ZOLINZA	24
<i>zolpidem tartrate</i>	100
<i>zolpidem tartrate er</i>	100
ZONISADE	13
<i>zonisamide</i>	13
<i>zovia 1/35 (28)</i>	75
ZTALMY	14
ZURZUVAE	16
ZYDELIG	25
ZYKADIA	29
ZYMFENTRA (2 PEN)	85
ZYMFENTRA (2 SYRINGE) ..	85

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This formulary was updated on 5/28/2026. For more recent information or other questions, please contact Fallon Health Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or visit fallonhealth.org/medicare.