

Fallon Medicare Plus™ Premier

2021 Formulary (List of Covered Drugs)

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

Formulary ID: 00021086 Version: Version 18

This formulary was updated on 05/24/2021. For more recent information or other questions, please contact Fallon Medicare Plus Premier at 1-800-325-5669, or, for TTY users, TRS 711, 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), 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 list of the drugs (formulary) for our plan which is current as of 05/24/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the Fallon Medicare Plus Premier Formulary?

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

Can the Formulary (drug list) change?

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means that these drugs will remain available at the same cost-sharing and with no new restrictions for those

members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 05/24/2021. 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 117. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Fallon Medicare Plus requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Medicare Plus before you fill your prescriptions. If you don't get approval, Fallon Medicare Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Fallon Medicare Plus limits the amount of the drug that Fallon Medicare Plus will cover. For example, Fallon Medicare Plus provides 2 each per 1 day per prescription for JANUMET. 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 Medicare Plus Premier formulary?” on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Fallon Medicare Plus Premier Formulary?

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 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 90 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 last date we updated the formulary, appears on the front and back cover pages.

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

Fallon Medicare Plus Premier 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 117.

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.
LA	Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your <i>Pharmacy Directory</i> or call Customer Service at 1-800-325-5669 (TRS 711), Monday–Friday, 8 a.m.–8 p.m. (Oct. 1–March 31, seven days a week).
MO	Mail-Order Drug. This prescription drug is available through our mail-order service.
NEDS	Non Extended Day Supply. This drug is limited to a 30-day supply per prescription fill.
PA	Prior Authorization. Fallon Medicare Plus requires your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Medicare Plus before you fill your prescriptions. If you don't get approval, Fallon Medicare Plus may not cover the drug.
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 2 each per 1 day per prescription for JANUMET. 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
Alpha-Galactosidase		
Alpha-Galactosidase		
GALAFOLD ORAL CAPSULE	Tier 4	PA
Analgesics		
Analgesics		
BUTALBITAL-ACETAMINOPHEN ORAL CAPSULE	Tier 4	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	Tier 1	
<i>butalbital-apap-caff-cod oral capsule</i>	Tier 1	
<i>butalbital-apap-caffeine oral capsule</i>	Tier 1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	
GRALISE ORAL TABLET	Tier 4	PA
<i>tencon oral tablet 50-325 mg</i>	Tier 1	
<i>zebutal oral capsule 50-325-40 mg</i>	Tier 1	
Nonsteroidal Anti-Inflammatory Drugs		
CAMBIA ORAL PACKET	Tier 4	PA
<i>celecoxib oral capsule</i>	Tier 1	
<i>diclofenac potassium oral tablet</i>	Tier 2	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier 2	
<i>diclofenac sodium oral tablet delayed release</i>	Tier 1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	Tier 2	
<i>diflunisal oral tablet</i>	Tier 2	
<i>etodolac er oral tablet extended release 24 hour</i>	Tier 2	
<i>fenoprofen calcium oral capsule 400 mg</i>	Tier 1	
<i>fenoprofen calcium oral tablet</i>	Tier 1	
FLECTOR EXTERNAL PATCH	Tier 4	PA
<i>ibuprofen oral suspension</i>	Tier 2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
INDOCIN RECTAL SUPPOSITORY	Tier 4	
<i>indomethacin er oral capsule extended release</i>	Tier 2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>ketoprofen er oral capsule extended release 24 hour</i>	Tier 1	
<i>ketoprofen oral capsule</i>	Tier 2	
<i>ketorolac tromethamine oral tablet</i>	Tier 1	
<i>meclofenamate sodium oral capsule</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>mefenamic acid oral capsule</i>	Tier 1	
<i>meloxicam oral capsule</i>	Tier 2	ST
<i>meloxicam oral tablet</i>	Tier 1	
<i>nabumetone oral tablet</i>	Tier 2	
<i>naproxen oral suspension</i>	Tier 2	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen oral tablet delayed release</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>oxaprozin oral tablet</i>	Tier 2	
<i>piroxicam oral capsule</i>	Tier 2	
<i>salsalate oral tablet</i>	Tier 1	
SPRIX NASAL SOLUTION	Tier 4	PA
<i>sulindac oral tablet</i>	Tier 2	
<i>tolmetin sodium oral capsule</i>	Tier 2	
<i>tolmetin sodium oral tablet</i>	Tier 2	
VIVLODEX ORAL CAPSULE	Tier 4	ST
ZIPSOR ORAL CAPSULE	Tier 4	
ZORVOLEX ORAL CAPSULE	Tier 4	ST
Opioid Analgesics, Long-Acting		
BELBUCA BUCCAL FILM	Tier 4	PA
EMBEDA ORAL CAPSULE EXTENDED RELEASE	Tier 4	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 2	
FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	Tier 4	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	Tier 2	PA
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	Tier 2	
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	Tier 2	PA
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	Tier 4	PA
<i>levorphanol tartrate oral tablet</i>	Tier 5	
<i>methadone hcl injection solution</i>	Tier 2	
<i>methadone hcl oral concentrate</i>	Tier 1	
<i>methadone hcl oral solution</i>	Tier 2	
<i>methadone hcl oral tablet</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>methadone hcl oral tablet soluble</i>	Tier 1	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	Tier 1	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Tier 2	
<i>morphine sulfate er oral tablet extended release</i>	Tier 2	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 5 mg</i>	Tier 2	
MORPHINE SULFATE RECTAL SUPPOSITORY 30 MG	Tier 4	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 4	PA
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	Tier 2	QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	Tier 4	QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	Tier 1	PA
<i>tramadol hcl er oral tablet extended release 24 hour</i>	Tier 1	
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #2 oral tablet</i>	Tier 2	
<i>acetaminophen-codeine #3 oral tablet</i>	Tier 1	
<i>acetaminophen-codeine #4 oral tablet</i>	Tier 2	
<i>acetaminophen-codeine oral solution</i>	Tier 1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	Tier 1	
<i>apap-caff-dihydrocodeine oral capsule</i>	Tier 1	
<i>ascomp-codeine oral capsule</i>	Tier 1	
<i>butalbital-asa-caff-codeine oral capsule</i>	Tier 1	
<i>butorphanol tartrate nasal solution</i>	Tier 2	
<i>carisoprodol-aspirin-codeine oral tablet</i>	Tier 1	
<i>codeine sulfate oral tablet</i>	Tier 2	
<i>duramorph injection solution 0.5 mg/ml</i>	Tier 1	B/D
<i>duramorph injection solution 1 mg/ml</i>	Tier 2	B/D
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml</i>	Tier 1	B/D

Drug	Status	Requirements/Limits
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 5	PA; QL (4 EA per 1 day); NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>fentanyl citrate buccal tablet</i>	Tier 2	PA
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 4	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier 2	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	Tier 2	
<i>hydromorphone hcl oral liquid</i>	Tier 2	
<i>hydromorphone hcl oral tablet</i>	Tier 2	
HYDROMORPHONE HCL RECTAL SUPPOSITORY	Tier 4	
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	Tier 4	PA
LORTAB ORAL ELIXIR 10-300 MG/15ML	Tier 4	
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 2	B/D
<i>meperidine hcl oral solution</i>	Tier 2	
<i>meperidine hcl oral tablet 50 mg</i>	Tier 2	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 2	
<i>morphine sulfate (pf) injection solution 1 mg/ml</i>	Tier 2	B/D
MORPHINE SULFATE INJECTION SOLUTION 5 MG/ML	Tier 4	B/D
<i>morphine sulfate oral solution</i>	Tier 2	
<i>morphine sulfate oral tablet</i>	Tier 2	
NUCYNTA ORAL TABLET	Tier 4	PA
<i>opium oral tincture</i>	Tier 1	
<i>oxycodone hcl oral capsule</i>	Tier 2	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 2	
<i>oxycodone hcl oral solution</i>	Tier 2	
<i>oxycodone hcl oral tablet</i>	Tier 2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>oxymorphone hcl oral tablet</i>	Tier 1	PA
<i>pentazocine-naloxone hcl oral tablet</i>	Tier 1	
SUBSYS SUBLINGUAL LIQUID	Tier 4	PA
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	
<i>tramadol-acetaminophen oral tablet</i>	Tier 1	
Anesthetics		
Local Anesthetics		
AKTEN OPHTHALMIC GEL	Tier 4	
ETHYL CHLORIDE EXTERNAL AEROSOL	Tier 4	
<i>gnp lidocaine pain relief external patch</i>	Tier 1	
ICY HOT LIDOCAINE PLUS MENTHOL EXTERNAL PATCH	Tier 1	
<i>lidocaine external ointment 5 %</i>	Tier 1	QL (200 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Tier 2	PA; QL (3 EA per 1 day)
<i>lidocaine hcl (pf) injection solution 1 %</i>	Tier 1	B/D
<i>lidocaine hcl external cream 3 %</i>	Tier 1	
LIDOCAINE HCL EXTERNAL LOTION	Tier 4	
<i>lidocaine hcl external solution</i>	Tier 2	
<i>lidocaine hcl injection solution 1 %, 2 %</i>	Tier 1	B/D
<i>lidocaine hcl urethral/mucosal external gel</i>	Tier 2	
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier 1	
<i>lidocaine-prilocaine external cream</i>	Tier 2	QL (200 GM per 30 days)
LIDORX EXTERNAL GEL	Tier 4	
LIDOZENPATCH EXTERNAL PATCH	Tier 1	
<i>mtx topical pain external patch</i>	Tier 1	
NULIDO EXTERNAL PATCH	Tier 1	
<i>pain relieving lidocaine external patch</i>	Tier 1	
PROLIDA EXTERNAL PATCH	Tier 1	
SYNERA EXTERNAL PATCH	Tier 4	
<i>theracare pain relief external patch</i>	Tier 1	
ZTLIDO EXTERNAL PATCH	Tier 4	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	Tier 2	
<i>disulfiram oral tablet</i>	Tier 2	
Opioid Dependence Treatments		
BUNAVAIL BUCCAL FILM	Tier 4	

Drug	Status	Requirements/Limits
<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>buprenorphine transdermal patch weekly</i>	Tier 2	PA
LUCEMYRA ORAL TABLET	Tier 4	
<i>naltrexone hcl oral tablet</i>	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	Tier 4	
Opioid Reversal Agents		
<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	
NARCAN NASAL LIQUID	Tier 6	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier 1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	Tier 4	QL (56 EA per 28 days)
CHANTIX ORAL TABLET	Tier 4	QL (60 EA per 30 days)
CHANTIX STARTING MONTH PAK ORAL TABLET	Tier 4	QL (53 EA per 28 days)
NICOTROL INHALATION INHALER	Tier 4	
Antiasthmatic And Bronchodilator Agents		
Respiratory Tract Agents, Other		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	Tier 4	PA; QL (1 EA per 1 day)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	Tier 2	B/D
ARIKAYCE INHALATION SUSPENSION	Tier 4	PA; QL (8.4 ML per 1 day)
<i>gentak ophthalmic ointment</i>	Tier 1	
<i>gentamicin sulfate external cream</i>	Tier 3	
<i>gentamicin sulfate external ointment</i>	Tier 3	
<i>gentamicin sulfate injection solution</i>	Tier 2	B/D

Drug	Status	Requirements/Limits
<i>gentamicin sulfate ophthalmic solution</i>	Tier 1	
<i>neomycin sulfate oral tablet</i>	Tier 2	
<i>paromomycin sulfate oral capsule</i>	Tier 2	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 4	
<i>tobramycin ophthalmic solution</i>	Tier 1	
<i>tobramycin sulfate injection solution 10 mg/ml</i>	Tier 1	B/D
Antibacterials		
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	Tier 2	
Antibacterials, Other		
AEMCOLO ORAL TABLET DELAYED RELEASE	Tier 4	QL (12 EA per 1 day)
ALTABAX EXTERNAL OINTMENT	Tier 4	
<i>bacitracin ophthalmic ointment</i>	Tier 2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 2	
CHLORAMPHENICOL SOD SUCCINATE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 4	B/D
CLEOCIN VAGINAL SUPPOSITORY	Tier 4	
CLINDAGEL EXTERNAL GEL	Tier 4	
<i>clindamycin hcl oral capsule</i>	Tier 2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier 2	
<i>clindamycin phosphate external foam</i>	Tier 2	PA
<i>clindamycin phosphate external gel</i>	Tier 2	QL (75 GM per 30 days)
<i>clindamycin phosphate external lotion</i>	Tier 2	
<i>clindamycin phosphate external solution</i>	Tier 1	QL (60 ML per 30 days)
<i>clindamycin phosphate external swab</i>	Tier 1	
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	Tier 2	B/D
<i>clindamycin phosphate vaginal cream</i>	Tier 2	
CLINDESSE VAGINAL CREAM	Tier 4	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Tier 2	B/D
<i>daptomycin intravenous solution reconstituted</i>	Tier 2	
DEBACTEROL MOUTH/THROAT SOLUTION	Tier 4	
FEM PH VAGINAL GEL	Tier 4	

Drug	Status	Requirements/Limits
<i>firvanq oral solution reconstituted</i>	Tier 1	
<i>fosfomycin tromethamine oral packet</i>	Tier 2	
GLOBAL ALCOHOL PREP EASE PAD	Tier 4	
<i>iodoquinol-hydrocortisone-aloe external cream</i>	Tier 1	
<i>linezolid intravenous solution 600 mg/300ml</i>	Tier 5	PA; NEDS
<i>linezolid oral suspension reconstituted</i>	Tier 5	PA; NEDS
<i>linezolid oral tablet</i>	Tier 2	
<i>mafenide acetate external packet</i>	Tier 1	
<i>methenamine hippurate oral tablet</i>	Tier 2	
<i>methenamine mandelate oral tablet</i>	Tier 1	
<i>metronidazole external cream</i>	Tier 2	
<i>metronidazole external gel</i>	Tier 2	
<i>metronidazole external lotion</i>	Tier 4	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	Tier 2	B/D
<i>metronidazole oral capsule</i>	Tier 1	
<i>metronidazole oral tablet</i>	Tier 1	
<i>metronidazole vaginal gel</i>	Tier 2	
<i>mupirocin calcium external cream</i>	Tier 2	
<i>mupirocin external ointment</i>	Tier 2	QL (220 GM per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule</i>	Tier 2	QL (56 EA per 14 days)
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier 2	QL (28 EA per 14 days)
<i>nitrofurantoin oral suspension</i>	Tier 2	
<i>polymyxin b sulfate injection solution reconstituted</i>	Tier 2	
PRIMSOL ORAL SOLUTION	Tier 4	
<i>rosadan external cream</i>	Tier 1	
<i>silver sulfadiazine external cream</i>	Tier 1	
SIVEXTRO ORAL TABLET	Tier 4	PA
<i>ssd external cream</i>	Tier 1	
SULFAMYLON EXTERNAL CREAM	Tier 4	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	Tier 4	B/D
<i>tigecycline intravenous solution reconstituted</i>	Tier 1	PA
<i>trimethoprim oral tablet</i>	Tier 1	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	Tier 4	PA

Drug	Status	Requirements/Limits
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 750 mg</i>	Tier 2	
VANCOMYCIN HCL ORAL CAPSULE 125 MG	Tier 3	PA; QL (120 EA per 30 days)
VANCOMYCIN HCL ORAL CAPSULE 250 MG	Tier 3	PA; QL (240 EA per 30 days)
<i>vandazole vaginal gel</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG	Tier 4	QL (3 EA per 1 day)
XIFAXAN ORAL TABLET 550 MG	Tier 3	
Beta-Lactam, Cephalosporins		
CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 4	
<i>cefaclor oral capsule</i>	Tier 2	
<i>cefaclor oral suspension reconstituted</i>	Tier 1	
<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 10 gm</i>	Tier 2	
<i>cefdinir oral capsule</i>	Tier 2	
<i>cefdinir oral suspension reconstituted</i>	Tier 2	
<i>cefepime hcl injection solution reconstituted</i>	Tier 2	
<i>cefixime oral capsule</i>	Tier 2	
<i>cefixime oral suspension reconstituted</i>	Tier 2	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</i>	Tier 2	B/D
<i>cefoxitin sodium intravenous solution reconstituted 1 gm</i>	Tier 2	B/D
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier 2	
<i>cefpodoxime proxetil oral tablet</i>	Tier 2	
<i>cefprozil oral suspension reconstituted</i>	Tier 2	
<i>cefprozil oral tablet</i>	Tier 2	
<i>ceftazidime injection solution reconstituted 1 gm</i>	Tier 2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 500 mg</i>	Tier 2	
<i>cefuroxime axetil oral tablet</i>	Tier 2	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm</i>	Tier 2	B/D
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>cephalexin oral capsule 750 mg</i>	Tier 2	
<i>cephalexin oral suspension reconstituted</i>	Tier 2	
<i>cephalexin oral tablet</i>	Tier 1	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	Tier 4	
SUPRAX ORAL TABLET CHEWABLE	Tier 4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	Tier 4	B/D
Beta-Lactam, Other		
AZACTAM INJECTION SOLUTION RECONSTITUTED	Tier 4	B/D
<i>aztreonam injection solution reconstituted 1 gm</i>	Tier 1	
<i>doripenem intravenous solution reconstituted 500 mg</i>	Tier 2	
<i>ertapenem sodium injection solution reconstituted</i>	Tier 2	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	Tier 2	
<i>meropenem intravenous solution reconstituted</i>	Tier 2	
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</i>	Tier 2	
<i>amoxicillin oral tablet chewable 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	Tier 2	B/D
<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i>	Tier 2	B/D
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	Tier 2	B/D
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Tier 4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	Tier 4	

Drug	Status	Requirements/Limits
<i>dicloxacillin sodium oral capsule</i>	Tier 2	
<i>nafcillin sodium injection solution reconstituted</i>	Tier 2	B/D
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	Tier 1	B/D
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 2	
<i>penicillin g potassium injection solution reconstituted</i>	Tier 2	B/D
<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 3.375 (3-0.375) gm</i>	Tier 2	
Macrolides		
AZASITE OPHTHALMIC SOLUTION	Tier 4	
<i>azithromycin intravenous solution reconstituted</i>	Tier 2	B/D
<i>azithromycin oral packet</i>	Tier 1	
<i>azithromycin oral suspension reconstituted</i>	Tier 2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier 2	
<i>clarithromycin oral suspension reconstituted</i>	Tier 2	
<i>clarithromycin oral tablet</i>	Tier 2	
DIFICID ORAL SUSPENSION RECONSTITUTED	Tier 4	ST
DIFICID ORAL TABLET	Tier 4	ST
<i>e.e.s. 400 oral tablet</i>	Tier 2	
ERY-TAB ORAL TABLET DELAYED RELEASE	Tier 3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 4	B/D
<i>erythrocin stearate oral tablet 250 mg</i>	Tier 2	
<i>erythromycin base oral capsule delayed release particles</i>	Tier 2	
<i>erythromycin base oral tablet 250 mg</i>	Tier 2	
<i>erythromycin base oral tablet 500 mg</i>	Tier 1	
<i>erythromycin base oral tablet delayed release</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Tier 2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 2	
<i>erythromycin external gel</i>	Tier 2	
<i>erythromycin external solution</i>	Tier 1	
<i>erythromycin ophthalmic ointment</i>	Tier 1	
Quinolones		
BAXDELA ORAL TABLET	Tier 4	PA; QL (2 EA per 1 day)
BESIVANCE OPHTHALMIC SUSPENSION	Tier 4	
CILOXAN OPHTHALMIC OINTMENT	Tier 3	
CIPRO ORAL SUSPENSION RECONSTITUTED	Tier 4	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg</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 2	B/D
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	Tier 2	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i>	Tier 2	
<i>gatifloxacin ophthalmic solution</i>	Tier 2	
<i>levofloxacin intravenous solution</i>	Tier 2	B/D
<i>levofloxacin ophthalmic solution</i>	Tier 2	
<i>levofloxacin oral solution</i>	Tier 2	
<i>levofloxacin oral tablet</i>	Tier 1	
<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		
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 2	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	Tier 4	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 2	
SULFADIAZINE ORAL TABLET	Tier 4	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	Tier 1	B/D
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	
Tetracyclines		
<i>demeclocycline hcl oral tablet</i>	Tier 1	
DORYX MPC ORAL TABLET DELAYED RELEASE	Tier 4	
<i>doxy 100 intravenous solution reconstituted</i>	Tier 2	B/D
<i>doxycycline hyclate intravenous solution reconstituted</i>	Tier 2	B/D
<i>doxycycline hyclate oral capsule</i>	Tier 2	ST
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 2	ST
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	Tier 2	ST
<i>doxycycline monohydrate oral capsule</i>	Tier 2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier 2	
<i>doxycycline monohydrate oral tablet</i>	Tier 2	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 55 mg, 80 mg</i>	Tier 2	ST
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 65 mg, 90 mg</i>	Tier 1	ST
<i>minocycline hcl oral capsule</i>	Tier 2	
<i>minocycline hcl oral tablet</i>	Tier 2	ST
NUZYRA ORAL TABLET	Tier 4	PA
<i>tetracycline hcl oral capsule</i>	Tier 2	
VIBRAMYCIN ORAL SYRUP	Tier 4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	Tier 4	PA
BRIVIACT ORAL TABLET	Tier 5	PA; NEDS
FINTEPLA ORAL SOLUTION	Tier 4	PA
<i>levetiracetam er oral tablet extended release 24 hour</i>	Tier 2	
LEVETIRACETAM IN NAACL INTRAVENOUS SOLUTION	Tier 4	B/D
<i>levetiracetam intravenous solution</i>	Tier 2	B/D
<i>levetiracetam oral solution</i>	Tier 2	
<i>levetiracetam oral tablet</i>	Tier 2	
<i>roweepra oral tablet 500 mg</i>	Tier 2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	Tier 4	

Drug	Status	Requirements/Limits
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	QL (56 EA per 28 days); NEDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	QL (56 EA per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	QL (60 EA per 30 days); NEDS
XCOPRI ORAL TABLET 50 MG	Tier 5	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); NEDS
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		
CELONTIN ORAL CAPSULE	Tier 4	
<i>ethosuximide oral capsule</i>	Tier 2	
<i>ethosuximide oral solution</i>	Tier 2	
<i>zonisamide oral capsule</i>	Tier 1	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension</i>	Tier 3	PA
<i>clobazam oral tablet</i>	Tier 3	PA
<i>clonazepam oral tablet</i>	Tier 1	
<i>clonazepam oral tablet dispersible</i>	Tier 2	
DIACOMIT ORAL CAPSULE	Tier 5	PA; NEDS
DIACOMIT ORAL PACKET	Tier 5	PA; NEDS
DIASTAT ACUDIAL RECTAL GEL	Tier 4	
DIASTAT PEDIATRIC RECTAL GEL	Tier 4	
<i>diazepam rectal gel</i>	Tier 1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 2	
EPIDIOLEX ORAL SOLUTION	Tier 4	PA
<i>gabapentin oral capsule</i>	Tier 2	
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 2	
<i>gabapentin oral tablet</i>	Tier 2	
HORIZANT ORAL TABLET EXTENDED RELEASE	Tier 4	ST
NAYZILAM NASAL SOLUTION	Tier 4	QL (10 EA per 30 days)
<i>phenobarbital oral elixir</i>	Tier 2	
<i>phenobarbital oral tablet</i>	Tier 2	
<i>primidone oral tablet</i>	Tier 1	

Drug	Status	Requirements/Limits
SABRIL ORAL PACKET	Tier 5	PA; NEDS
SYMPAZAN ORAL FILM	Tier 4	PA
<i>tiagabine hcl oral tablet</i>	Tier 4	
<i>valproate sodium intravenous solution 100 mg/ml</i>	Tier 1	B/D
<i>valproic acid oral capsule</i>	Tier 1	
<i>valproic acid oral solution</i>	Tier 1	
VALTOCO 10 MG DOSE NASAL LIQUID	Tier 4	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	Tier 4	QL (10 EA per 30 days); NEDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	Tier 4	QL (10 EA per 30 days); NEDS
VALTOCO 5 MG DOSE NASAL LIQUID	Tier 4	QL (10 EA per 30 days); NEDS
<i>vigabatrin oral packet</i>	Tier 5	PA; NEDS
VIGABATRIN ORAL TABLET	Tier 5	PA
<i>vigadrone oral packet</i>	Tier 5	PA; NEDS
Glutamate Reducing Agents		
<i>felbamate oral suspension</i>	Tier 5	
<i>felbamate oral tablet</i>	Tier 2	
FYCOMPA ORAL SUSPENSION	Tier 4	PA
FYCOMPA ORAL TABLET	Tier 4	PA
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 250 mg, 300 mg, 50 mg</i>	Tier 2	
<i>lamotrigine er oral tablet extended release 24 hour 25 mg</i>	Tier 1	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	Tier 2	
<i>lamotrigine oral tablet dispersible</i>	Tier 2	
<i>lamotrigine starter kit-blue oral kit</i>	Tier 2	
<i>lamotrigine starter kit-green oral kit</i>	Tier 2	
<i>lamotrigine starter kit-orange oral kit</i>	Tier 2	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	Tier 4	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	Tier 1	
<i>topiramate oral capsule sprinkle</i>	Tier 1	
<i>topiramate oral tablet</i>	Tier 1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	PA; QL (2 EA per 1 day)
Sodium Channel Agents		
APTIOM ORAL TABLET	Tier 4	PA
BANZEL ORAL TABLET 200 MG	Tier 4	PA

Drug	Status	Requirements/Limits
BANZEL ORAL TABLET 400 MG	Tier 5	PA; NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier 2	
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier 2	
<i>carbamazepine oral suspension</i>	Tier 2	
<i>carbamazepine oral tablet</i>	Tier 2	
<i>carbamazepine oral tablet chewable</i>	Tier 2	
DILANTIN ORAL CAPSULE	Tier 3	
<i>epitol oral tablet</i>	Tier 2	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier 4	
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	Tier 1	B/D
<i>oxcarbazepine oral suspension</i>	Tier 2	
<i>oxcarbazepine oral tablet</i>	Tier 2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	ST
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 2	
<i>phenytoin oral tablet chewable</i>	Tier 2	
<i>phenytoin sodium extended oral capsule</i>	Tier 2	
<i>rufinamide oral suspension</i>	Tier 5	PA; NEDS
VIMPAT INTRAVENOUS SOLUTION	Tier 4	PA
VIMPAT ORAL SOLUTION	Tier 4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	PA; NEDS
VIMPAT ORAL TABLET 50 MG	Tier 4	PA
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet</i>	Tier 2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier 4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG, 7-10 MG	Tier 4	
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible</i>	Tier 2	QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier 2	
<i>galantamine hydrobromide oral solution</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>galantamine hydrobromide oral tablet</i>	Tier 2	
<i>rivastigmine tartrate oral capsule</i>	Tier 1	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour</i>	Tier 1	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 2	QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 2	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	QL (1 EA per 1 day)
Antidepressants		
Antidepressants, Other		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	PA
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	Tier 2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	Tier 2	
<i>bupropion hcl oral tablet</i>	Tier 2	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	QL (1 EA per 1 day)
<i>mirtazapine oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	Tier 2	QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET	Tier 4	PA
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	Tier 4	PA
MARPLAN ORAL TABLET	Tier 3	
<i>phenelzine sulfate oral tablet</i>	Tier 2	
<i>tranylcypromine sulfate oral tablet</i>	Tier 1	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution</i>	Tier 2	
<i>citalopram hydrobromide oral tablet</i>	Tier 1	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	Tier 2	

Drug	Status	Requirements/Limits
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>escitalopram oxalate oral solution</i>	Tier 1	
<i>escitalopram oxalate oral tablet</i>	Tier 1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	PA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier 4	PA
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 2	
<i>fluoxetine hcl oral capsule delayed release</i>	Tier 2	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	Tier 2	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	Tier 2	
FLUOXETINE HCL ORAL TABLET 60 MG	Tier 3	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	Tier 2	
<i>fluvoxamine maleate oral tablet</i>	Tier 2	
<i>maprotiline hcl oral tablet</i>	Tier 2	
<i>nefazodone hcl oral tablet</i>	Tier 2	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Tier 2	
PAXIL ORAL SUSPENSION	Tier 4	
PEXEVA ORAL TABLET	Tier 4	
<i>sertraline hcl oral concentrate</i>	Tier 1	
<i>sertraline hcl oral tablet</i>	Tier 1	
<i>trazodone hcl oral tablet</i>	Tier 1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	Tier 1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
VENLAFAXINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 225 MG	Tier 4	
VIIBRYD ORAL TABLET	Tier 4	PA
VIIBRYD STARTER PACK ORAL KIT	Tier 4	PA
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	Tier 1	PA
AMOXAPINE ORAL TABLET	Tier 4	

Drug	Status	Requirements/Limits
<i>chlordiazepoxide-amitriptyline oral tablet</i>	Tier 2	
<i>clomipramine hcl oral capsule</i>	Tier 2	
<i>desipramine hcl oral tablet</i>	Tier 2	
<i>doxepin hcl oral capsule</i>	Tier 2	PA
<i>doxepin hcl oral concentrate</i>	Tier 2	PA
<i>imipramine hcl oral tablet</i>	Tier 2	
<i>imipramine pamoate oral capsule</i>	Tier 2	
<i>nortriptyline hcl oral capsule</i>	Tier 1	
<i>nortriptyline hcl oral solution</i>	Tier 1	
<i>perphenazine-amitriptyline oral tablet</i>	Tier 2	
<i>protriptyline hcl oral tablet</i>	Tier 1	
<i>trimipramine maleate oral capsule</i>	Tier 1	
Antiemetics		
Antiemetics, Other		
AKYNZEO ORAL CAPSULE	Tier 4	QL (4 EA per 30 days)
<i>doxylamine-pyridoxine oral tablet delayed release</i>	Tier 2	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>promethazine hcl injection solution</i>	Tier 1	B/D
<i>promethazine hcl oral syrup</i>	Tier 1	
<i>promethazine hcl oral tablet</i>	Tier 1	
<i>promethazine hcl rectal suppository 12.5 mg</i>	Tier 2	
<i>promethazine hcl rectal suppository 25 mg</i>	Tier 1	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	Tier 1	
<i>scopolamine transdermal patch 72 hour</i>	Tier 2	
TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	Tier 4	
<i>trimethobenzamide hcl oral capsule</i>	Tier 1	
Emetogenic Therapy Adjuncts		
ANZEMET ORAL TABLET	Tier 3	ST; QL (3 EA per 30 days)
<i>aprepitant oral capsule</i>	Tier 2	
CINVANTI INTRAVENOUS EMULSION	Tier 4	B/D
<i>dronabinol oral capsule</i>	Tier 3	B/D
EMEND ORAL SUSPENSION RECONSTITUTED	Tier 4	
<i>granisetron hcl oral tablet</i>	Tier 2	B/D
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Tier 1	B/D
<i>ondansetron hcl oral solution</i>	Tier 2	B/D
<i>ondansetron hcl oral tablet</i>	Tier 2	B/D

Drug	Status	Requirements/Limits
<i>ondansetron oral tablet dispersible</i>	Tier 2	B/D
SANCUSO TRANSDERMAL PATCH	Tier 4	ST; QL (4 EA per 30 days)
SYNDROS ORAL SOLUTION	Tier 4	B/D
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	Tier 4	
ZUPLENZ ORAL FILM	Tier 4	ST; QL (1 EA per 1 day)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	Tier 4	B/D
ALA-QUIN EXTERNAL CREAM	Tier 4	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	Tier 4	B/D
BIO-STATIN ORAL CAPSULE	Tier 4	
<i>bio-statin oral powder</i>	Tier 1	
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	B/D; NEDS
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	B/D; NEDS
<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>ciclopirox treatment external kit</i>	Tier 1	
<i>clotrimazole external cream</i>	Tier 2	
<i>clotrimazole external solution</i>	Tier 1	QL (30 ML per 30 days)
<i>clotrimazole mouth/throat troche</i>	Tier 2	
CRESEMBA ORAL CAPSULE	Tier 4	ST
<i>econazole nitrate external cream</i>	Tier 3	QL (85 GM per 30 days)
ERTACZO EXTERNAL CREAM	Tier 4	
EXELDERM EXTERNAL CREAM	Tier 3	
EXELDERM EXTERNAL SOLUTION	Tier 3	
<i>exoderm external lotion</i>	Tier 1	
<i>fluconazole in sodium chloride intravenous solution 400-0.9 mg/200ml-%</i>	Tier 2	B/D
<i>fluconazole oral suspension reconstituted</i>	Tier 1	
<i>fluconazole oral tablet</i>	Tier 1	
<i>flucytosine oral capsule</i>	Tier 5	NEDS
<i>griseofulvin microsize oral suspension</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>griseofulvin microsize oral tablet</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier 2	
GNAZOLE-1 VAGINAL CREAM	Tier 4	
<i>itraconazole oral capsule</i>	Tier 2	
<i>itraconazole oral solution</i>	Tier 2	
<i>ketoconazole external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>ketoconazole external foam</i>	Tier 2	PA; QL (100 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	Tier 2	
<i>ketoconazole oral tablet</i>	Tier 2	
LOPROX EXTERNAL KIT 0.77 %	Tier 4	
MENTAX EXTERNAL CREAM	Tier 3	
<i>miconazole 3 vaginal suppository</i>	Tier 2	
<i>miconazole-zinc oxide-petrolat external ointment</i>	Tier 2	
<i>naftifine hcl external cream</i>	Tier 3	
<i>naftifine hcl external gel</i>	Tier 2	
NAFTIN EXTERNAL GEL 1 %	Tier 4	
NATACYN OPHTHALMIC SUSPENSION	Tier 4	
NOXAFIL ORAL SUSPENSION	Tier 4	
<i>nyamyc external powder</i>	Tier 1	
<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)
ORAVIG BUCCAL TABLET	Tier 4	ST
OXISTAT EXTERNAL LOTION	Tier 3	
<i>posaconazole oral tablet delayed release</i>	Tier 2	
<i>sulconazole nitrate external cream</i>	Tier 1	
<i>tavaborole external solution</i>	Tier 2	PA
<i>terbinafine hcl oral tablet</i>	Tier 1	QL (90 EA per 365 days)
<i>terconazole vaginal cream</i>	Tier 1	
<i>terconazole vaginal suppository</i>	Tier 1	
<i>voriconazole intravenous solution reconstituted</i>	Tier 1	PA
<i>voriconazole oral suspension reconstituted</i>	Tier 1	
<i>voriconazole oral tablet 200 mg</i>	Tier 5	NEDS

Drug	Status	Requirements/Limits
<i>voriconazole oral tablet 50 mg</i>	Tier 4	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet</i>	Tier 1	
<i>colchicine oral capsule</i>	Tier 2	
<i>colchicine oral tablet</i>	Tier 2	
<i>colchicine-probenecid oral tablet</i>	Tier 2	
COLCRYS ORAL TABLET	Tier 3	
<i>febuxostat oral tablet</i>	Tier 2	
<i>probenecid oral tablet</i>	Tier 1	
Antihemophilic Products		
Anticoagulants		
HEMLIBRA SUBCUTANEOUS SOLUTION	Tier 4	
Anti-Inflammatory Agents		
Glucocorticoids		
EPIFOAM EXTERNAL FOAM	Tier 4	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	Tier 1	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	Tier 1	B/D
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg</i>	Tier 1	B/D
PRAMOSONE EXTERNAL CREAM 1-1 %	Tier 4	
PRAMOSONE EXTERNAL LOTION	Tier 4	
PRAMOSONE EXTERNAL OINTMENT	Tier 4	
Nonsteroidal Anti-Inflammatory Drugs		
<i>diclofenac sodium external gel 3 %</i>	Tier 3	QL (200 GM per 30 days)
<i>etodolac oral capsule</i>	Tier 2	
<i>etodolac oral tablet</i>	Tier 2	
<i>flurbiprofen oral tablet</i>	Tier 2	
<i>ibu oral tablet 600 mg, 800 mg</i>	Tier 1	
RELAFEN DS ORAL TABLET	Tier 4	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; QL (1 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (4.5 ML per 90 days)

Drug	Status	Requirements/Limits
NURTEC ORAL TABLET DISPERSIBLE	Tier 4	
<i>sumatriptan-naproxen sodium oral tablet</i>	Tier 1	PA; QL (9 EA per 30 days)
UBRELVY ORAL TABLET	Tier 4	PA; QL (16 EA per 30 days)
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection solution</i>	Tier 4	QL (8 ML per 30 days)
<i>dihydroergotamine mesylate nasal solution</i>	Tier 2	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier 3	
<i>ergotamine-caffeine oral tablet</i>	Tier 2	
Prophylactic		
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier 2	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 4	PA; QL (1 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (1 ML per 1 day)
<i>timolol maleate oral tablet</i>	Tier 1	
Serotonin (5-Ht) 1B/1D Receptor Agonists		
<i>almotriptan malate oral tablet</i>	Tier 1	ST; QL (6 EA per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	Tier 2	ST
<i>frovatriptan succinate oral tablet</i>	Tier 1	ST; QL (9 EA per 30 days)
<i>naratriptan hcl oral tablet</i>	Tier 2	QL (8 EA per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER	Tier 4	ST
REYVOW ORAL TABLET 100 MG	Tier 4	PA; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	Tier 4	PA; QL (4 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier 2	QL (36 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 2	QL (36 EA per 30 days)
<i>sumatriptan nasal solution</i>	Tier 1	ST; QL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 2	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier 1	ST; QL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1	QL (24 ML per 90 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	Tier 1	ST; QL (2 ML per 30 days)

Drug	Status	Requirements/Limits
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier 4	ST; QL (2 ML per 30 days)
<i>zolmitriptan nasal solution</i>	Tier 2	ST; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet</i>	Tier 1	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	Tier 1	QL (6 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL ORAL TABLET	Tier 4	
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier 3	
<i>pyridostigmine bromide oral solution</i>	Tier 5	
<i>pyridostigmine bromide oral tablet</i>	Tier 2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	Tier 2	
<i>rifabutin oral capsule</i>	Tier 1	
Antituberculars		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED	Tier 4	B/D
<i>cycloserine oral capsule</i>	Tier 1	
<i>ethambutol hcl oral tablet</i>	Tier 2	
ISONIAZID ORAL SYRUP	Tier 4	
<i>isoniazid oral tablet</i>	Tier 1	
PASER ORAL PACKET	Tier 4	
<i>pretomanid oral tablet</i>	Tier 2	
PRIFTIN ORAL TABLET	Tier 4	
<i>pyrazinamide oral tablet</i>	Tier 1	
<i>rifampin intravenous solution reconstituted</i>	Tier 1	B/D
<i>rifampin oral capsule</i>	Tier 1	
SIRTURO ORAL TABLET	Tier 5	PA; NEDS
TRECTOR ORAL TABLET	Tier 4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	Tier 2	B/D
<i>cyclophosphamide oral tablet</i>	Tier 2	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 4	
LEUKERAN ORAL TABLET	Tier 3	

Drug	Status	Requirements/Limits
MATULANE ORAL CAPSULE	Tier 5	NEDS
MYLERAN ORAL TABLET	Tier 4	
THIOTEPA INJECTION SOLUTION RECONSTITUTED 15 MG	Tier 5	B/D; NEDS
VALCHLOR EXTERNAL GEL	Tier 5	PA; NEDS
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
Antiandrogens		
<i>abiraterone acetate oral tablet</i>	Tier 5	PA; NEDS
<i>bicalutamide oral tablet</i>	Tier 2	
ERLEADA ORAL TABLET	Tier 5	PA; NEDS
<i>flutamide oral capsule</i>	Tier 2	
<i>nilutamide oral tablet</i>	Tier 5	
NUBEQA ORAL TABLET	Tier 5	PA; NEDS
XTANDI ORAL CAPSULE	Tier 5	PA; NEDS
YONSA ORAL TABLET	Tier 5	PA; NEDS
Antiangiogenic Agents		
POMALYST ORAL CAPSULE	Tier 5	PA; NEDS
REVLIMID ORAL CAPSULE	Tier 5	PA; NEDS
THALOMID ORAL CAPSULE	Tier 5	PA; NEDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	Tier 3	
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	Tier 5	B/D; NEDS
SOLTAMOX ORAL SOLUTION	Tier 4	
<i>tamoxifen citrate oral tablet</i>	Tier 1	
<i>toremifene citrate oral tablet</i>	Tier 3	
Antimetabolites		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 5	B/D; NEDS
<i>capecitabine oral tablet</i>	Tier 1	
DROXIA ORAL CAPSULE	Tier 4	
<i>hydroxyurea oral capsule</i>	Tier 2	
INQOVI ORAL TABLET	Tier 5	PA; QL (5 EA per 28 days); NEDS
LONSURF ORAL TABLET	Tier 5	PA; NEDS
<i>mercaptopurine oral tablet</i>	Tier 2	
ONUREG ORAL TABLET	Tier 5	PA; NEDS
PURIXAN ORAL SUSPENSION	Tier 4	
SIKLOS ORAL TABLET	Tier 4	PA

Drug	Status	Requirements/Limits
TABLOID ORAL TABLET	Tier 4	
Antineoplastics		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5	B/D; NEDS
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	B/D; NEDS
DACTINOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	B/D; NEDS
FARYDAK ORAL CAPSULE	Tier 5	PA; NEDS
<i>fludarabine phosphate intravenous solution reconstituted</i>	Tier 1	B/D
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 5	PA; NEDS
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 160 MG	Tier 5	PA; NEDS
LYNPARZA ORAL TABLET	Tier 5	PA; NEDS
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	Tier 5	PA; NEDS
<i>oxaliplatin intravenous solution reconstituted 100 mg</i>	Tier 5	B/D; NEDS
RUBRACA ORAL TABLET	Tier 5	PA; NEDS
TALZENNA ORAL CAPSULE	Tier 5	PA; NEDS
<i>temozolomide oral capsule</i>	Tier 1	
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	Tier 5	B/D; NEDS
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	Tier 5	B/D; NEDS
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	Tier 5	B/D; NEDS
ZEJULA ORAL CAPSULE	Tier 5	PA; NEDS
Antineoplastics, Other		
<i>azacitidine injection suspension reconstituted</i>	Tier 5	PA; NEDS
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	Tier 2	B/D
COTELLIC ORAL TABLET	Tier 5	PA; NEDS
<i>decitabine intravenous solution reconstituted</i>	Tier 5	B/D; NEDS
ERWINAZE INJECTION SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
GAVRETO ORAL CAPSULE	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
GILOTRIF ORAL TABLET	Tier 5	PA; NEDS
IBRANCE ORAL CAPSULE	Tier 5	PA; NEDS
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	Tier 1	B/D
LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG	Tier 4	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 2	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 5	B/D; NEDS
LEVOLEUCOVORIN CALCIUM PF INTRAVENOUS SOLUTION 250 MG/25ML	Tier 5	B/D; NEDS
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	Tier 1	B/D
NINLARO ORAL CAPSULE	Tier 5	PA; NEDS
ODOMZO ORAL CAPSULE	Tier 5	PA; NEDS
ONCASPAR INJECTION SOLUTION	Tier 5	NEDS
ORGOVYX ORAL TABLET	Tier 5	PA; NEDS
<i>paclitaxel intravenous concentrate 100 mg/16.7ml</i>	Tier 1	B/D
<i>paclitaxel intravenous concentrate 300 mg/50ml</i>	Tier 2	B/D
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	B/D; NEDS
RETEVMO ORAL CAPSULE	Tier 5	PA; NEDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
TAGRISO ORAL TABLET	Tier 5	PA; NEDS
TUKYSA ORAL TABLET	Tier 5	PA; NEDS
VELCADE INJECTION SOLUTION RECONSTITUTED	Tier 5	B/D; NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier 4	PA
VENCLEXTA ORAL TABLET 100 MG	Tier 5	PA; NEDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 5	PA; NEDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 5	PA; NEDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 5	PA; NEDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 5	PA; NEDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML	Tier 5	PA; NEDS
ZOLINZA ORAL CAPSULE	Tier 5	PA; NEDS
ZYKADIA ORAL CAPSULE	Tier 5	PA; NEDS
ZYKADIA ORAL TABLET	Tier 5	PA
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	Tier 1	
<i>exemestane oral tablet</i>	Tier 2	
<i>letrozole oral tablet</i>	Tier 2	
Enzyme Inhibitors		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
COPIKTRA ORAL CAPSULE	Tier 5	PA; NEDS
<i>etoposide intravenous solution 100 mg/5ml</i>	Tier 1	B/D
<i>etoposide intravenous solution 500 mg/25ml</i>	Tier 2	B/D
<i>etoposide oral capsule</i>	Tier 1	
IBRANCE ORAL TABLET	Tier 5	PA; NEDS
IDHIFA ORAL TABLET	Tier 5	PA; NEDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG	Tier 5	PA; NEDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
TIBSOVO ORAL TABLET	Tier 5	PA; NEDS
<i>toposar intravenous solution 500 mg/25ml</i>	Tier 2	B/D
<i>topotecan hcl intravenous solution reconstituted</i>	Tier 1	B/D
VERZENIO ORAL TABLET	Tier 5	PA; NEDS
VITRAKVI ORAL CAPSULE	Tier 5	PA; NEDS
VITRAKVI ORAL SOLUTION	Tier 5	PA; NEDS
XOSPATA ORAL TABLET	Tier 5	PA; NEDS
ZYDELIG ORAL TABLET	Tier 5	PA; NEDS
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	Tier 5	PA; NEDS
AFINITOR ORAL TABLET 10 MG	Tier 5	PA; NEDS
ALECENSA ORAL CAPSULE	Tier 5	PA; NEDS
ALUNBRIG ORAL TABLET	Tier 5	PA; NEDS
ALUNBRIG ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
AYVAKIT ORAL TABLET	Tier 5	PA; QL (1 EA per 1 day); NEDS
BALVERSA ORAL TABLET	Tier 5	PA; NEDS
BOSULIF ORAL TABLET	Tier 5	PA; NEDS
BRAFTOVI ORAL CAPSULE	Tier 5	PA; NEDS
BRUKINSA ORAL CAPSULE	Tier 5	PA; NEDS
CABOMETYX ORAL TABLET	Tier 5	PA; NEDS
CALQUENCE ORAL CAPSULE	Tier 5	PA; NEDS
CAPRELSA ORAL TABLET	Tier 5	PA; NEDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 5	PA; NEDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 5	PA; NEDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier 5	PA; NEDS
DAURISMO ORAL TABLET	Tier 5	PA; NEDS
ERIVEDGE ORAL CAPSULE	Tier 5	PA; NEDS
<i>erlotinib hcl oral tablet</i>	Tier 3	PA
EVEROLIMUS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	Tier 5	PA; NEDS
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
ICLUSIG ORAL TABLET	Tier 5	PA; NEDS
<i>imatinib mesylate oral tablet</i>	Tier 3	
IMBRUVICA ORAL CAPSULE	Tier 5	PA; NEDS
IMBRUVICA ORAL TABLET	Tier 5	PA; NEDS
INLYTA ORAL TABLET	Tier 5	PA; NEDS
INREBIC ORAL CAPSULE	Tier 5	PA; NEDS
IRESSA ORAL TABLET	Tier 5	PA; NEDS
JAKAFI ORAL TABLET	Tier 5	PA; NEDS
KOSELUGO ORAL CAPSULE 10 MG	Tier 5	PA; QL (8 EA per 1 day); NEDS
KOSELUGO ORAL CAPSULE 25 MG	Tier 5	PA; QL (4 EA per 1 day); NEDS
<i>lapatinib ditosylate oral tablet</i>	Tier 5	PA; NEDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA; NEDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA; NEDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA; NEDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA; NEDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA; NEDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA; NEDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA; NEDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	Tier 5	PA; NEDS
LORBRENA ORAL TABLET	Tier 5	PA; NEDS
MEKINIST ORAL TABLET	Tier 5	PA; NEDS
MEKTOVI ORAL TABLET	Tier 5	PA; NEDS
NERLYNX ORAL TABLET	Tier 5	PA; NEDS
NEXAVAR ORAL TABLET	Tier 5	PA; NEDS
PEMAZYRE ORAL TABLET	Tier 5	PA; NEDS
QINLOCK ORAL TABLET	Tier 5	PA; NEDS
ROZLYTREK ORAL CAPSULE	Tier 5	PA; NEDS
RYDAPT ORAL CAPSULE	Tier 5	PA; NEDS
SPRYCEL ORAL TABLET	Tier 5	PA; NEDS
STIVARGA ORAL TABLET	Tier 5	PA; NEDS
SUTENT ORAL CAPSULE	Tier 5	PA; NEDS
TABRECTA ORAL TABLET	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
TAFINLAR ORAL CAPSULE	Tier 5	PA; NEDS
TASIGNA ORAL CAPSULE	Tier 5	PA; NEDS
TAZVERIK ORAL TABLET	Tier 5	PA; NEDS
TEPMETKO ORAL TABLET	Tier 5	PA; NEDS
TURALIO ORAL CAPSULE	Tier 5	PA; NEDS
UKONIQ ORAL TABLET	Tier 5	PA; NEDS
VIZIMPRO ORAL TABLET	Tier 5	PA; NEDS
VOTRIENT ORAL TABLET	Tier 5	PA; NEDS
XALKORI ORAL CAPSULE	Tier 5	PA; NEDS
ZELBORAF ORAL TABLET	Tier 5	PA; NEDS
Monoclonal Antibodies		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4	B/D
Monoclonal Antibody/Antibody-Drug Conjugate		
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML	Tier 5	B/D; NEDS
BAVENCIO INTRAVENOUS SOLUTION	Tier 5	PA; NEDS
CYRAMZA INTRAVENOUS SOLUTION	Tier 5	B/D; NEDS
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML	Tier 5	PA; NEDS
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG	Tier 5	PA; NEDS
IMFINZI INTRAVENOUS SOLUTION	Tier 5	PA; NEDS
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5	PA; NEDS
KEYTRUDA INTRAVENOUS SOLUTION	Tier 5	PA; NEDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	Tier 5	PA; NEDS
PERJETA INTRAVENOUS SOLUTION	Tier 5	PA; NEDS
RITUXAN INTRAVENOUS SOLUTION	Tier 5	B/D; NEDS
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	Tier 5	PA; NEDS
YERVOY INTRAVENOUS SOLUTION 50 MG/10ML	Tier 5	PA; NEDS
Retinoids		
<i>bexarotene oral capsule</i>	Tier 5	NEDS
PANRETIN EXTERNAL GEL	Tier 4	

Drug	Status	Requirements/Limits
TARGRETIN EXTERNAL GEL	Tier 5	PA; NEDS
<i>tretinoin oral capsule</i>	Tier 5	NEDS
Treatment Adjuncts		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG	Tier 5	B/D; NEDS
MESNEX ORAL TABLET	Tier 4	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	Tier 1	
<i>ivermectin oral tablet</i>	Tier 2	
<i>praziquantel oral tablet</i>	Tier 2	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	Tier 4	
<i>atovaquone oral suspension</i>	Tier 2	
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 2	
<i>chloroquine phosphate oral tablet</i>	Tier 2	
COARTEM ORAL TABLET	Tier 4	
<i>hydroxychloroquine sulfate oral tablet</i>	Tier 2	
IMPAVIDO ORAL CAPSULE	Tier 5	NEDS
KRINTAFEL ORAL TABLET	Tier 4	
<i>mefloquine hcl oral tablet</i>	Tier 2	
<i>nitazoxanide oral tablet</i>	Tier 2	
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier 2	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	Tier 2	B/D
<i>primaquine phosphate oral tablet</i>	Tier 2	
<i>pyrimethamine oral tablet</i>	Tier 2	
<i>quinine sulfate oral capsule</i>	Tier 1	
<i>tinidazole oral tablet</i>	Tier 1	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 1 mg</i>	Tier 1	
Pediculicides/Scabicides		
<i>crotan external lotion</i>	Tier 2	
<i>lindane external shampoo</i>	Tier 2	
<i>malathion external lotion</i>	Tier 2	
<i>permethrin external cream</i>	Tier 3	

Drug	Status	Requirements/Limits
SKLICE EXTERNAL LOTION	Tier 4	
<i>spinosad external suspension</i>	Tier 2	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet</i>	Tier 1	PA
<i>trihexyphenidyl hcl oral solution</i>	Tier 1	
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	
Antiparkinson Agents, Other		
<i>entacapone oral tablet</i>	Tier 2	
NOURIANZ ORAL TABLET	Tier 4	PA; QL (1 EA per 1 day); NEDS
ONGENTYS ORAL CAPSULE	Tier 4	PA; QL (30 EA per 30 days)
<i>osmolex er oral tablet extended release 24 hour</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>tolcapone oral tablet</i>	Tier 5	NEDS
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 5	PA; NEDS
<i>bromocriptine mesylate oral capsule</i>	Tier 2	
<i>bromocriptine mesylate oral tablet</i>	Tier 2	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	PA; QL (30 EA per 30 days)
KYNMOBI SUBLINGUAL FILM	Tier 5	PA; NEDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier 4	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	Tier 1	
<i>pramipexole dihydrochloride oral tablet</i>	Tier 1	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier 2	
<i>ropinirole hcl oral tablet</i>	Tier 2	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet</i>	Tier 2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet</i>	Tier 2	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier 2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	Tier 2	
INBRIJA INHALATION CAPSULE	Tier 5	PA; QL (10 EA per 1 day)

Drug	Status	Requirements/Limits
RYTARY ORAL CAPSULE EXTENDED RELEASE	Tier 4	ST
STALEVO 100 ORAL TABLET	Tier 4	
STALEVO 125 ORAL TABLET	Tier 4	
STALEVO 150 ORAL TABLET	Tier 4	
STALEVO 200 ORAL TABLET	Tier 4	
STALEVO 50 ORAL TABLET	Tier 4	
STALEVO 75 ORAL TABLET	Tier 4	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	Tier 1	
<i>selegiline hcl oral capsule</i>	Tier 1	
<i>selegiline hcl oral tablet</i>	Tier 1	
XADAGO ORAL TABLET	Tier 4	PA
ZELAPAR ORAL TABLET DISPERSIBLE	Tier 4	
Antipsychotics		
1St Generation/Typical		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	Tier 4	B/D
<i>chlorpromazine hcl oral tablet</i>	Tier 2	
<i>compro rectal suppository</i>	Tier 2	
<i>fluphenazine decanoate injection solution</i>	Tier 2	B/D
FLUPHENAZINE HCL INJECTION SOLUTION	Tier 4	B/D
FLUPHENAZINE HCL ORAL CONCENTRATE	Tier 4	
FLUPHENAZINE HCL ORAL ELIXIR	Tier 4	
<i>fluphenazine hcl oral tablet</i>	Tier 2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 2	B/D
<i>haloperidol lactate injection solution</i>	Tier 2	B/D
<i>haloperidol lactate oral concentrate</i>	Tier 2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>loxapine succinate oral capsule</i>	Tier 2	
<i>molindone hcl oral tablet</i>	Tier 2	
<i>perphenazine oral tablet</i>	Tier 2	
<i>pimozide oral tablet</i>	Tier 2	
<i>prochlorperazine maleate oral tablet</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>prochlorperazine rectal suppository</i>	Tier 1	
<i>thioridazine hcl oral tablet</i>	Tier 1	
<i>thiothixene oral capsule</i>	Tier 1	
<i>trifluoperazine hcl oral tablet</i>	Tier 1	
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG	Tier 5	B/D; NEDS
<i>aripiprazole oral solution</i>	Tier 2	
<i>aripiprazole oral tablet</i>	Tier 2	
<i>aripiprazole oral tablet dispersible</i>	Tier 2	
<i>asenapine maleate sublingual tablet sublingual</i>	Tier 2	PA
CAPLYTA ORAL CAPSULE	Tier 5	ST; QL (30 EA per 30 days); NEDS
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 4	PA
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	Tier 5	PA; NEDS
FANAPT TITRATION PACK ORAL TABLET	Tier 4	PA
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	PA; NEDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 5	PA; NEDS
LATUDA ORAL TABLET	Tier 4	PA; NEDS
NUPLAZID ORAL CAPSULE	Tier 5	PA; QL (60 EA per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Tier 2	B/D
<i>olanzapine oral tablet</i>	Tier 2	
<i>olanzapine oral tablet dispersible</i>	Tier 2	
<i>paliperidone er oral tablet extended release 24 hour</i>	Tier 2	PA
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Tier 5	PA; NEDS
<i>quetiapine fumarate oral tablet</i>	Tier 1	
REXULTI ORAL TABLET	Tier 5	PA; NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier 3	B/D
<i>risperidone oral solution</i>	Tier 1	QL (8 ML per 1 day)

Drug	Status	Requirements/Limits
<i>risperidone oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible</i>	Tier 1	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR	Tier 5	ST; QL (30 EA per 30 days); NEDS
VRAYLAR ORAL CAPSULE	Tier 5	PA; QL (1 EA per 1 day); NEDS
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier 4	PA
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Tier 2	B/D
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	Tier 4	B/D
Treatment-Resistant		
<i>clozapine oral tablet</i>	Tier 2	
<i>clozapine oral tablet dispersible</i>	Tier 2	
VERSACLOZ ORAL SUSPENSION	Tier 4	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet</i>	Tier 2	
<i>dantrolene sodium oral capsule</i>	Tier 2	
<i>tizanidine hcl oral capsule</i>	Tier 1	
<i>tizanidine hcl oral tablet</i>	Tier 1	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
<i>cidofovir intravenous solution</i>	Tier 5	B/D; NEDS
<i>ganciclovir sodium intravenous solution reconstituted</i>	Tier 1	B/D
PREVYMIS INTRAVENOUS SOLUTION	Tier 5	B/D; NEDS
PREVYMIS ORAL TABLET	Tier 5	NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 1	
<i>valganciclovir hcl oral tablet</i>	Tier 1	
ZIRGAN OPHTHALMIC GEL	Tier 4	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	Tier 5	PA; NEDS
BARACLUDE ORAL SOLUTION	Tier 4	PA
<i>entecavir oral tablet</i>	Tier 5	PA; NEDS
EPIVIR HBV ORAL SOLUTION	Tier 3	
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	Tier 3	

Drug	Status	Requirements/Limits
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier 3	
<i>lamivudine oral tablet 100 mg</i>	Tier 2	
VEMLIDY ORAL TABLET	Tier 4	
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL TABLET	Tier 5	PA; NEDS
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	Tier 5	PA; NEDS
<i>sofosbuvir-velpatasvir oral tablet</i>	Tier 5	PA; NEDS
VIEKIRA PAK ORAL TABLET THERAPY PACK	Tier 4	PA
ZEPATIER ORAL TABLET	Tier 5	PA; NEDS
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
DAKLINZA ORAL TABLET 30 MG, 60 MG	Tier 5	PA; NEDS
MAVYRET ORAL TABLET	Tier 5	PA; NEDS
VOSEVI ORAL TABLET	Tier 5	PA; NEDS
Anti-Hepatitis C (Hcv) Agents, Other		
PEGASYS SUBCUTANEOUS SOLUTION	Tier 5	NEDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	Tier 5	NEDS
<i>ribasphere oral capsule</i>	Tier 2	
<i>ribasphere oral tablet 200 mg, 400 mg</i>	Tier 2	
<i>ribasphere oral tablet 600 mg</i>	Tier 5	NEDS
RIBAVIRIN INHALATION SOLUTION RECONSTITUTED	Tier 5	NEDS
<i>ribavirin oral capsule</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	Tier 5	NEDS
Anti-Hepatitis C (Hcv) Agents, Others		
HARVONI ORAL PACKET	Tier 5	PA; NEDS
HARVONI ORAL TABLET	Tier 5	PA; NEDS
SOVALDI ORAL PACKET	Tier 5	PA; NEDS
SOVALDI ORAL TABLET	Tier 5	PA; NEDS
Antitherpetic Agents		
<i>acyclovir external cream</i>	Tier 2	ST
<i>acyclovir external ointment</i>	Tier 2	QL (15 GM per 14 days)
<i>acyclovir oral capsule</i>	Tier 1	

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

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

Drug	Status	Requirements/Limits
SELZENTRY ORAL TABLET 25 MG, 75 MG	Tier 3	
TYBOST ORAL TABLET	Tier 3	
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	Tier 5	NEDS
APTIVUS ORAL SOLUTION	Tier 5	NEDS
<i>atazanavir sulfate oral capsule</i>	Tier 2	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 3	
EVOTAZ ORAL TABLET	Tier 5	NEDS
FOSAMPRENAVIR CALCIUM ORAL TABLET	Tier 5	NEDS
INVIRASE ORAL TABLET	Tier 5	NEDS
KALETRA ORAL TABLET 100-25 MG	Tier 3	
KALETRA ORAL TABLET 200-50 MG	Tier 5	NEDS
LEXIVA ORAL SUSPENSION	Tier 4	
<i>lopinavir-ritonavir oral solution</i>	Tier 2	
NORVIR ORAL PACKET	Tier 3	
NORVIR ORAL SOLUTION	Tier 3	
PREZCOBIX ORAL TABLET	Tier 5	NEDS
PREZISTA ORAL SUSPENSION	Tier 4	
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 4	
PREZISTA ORAL TABLET 600 MG, 800 MG	Tier 5	NEDS
REYATAZ ORAL PACKET	Tier 4	
<i>ritonavir oral tablet</i>	Tier 2	
VIRACEPT ORAL TABLET 250 MG	Tier 3	
VIRACEPT ORAL TABLET 625 MG	Tier 5	NEDS
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	Tier 2	
<i>amantadine hcl oral syrup</i>	Tier 2	
<i>amantadine hcl oral tablet</i>	Tier 2	
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	
<i>rimantadine hcl oral tablet</i>	Tier 1	

Drug	Status	Requirements/Limits
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	Tier 3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	Tier 3	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl oral tablet</i>	Tier 2	
<i>hydroxyzine hcl oral syrup</i>	Tier 2	PA
<i>hydroxyzine hcl oral tablet</i>	Tier 2	PA
<i>meprobamate oral tablet</i>	Tier 2	
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i>	Tier 2	
<i>alprazolam er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 EA per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	Tier 4	
<i>alprazolam oral tablet</i>	Tier 1	
<i>alprazolam oral tablet dispersible</i>	Tier 1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	Tier 2	
<i>chlordiazepoxide hcl oral capsule</i>	Tier 1	
<i>clorazepate dipotassium oral tablet</i>	Tier 2	
<i>diazepam oral concentrate</i>	Tier 2	QL (1200 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 2	
<i>diazepam oral tablet 10 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>estazolam oral tablet</i>	Tier 2	QL (1 EA per 1 day)
<i>lorazepam injection solution 2 mg/ml</i>	Tier 2	B/D
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Tier 1	QL (150 EA per 30 days)
<i>midazolam hcl oral syrup</i>	Tier 1	
<i>oxazepam oral capsule</i>	Tier 2	
<i>quazepam oral tablet</i>	Tier 1	
<i>triazolam oral tablet</i>	Tier 2	QL (60 EA per 30 days)

Drug	Status	Requirements/Limits
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>paroxetine hcl oral tablet</i>	Tier 1	
<i>venlafaxine hcl oral tablet</i>	Tier 1	
Bipolar Agents		
Bipolar Agents, Other		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG	Tier 5	B/D; NEDS
<i>olanzapine-fluoxetine hcl oral capsule</i>	Tier 2	
<i>ziprasidone hcl oral capsule</i>	Tier 1	
Mood Stabilizers		
<i>divalproex sodium oral tablet delayed release</i>	Tier 2	
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet chewable</i>	Tier 2	
<i>lithium carbonate er oral tablet extended release</i>	Tier 2	
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 600 mg</i>	Tier 2	
<i>lithium carbonate oral tablet</i>	Tier 2	
LITHIUM ORAL SOLUTION	Tier 4	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	Tier 2	QL (3 EA per 1 day)
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT	Tier 4	PA
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
<i>alogliptin benzoate oral tablet</i>	Tier 2	
<i>alogliptin-metformin hcl oral tablet</i>	Tier 1	PA
<i>alogliptin-pioglitazone oral tablet</i>	Tier 1	PA
AVANDIA ORAL TABLET 2 MG, 4 MG	Tier 4	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	Tier 3	
BYDUREON SUBCUTANEOUS PEN-INJECTOR	Tier 3	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	

Drug	Status	Requirements/Limits
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	
CYCLOSET ORAL TABLET	Tier 4	
FARXIGA ORAL TABLET	Tier 3	
<i>glimepiride oral tablet</i>	Tier 1	
<i>glipizide er oral tablet extended release 24 hour</i>	Tier 1	
<i>glipizide oral tablet</i>	Tier 1	
<i>glipizide xl oral tablet extended release 24 hour</i>	Tier 1	
<i>glipizide-metformin hcl oral tablet</i>	Tier 2	
<i>glyburide micronized oral tablet</i>	Tier 2	PA
<i>glyburide oral tablet</i>	Tier 2	PA
<i>glyburide-metformin oral tablet</i>	Tier 2	PA; QL (4 EA per 1 day)
GLYXAMBI ORAL TABLET	Tier 3	
INVOKAMET ORAL TABLET	Tier 4	PA; ST
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	PA
INVOKANA ORAL TABLET	Tier 4	PA; ST
JANUMET ORAL TABLET	Tier 3	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	QL (2 EA per 1 day)
JANUVIA ORAL TABLET	Tier 3	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET	Tier 3	
JENTADUETO ORAL TABLET	Tier 3	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	QL (2 EA per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	PA; QL (1 EA per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier 1	
<i>metformin hcl oral solution</i>	Tier 2	
<i>metformin hcl oral tablet</i>	Tier 1	
<i>miglitol oral tablet</i>	Tier 1	
<i>nateglinide oral tablet</i>	Tier 2	
ONGLYZA ORAL TABLET	Tier 4	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
<i>pioglitazone hcl oral tablet</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier 2	
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier 2	
QTERN ORAL TABLET	Tier 4	ST
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	Tier 1	QL (8 EA per 1 day)
SEGLUROMET ORAL TABLET	Tier 4	PA
STEGLATRO ORAL TABLET	Tier 4	PA
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
SYNJARDY ORAL TABLET	Tier 3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	
<i>tolazamide oral tablet</i>	Tier 2	
TOLBUTAMIDE ORAL TABLET	Tier 4	
TRADJENTA ORAL TABLET	Tier 3	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	ST
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	
Blood Glucose Regulators		
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 PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	Tier 3	QL (0.4 ML per 1 day)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 3	QL (0.8 ML per 1 day)
Glycemic Agents		
<i>diazoxide oral suspension</i>	Tier 2	
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED	Tier 3	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Tier 3	

Drug	Status	Requirements/Limits
GLUCAGON EMERGENCY INJECTION KIT	Tier 3	
Insulins		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
ADMELOG SUBCUTANEOUS SOLUTION	Tier 4	PA
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT	Tier 4	PA
APIDRA INJECTION SOLUTION	Tier 4	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 4	PA
FIASP SUBCUTANEOUS SOLUTION	Tier 4	PA
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Tier 3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Tier 3	
HUMALOG SUBCUTANEOUS SOLUTION	Tier 3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Tier 3	

Drug	Status	Requirements/Limits
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 3	
HUMULIN N SUBCUTANEOUS SUSPENSION	Tier 3	
HUMULIN R INJECTION SOLUTION	Tier 3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Tier 3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	Tier 3	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Tier 3	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	Tier 3	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	Tier 3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
LANTUS SUBCUTANEOUS SOLUTION	Tier 3	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
LEVEMIR SUBCUTANEOUS SOLUTION	Tier 4	PA
LYUMJEV INJECTION SOLUTION	Tier 4	PA
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 4	PA
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	Tier 4	PA
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 4	PA
NOVOLOG SUBCUTANEOUS SOLUTION	Tier 4	PA
SEMGLEE SUBCUTANEOUS SOLUTION	Tier 4	PA
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	ST

Drug	Status	Requirements/Limits
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
TRESIBA SUBCUTANEOUS SOLUTION	Tier 4	PA
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
Blood Glucose Supplies		
Blood Glucose Supplies		
BD DISP NEEDLE 23G X 1" , 25G X 1"	Tier 3	
BD DISP NEEDLES	Tier 3	
BD HYPODERMIC NEEDLE 16G X 1" , 18G X 1" , 18G X 1-1/2" , 19G X 1" , 19G X 1-1/2" , 21G X 1" , 21G X 2" , 22G X 1-1/2" , 23G X 3/4" , 25G X 1-1/2" , 26G X 1/2"	Tier 3	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 3	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	Tier 3	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 3	
BD INSULIN SYRINGE U/F	Tier 3	
BD INSULIN SYRINGE U/F 1/2UNIT	Tier 3	
BD INSULIN SYRINGE U-500	Tier 3	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	Tier 3	
BD PEN	Tier 4	
BD PEN MINI	Tier 4	
BD PEN NEEDLE MICRO U/F	Tier 4	
BD PEN NEEDLE MINI U/F	Tier 4	
BD PEN NEEDLE NANO U/F	Tier 4	
BD PEN NEEDLE SHORT U/F	Tier 4	

Drug	Status	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML	Tier 3	
BD SAFETYGLIDE NEEDLE 25G X 5/8"	Tier 3	
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" 5 ML	Tier 3	
PRECISION SUREDOSE PLUS SYR	Tier 3	
SURESTEP GLUCOSE CONTROL IN VITRO SOLUTION	Tier 3	
SURESTEP PRO HIGH GLUCOSE IN VITRO LIQUID	Tier 3	
SURESTEP PRO LINEARITY KIT	Tier 3	
SURESTEP PRO LOW GLUCOSE IN VITRO LIQUID	Tier 3	
SURESTEP PRO NORMAL GLUCOSE IN VITRO LIQUID	Tier 3	
Glucose Monitoring Test Supplies		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCU-CHEK GUIDE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ACCUTREND GLUCOSE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVANCE INTUITION TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ADVOCATE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX AMP TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX JAZZ TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
AGAMATRIX PRESTO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE 3 TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE 4 TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)

Drug	Status	Requirements/Limits
ASSURE II CHECK IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE II IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE PLATINUM IN VITRO STRIP	Tier 4	PA
ASSURE PRISM MULTI TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ASSURE PRO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
BIOSCANNER GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CARESENS N GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CARETOUCH TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHEK TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHOICE MICRO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHOICE NO CODING IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CONTOUR NEXT TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
CONTOUR TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	Tier 4	PA
DEXCOM G4 PLAT PED RECEIVER DEVICE	Tier 4	PA
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	Tier 4	PA
DEXCOM G4 PLATINUM RECEIVER DEVICE	Tier 4	PA
DEXCOM G4 PLATINUM TRANSMITTER	Tier 4	PA
DEXCOM G4 SENSOR	Tier 4	PA
DEXCOM G5 MOB/G4 PLAT SENSOR	Tier 4	PA
DEXCOM G5 MOBILE RECEIVER DEVICE	Tier 4	PA
DEXCOM G5 MOBILE TRANSMITTER	Tier 4	PA

Drug	Status	Requirements/Limits
DEXCOM G6 RECEIVER DEVICE	Tier 4	PA
DEXCOM G6 SENSOR	Tier 4	PA
DEXCOM G6 TRANSMITTER	Tier 4	PA
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EASY STEP TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EASY TOUCH TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EASYGLUCO IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EASYGLUCO PLUS IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EASYMAX 15 TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
ENLITE GLUCOSE SENSOR	Tier 4	PA
EVENCARE G2 TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EVENCARE G3 TEST IN VITRO STRIP	Tier 4	PA
EVENCARE MINI GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EVERSENSE SENSOR/HOLDER	Tier 4	PA
EVERSENSE SMART TRANSMITTER	Tier 4	PA
EXACTECH R-S-G TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
EXACTECH TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
FREESTYLE INSULINX TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 4	PA
FREESTYLE LIBRE 14 DAY SENSOR	Tier 4	PA
FREESTYLE LIBRE READER DEVICE	Tier 4	PA
FREESTYLE LIBRE SENSOR SYSTEM	Tier 4	PA
FREESTYLE LITE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
FREESTYLE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
GUARDIAN CONNECT TRANSMITTER	Tier 4	PA
GUARDIAN LINK 3 TRANSMITTER	Tier 4	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE	Tier 4	PA
GUARDIAN SENSOR (3)	Tier 4	PA
ONETOUCH ULTRA 2 KIT	Tier 3	QL (1 EA per 365 days)

Drug	Status	Requirements/Limits
ONETOUCH ULTRA MINI KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH ULTRALINK KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH VERIO IN VITRO STRIP	Tier 3	QL (5 EA per 1 day)
ONETOUCH VERIO IQ SYSTEM KIT	Tier 3	QL (1 EA per 365 days)
ONETOUCH VERIO KIT	Tier 3	QL (1 EA per 365 days)
OPTIUM TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
OPTIUMEZ TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
PRECISION PCX IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
PRECISION PCX PLUS TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
PRECISION POINT OF CARE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
PRECISION QID TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
PRECISION SOF-TACT TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
PTS PANELS GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
QUICKTEK TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
RELION CONFIRM/MICRO TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
RELION PRIME TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
RELION ULTIMA TEST IN VITRO STRIP	Tier 4	PA; QL (5 EA per 1 day)
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	
ELIQUIS ORAL TABLET	Tier 3	
<i>enoxaparin sodium injection solution</i>	Tier 2	
<i>enoxaparin sodium subcutaneous solution</i>	Tier 2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 5	NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier 2	

Drug	Status	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	Tier 5	NEDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	Tier 3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 2	B/D
<i>jantoven oral tablet</i>	Tier 1	
PRADAXA ORAL CAPSULE	Tier 4	
SAVAYSA ORAL TABLET	Tier 4	PA
<i>warfarin sodium oral tablet</i>	Tier 1	
XARELTO ORAL TABLET	Tier 3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule</i>	Tier 2	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5	PA; NEDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML	Tier 3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML	Tier 3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier 5	PA; NEDS
CABLIVI INJECTION KIT	Tier 5	PA; NEDS
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 4	PA
GRANIX SUBCUTANEOUS SOLUTION	Tier 4	ST; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	ST
LEUKINE INJECTION SOLUTION RECONSTITUTED	Tier 5	B/D; NEDS
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	Tier 4	PA

Drug	Status	Requirements/Limits
MOZOBIL SUBCUTANEOUS SOLUTION	Tier 5	NEDS
MULPLETA ORAL TABLET	Tier 4	PA; QL (7 EA per 30 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	NEDS
NIVESTYM INJECTION SOLUTION	Tier 4	ST
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	Tier 4	ST
OXBRYTA ORAL TABLET	Tier 5	PA; QL (5 EA per 1 day); NEDS
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	Tier 5	PA; NEDS
PROMACTA ORAL PACKET 12.5 MG	Tier 5	PA; NEDS
PROMACTA ORAL TABLET	Tier 5	PA; NEDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 3	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier 5	PA; NEDS
TAVALISSE ORAL TABLET	Tier 4	PA; QL (60 EA per 30 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Tier 5	B/D; NEDS
Blood Products/Modifiers/Volume Expanders		
PROMACTA ORAL PACKET 25 MG	Tier 5	PA; NEDS
Coagulants		
<i>aminocaproic acid oral solution</i>	Tier 2	
<i>aminocaproic acid oral tablet</i>	Tier 2	
Hemostasis Agents		
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	Tier 1	B/D
<i>tranexamic acid oral tablet</i>	Tier 1	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 2	
BRILINTA ORAL TABLET	Tier 3	
<i>cilostazol oral tablet</i>	Tier 2	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 2	QL (1 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>dipyridamole oral tablet</i>	Tier 2	
<i>prasugrel hcl oral tablet</i>	Tier 2	
ZONTIVITY ORAL TABLET	Tier 4	
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	Tier 1	PA
<i>clonidine hcl oral tablet</i>	Tier 1	
<i>clonidine transdermal patch weekly</i>	Tier 2	
<i>guanfacine hcl oral tablet</i>	Tier 2	
<i>methyldopa oral tablet</i>	Tier 2	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	Tier 1	
<i>midodrine hcl oral tablet</i>	Tier 2	
Alpha-Adrenergic Blocking Agents		
<i>phenoxybenzamine hcl oral capsule</i>	Tier 2	
<i>prazosin hcl oral capsule</i>	Tier 1	
Angiotensin Ii Receptor Antagonists		
<i>candesartan cilexetil oral tablet</i>	Tier 2	
<i>candesartan cilexetil-hctz oral tablet</i>	Tier 2	
EDARBI ORAL TABLET	Tier 4	ST; QL (1 EA per 1 day)
EDARBYCLOR ORAL TABLET	Tier 4	QL (1 EA per 1 day)
ENTRESTO ORAL TABLET	Tier 3	
<i>irbesartan oral tablet</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier 1	
<i>losartan potassium oral tablet</i>	Tier 1	
<i>losartan potassium-hctz oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet</i>	Tier 2	
<i>olmesartan medoxomil-hctz oral tablet</i>	Tier 2	
<i>telmisartan oral tablet</i>	Tier 2	
<i>telmisartan-amlodipine oral tablet</i>	Tier 2	
<i>telmisartan-hctz oral tablet</i>	Tier 2	
<i>valsartan oral tablet</i>	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	Tier 1	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier 2	
<i>captopril oral tablet</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>captopril-hydrochlorothiazide oral tablet</i>	Tier 2	
<i>enalapril maleate oral tablet</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 1	
EPANED ORAL SOLUTION	Tier 4	PA
<i>fosinopril sodium oral tablet</i>	Tier 1	
<i>fosinopril sodium-hctz oral tablet</i>	Tier 2	
<i>lisinopril oral tablet</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier 1	
<i>moexipril hcl oral tablet</i>	Tier 2	
<i>perindopril erbumine oral tablet</i>	Tier 2	
PRESTALIA ORAL TABLET	Tier 4	
QBRELIS ORAL SOLUTION	Tier 4	PA
<i>quinapril hcl oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>ramipril oral capsule</i>	Tier 1	
<i>trandolapril oral tablet</i>	Tier 1	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier 1	
Antiarrhythmics		
<i>amiodarone hcl oral tablet</i>	Tier 2	
<i>disopyramide phosphate oral capsule</i>	Tier 2	
<i>dofetilide oral capsule</i>	Tier 2	
<i>flecainide acetate oral tablet</i>	Tier 2	
<i>mexiletine hcl oral capsule</i>	Tier 2	
MULTAQ ORAL TABLET	Tier 3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	Tier 3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 2	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 1	
<i>propafenone hcl oral tablet</i>	Tier 1	
<i>quinidine gluconate er oral tablet extended release</i>	Tier 1	
<i>quinidine sulfate oral tablet</i>	Tier 1	
<i>sorine oral tablet</i>	Tier 1	
<i>sotalol hcl (af) oral tablet</i>	Tier 1	
<i>sotalol hcl oral tablet 120 mg</i>	Tier 2	
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	Tier 1	

Drug	Status	Requirements/Limits
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	Tier 2	
<i>atenolol oral tablet</i>	Tier 1	
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	
<i>betaxolol hcl oral tablet</i>	Tier 1	
<i>bisoprolol fumarate oral tablet</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier 1	
BYSTOLIC ORAL TABLET	Tier 3	ST; QL (1 EA per 1 day)
<i>carvedilol oral tablet</i>	Tier 1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	Tier 1	
HEMANGEOL ORAL SOLUTION	Tier 4	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG	Tier 4	PA; QL (30 EA per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 200 MG	Tier 4	PA; QL (60 EA per 30 days)
<i>labetalol hcl oral tablet</i>	Tier 2	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier 2	
<i>metoprolol tartrate oral tablet</i>	Tier 1	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier 1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	Tier 2	
<i>pindolol oral tablet</i>	Tier 2	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier 1	
<i>propranolol hcl oral solution</i>	Tier 1	
<i>propranolol hcl oral tablet</i>	Tier 1	
<i>propranolol-hctz oral tablet</i>	Tier 1	
Calcium Channel Blocking Agents		
<i>afeditab cr oral tablet extended release 24 hour</i>	Tier 2	
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier 1	
<i>amlodipine besylate oral tablet</i>	Tier 1	
<i>amlodipine besylate-valsartan oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet</i>	Tier 1	QL (1 EA per 1 day)

Drug	Status	Requirements/Limits
<i>amlodipine-valsartan-hctz oral tablet</i>	Tier 1	QL (1 EA per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	Tier 4	
<i>cartia xt oral capsule extended release 24 hour</i>	Tier 2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	Tier 2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier 1	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 2	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg</i>	Tier 1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier 1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	Tier 1	
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg</i>	Tier 2	
<i>diltiazem hcl oral tablet</i>	Tier 1	
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier 2	
<i>felodipine er oral tablet extended release 24 hour</i>	Tier 2	
<i>isradipine oral capsule</i>	Tier 2	
<i>matzim la oral tablet extended release 24 hour</i>	Tier 2	
<i>nicardipine hcl oral capsule</i>	Tier 2	
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier 2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier 2	
<i>nifedipine oral capsule</i>	Tier 2	
<i>nimodipine oral capsule</i>	Tier 1	
<i>nisoldipine er oral tablet extended release 24 hour</i>	Tier 1	
<i>taztia xt oral capsule extended release 24 hour</i>	Tier 1	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier 1	
<i>verapamil hcl er oral tablet extended release</i>	Tier 1	
<i>verapamil hcl oral tablet</i>	Tier 1	
Cardiovascular Agents		
<i>amlodipine-olmesartan oral tablet</i>	Tier 2	

Drug	Status	Requirements/Limits
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet</i>	Tier 2	
CORLANOR ORAL SOLUTION	Tier 4	PA
CORLANOR ORAL TABLET	Tier 4	PA
<i>digitek oral tablet</i>	Tier 1	
<i>digox oral tablet</i>	Tier 2	
<i>digoxin oral solution</i>	Tier 2	
<i>digoxin oral tablet 125 mcg</i>	Tier 2	
<i>digoxin oral tablet 250 mcg</i>	Tier 2	PA
<i>droxidopa oral capsule</i>	Tier 5	PA; NEDS
<i>isoxsuprine hcl oral tablet</i>	Tier 1	
LANOXIN ORAL TABLET 62.5 MCG	Tier 4	
<i>metirosine oral capsule</i>	Tier 2	
NEXLETOL ORAL TABLET	Tier 4	PA; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET	Tier 4	PA; QL (1 EA per 1 day)
ORLADEYO ORAL CAPSULE	Tier 5	PA; QL (1 EA per 1 day); NEDS
<i>pentoxifylline er oral tablet extended release</i>	Tier 2	
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier 2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA
TEKTURNA HCT ORAL TABLET	Tier 4	
VECAMYL ORAL TABLET	Tier 4	
VERQUVO ORAL TABLET	Tier 5	PA; QL (1 EA per 1 day); NEDS
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral tablet</i>	Tier 2	
<i>methazolamide oral tablet</i>	Tier 2	
Diuretics, Loop		
<i>bumetanide oral tablet</i>	Tier 1	
<i>ethacrynic acid oral tablet</i>	Tier 4	
<i>furosemide injection solution 10 mg/ml</i>	Tier 2	B/D
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 2	
<i>furosemide oral tablet</i>	Tier 1	
<i>torseamide oral tablet</i>	Tier 1	

Drug	Status	Requirements/Limits
Diuretics, Potassium-Sparing		
ALDACTAZIDE ORAL TABLET 50-50 MG	Tier 4	
<i>amiloride hcl oral tablet</i>	Tier 2	
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 2	
<i>eplerenone oral tablet</i>	Tier 2	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolactone-hctz oral tablet</i>	Tier 1	
<i>triamterene oral capsule</i>	Tier 2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hctz oral tablet</i>	Tier 1	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	
DIURIL ORAL SUSPENSION	Tier 4	
<i>hydrochlorothiazide oral capsule</i>	Tier 1	
<i>hydrochlorothiazide oral tablet</i>	Tier 1	
<i>indapamide oral tablet</i>	Tier 1	
METHYCLOTHIAZIDE ORAL TABLET	Tier 4	
<i>metolazone oral tablet</i>	Tier 2	
Dyslipidemics		
<i>colesevelam hcl oral packet</i>	Tier 2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule</i>	Tier 2	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	Tier 4	
<i>fenofibrate oral tablet 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	Tier 2	
<i>gemfibrozil oral tablet</i>	Tier 2	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet</i>	Tier 1	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 2	
<i>fluvastatin sodium oral capsule</i>	Tier 2	
<i>lovastatin oral tablet</i>	Tier 1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet</i>	Tier 1	QL (1.5 EA per 1 day)

Drug	Status	Requirements/Limits
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	Tier 1	
<i>cholestyramine light oral powder</i>	Tier 2	
<i>cholestyramine oral packet</i>	Tier 2	
<i>cholestyramine oral powder</i>	Tier 2	
<i>colesevelam hcl oral tablet</i>	Tier 2	
<i>colestipol hcl oral packet</i>	Tier 2	
<i>colestipol hcl oral tablet</i>	Tier 2	
<i>ezetimibe oral tablet</i>	Tier 2	
<i>ezetimibe-simvastatin oral tablet</i>	Tier 2	
<i>icosapent ethyl oral capsule</i>	Tier 2	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA; NEDS
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	Tier 2	
<i>niacor oral tablet</i>	Tier 2	
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 2	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA
<i>prevalite oral packet</i>	Tier 1	
VASCEPA ORAL CAPSULE 0.5 GM	Tier 4	
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet</i>	Tier 2	
<i>minoxidil oral tablet</i>	Tier 2	
Vasodilators, Direct-Acting Arterial/Venous		
BIDIL ORAL TABLET	Tier 4	
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	Tier 3	
GONITRO SUBLINGUAL PACKET	Tier 4	
<i>isosorbide dinitrate er oral tablet extended release</i>	Tier 2	
<i>isosorbide dinitrate oral tablet</i>	Tier 2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier 2	
<i>isosorbide mononitrate oral tablet</i>	Tier 2	
<i>minitran transdermal patch 24 hour</i>	Tier 2	
NITRO-BID TRANSDERMAL OINTMENT	Tier 4	
<i>nitroglycerin er oral capsule extended release 2.5 mg</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>nitroglycerin sublingual tablet sublingual</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 2	
<i>nitroglycerin translingual solution</i>	Tier 2	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION	Tier 4	
RECTIV RECTAL OINTMENT	Tier 4	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE	Tier 4	PA; QL (15 ML per 1 day)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	Tier 4	
<i>amphetamine er oral suspension extended release</i>	Tier 2	PA; QL (15 ML per 1 day)
<i>amphetamine sulfate oral tablet</i>	Tier 2	
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour</i>	Tier 2	
<i>amphetamine-dextroamphetamine oral tablet</i>	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	Tier 2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral solution</i>	Tier 2	
<i>dextroamphetamine sulfate oral tablet</i>	Tier 2	QL (180 EA per 30 days)
<i>methamphetamine hcl oral tablet</i>	Tier 1	
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	Tier 2	QL (30 EA per 30 days)
VYVANSE ORAL CAPSULE	Tier 4	PA
<i>zenzedi oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg</i>	Tier 1	
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule</i>	Tier 2	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	Tier 4	PA
DAYTRANA TRANSDERMAL PATCH	Tier 4	PA
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg</i>	Tier 2	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 40 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 5 mg</i>	Tier 2	QL (180 EA per 30 days)

Drug	Status	Requirements/Limits
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	Tier 2	
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Tier 2	PA
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 50 mg, 60 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution</i>	Tier 2	
<i>methylphenidate hcl oral tablet</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable</i>	Tier 2	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	ST
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	Tier 4	
Central Nervous System Agents		
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE	Tier 4	PA
Central Nervous System Agents, Other		
AUSTEDO ORAL TABLET	Tier 5	PA
RADICAVA INTRAVENOUS SOLUTION	Tier 5	PA; NEDS
Central Nervous System, Other		
<i>caffeine citrate oral solution 20 mg/ml</i>	Tier 1	PA
HETLIOZ LQ ORAL SUSPENSION	Tier 5	PA; NEDS
HETLIOZ ORAL CAPSULE	Tier 5	PA; NEDS
INGREZZA ORAL CAPSULE THERAPY PACK	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	Tier 4	
NUEDEXTA ORAL CAPSULE	Tier 4	PA
<i>riluzole oral tablet</i>	Tier 1	
<i>tetrabenazine oral tablet</i>	Tier 5	PA; NEDS
TIGLUTIK ORAL SUSPENSION	Tier 4	PA; QL (20 ML per 1 day)
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>pregabalin oral capsule</i>	Tier 2	PA
<i>pregabalin oral solution</i>	Tier 2	PA
SAVELLA ORAL TABLET	Tier 3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	Tier 3	
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET	Tier 5	NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier 5	NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier 5	NEDS
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	Tier 4	PA; QL (60 EA per 30 days)
BETASERON SUBCUTANEOUS KIT	Tier 5	NEDS
DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 5	PA; NEDS
<i>dimethyl fumarate oral capsule delayed release</i>	Tier 5	NEDS
<i>dimethyl fumarate starter pack oral</i>	Tier 5	PA; NEDS
EXTAVIA SUBCUTANEOUS KIT	Tier 4	PA
GILENYA ORAL CAPSULE 0.5 MG	Tier 5	NEDS
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	Tier 5	NEDS
<i>glatopa subcutaneous solution prefilled syringe</i>	Tier 5	NEDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (1.6 ML per 30 days); NEDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	Tier 4	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	Tier 4	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	Tier 4	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	Tier 4	PA

Drug	Status	Requirements/Limits
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	Tier 4	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	Tier 4	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	Tier 4	PA
MAYZENT ORAL TABLET	Tier 4	PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	Tier 4	PA; QL (1 EA per 1 day)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 4	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	NEDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	NEDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	NEDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	NEDS
TYSABRI INTRAVENOUS CONCENTRATE	Tier 5	PA; NEDS
VUMERITY ORAL CAPSULE DELAYED RELEASE	Tier 4	PA; QL (60 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	Tier 4	PA; QL (30 EA per 30 days)
ZEPOSIA ORAL CAPSULE	Tier 4	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	Tier 4	PA; QL (30 EA per 30 days)
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule</i>	Tier 2	
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	

Drug	Status	Requirements/Limits
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	Tier 4	
<i>perio gard mouth/throat solution</i>	Tier 1	
<i>pilocarpine hcl oral tablet</i>	Tier 2	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier 1	
Dermatological Agents		
Dermatological Agents		
<i>acitretin oral capsule 10 mg, 25 mg</i>	Tier 1	
<i>acitretin oral capsule 17.5 mg</i>	Tier 1	NEDS
ACZONE EXTERNAL GEL 7.5 %	Tier 4	PA
<i>adapalene external cream</i>	Tier 1	
<i>adapalene external gel</i>	Tier 2	
<i>adapalene external solution</i>	Tier 2	
ALTRENO EXTERNAL LOTION	Tier 4	PA
<i>ammonium lactate external cream</i>	Tier 3	
<i>ammonium lactate external lotion</i>	Tier 2	
<i>amne steem oral capsule 40 mg</i>	Tier 1	
ANACAINE EXTERNAL OINTMENT	Tier 4	
<i>avar-e emollient external cream</i>	Tier 1	
<i>avar-e green external cream</i>	Tier 1	
<i>avita external cream</i>	Tier 1	PA
<i>avita external gel</i>	Tier 1	PA
<i>azelaic acid external gel</i>	Tier 3	
AZELEX EXTERNAL CREAM	Tier 4	
<i>benzoyl peroxide external foam 9.8 %</i>	Tier 1	PA
BENZOYL PEROXIDE EXTERNAL GEL 6.5 %	Tier 4	
<i>benzoyl peroxide-erythromycin external gel</i>	Tier 1	
<i>bp cleansing wash external emulsion</i>	Tier 1	
BPO EXTERNAL GEL	Tier 4	
<i>bpo foaming cloths external 6 %</i>	Tier 1	
<i>calcipotriene external cream</i>	Tier 3	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	Tier 4	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	Tier 4	QL (120 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	Tier 1	PA
CALCITRIOL EXTERNAL OINTMENT	Tier 4	PA
CEM-UREA EXTERNAL SOLUTION	Tier 4	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 4	

Drug	Status	Requirements/Limits
<i>claravis oral capsule 30 mg</i>	Tier 2	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	Tier 2	PA
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Tier 1	ST
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	Tier 1	PA
<i>clobetasol propionate e external cream</i>	Tier 4	
<i>clotrimazole-betamethasone external cream</i>	Tier 2	
<i>clotrimazole-betamethasone external lotion</i>	Tier 3	
CONDYLOX EXTERNAL GEL	Tier 4	
CORTANE-B EXTERNAL LOTION	Tier 4	
CORTISPORIN EXTERNAL CREAM	Tier 4	
CORTISPORIN EXTERNAL OINTMENT	Tier 4	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 4	PA
<i>dapsone external gel 5 %</i>	Tier 1	PA
<i>dapsone external gel 7.5 %</i>	Tier 2	PA
<i>diclofenac epolamine external patch</i>	Tier 2	PA
<i>diclofenac sodium external gel 1 %</i>	Tier 2	QL (960 GM per 30 days)
<i>diclofenac sodium external solution</i>	Tier 1	
<i>doxepin hcl external cream</i>	Tier 5	QL (90 GM per 30 days); NEDS
<i>doxycycline oral capsule delayed release</i>	Tier 2	ST
DRITHO-CREME HP EXTERNAL CREAM	Tier 4	ST
DRYSOL EXTERNAL SOLUTION	Tier 4	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 5	PA; NEDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA
EUCRISA EXTERNAL OINTMENT	Tier 4	PA
FABIOR EXTERNAL FOAM	Tier 4	PA
FINACEA EXTERNAL FOAM	Tier 4	
FLUOROPLEX EXTERNAL CREAM	Tier 4	
<i>fluorouracil external cream</i>	Tier 2	
<i>fluorouracil external solution</i>	Tier 4	
GORDOFILM EXTERNAL SOLUTION	Tier 4	

Drug	Status	Requirements/Limits
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (1 ML per 84 days)
<i>imiquimod external cream 3.75 %</i>	Tier 2	
<i>imiquimod external cream 5 %</i>	Tier 4	
<i>methoxsalen rapid oral capsule</i>	Tier 5	
MIRVASO EXTERNAL GEL	Tier 4	ST
<i>myorisan oral capsule</i>	Tier 1	
PENNSAID EXTERNAL SOLUTION	Tier 4	
PICATO EXTERNAL GEL 0.015 %	Tier 5	QL (3 EA per 30 days); NEDS
PICATO EXTERNAL GEL 0.05 %	Tier 5	QL (2 EA per 30 days); NEDS
<i>pimecrolimus external cream</i>	Tier 2	
PODOCON EXTERNAL SOLUTION	Tier 4	
<i>podofilox external solution</i>	Tier 2	
<i>pr benzoyl peroxide wash external liquid</i>	Tier 1	
PRUDOXIN EXTERNAL CREAM	Tier 5	QL (90 GM per 30 days); NEDS
PYROGALLIC ACID EXTERNAL OINTMENT	Tier 4	
QBREXZA EXTERNAL PAD	Tier 4	PA; QL (30 EA per 30 days)
REGRANEX EXTERNAL GEL	Tier 5	NEDS
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	Tier 4	PA
RHOFADE EXTERNAL CREAM	Tier 4	ST
<i>salicylic acid external foam</i>	Tier 1	
<i>salicylic acid external gel</i>	Tier 1	
<i>salicylic acid external shampoo</i>	Tier 1	
<i>salicylic acid wart remover external liquid</i>	Tier 1	
SANTYL EXTERNAL OINTMENT	Tier 3	QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	Tier 1	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 5	PA; QL (150 EA per 84 days); NEDS
<i>sodium sulfacetamide external shampoo</i>	Tier 2	
SOOLANTRA EXTERNAL CREAM	Tier 4	
SORILUX EXTERNAL FOAM	Tier 4	PA
<i>sss 10-5 external foam</i>	Tier 1	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 5	PA; QL (0.5 ML per 28 days); NEDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 5	PA; QL (0.5 ML per 28 days)

Drug	Status	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; QL (1 ML per 28 days); NEDS
<i>sulfacetamide sodium external gel</i>	Tier 2	
<i>sulfacetamide sodium external liquid</i>	Tier 2	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %</i>	Tier 2	
<i>sulfacetamide sodium-sulfur external emulsion</i>	Tier 2	
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4 %, 9-4.5 %</i>	Tier 2	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	Tier 2	
<i>sulfacetamide sodium-sulfur external pad 10-4 %</i>	Tier 2	
SULFACETAMIDE SODIUM-SULFUR EXTERNAL SUSPENSION 10-5 %	Tier 4	
<i>sulfacetamide sodium-sulfur external suspension 8-4 %</i>	Tier 2	
SULFACETAMIDE-SULFUR IN UREA EXTERNAL EMULSION	Tier 4	
<i>tacrolimus external ointment</i>	Tier 3	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (3 ML per 28 days); NEDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (3 ML per 28 days); NEDS
<i>tazarotene external cream</i>	Tier 3	
TAZORAC EXTERNAL CREAM 0.05 %	Tier 4	
TAZORAC EXTERNAL GEL	Tier 4	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA
TRETINOIN (EMOLLIENT) EXTERNAL CREAM	Tier 4	
<i>tretinoin external cream 0.025 %, 0.05 %</i>	Tier 1	
<i>tretinoin external cream 0.1 %</i>	Tier 2	
<i>tretinoin external gel</i>	Tier 1	PA
<i>umecta mousse external foam</i>	Tier 1	
<i>urea external cream 39 %, 40 %, 41 %, 45 %, 47 %</i>	Tier 1	
UREA EXTERNAL FOAM	Tier 4	
<i>urea external lotion 40 %</i>	Tier 1	
<i>urea nail external gel 45 %</i>	Tier 1	

Drug	Status	Requirements/Limits
VEREGEN EXTERNAL OINTMENT	Tier 4	ST
XEPI EXTERNAL CREAM	Tier 4	PA; QL (30 GM per 30 days)
XERAC AC EXTERNAL SOLUTION	Tier 4	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	Tier 4	
<i>zenatane oral capsule</i>	Tier 1	
ZITHRANOL EXTERNAL SHAMPOO	Tier 4	ST
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	Tier 4	
Electrolytes/Minerals/ Metals/ Vitamins		
Electrolyte/Mineral Replacement		
<i>aminosyn ii/electrolytes intravenous solution</i>	Tier 2	B/D
<i>cytra k crystals oral packet</i>	Tier 1	
<i>cytra-2 oral solution</i>	Tier 1	
<i>cytra-3 oral syrup</i>	Tier 1	
<i>dextrose in lactated ringers intravenous solution</i>	Tier 2	B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 2	B/D
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %	Tier 4	B/D
<i>dextrose-nacl intravenous solution 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	Tier 2	B/D
<i>kcl in dextrose-nacl intravenous solution 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%</i>	Tier 2	B/D
<i>klor-con 10 oral tablet extended release</i>	Tier 2	
<i>klor-con m10 oral tablet extended release</i>	Tier 2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	Tier 4	
<i>klor-con m20 oral tablet extended release</i>	Tier 2	
<i>klor-con oral packet 20 meq</i>	Tier 2	
<i>klor-con oral tablet extended release</i>	Tier 2	
<i>klor-con/ef oral tablet effervescent</i>	Tier 1	
K-PHOS NO 2 ORAL TABLET	Tier 3	
K-PHOS ORAL TABLET	Tier 3	
<i>lactated ringers intravenous solution</i>	Tier 1	B/D
<i>magnesium sulfate injection solution 50 %</i>	Tier 2	B/D
ORACIT ORAL SOLUTION	Tier 4	
<i>potassium chloride crys er oral tablet extended release</i>	Tier 2	
<i>potassium chloride er oral capsule extended release</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>potassium chloride er oral tablet extended release</i>	Tier 2	
<i>potassium chloride intravenous solution 20 meq/100ml</i>	Tier 2	B/D
<i>potassium chloride intravenous solution 40 meq/100ml</i>	Tier 1	B/D
<i>potassium chloride oral packet</i>	Tier 2	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 1	
<i>potassium citrate er oral tablet extended release</i>	Tier 1	
<i>potassium citrate-citric acid oral solution</i>	Tier 1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 5 %</i>	Tier 1	B/D
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Tier 1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 1	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg</i>	Tier 1	
<i>tpn electrolytes intravenous concentrate</i>	Tier 1	B/D
TRAVASOL INTRAVENOUS SOLUTION	Tier 4	B/D
Electrolyte/Mineral/Metal Modifiers		
CARBAGLU ORAL TABLET	Tier 5	PA; NEDS
CLOVIQUE ORAL CAPSULE	Tier 5	NEDS
DOJOLVI ORAL LIQUID	Tier 5	PA; NEDS
<i>penicillamine oral tablet</i>	Tier 5	NEDS
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>trientine hcl oral capsule</i>	Tier 5	NEDS
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule</i>	Tier 2	
<i>calcium acetate (phos binder) oral tablet</i>	Tier 1	
<i>sevelamer carbonate oral packet</i>	Tier 5	
Vitamins		
PNV-DHA ORAL CAPSULE	Tier 4	
PRENATAL PLUS IRON ORAL TABLET	Tier 4	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CERDELGA ORAL CAPSULE	Tier 4	PA
<i>miglustat oral capsule</i>	Tier 5	NEDS
<i>nitisinone oral capsule</i>	Tier 5	PA
<i>nityr oral tablet</i>	Tier 4	PA

Drug	Status	Requirements/Limits
PROCYSBI ORAL CAPSULE DELAYED RELEASE	Tier 4	PA
PROCYSBI ORAL PACKET	Tier 4	PA
REVCovi INTRAMUSCULAR SOLUTION	Tier 4	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Tier 1	
STRENSIQ SUBCUTANEOUS SOLUTION	Tier 4	PA
SUCRAID ORAL SOLUTION	Tier 4	
VIOKACE ORAL TABLET	Tier 4	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier 4	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
BELLADONNA ALKALOIDS-OPIUM RECTAL SUPPOSITORY 16.2-60 MG	Tier 4	
<i>chlordiazepoxide-clidinium oral capsule</i>	Tier 1	
CUVPOSA ORAL SOLUTION	Tier 4	PA
<i>dicyclomine hcl oral capsule</i>	Tier 1	
<i>dicyclomine hcl oral solution</i>	Tier 2	
<i>dicyclomine hcl oral tablet</i>	Tier 2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir</i>	Tier 1	
<i>hyoscyamine sulfate oral solution</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet</i>	Tier 1	
<i>hyosyne oral elixir</i>	Tier 1	
<i>hyosyne oral solution</i>	Tier 1	
<i>methscopolamine bromide oral tablet</i>	Tier 4	
PROPANTHELINE BROMIDE ORAL TABLET	Tier 4	
SYMAX DUOTAB ORAL TABLET EXTENDED RELEASE	Tier 4	
<i>symax-sl sublingual tablet sublingual</i>	Tier 1	
<i>symax-sr oral tablet extended release 12 hour</i>	Tier 1	
Gastrointestinal Agents		
XERMELO ORAL TABLET	Tier 4	PA
Gastrointestinal Agents, Other		
CHENODAL ORAL TABLET	Tier 4	

Drug	Status	Requirements/Limits
CHOLBAM ORAL CAPSULE	Tier 4	PA
<i>cromolyn sodium oral concentrate</i>	Tier 2	
<i>diphenoxylate-atropine oral liquid</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	
ENDARI ORAL PACKET	Tier 4	PA; QL (6 EA per 1 day)
GATTEX SUBCUTANEOUS KIT	Tier 5	PA; NEDS
<i>loperamide hcl oral capsule</i>	Tier 2	
<i>metoclopramide hcl injection solution</i>	Tier 2	B/D
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
<i>metoclopramide hcl oral tablet dispersible 10 mg</i>	Tier 1	ST
MOTTEGRITY ORAL TABLET	Tier 4	PA; QL (1 EA per 1 day)
MOTOFEN ORAL TABLET	Tier 4	
MOVANTI ORAL TABLET	Tier 3	
MYTESI ORAL TABLET DELAYED RELEASE	Tier 4	PA
OCALIVA ORAL TABLET	Tier 5	PA; QL (30 EA per 30 days); NEDS
OSMOPREP ORAL TABLET	Tier 4	
PYLERA ORAL CAPSULE	Tier 4	PA; QL (120 EA per 10 days)
RELISTOR ORAL TABLET	Tier 5	PA; NEDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	Tier 5	PA; NEDS
SYMPROIC ORAL TABLET	Tier 4	PA
<i>ursodiol oral capsule</i>	Tier 2	
<i>ursodiol oral tablet</i>	Tier 4	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution</i>	Tier 2	
<i>cimetidine oral tablet</i>	Tier 2	
<i>famotidine oral suspension reconstituted</i>	Tier 2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 2	
<i>nizatidine oral capsule</i>	Tier 1	
<i>nizatidine oral solution</i>	Tier 1	
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet</i>	Tier 5	PA; QL (2 EA per 1 day); NEDS
AMITIZA ORAL CAPSULE	Tier 3	
LINZESS ORAL CAPSULE	Tier 3	
<i>lubiprostone oral capsule</i>	Tier 3	
VIBERZI ORAL TABLET	Tier 4	PA

Drug	Status	Requirements/Limits
Laxatives		
<i>constulose oral solution</i>	Tier 1	
<i>enulose oral solution</i>	Tier 2	
<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 1	
GIALAX ORAL KIT	Tier 4	
KRISTALOSE ORAL PACKET 20 GM	Tier 3	
<i>lactulose oral solution 10 gm/15ml</i>	Tier 2	
<i>peg 3350/electrolytes 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 2	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 2	
<i>polyethylene glycol 3350 oral powder</i>	Tier 2	
SUPREP BOWEL PREP KIT ORAL SOLUTION	Tier 4	
Protectants		
<i>misoprostol oral tablet</i>	Tier 1	
<i>sucralfate oral suspension</i>	Tier 2	
<i>sucralfate oral tablet</i>	Tier 1	
Proton Pump Inhibitors		
<i>cvs esomeprazole magnesium oral capsule delayed release</i>	Tier 2	
DEXILANT ORAL CAPSULE DELAYED RELEASE	Tier 3	
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier 3	
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	Tier 1	B/D
FIRST-LANSOPRAZOLE ORAL SUSPENSION	Tier 1	
FIRST-OMEPRAZOLE ORAL SUSPENSION	Tier 3	
<i>gnp esomeprazole magnesium oral capsule delayed release</i>	Tier 2	
<i>goodsense esomeprazole oral capsule delayed release</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>hm esomeprazole magnesium dr oral capsule delayed release</i>	Tier 2	
<i>kls esomeprazole magnesium oral capsule delayed release</i>	Tier 2	
<i>lansoprazole oral capsule delayed release</i>	Tier 3	
<i>omeprazole oral capsule delayed release 10 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 40 mg</i>	Tier 2	
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	QL (2 EA per 1 day)
<i>ra esomeprazole magnesium oral capsule delayed release</i>	Tier 2	
<i>rabeprazole sodium oral tablet delayed release</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>sm esomeprazole magnesium oral capsule delayed release</i>	Tier 2	
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN INTRAMUSCULAR SOLUTION	Tier 5	B/D; NEDS
ALDURAZYME INTRAVENOUS SOLUTION	Tier 5	NEDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 5	PA; NEDS
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Tier 5	PA; NEDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier 3	
CYSTADANE ORAL POWDER	Tier 4	
CYSTAGON ORAL CAPSULE	Tier 4	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
FIRDAPSE ORAL TABLET	Tier 4	PA; QL (8 EA per 1 day)
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
NAGLAZYME INTRAVENOUS SOLUTION	Tier 5	PA; NEDS
ORFADIN ORAL CAPSULE 20 MG	Tier 5	PA; NEDS
ORFADIN ORAL SUSPENSION	Tier 5	PA; NEDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA; QL (2 ML per 30 days)
RAVICTI ORAL LIQUID	Tier 5	NEDS
RUZURGI ORAL TABLET	Tier 4	PA

Drug	Status	Requirements/Limits
<i>sapropterin dihydrochloride oral packet</i>	Tier 5	PA; NEDS
<i>sapropterin dihydrochloride oral tablet</i>	Tier 5	PA; NEDS
<i>sodium phenylbutyrate oral tablet</i>	Tier 5	NEDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 3000-10000 UNIT	Tier 4	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	Tier 1	
<i>flavoxate hcl oral tablet</i>	Tier 2	
GELNIQUE TRANSDERMAL GEL 10 %	Tier 4	ST
<i>hyopphen oral tablet</i>	Tier 1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier 2	
<i>oxybutynin chloride oral syrup</i>	Tier 1	
<i>oxybutynin chloride oral tablet</i>	Tier 1	
<i>phosphasal oral tablet</i>	Tier 1	
<i>solifenacin succinate oral tablet</i>	Tier 2	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 1	
<i>tolterodine tartrate oral tablet</i>	Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	ST
<i>tropium chloride er oral capsule extended release 24 hour</i>	Tier 1	
<i>tropium chloride oral tablet</i>	Tier 1	
<i>urelle oral tablet</i>	Tier 1	
<i>uribel oral capsule</i>	Tier 1	
URIMAR-T ORAL TABLET	Tier 4	
<i>ustell oral capsule</i>	Tier 1	
<i>uticap oral capsule</i>	Tier 1	
<i>utira-c oral tablet</i>	Tier 1	
<i>utrana-c oral tablet</i>	Tier 1	

Drug	Status	Requirements/Limits
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 2	QL (1 EA per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet</i>	Tier 2	
<i>dutasteride oral capsule</i>	Tier 2	
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier 2	
<i>finasteride oral tablet 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>silodosin oral capsule</i>	Tier 2	
<i>tamsulosin hcl oral capsule</i>	Tier 1	
<i>terazosin hcl oral capsule</i>	Tier 1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	Tier 1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	Tier 4	QL (4 EA per 30 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG	Tier 4	QL (4 EA per 30 days)
EDEX INTRACAVERNOSAL KIT	Tier 4	QL (4 EA per 30 days)
ELMIRON ORAL CAPSULE	Tier 4	
JYNARQUE ORAL TABLET	Tier 5	PA; NEDS
JYNARQUE ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
LITHOSTAT ORAL TABLET	Tier 4	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>tadalafil oral tablet</i>	Tier 2	QL (4 EA per 30 days)
THIOLA EC ORAL TABLET DELAYED RELEASE	Tier 4	
<i>tolvaptan oral tablet 30 mg</i>	Tier 5	PA; NEDS
<i>vardenafil hcl oral tablet</i>	Tier 2	QL (4 EA per 30 days)
<i>vardenafil hcl oral tablet dispersible</i>	Tier 2	QL (4 EA per 30 days)
XENICAL ORAL CAPSULE	Tier 4	PA
Phosphate Binders		
AURYXIA ORAL TABLET	Tier 4	PA
FOSRENOL ORAL PACKET	Tier 4	ST
<i>lanthanum carbonate oral tablet chewable</i>	Tier 2	ST
PHOSLYRA ORAL SOLUTION	Tier 4	

Drug	Status	Requirements/Limits
<i>sevelamer carbonate oral tablet</i>	Tier 2	
<i>sevelamer hcl oral tablet</i>	Tier 2	
VELPHORO ORAL TABLET CHEWABLE	Tier 4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Glucocorticoids/Mineralocorticoids		
<i>calcipotriene-betameth diprop external suspension</i>	Tier 2	PA
ENSTILAR EXTERNAL FOAM	Tier 4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>ala-cort external cream 1 %</i>	Tier 2	
<i>alclometasone dipropionate external cream</i>	Tier 2	
<i>alclometasone dipropionate external ointment</i>	Tier 2	
<i>amcinonide external cream</i>	Tier 1	
<i>amcinonide external lotion</i>	Tier 2	
AMCINONIDE EXTERNAL OINTMENT	Tier 4	
<i>anucort-hc rectal suppository</i>	Tier 1	
<i>betamethasone dipropionate aug external cream</i>	Tier 2	
<i>betamethasone dipropionate aug external gel</i>	Tier 4	
<i>betamethasone dipropionate aug external lotion</i>	Tier 4	
<i>betamethasone dipropionate aug external ointment</i>	Tier 2	
<i>betamethasone dipropionate external cream</i>	Tier 2	
<i>betamethasone dipropionate external lotion</i>	Tier 4	
<i>betamethasone dipropionate external ointment</i>	Tier 4	
<i>betamethasone valerate external cream</i>	Tier 2	
<i>betamethasone valerate external foam</i>	Tier 2	ST
<i>betamethasone valerate external lotion</i>	Tier 2	
<i>betamethasone valerate external ointment</i>	Tier 2	
CAPEX EXTERNAL SHAMPOO	Tier 4	
<i>clobetasol prop emollient base external cream</i>	Tier 4	
<i>clobetasol propionate emulsion external foam</i>	Tier 4	
<i>clobetasol propionate external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external foam</i>	Tier 4	
<i>clobetasol propionate external gel</i>	Tier 3	QL (60 GM per 30 days)
<i>clobetasol propionate external liquid</i>	Tier 2	QL (125 ML per 30 days)

Drug	Status	Requirements/Limits
<i>clobetasol propionate external lotion</i>	Tier 4	
<i>clobetasol propionate external ointment</i>	Tier 2	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier 4	
<i>clobetasol propionate external solution</i>	Tier 3	QL (59 ML per 30 days)
<i>desonide external cream</i>	Tier 4	
<i>desonide external lotion</i>	Tier 4	
<i>desonide external ointment</i>	Tier 4	
<i>desoximetasone external cream</i>	Tier 4	
<i>desoximetasone external gel</i>	Tier 4	
<i>desoximetasone external liquid</i>	Tier 2	PA; QL (180 ML per 30 days)
<i>desoximetasone external ointment</i>	Tier 4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>dexamethasone oral elixir</i>	Tier 2	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
DEXAMETHASONE ORAL TABLET 1 MG	Tier 4	
<i>dexamethasone oral tablet therapy pack</i>	Tier 2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Tier 1	B/D
<i>dexpak 13 day oral tablet therapy pack</i>	Tier 2	
<i>diflorasone diacetate external cream</i>	Tier 4	
<i>diflorasone diacetate external ointment</i>	Tier 4	
<i>fludrocortisone acetate oral tablet</i>	Tier 2	
<i>fluocinolone acetonide body external oil</i>	Tier 3	
<i>fluocinolone acetonide external cream</i>	Tier 4	
<i>fluocinolone acetonide external ointment</i>	Tier 4	
<i>fluocinolone acetonide external solution</i>	Tier 4	QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Tier 3	
<i>fluocinonide emulsified base external cream</i>	Tier 4	QL (120 GM per 30 days)
<i>fluocinonide external cream</i>	Tier 2	QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	Tier 2	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	Tier 2	
<i>fluocinonide external solution</i>	Tier 2	QL (60 ML per 30 days)
<i>flurandrenolide external cream</i>	Tier 1	QL (240 GM per 30 days)
<i>flurandrenolide external lotion</i>	Tier 1	QL (240 ML per 30 days)
<i>fluticasone propionate external cream</i>	Tier 2	
<i>fluticasone propionate external lotion</i>	Tier 4	

Drug	Status	Requirements/Limits
<i>fluticasone propionate external ointment</i>	Tier 2	
<i>halcinonide external cream</i>	Tier 3	
<i>halobetasol propionate external cream</i>	Tier 4	
<i>halobetasol propionate external ointment</i>	Tier 4	
HALOG EXTERNAL OINTMENT	Tier 4	
HEMADY ORAL TABLET	Tier 4	PA; QL (60 EA per 30 days)
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	Tier 1	
<i>hydrocortisone acetate rectal suppository</i>	Tier 1	
<i>hydrocortisone butyr lipo base external cream</i>	Tier 2	QL (180 GM per 30 days)
<i>hydrocortisone butyrate external cream</i>	Tier 4	
<i>hydrocortisone butyrate external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>hydrocortisone butyrate external ointment</i>	Tier 4	
<i>hydrocortisone butyrate external solution</i>	Tier 2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 2	
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 2	
<i>hydrocortisone valerate external cream</i>	Tier 4	
<i>hydrocortisone valerate external ointment</i>	Tier 4	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	Tier 1	
ISTURISA ORAL TABLET	Tier 5	PA; NEDS
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL	Tier 4	
<i>lidocaine-hydrocortisone ace rectal kit 3-0.5 %, 3-1 %, 3-2.5 %</i>	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 4	
<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</i>	Tier 1	B/D
<i>mometasone furoate external cream</i>	Tier 2	
<i>mometasone furoate external ointment</i>	Tier 2	
<i>mometasone furoate external solution</i>	Tier 2	
NUCORT EXTERNAL LOTION	Tier 4	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	ST
<i>prednicarbate external cream</i>	Tier 1	
<i>prednicarbate external ointment</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE	Tier 4	
<i>prednisone oral solution</i>	Tier 1	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 1	
<i>procto-med hc external cream</i>	Tier 1	
<i>proctosol hc rectal cream</i>	Tier 2	
<i>proctozone-hc external cream</i>	Tier 1	
<i>proctozone-hc rectal cream</i>	Tier 2	
RAYOS ORAL TABLET DELAYED RELEASE	Tier 4	
<i>taperdex 7-day oral tablet therapy pack 1.5 mg (27)</i>	Tier 2	
TEXACORT EXTERNAL SOLUTION	Tier 4	
<i>triamcinolone acetonide external aerosol solution</i>	Tier 4	
<i>triamcinolone acetonide external cream</i>	Tier 1	
<i>triamcinolone acetonide external lotion</i>	Tier 1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triderm external cream 0.1 %</i>	Tier 1	
<i>triderm external cream 0.5 %</i>	Tier 2	QL (150 GM per 30 days)
UCERIS RECTAL FOAM	Tier 4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
ACTHAR INJECTION GEL	Tier 4	PA
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 4	PA; QL (1 EA per 30 days)
DDAVP RHINAL TUBE NASAL SOLUTION	Tier 4	
<i>desmopressin ace spray refrig nasal solution</i>	Tier 2	
<i>desmopressin acetate injection solution</i>	Tier 1	
<i>desmopressin acetate oral tablet</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>desmopressin acetate spray nasal solution</i>	Tier 1	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML	Tier 4	PA; QL (5 ML per 30 days)
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 600 UNT/0.72ML	Tier 4	PA; QL (3 ML per 30 days)
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 900 UNT/1.08ML	Tier 4	PA; QL (2 ML per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 4	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 4	PA
GONAL-F INJECTION SOLUTION RECONSTITUTED	Tier 3	PA; QL (1 EA per 30 days)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML	Tier 3	PA; QL (2.5 ML per 30 days)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 450 UNT/0.75ML, 900 UNIT/1.5ML	Tier 3	PA; QL (3 ML per 30 days)
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 3	PA; QL (20 EA per 30 days)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	Tier 5	PA; NEDS
HUMATROPE INJECTION SOLUTION RECONSTITUTED 5 MG	Tier 3	PA
INCRELEX SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	Tier 4	PA; QL (1 EA per 1 day)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	Tier 4	PA; QL (1 EA per 30 days)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA

Drug	Status	Requirements/Limits
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 4	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 4	PA
ORILISSA ORAL TABLET 150 MG	Tier 4	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	Tier 4	PA; QL (60 EA per 30 days)
OVIDREL SUBCUTANEOUS INJECTABLE	Tier 3	PA; QL (1 ML per 30 days)
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 4	PA; QL (1 EA per 30 days)
SAIZEN INJECTION SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Tier 4	PA
STIMATE NASAL SOLUTION	Tier 4	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA
VYNDAMAX ORAL CAPSULE	Tier 5	PA; QL (1 EA per 1 day); NEDS
VYNDAQEL ORAL CAPSULE	Tier 5	PA; QL (4 EA per 1 day)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 4	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM ORAL TABLET	Tier 5	PA; NEDS
<i>mifepristone oral tablet</i>	Tier 2	QL (8 EA per 30 days)
MUSE URETHRAL PELLETT	Tier 4	QL (6 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET	Tier 5	PA; NEDS
<i>oxandrolone oral tablet 10 mg</i>	Tier 5	PA; NEDS
<i>oxandrolone oral tablet 2.5 mg</i>	Tier 2	PA

Drug	Status	Requirements/Limits
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	Tier 4	ST; QL (1 EA per 1 day)
<i>danazol oral capsule</i>	Tier 2	
METHITEST ORAL TABLET	Tier 4	
<i>methyltestosterone oral capsule</i>	Tier 2	
NATESTO NASAL GEL	Tier 4	ST
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 1	B/D
<i>testosterone enanthate intramuscular solution</i>	Tier 1	B/D
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	Tier 1	
<i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%)</i>	Tier 2	
<i>testosterone transdermal solution</i>	Tier 2	
Estrogens		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	Tier 4	QL (8 EA per 28 days)
<i>altavera oral tablet</i>	Tier 2	
<i>alyacen 1/35 oral tablet</i>	Tier 1	
<i>alyacen 7/7/7 oral tablet</i>	Tier 1	
<i>amethia lo oral tablet</i>	Tier 1	
<i>amethia oral tablet</i>	Tier 2	
<i>amethyst oral tablet</i>	Tier 1	
ANGELIQ ORAL TABLET	Tier 4	
<i>apri oral tablet</i>	Tier 2	
<i>aranelle oral tablet</i>	Tier 2	
<i>ashlyna oral tablet</i>	Tier 2	
<i>aubra oral tablet</i>	Tier 1	
<i>aviane oral tablet</i>	Tier 2	
<i>azurette oral tablet</i>	Tier 1	
<i>balziva oral tablet</i>	Tier 2	
<i>bekyree oral tablet</i>	Tier 1	
<i>blisovi 24 fe oral tablet</i>	Tier 1	
<i>blisovi fe 1.5/30 oral tablet</i>	Tier 1	
<i>briellyn oral tablet</i>	Tier 2	
<i>camrese lo oral tablet</i>	Tier 1	
<i>camrese oral tablet</i>	Tier 2	
<i>caziant oral tablet</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>chateal oral tablet</i>	Tier 1	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	Tier 4	
<i>cryselle-28 oral tablet</i>	Tier 2	
<i>cyclafem 1/35 oral tablet</i>	Tier 2	
<i>cyclafem 7/7/7 oral tablet</i>	Tier 2	
<i>cyred oral tablet</i>	Tier 1	
<i>dasetta 1/35 oral tablet</i>	Tier 1	
<i>dasetta 7/7/7 oral tablet</i>	Tier 1	
<i>daysee oral tablet</i>	Tier 2	
<i>delyla oral tablet</i>	Tier 1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 1	
DIVIGEL TRANSDERMAL GEL	Tier 4	
<i>dotti transdermal patch twice weekly</i>	Tier 2	QL (8 EA per 28 days)
<i>drospiren-eth estrad-levomefol oral tablet</i>	Tier 2	PA
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 2	
DUAVEE ORAL TABLET	Tier 4	
ELESTRIN TRANSDERMAL GEL	Tier 4	
<i>elinest oral tablet</i>	Tier 1	
<i>emoquette oral tablet</i>	Tier 2	
<i>enpresse-28 oral tablet</i>	Tier 2	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	Tier 2	
<i>est estrogens-methyltest hs oral tablet</i>	Tier 1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	Tier 1	
<i>estarylla oral tablet</i>	Tier 2	
<i>estradiol oral tablet</i>	Tier 1	
<i>estradiol transdermal patch twice weekly</i>	Tier 2	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 2	
<i>estradiol vaginal cream</i>	Tier 1	
<i>estradiol vaginal tablet</i>	Tier 2	
<i>estradiol-norethindrone acet oral tablet</i>	Tier 2	
ESTRING VAGINAL RING	Tier 4	
ESTROGEL TRANSDERMAL GEL	Tier 4	
EVAMIST TRANSDERMAL SOLUTION	Tier 4	
FALESSA ORAL KIT 20-1-0.1 MCG-MG	Tier 4	ST
<i>falmina oral tablet</i>	Tier 1	
<i>fayosim oral tablet</i>	Tier 1	
FEMRING VAGINAL RING	Tier 4	

Drug	Status	Requirements/Limits
<i>fyavolv oral tablet</i>	Tier 1	
<i>gemmily oral capsule</i>	Tier 2	
<i>gianvi oral tablet</i>	Tier 2	
<i>iclevia oral tablet</i>	Tier 2	
INTRAROSA VAGINAL INSERT	Tier 4	ST
<i>introvale oral tablet</i>	Tier 2	
<i>jinteli oral tablet</i>	Tier 2	
<i>jolessa oral tablet</i>	Tier 2	QL (1 EA per 91 days)
<i>juleber oral tablet</i>	Tier 1	
<i>junel 1.5/30 oral tablet</i>	Tier 2	
<i>junel 1/20 oral tablet</i>	Tier 2	
<i>junel fe 1.5/30 oral tablet</i>	Tier 2	
<i>junel fe 1/20 oral tablet</i>	Tier 2	
<i>junel fe 24 oral tablet</i>	Tier 2	
<i>kaitlib fe oral tablet chewable</i>	Tier 1	
<i>kariva oral tablet</i>	Tier 2	
<i>kelnor 1/35 oral tablet</i>	Tier 2	
<i>kurvelo oral tablet</i>	Tier 2	
<i>larin 1.5/30 oral tablet</i>	Tier 1	
<i>larin 1/20 oral tablet</i>	Tier 1	
<i>larin 24 fe oral tablet</i>	Tier 1	
<i>larin fe 1.5/30 oral tablet</i>	Tier 1	
<i>larin fe 1/20 oral tablet</i>	Tier 1	
<i>layolis fe oral tablet chewable</i>	Tier 1	
<i>leena oral tablet</i>	Tier 2	
<i>lessina oral tablet</i>	Tier 2	
<i>levonest oral tablet</i>	Tier 1	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	Tier 1	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg</i>	Tier 2	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Tier 2	QL (1 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 2	
<i>levora 0.15/30 (28) oral tablet</i>	Tier 2	
<i>loryna oral tablet</i>	Tier 1	
<i>low-ogestrel oral tablet</i>	Tier 2	
<i>lutera oral tablet</i>	Tier 1	
<i>lyllana transdermal patch twice weekly</i>	Tier 2	QL (8 EA per 28 days)

Drug	Status	Requirements/Limits
<i>marlissa oral tablet</i>	Tier 1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 4	
MENOSTAR TRANSDERMAL PATCH WEEKLY	Tier 4	
<i>merzee oral capsule</i>	Tier 2	
<i>mibelas 24 fe oral tablet chewable</i>	Tier 1	
<i>microgestin 1.5/30 oral tablet</i>	Tier 2	
<i>microgestin 1/20 oral tablet</i>	Tier 2	
<i>microgestin fe 1.5/30 oral tablet</i>	Tier 1	
<i>microgestin fe 1/20 oral tablet</i>	Tier 1	
<i>mimvey oral tablet</i>	Tier 1	
<i>mono-lynyah oral tablet</i>	Tier 1	
NATAZIA ORAL TABLET	Tier 4	PA
<i>necon 0.5/35 (28) oral tablet</i>	Tier 2	
<i>necon 1/35 (28) oral tablet</i>	Tier 1	
<i>nikki oral tablet</i>	Tier 1	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Tier 1	
<i>norethindrone-eth estradiol oral tablet</i>	Tier 2	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	Tier 1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tier 1	
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier 2	
<i>nortrel 1/35 (21) oral tablet</i>	Tier 2	
<i>nortrel 1/35 (28) oral tablet</i>	Tier 2	
<i>nortrel 7/7/7 oral tablet</i>	Tier 2	
<i>nymyo oral tablet</i>	Tier 2	
<i>ocella oral tablet</i>	Tier 2	
ORIAHNN ORAL CAPSULE THERAPY PACK	Tier 4	PA; QL (2 EA per 1 day)
<i>orsythia oral tablet</i>	Tier 2	
<i>philith oral tablet</i>	Tier 1	
<i>pimtrea oral tablet</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>pirmella 1/35 oral tablet</i>	Tier 1	
<i>pirmella 7/7/7 oral tablet</i>	Tier 1	
<i>portia-28 oral tablet</i>	Tier 2	
PREFEST ORAL TABLET	Tier 4	
PREMARIN ORAL TABLET	Tier 4	
PREMARIN VAGINAL CREAM	Tier 3	
PREMPHASE ORAL TABLET	Tier 4	
PREMPRO ORAL TABLET	Tier 4	
<i>previfem oral tablet</i>	Tier 1	
<i>reclipsen oral tablet</i>	Tier 1	
<i>rivelsa oral tablet</i>	Tier 1	
<i>sprintec 28 oral tablet</i>	Tier 1	
<i>sronyx oral tablet</i>	Tier 1	
<i>syeda oral tablet</i>	Tier 1	
<i>tarina fe 1/20 oral tablet</i>	Tier 1	
TAYTULLA ORAL CAPSULE	Tier 4	ST
<i>tilia fe oral tablet</i>	Tier 2	
<i>tri-estarylla oral tablet</i>	Tier 2	
<i>tri-legest fe oral tablet</i>	Tier 1	
<i>tri-linyah oral tablet</i>	Tier 1	
<i>tri-lo-estarylla oral tablet</i>	Tier 1	
<i>tri-lo-marzia oral tablet</i>	Tier 1	
<i>tri-lo-sprintec oral tablet</i>	Tier 1	
<i>trinessa (28) oral tablet</i>	Tier 1	
<i>tri-nymyo oral tablet</i>	Tier 2	
<i>tri-previfem oral tablet</i>	Tier 1	
<i>tri-sprintec oral tablet</i>	Tier 1	
<i>trivora (28) oral tablet</i>	Tier 1	
TYDEMY ORAL TABLET	Tier 2	PA
<i>velivet oral tablet</i>	Tier 1	
<i>vienva oral tablet</i>	Tier 1	
<i>viorele oral tablet</i>	Tier 1	
<i>vyfemla oral tablet</i>	Tier 1	
<i>wera oral tablet</i>	Tier 1	
<i>wymzya fe oral tablet chewable</i>	Tier 1	
<i>xulane transdermal patch weekly</i>	Tier 1	ST
<i>yuvafem vaginal tablet</i>	Tier 1	
<i>zarah oral tablet</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>zovia 1/35e (28) oral tablet</i>	Tier 1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
BIJUVA ORAL CAPSULE	Tier 4	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	Tier 4	
<i>cyred eq oral tablet</i>	Tier 2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	Tier 2	
<i>hailey 24 fe oral tablet</i>	Tier 2	
<i>incassia oral tablet</i>	Tier 2	
<i>kelnor 1/50 oral tablet</i>	Tier 2	
<i>lopreeza oral tablet 1-0.5 mg</i>	Tier 2	
<i>mili oral tablet</i>	Tier 1	
SLYND ORAL TABLET	Tier 4	
<i>tarina 24 fe oral tablet</i>	Tier 2	
<i>tri-mili oral tablet</i>	Tier 1	
<i>tri-vylibra lo oral tablet</i>	Tier 2	
<i>tri-vylibra oral tablet</i>	Tier 1	
<i>vylibra oral tablet</i>	Tier 1	
Progesterone Agonists/Antagonists		
ELLA ORAL TABLET	Tier 4	ST
Progestins		
ANNOVERA VAGINAL RING	Tier 4	QL (1 EA per 365 days)
<i>camila oral tablet</i>	Tier 2	
CRINONE VAGINAL GEL	Tier 4	PA
<i>deblitane oral tablet</i>	Tier 1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Tier 3	QL (1 ML per 90 days)
<i>eluryng vaginal ring</i>	Tier 2	
ENDOMETRIN VAGINAL INSERT	Tier 4	PA
<i>errin oral tablet</i>	Tier 2	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 2	
<i>heather oral tablet</i>	Tier 1	
<i>hydroxyprogesterone caproate intramuscular oil</i>	Tier 2	PA
<i>hydroxyprogesterone caproate intramuscular solution</i>	Tier 1	B/D

Drug	Status	Requirements/Limits
<i>jencycla oral tablet</i>	Tier 1	
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 2	QL (6 EA per 90 days)
<i>lyleq oral tablet</i>	Tier 2	
<i>lyza oral tablet</i>	Tier 1	
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 4	PA
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Tier 2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	Tier 1	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	Tier 2	
<i>megestrol acetate oral tablet</i>	Tier 2	
<i>nora-be oral tablet</i>	Tier 2	
<i>norethindrone acetate oral tablet</i>	Tier 2	
<i>norethindrone oral tablet</i>	Tier 2	
<i>norlyroc oral tablet</i>	Tier 1	
<i>nylia 7/7/7 oral tablet</i>	Tier 2	
PHEXXI VAGINAL GEL	Tier 4	QL (60 GM per 30 days)
<i>progesterone intramuscular oil</i>	Tier 1	
<i>progesterone oral capsule</i>	Tier 1	
<i>sharobel oral tablet</i>	Tier 1	
Selective Estrogen Receptor Modifying Agents		
<i>clomiphene citrate oral tablet</i>	Tier 2	
OSPHENA ORAL TABLET	Tier 4	
<i>raloxifene hcl oral tablet</i>	Tier 1	QL (1 EA per 1 day)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 4	
<i>euthyrox oral tablet</i>	Tier 1	
<i>levo-t oral tablet</i>	Tier 1	
<i>levothyroxine sodium oral tablet</i>	Tier 1	
<i>levoxyl oral tablet</i>	Tier 1	

Drug	Status	Requirements/Limits
<i>liothyronine sodium oral tablet</i>	Tier 2	
NATURE-THROID ORAL TABLET	Tier 4	
<i>np thyroid oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 2	
SYNTHROID ORAL TABLET	Tier 4	
TIROSINT-SOL ORAL SOLUTION	Tier 4	QL (30 ML per 30 days)
<i>unithroid oral tablet</i>	Tier 1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 4	
WP THYROID ORAL TABLET	Tier 4	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	Tier 3	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet</i>	Tier 2	QL (32 EA per 30 days)
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier 4	PA
ELIGARD SUBCUTANEOUS KIT	Tier 4	B/D
<i>leuprolide acetate injection kit</i>	Tier 5	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	Tier 5	B/D; NEDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	Tier 5	B/D; NEDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	Tier 5	B/D; NEDS
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 4	PA; QL (20 EA per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier 2	B/D
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Tier 5	B/D; NEDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	Tier 5	B/D; NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	B/D; NEDS
SYNAREL NASAL SOLUTION	Tier 4	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	Tier 2	
<i>propylthiouracil oral tablet</i>	Tier 1	
Immunological Agents		
Angioedema (Hae) Agents		
TAKHZYRO SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (4 ML per 28 days); NEDS
Angioedema Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
ICATIBANT ACETATE SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
Immune Suppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 4	
AZASAN ORAL TABLET	Tier 4	B/D
<i>azathioprine oral tablet</i>	Tier 2	B/D
<i>azathioprine sodium injection solution reconstituted</i>	Tier 2	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; NEDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
CIMZIA PREFILLED SUBCUTANEOUS KIT	Tier 4	PA; QL (1 EA per 30 days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT	Tier 4	PA; QL (3 EA per 30 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 4	PA; QL (1 EA per 30 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Tier 2	B/D
CYCLOSPORINE MODIFIED ORAL CAPSULE 50 MG	Tier 4	B/D

Drug	Status	Requirements/Limits
<i>cyclosporine modified oral solution</i>	Tier 2	B/D
<i>cyclosporine oral capsule</i>	Tier 2	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 5	PA; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5	PA; QL (4 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 5	PA; QL (16 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier 5	PA; QL (8 ML per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 3	PA; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (8 ML per 28 days); NEDS
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (3 ML per 30 days); NEDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 4	
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 2	B/D
<i>gengraf oral solution</i>	Tier 2	B/D
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 5	PA; QL (3 EA per 28 days); NEDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 5	PA; QL (2 EA per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; QL (2 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 5	PA; QL (6 EA per 28 days); NEDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; QL (3 EA per 28 days); NEDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 5	PA; QL (4 EA per 28 days); NEDS
HUMIRA PEN-PSOR/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	Tier 5	PA; QL (3 EA per 28 days); NEDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	Tier 5	PA; QL (2 EA per 28 days); NEDS

Drug	Status	Requirements/Limits
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	Tier 5	PA; QL (4 EA per 28 days); NEDS
INGREZZA ORAL CAPSULE	Tier 5	PA; NEDS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 4	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
LUPKYNIS ORAL CAPSULE	Tier 5	PA; QL (6 EA per 1 day); NEDS
<i>methotrexate oral tablet</i>	Tier 2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml</i>	Tier 1	B/D
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	Tier 2	B/D
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 2	B/D
<i>methotrexate sodium injection solution reconstituted</i>	Tier 1	B/D
<i>mycophenolate mofetil hcl intravenous solution reconstituted</i>	Tier 1	B/D
<i>mycophenolate mofetil oral capsule</i>	Tier 2	B/D
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier 2	B/D
<i>mycophenolate mofetil oral tablet</i>	Tier 2	B/D
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 2	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	B/D; NEDS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; QL (4 ML per 28 days); NEDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; QL (4 ML per 28 days); NEDS
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Tier 4	PA
PROGRAF ORAL PACKET	Tier 4	B/D
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	Tier 4	PA

Drug	Status	Requirements/Limits
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; QL (1 EA per 1 day); NEDS
SANDIMMUNE ORAL SOLUTION	Tier 4	B/D
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 4	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA
<i>sirolimus oral solution</i>	Tier 3	B/D
<i>sirolimus oral tablet</i>	Tier 2	B/D
<i>tacrolimus oral capsule</i>	Tier 2	B/D
TREXALL ORAL TABLET	Tier 4	B/D
XATMEP ORAL SOLUTION	Tier 4	B/D
XELJANZ ORAL SOLUTION	Tier 5	PA; NEDS
XELJANZ ORAL TABLET 10 MG	Tier 5	PA; NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 5	PA; NEDS
ZORTRESS ORAL TABLET 0.25 MG	Tier 4	B/D
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	Tier 5	B/D; NEDS
Immunizing Agents, Passive		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	Tier 5	PA; NEDS
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4	PA
HYPERRAB S/D INJECTION SOLUTION 300 UNIT/2ML	Tier 4	B/D
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	Tier 5	PA; NEDS
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	Tier 5	B/D; NEDS
Immunoglobulins		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	Tier 5	PA; NEDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; QL (2 EA per 28 days); NEDS

Drug	Status	Requirements/Limits
Immunomodulators		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 4	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
ILARIS SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
<i>leflunomide oral tablet</i>	Tier 2	
OLUMIANT ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)
OTEZLA ORAL TABLET	Tier 5	PA; NEDS
OTEZLA ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
RIDAURA ORAL CAPSULE	Tier 3	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	Tier 5	PA; NEDS
XELJANZ ORAL TABLET 5 MG	Tier 5	PA; NEDS
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 6	
<i>bcg vaccine injection injectable</i>	Tier 6	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 6	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier 6	
ENGERIX-B INJECTION SUSPENSION	Tier 6	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
HAVRIX INTRAMUSCULAR SUSPENSION	Tier 6	
HIBERIX INJECTION SOLUTION RECONSTITUTED	Tier 6	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	Tier 6	
INFANRIX INTRAMUSCULAR SUSPENSION	Tier 6	

Drug	Status	Requirements/Limits
IPOL INJECTION INJECTABLE	Tier 6	
IXIARO INTRAMUSCULAR SUSPENSION	Tier 6	
KINRIX INTRAMUSCULAR SUSPENSION	Tier 6	
MENACTRA INTRAMUSCULAR INJECTABLE	Tier 6	
MENQUADFI INTRAMUSCULAR INJECTABLE	Tier 6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 6	
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 6	
PEDIARIX INTRAMUSCULAR SUSPENSION	Tier 6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier 6	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 6	
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 6	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 6	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 6	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 6	
ROTATEQ ORAL SOLUTION	Tier 6	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 6	QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION	Tier 6	
TENIVAC INTRAMUSCULAR INJECTABLE	Tier 6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 6	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	Tier 6	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 6	
VARIVAX SUBCUTANEOUS INJECTABLE	Tier 6	
VARIZIG INTRAMUSCULAR SOLUTION	Tier 6	NEDS
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Tier 4	

Drug	Status	Requirements/Limits
YF-VAX SUBCUTANEOUS INJECTABLE	Tier 6	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule</i>	Tier 2	
DIPENTUM ORAL CAPSULE	Tier 5	NEDS
<i>mesalamine er oral capsule extended release 24 hour</i>	Tier 2	
<i>mesalamine oral capsule delayed release</i>	Tier 1	
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 2	
<i>mesalamine rectal enema</i>	Tier 2	
<i>mesalamine rectal suppository</i>	Tier 3	
<i>mesalamine-cleanser rectal kit</i>	Tier 2	
PENTASA ORAL CAPSULE EXTENDED RELEASE	Tier 4	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour</i>	Tier 5	
<i>budesonide oral capsule delayed release particles</i>	Tier 2	
CORTIFOAM RECTAL FOAM	Tier 3	
<i>hydrocortisone oral tablet</i>	Tier 2	
<i>hydrocortisone rectal enema</i>	Tier 2	
Sulfonamides		
<i>sulfasalazine oral tablet</i>	Tier 1	
<i>sulfasalazine oral tablet delayed release</i>	Tier 1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	Tier 1	
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 EA per 28 days)
<i>alendronate sodium oral tablet 40 mg</i>	Tier 2	QL (1 EA per 1 day)
BINOSTO ORAL TABLET EFFERVESCENT	Tier 4	ST
<i>calcitonin (salmon) nasal solution</i>	Tier 2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier 2	B/D
<i>calcitriol oral capsule</i>	Tier 2	B/D
<i>calcitriol oral solution</i>	Tier 2	B/D
<i>cinacalcet hcl oral tablet 30 mg</i>	Tier 4	B/D
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	Tier 5	B/D; NEDS

Drug	Status	Requirements/Limits
<i>doxercalciferol oral capsule</i>	Tier 3	B/D
<i>etidronate disodium oral tablet</i>	Tier 2	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	Tier 5	PA; NEDS
FOSAMAX PLUS D ORAL TABLET	Tier 3	QL (4 EA per 28 days)
<i>ibandronate sodium intravenous solution</i>	Tier 1	B/D
<i>ibandronate sodium oral tablet</i>	Tier 2	QL (1 EA per 28 days)
MIACALCIN INJECTION SOLUTION	Tier 4	B/D
<i>paricalcitol oral capsule</i>	Tier 2	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 4	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	Tier 4	
<i>risedronate sodium oral tablet 150 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 1	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	Tier 1	QL (4 EA per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 4	PA
XGEVA SUBCUTANEOUS SOLUTION	Tier 5	PA; NEDS
<i>zoledronic acid intravenous concentrate</i>	Tier 1	B/D
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	Tier 1	B/D

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	Tier 4	
ALFERON N INJECTION SOLUTION	Tier 4	PA
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	Tier 4	
BD PEN NEEDLE ORIGINAL U/F	Tier 4	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	Tier 4	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	Tier 4	
<i>deferiprone oral tablet</i>	Tier 5	PA; NEDS
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	Tier 4	

Drug	Status	Requirements/Limits
FERRIPROX ORAL SOLUTION	Tier 4	PA
FERRIPROX ORAL TABLET 1000 MG	Tier 5	PA; NEDS
FERRIPROX TWICE-A-DAY ORAL TABLET	Tier 5	PA; NEDS
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	Tier 4	PA
INTRALIPID INTRAVENOUS EMULSION 30 %	Tier 4	B/D
INTRON A INJECTION SOLUTION 10000000 UNIT/ML	Tier 3	
KEVEYIS ORAL TABLET	Tier 5	PA; NEDS
<i>levocarnitine oral solution</i>	Tier 2	B/D
<i>levocarnitine oral tablet</i>	Tier 2	B/D
LITETOUCH PEN NEEDLES 29G X 12.7MM	Tier 4	
<i>methylergonovine maleate oral tablet</i>	Tier 1	
MONOJECT HYPODERMIC NEEDLE 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 27G X 1/2" , 30G X 3/4"	Tier 4	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	Tier 4	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 4	PA
NATPARA SUBCUTANEOUS CARTRIDGE	Tier 5	PA; NEDS
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Tier 4	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	Tier 4	PA
PALFORZIA (12 MG DAILY DOSE) ORAL	Tier 4	PA
PALFORZIA (120 MG DAILY DOSE) ORAL	Tier 4	PA
PALFORZIA (160 MG DAILY DOSE) ORAL	Tier 4	PA
PALFORZIA (20 MG DAILY DOSE) ORAL	Tier 4	PA
PALFORZIA (200 MG DAILY DOSE) ORAL	Tier 4	PA
PALFORZIA (240 MG DAILY DOSE) ORAL	Tier 4	PA
PALFORZIA (3 MG DAILY DOSE) ORAL	Tier 4	PA
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	Tier 4	PA
PALFORZIA (300 MG TITRATION) ORAL PACKET	Tier 4	PA
PALFORZIA (40 MG DAILY DOSE) ORAL	Tier 4	PA

Drug	Status	Requirements/Limits
PALFORZIA (6 MG DAILY DOSE) ORAL	Tier 4	PA
PALFORZIA (80 MG DAILY DOSE) ORAL	Tier 4	PA
PALFORZIA INITIAL ESCALATION ORAL	Tier 4	PA
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION	Tier 4	PA
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION	Tier 4	PA
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 4	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	Tier 4	PA
RELI-ON INSULIN SYRINGE 29G 0.3 ML	Tier 4	
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
SURE COMFORT PEN NEEDLES 29G X 12.7MM	Tier 4	
SURE-FINE PEN NEEDLES 29G X 12.7MM	Tier 4	
TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 4	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	Tier 4	
ULTICARE PEN NEEDLES 29G X 12.7MM	Tier 4	
ULTILET PEN NEEDLE 29G X 12.7MM	Tier 4	
ULTRA-THIN II PEN NEEDLES	Tier 4	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	Tier 4	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	Tier 4	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	Tier 4	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	Tier 4	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	Tier 4	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	Tier 4	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	Tier 4	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	Tier 4	
XURIDEN ORAL PACKET	Tier 4	PA

Drug	Status	Requirements/Limits
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostamide Analogs		
COMBIGAN OPHTHALMIC SOLUTION	Tier 3	
<i>latanoprost ophthalmic solution</i>	Tier 2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 3	
ZIOPTAN OPHTHALMIC SOLUTION	Tier 4	PA
Ophthalmic Agents, Other		
<i>ak-poly-bac ophthalmic ointment</i>	Tier 2	
<i>altafrin ophthalmic solution 10 %</i>	Tier 1	
ATROPINE SULFATE OPHTHALMIC OINTMENT	Tier 4	
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	
<i>balanced salt intraocular solution</i>	Tier 1	
CEQUA OPHTHALMIC SOLUTION	Tier 4	PA; QL (2 EA per 1 day)
CYCLOMYDRIL OPHTHALMIC SOLUTION	Tier 4	
<i>cyclopentolate hcl ophthalmic solution</i>	Tier 1	
CYSTARAN OPHTHALMIC SOLUTION	Tier 5	PA; NEDS
<i>homatropaire ophthalmic solution</i>	Tier 1	
LACRISERT OPHTHALMIC INSERT	Tier 4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 2	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	
<i>proparacaine hcl ophthalmic solution</i>	Tier 1	
RESTASIS OPHTHALMIC EMULSION	Tier 3	
<i>tropicamide ophthalmic solution</i>	Tier 1	
UPNEEQ OPHTHALMIC SOLUTION	Tier 4	PA; QL (30 EA per 30 days)
Ophthalmic Anti-Allergy Agents		
ALOCRIAL OPHTHALMIC SOLUTION	Tier 4	
<i>azelastine hcl ophthalmic solution</i>	Tier 2	
BEPREVE OPHTHALMIC SOLUTION	Tier 4	

Drug	Status	Requirements/Limits
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	
EMADINE OPHTHALMIC SOLUTION	Tier 4	
<i>epinastine hcl ophthalmic solution</i>	Tier 2	
LASTACFT OPHTHALMIC SOLUTION	Tier 4	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 2	
ZERVIAE OPHTHALMIC SOLUTION	Tier 4	ST
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier 3	
<i>apraclonidine hcl ophthalmic solution</i>	Tier 2	
AZOPT OPHTHALMIC SUSPENSION	Tier 3	
<i>betaxolol hcl ophthalmic solution</i>	Tier 1	
BETIMOL OPHTHALMIC SOLUTION	Tier 3	
BETOPTIC-S OPHTHALMIC SUSPENSION	Tier 3	
<i>brimonidine tartrate ophthalmic solution</i>	Tier 2	
<i>carteolol hcl ophthalmic solution</i>	Tier 2	
<i>dorzolamide hcl ophthalmic solution</i>	Tier 2	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	Tier 2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier 3	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	Tier 4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	
ROCKLATAN OPHTHALMIC SOLUTION	Tier 4	
SIMBRINZA OPHTHALMIC SUSPENSION	Tier 3	
<i>timolol maleate ophthalmic gel forming solution 0.25 %</i>	Tier 1	
<i>timolol maleate ophthalmic gel forming solution 0.5 %</i>	Tier 2	
<i>timolol maleate ophthalmic solution</i>	Tier 1	
<i>timolol maleate pf ophthalmic solution</i>	Tier 2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	Tier 4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.5 %	Tier 4	

Drug	Status	Requirements/Limits
Ophthalmic Anti-Inflammatories		
ACUVAIL OPHTHALMIC SOLUTION	Tier 4	
ALOMIDE OPHTHALMIC SOLUTION	Tier 4	
ALREX OPHTHALMIC SUSPENSION	Tier 3	
BLEPHAMIDE OPHTHALMIC SUSPENSION	Tier 3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	Tier 3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 2	
BROMSITE OPHTHALMIC SOLUTION	Tier 4	QL (5 ML per 1 day)
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 2	
<i>diclofenac sodium ophthalmic solution</i>	Tier 2	
DUREZOL OPHTHALMIC EMULSION	Tier 4	
EYSUVIS OPHTHALMIC SUSPENSION	Tier 5	QL (16.6 ML per 30 days); NEDS
FLAREX OPHTHALMIC SUSPENSION	Tier 4	
<i>fluorometholone ophthalmic suspension</i>	Tier 2	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier 2	
FML FORTE OPHTHALMIC SUSPENSION	Tier 3	
FML OPHTHALMIC OINTMENT	Tier 3	
ILEVRO OPHTHALMIC SUSPENSION	Tier 4	
INVELTYS OPHTHALMIC SUSPENSION	Tier 4	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier 2	
LOTEMAX OPHTHALMIC GEL	Tier 4	
LOTEMAX OPHTHALMIC OINTMENT	Tier 4	
LOTEMAX SM OPHTHALMIC GEL	Tier 4	
<i>loteprednol etabonate ophthalmic gel</i>	Tier 2	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	
MAXIDEX OPHTHALMIC SUSPENSION	Tier 3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 2	
NEVANAC OPHTHALMIC SUSPENSION	Tier 4	
PRED MILD OPHTHALMIC SUSPENSION	Tier 4	
PRED-G OPHTHALMIC SUSPENSION	Tier 3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	Tier 3	
<i>prednisolone acetate ophthalmic suspension</i>	Tier 2	

Drug	Status	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	Tier 4	
PROLENSA OPHTHALMIC SOLUTION	Tier 4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 2	
TOBRADEX OPHTHALMIC OINTMENT	Tier 3	
TOBRADEX ST OPHTHALMIC SUSPENSION	Tier 4	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 1	
XIIDRA OPHTHALMIC SOLUTION	Tier 4	PA; QL (2 EA per 1 day)
ZYLET OPHTHALMIC SUSPENSION	Tier 4	
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>bimatoprost ophthalmic solution</i>	Tier 2	ST
RHOPRESSA OPHTHALMIC SOLUTION	Tier 3	
<i>travoprost (bak free) ophthalmic solution</i>	Tier 2	
VYZULTA OPHTHALMIC SOLUTION	Tier 4	ST; QL (5 ML per 30 days)
XELPROS OPHTHALMIC EMULSION	Tier 4	
Otic Agents		
Antibacterials, Other		
OTOVEL OTIC SOLUTION	Tier 4	QL (14 EA per 7 days)
Otic Agents		
<i>acetasol hc otic solution</i>	Tier 2	
<i>acetic acid otic solution</i>	Tier 2	
CIPRO HC OTIC SUSPENSION	Tier 3	
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 2	
<i>ciprofloxacin-fluocinolone pf otic solution</i>	Tier 2	QL (14 EA per 7 days)
<i>cortic-nd otic solution</i>	Tier 1	
<i>exotic-hc otic solution</i>	Tier 1	
<i>fluocinolone acetonide otic oil</i>	Tier 2	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 2	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 2	
PRAMOTIC OTIC LIQUID	Tier 4	
Respiratory Tract/Pulmonary Agents		
Anticholinergics		
BEVESPI AEROSPHERE INHALATION AEROSOL	Tier 3	

Drug	Status	Requirements/Limits
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	Tier 2	
<i>azelastine hcl nasal solution 0.15 %</i>	Tier 1	
<i>carbinoxamine maleate oral solution</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine hcl oral syrup</i>	Tier 1	
<i>cyproheptadine hcl oral tablet</i>	Tier 2	
<i>diphenhydramine hcl injection solution</i>	Tier 1	B/D
<i>hydroxyzine pamoate oral capsule</i>	Tier 2	PA
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	Tier 4	
<i>levocetirizine dihydrochloride oral tablet</i>	Tier 2	QL (1 EA per 1 day)
<i>olopatadine hcl nasal solution</i>	Tier 2	ST
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	Tier 4	
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 2	
ADVAIR HFA INHALATION AEROSOL	Tier 2	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	PA; QL (1 EA per 30 days)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	PA; QL (1 EA per 30 days)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	PA; QL (1 EA per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION	Tier 4	PA
ARNUTTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	PA
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	PA

Drug	Status	Requirements/Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	PA
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	PA
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	PA
ASMANEX HFA INHALATION AEROSOL	Tier 4	PA
BECONASE AQ NASAL SUSPENSION	Tier 4	ST
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 2	
<i>budesonide inhalation suspension</i>	Tier 2	B/D
<i>budesonide nasal suspension</i>	Tier 1	
DULERA INHALATION AEROSOL	Tier 4	PA
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	
FLOVENT HFA INHALATION AEROSOL	Tier 3	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 2	
<i>fluticasone propionate nasal suspension</i>	Tier 2	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Tier 2	
<i>mometasone furoate nasal suspension</i>	Tier 1	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
OMNARIS NASAL SUSPENSION	Tier 4	ST
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 4	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	Tier 4	
QNASL NASAL AEROSOL SOLUTION	Tier 4	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	Tier 3	
<i>triamcinolone acetonide nasal aerosol</i>	Tier 1	
ZETONNA NASAL AEROSOL SOLUTION	Tier 4	

Drug	Status	Requirements/Limits
Antileukotrienes		
<i>montelukast sodium oral packet</i>	Tier 2	
<i>montelukast sodium oral tablet</i>	Tier 2	
<i>montelukast sodium oral tablet chewable</i>	Tier 2	
<i>zafirlukast oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>zileuton er oral tablet extended release 12 hour</i>	Tier 2	QL (4 EA per 1 day)
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR	Tier 4	QL (4 EA per 1 day)
ZYFLO ORAL TABLET	Tier 4	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	Tier 4	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	
<i>ipratropium bromide inhalation solution</i>	Tier 2	B/D
<i>ipratropium bromide nasal solution</i>	Tier 2	
<i>ipratropium-albuterol inhalation solution</i>	Tier 2	B/D
SEEBRI NEOHALER INHALATION CAPSULE	Tier 4	PA
SPIRIVA HANDIHALER INHALATION CAPSULE	Tier 3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	Tier 3	
YUPELRI INHALATION SOLUTION	Tier 4	PA
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	Tier 2	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Tier 1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Tier 2	B/D
<i>albuterol sulfate oral syrup</i>	Tier 2	
<i>albuterol sulfate oral tablet</i>	Tier 2	

Drug	Status	Requirements/Limits
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	
BROVANA INHALATION NEBULIZATION SOLUTION	Tier 4	ST
<i>epinephrine injection solution auto-injector</i>	Tier 2	
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier 2	B/D
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	
METAPROTERENOL SULFATE ORAL TABLET	Tier 4	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	Tier 4	ST
PROAIR HFA INHALATION AEROSOL SOLUTION	Tier 3	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	Tier 4	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	Tier 3	QL (2 EA per 1 day)
<i>terbutaline sulfate oral tablet</i>	Tier 1	
UTIBRON NEOHALER INHALATION CAPSULE	Tier 4	
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE	Tier 5	PA; NEDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
KALYDECO ORAL PACKET	Tier 5	PA; NEDS
KITABIS PAK INHALATION NEBULIZATION SOLUTION	Tier 4	B/D
ORKAMBI ORAL PACKET	Tier 5	PA; NEDS
ORKAMBI ORAL TABLET	Tier 5	PA; NEDS
PULMOZYME INHALATION SOLUTION	Tier 5	B/D; NEDS
SYMDEKO ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
TOBI PODHALER INHALATION CAPSULE	Tier 5	NEDS
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	Tier 2	

Drug	Status	Requirements/Limits
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 5	B/D; NEDS
TRIKAFTA ORAL TABLET THERAPY PACK	Tier 5	PA; QL (3 EA per 1 day); NEDS
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution</i>	Tier 2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250 MCG	Tier 4	QL (30 EA per 30 days)
DALIRESP ORAL TABLET 500 MCG	Tier 4	QL (1 EA per 1 day)
ELIXOPHYLLIN ORAL ELIXIR	Tier 4	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 3	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	Tier 1	
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	Tier 5	PA; NEDS
ALYQ ORAL TABLET	Tier 5	PA; NEDS
<i>ambrisentan oral tablet</i>	Tier 5	PA; NEDS
<i>bosentan oral tablet</i>	Tier 5	PA
OPSUMIT ORAL TABLET	Tier 5	PA; NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE	Tier 4	PA
<i>sildenafil citrate intravenous solution</i>	Tier 5	PA; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	Tier 5	PA; NEDS
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 2	PA
TADALAFIL (PAH) ORAL TABLET	Tier 5	PA; NEDS
TRACLEER ORAL TABLET SOLUBLE	Tier 5	PA; NEDS
TYVASO INHALATION SOLUTION	Tier 4	PA
TYVASO REFILL INHALATION SOLUTION	Tier 4	PA
TYVASO STARTER INHALATION SOLUTION	Tier 4	PA
UPTRAVI ORAL TABLET	Tier 5	PA; NEDS
UPTRAVI ORAL TABLET THERAPY PACK	Tier 5	PA; NEDS
VENTAVIS INHALATION SOLUTION	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	Tier 4	PA
ESBRIET ORAL TABLET	Tier 5	PA; NEDS
OFEV ORAL CAPSULE	Tier 5	PA; NEDS
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution</i>	Tier 2	B/D
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
GILPHEX TR ORAL TABLET	Tier 4	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	Tier 1	
<i>hydrocodone-homatropine oral syrup</i>	Tier 1	
<i>hydrocodone-homatropine oral tablet</i>	Tier 1	
<i>hydromet oral syrup</i>	Tier 1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	Tier 4	
IODINE STRONG ORAL SOLUTION	Tier 4	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	Tier 4	PA
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	Tier 4	PA
NEOTUSS PLUS ORAL LIQUID	Tier 4	
<i>promethazine vc/codeine oral syrup</i>	Tier 1	
<i>promethazine-codeine oral syrup</i>	Tier 1	
<i>promethazine-dm oral syrup</i>	Tier 1	
<i>promethazine-phenylephrine oral syrup</i>	Tier 1	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
SSKI ORAL SOLUTION	Tier 4	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	Tier 3	
SYMBICORT INHALATION AEROSOL	Tier 2	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 5	PA; NEDS
Respiratory Tract/Pulmonary Agents		
BREZTRI AEROSPHERE INHALATION AEROSOL	Tier 3	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; NEDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS

Drug	Status	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 5	PA; NEDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 3	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 5	PA; NEDS
Serotonin 5-Ht-Receptor Agonists		
Serotonin 5-Ht-Receptor Agonists		
ADDYI ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet</i>	Tier 2	PA
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour</i>	Tier 2	PA
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	Tier 1	PA
<i>cyclobenzaprine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 2	PA
LORZONE ORAL TABLET	Tier 4	
<i>metaxalone oral tablet 800 mg</i>	Tier 1	
<i>methocarbamol oral tablet</i>	Tier 1	PA
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier 2	
Sleep Disorder Agents		
Gaba Receptor Modulators		
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	Tier 4	PA; QL (9 EA per 30 days)
<i>eszopiclone oral tablet</i>	Tier 2	PA; QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule</i>	Tier 2	QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	Tier 2	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	Tier 2	PA
Sleep Disorders, Other		
<i>armodafinil oral tablet</i>	Tier 1	PA
BELSOMRA ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)

Drug	Status	Requirements/Limits
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<i>modafinil oral tablet</i>	Tier 3	PA; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	Tier 2	QL (30 EA per 30 days)
SUNOSI ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)
WAKIX ORAL TABLET	Tier 4	PA; QL (2 EA per 1 day); NEDS
XYREM ORAL SOLUTION	Tier 5	PA; NEDS
XYWAV ORAL SOLUTION	Tier 5	PA
Sleep Promoting Agents		
DAYVIGO ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
CHEMET ORAL CAPSULE	Tier 3	
<i>deferasirox oral tablet 360 mg, 90 mg</i>	Tier 2	
<i>deferasirox oral tablet soluble</i>	Tier 5	NEDS
LOKELMA ORAL PACKET	Tier 4	ST
VELTASSA ORAL PACKET	Tier 3	
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<i>effer-k oral tablet effervescent 25 meq</i>	Tier 1	
<i>fluoritab oral solution</i>	Tier 1	
<i>fluoritab oral tablet chewable</i>	Tier 1	
<i>phospha 250 neutral oral tablet</i>	Tier 1	
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<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	
<i>ergocalciferol oral capsule</i>	Tier 2	
<i>folic acid oral tablet 1 mg</i>	Tier 2	
<i>phytonadione oral tablet</i>	Tier 1	
POTABA ORAL CAPSULE	Tier 3	
<i>prenatal oral tablet 27-1 mg</i>	Tier 1	
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Drug	Status	Requirements/Limits
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Vaccines		
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<i>chateal</i>	86	CODE VOICE	51	INSULIN SYRINGE	100
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CHENODAL	73	CLEVER CHOICE AUTO-		<i>compro</i>	36
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SUCCINATE	9	CLEVER CHOICE MICRO		<i>constulose</i>	75
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<i>chlorthalidone</i>	61	<i>clindamycin hcl</i>	9	CORTISPORIN	68
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<i>cholestyramine</i>	62	<i>clindamycin phosphate</i>	9	(300 MG)	68
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<i>ciclopirox</i>	22	<i>clobetasol propionate</i>	79, 80	CRESEMBA	22
<i>ciclopirox olamine</i>	22	<i>clobetasol propionate e</i>	68	CRINONE	90
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CILOXAN	14	<i>clonazepam</i>	16	<i>cryselle-28</i>	86
CIMDUO	41	<i>clonidine</i>	56	CUVPOSA	73
<i>cimetidine</i>	74	<i>clonidine hcl</i>	56	<i>cvs esomeprazole magnesium</i>	75
<i>cimetidine hcl</i>	74	<i>clonidine hcl er</i>	56	<i>cyanocobalamin</i>	114
CIMZIA	93	<i>clopidogrel bisulfate</i>	55	<i>cyclafem 1/35</i>	86
CIMZIA PREFILLED	93	<i>clorazepate dipotassium</i>	43	<i>cyclafem 7/7/7</i>	86
CIMZIA STARTER KIT	93	<i>clotrimazole</i>	22	<i>cyclobenzaprine hcl</i>	113
<i>cinacalcet hcl</i>	99	<i>clotrimazole-betamethasone</i>	68	<i>cyclobenzaprine hcl er</i>	113
CINRYZE	93	CLOVIQUE	72	CYCLOMYDRIL	103
CINVANTI	21	<i>clozapine</i>	38	<i>cyclopentolate hcl</i>	103
CIPRO	14	COARTEM	34	<i>cyclophosphamide</i>	26
CIPRO HC	106	<i>codeine sulfate</i>	5	<i>cycloserine</i>	26
<i>ciprofloxacin</i>	14	<i>colchicine</i>	24	CYCLOSET	45
<i>ciprofloxacin hcl</i>	14	<i>colchicine-probenecid</i>	24	<i>cyclosporine</i>	94
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<i>cytra-3</i>	71	DEXCOM G4 PLATINUM	
DACTINOMYCIN	28	RECEIVER	51
DAKLINZA	39	DEXCOM G4 PLATINUM	
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DALIRESP	111	DEXCOM G4 SENSOR	51
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<i>dasetta 1/35</i>	86	DEXCOM G6 SENSOR	52
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<i>daysee</i>	86	DEXILANT	75
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DDAVP RHINAL TUBE	82	<i>dexpak 13 day</i>	80
DEBACTEROL	9	<i>dextroamphetamine sulfate</i>	63
<i>deblitane</i>	90	<i>dextroamphetamine sulfate er</i>	63
<i>decitabine</i>	28	<i>dextrose</i>	71
<i>deferasirox</i>	114	<i>dextrose in lactated ringers</i>	71
<i>deferiprone</i>	100	DEXTROSE-NACL	71
DELSTRIGO	41	<i>dextrose-nacl</i>	71
<i>delyla</i>	86	DIACOMIT	16
<i>demeclocycline hcl</i>	15	DIASTAT ACUDIAL	16
DENAVIR	40	DIASTAT PEDIATRIC	16
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DESCOVY	41	<i>diazoxide</i>	46
<i>desipramine hcl</i>	21	<i>diclofenac epolamine</i>	68
<i>desmopressin ace spray refrig</i>	82	<i>diclofenac potassium</i>	3
<i>desmopressin acetate</i>	82	<i>diclofenac sodium</i>	3, 24, 68, 105
<i>desmopressin acetate spray</i>	83	<i>diclofenac sodium er</i>	3
<i>desogestrel-ethinyl estradiol</i>	86, 90	<i>diclofenac-misoprostol</i>	3
<i>desonide</i>	80	<i>dicloxacillin sodium</i>	13
<i>desoximetasone</i>	80	<i>dicyclomine hcl</i>	73
DESVENLAFAXINE ER	19	DIFICID	13
<i>desvenlafaxine succinate er</i>	19	<i>diflorasone diacetate</i>	80
<i>dexamethasone</i>	80	<i>diflunisal</i>	3
DEXAMETHASONE	80	<i>digitek</i>	60
		<i>digox</i>	60
		<i>digoxin</i>	60
		<i>dihydroergotamine mesylate</i>	25
		DILANTIN	18
		DILATRATE-SR	62
		<i>diltiazem hcl</i>	59
		<i>diltiazem hcl er</i>	59
		<i>diltiazem hcl er beads</i>	59
		<i>diltiazem hcl er coated beads</i>	59
		<i>dilt-xr</i>	59
		<i>dimethyl fumarate</i>	65
		<i>dimethyl fumarate starter pack</i>	65
		DIPENTUM	99
		<i>diphenhydramine hcl</i>	107
		<i>diphenoxylate-atropine</i>	74
		<i>diphtheria-tetanus toxoids dt</i>	97
		<i>dipyridamole</i>	56
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		<i>disulfiram</i>	7
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		DOJOLVI	72
		<i>donepezil hcl</i>	18
		<i>doripenem</i>	12
		DORYX MPC	15
		<i>dorzolamide hcl</i>	104
		<i>dorzolamide hcl-timolol mal</i>	104
		<i>dorzolamide hcl-timolol mal pf</i>	104
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		<i>doxycycline</i>	68
		<i>doxycycline hyclate</i>	15
		<i>doxycycline monohydrate</i>	15
		<i>doxylamine-pyridoxine</i>	21
		DRITHO-CREME HP	68
		DRIZALMA SPRINKLE	20
		<i>dronabinol</i>	21
		DROPLET INSULIN	
		SYRINGE	100
		<i>drospiren-eth estrad-levomefol</i>	86
		<i>drospirenone-ethinyl estradiol</i>	86
		DROXIA	27
		<i>droxidopa</i>	60
		DRYSOL	68
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DUPIXENT	68	EMTRIVA	41	<i>escitalopram oxalate</i>	20
<i>duramorph</i>	5	<i>enalapril maleate</i>	57	<i>esomeprazole magnesium</i>	75
DUREZOL	105	<i>enalapril-hydrochlorothiazide</i> ...	57	<i>esomeprazole sodium</i>	75
<i>dutasteride</i>	78	ENBREL	94	<i>est estrogens-methyltest</i>	86
<i>dutasteride-tamsulosin hcl</i>	78	ENBREL MINI	94	<i>est estrogens-methyltest hs</i>	86
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<i>e.e.s. 400</i>	13	ENDARI	74	<i>estazolam</i>	43
EASY PLUS II GLUCOSE		<i>endocet</i>	5	<i>estradiol</i>	86
TEST	52	ENDOMETRIN	90	<i>estradiol-norethindrone acet</i>	86
EASY STEP TEST	52	ENGERIX-B	97	ESTRING	86
EASY TALK BLOOD		ENLITE GLUCOSE		ESTROGEL	86
GLUCOSE TEST	52	SENSOR	52	<i>eszopiclone</i>	113
EASY TOUCH TEST	52	<i>enoxaparin sodium</i>	53	<i>ethacrynic acid</i>	60
EASY TRAK BLOOD		<i>enpresse-28</i>	86	<i>ethambutol hcl</i>	26
GLUCOSE TEST	52	<i>enskyce</i>	86	<i>ethosuximide</i>	16
EASYGLUCO	52	ENSPRYNG	94	ETHYL CHLORIDE	7
EASYGLUCO PLUS	52	ENSTILAR	79	<i>etidronate disodium</i>	100
EASYMAX 15 TEST	52	<i>entacapone</i>	35	<i>etodolac</i>	24
<i>econazole nitrate</i>	22	<i>entecavir</i>	38	<i>etodolac er</i>	3
EDARBI	56	ENTRESTO	56	<i>etonogestrel-ethinyl estradiol</i>	90
EDARBYCLOR	56	<i>enulose</i>	75	<i>etoposide</i>	30
EDEX	78	ENVARBUS XR	94	EUCRISA	68
EDLUAR	113	EPANED	57	<i>euthyrox</i>	91
EDURANT	40	EPCLUSA	39	EVAMIST	86
<i>efavirenz</i>	40, 41	EPIDIOLEX	16	EVENCARE G2 TEST	52
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<i>effer-k</i>	114	<i>epitol</i>	18	EVEROLIMUS	31
ELESTRIN	86	EPIVIR HBV	38	<i>everolimus</i>	31
<i>eletriptan hydrobromide</i>	25	<i>eplerenone</i>	61	EVERSENSE	
ELIGARD	92	EPOGEN	54	SENSOR/HOLDER	52
<i>elinest</i>	86	EQUETRO	18	EVERSENSE SMART	
ELIQUIS	53	<i>ergocalciferol</i>	114	TRANSMITTER	52
ELIQUIS DVT/PE		<i>ergoloid mesylates</i>	18	EVOTAZ	42
STARTER PACK	53	ERGOMAR	25	EXACTECH R-S-G TEST	52
ELITEK	34	<i>ergotamine-caffeine</i>	25	EXACTECH TEST	52
ELIXOPHYLLIN	111	ERIVEDGE	31	EXEL COMFORT POINT	
ELLA	90	ERLEADA	27	PEN NEEDLE	100
ELMIRON	78	<i>erlotinib hcl</i>	31	EXELDERM	22
<i>eluryng</i>	90	<i>errin</i>	90	<i>exemestane</i>	30
EMADINE	104	ERTACZO	22	<i>exoderm</i>	22
EMBEDA	4	<i>ertapenem sodium</i>	12	<i>exotic-hc</i>	106
EMCYT	27	ERWINAZE	28	EXTAVIA	65
EMEND	21	ERY-TAB	13	EYSUVIS	105
EMGALITY	25	ERYTHROCIN		<i>ezetimibe</i>	62
EMGALITY (300 MG DOSE)	25	LACTOBIONATE	13	<i>ezetimibe-simvastatin</i>	62
<i>emoquette</i>	86	<i>erythrocin stearate</i>	13	FABIOR	68
EMPLICITI	33	<i>erythromycin</i>	14	FABRAZYME	76
EMSAM	19	<i>erythromycin base</i>	13	FALESSA	86
<i>emtricitabine</i>	41	<i>erythromycin ethylsuccinate</i> ..	13, 14	<i>falmina</i>	86

<i>famciclovir</i>	40	<i>fludrocortisone acetate</i>	80	FREESTYLE LIBRE	
<i>famotidine</i>	74	<i>flunisolide</i>	108	SENSOR SYSTEM	52
FANAPT	37	<i>fluocinolone acetonide</i>	80, 106	FREESTYLE LITE TEST	52
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PACK	37	<i>fluocinolone acetonide scalp</i>	80	NEO TEST	52
FARXIGA	45	<i>fluocinonide</i>	80	FREESTYLE TEST	52
FARYDAK	28	<i>fluocinonide emulsified base</i>	80	<i>frovatriptan succinate</i>	25
FASENRA	112	<i>fluoritab</i>	114	<i>furosemide</i>	60
FASENRA PEN	112	<i>fluorometholone</i>	105	FUZEON	41
FASLODEX	27	FLUOROPLEX	68	<i>fyavolv</i>	87
<i>fayosim</i>	86	<i>fluorouracil</i>	68	FYCOMPA	17
<i>febuxostat</i>	24	<i>fluoxetine hcl</i>	20	<i>gabapentin</i>	16
<i>felbamate</i>	17	FLUOXETINE HCL	20	GALAFOLD	3
<i>felodipine er</i>	59	<i>fluphenazine decanoate</i>	36	<i>galantamine hydrobromide</i> ... 18, 19	
FEM PH	9	FLUPHENAZINE HCL	36	<i>galantamine hydrobromide er</i> ... 18	
FEMRING	86	<i>fluphenazine hcl</i>	36	GAMMAGARD	96
FENOFIBRATE	61	<i>flurandrenolide</i>	80	<i>ganciclovir sodium</i>	38
<i>fenofibrate</i>	61	<i>flurazepam hcl</i>	113	GARDASIL 9	97
<i>fenofibrate micronized</i>	61	<i>flurbiprofen</i>	24	<i>gatifloxacin</i>	14
<i>fenopropfen calcium</i>	3	<i>flurbiprofen sodium</i>	105	GATTEX	74
<i>fentanyl</i>	4	<i>flutamide</i>	27	<i>gavilyte-c</i>	75
FENTANYL	4	<i>fluticasone propionate</i> .. 80, 81, 108		<i>gavilyte-g</i>	75
<i>fentanyl citrate</i>	6	<i>fluticasone-salmeterol</i>	108	<i>gavilyte-n with flavor pack</i>	75
<i>fentanyl citrate (pf)</i>	5	<i>fluvastatin sodium</i>	61	GAVRETO	28
FENTORA	6	<i>fluvastatin sodium er</i>	61	GELNIQUE	77
FERRIPROX	101	<i>fluvoxamine maleate</i>	20	<i>gemfibrozil</i>	61
FERRIPROX TWICE-A-		<i>fluvoxamine maleate er</i>	20	<i>gemmily</i>	87
DAY	101	FML	105	<i>generlac</i>	75
FETZIMA	20	FML FORTE	105	<i>gengraf</i>	94
FETZIMA TITRATION	20	<i>folic acid</i>	114	GENOTROPIN	83
FIASP	47	FOLLISTIM AQ	83	GENOTROPIN MINIQUICK	83
FIASP FLEXTOUCH	47	<i>fondaparinux sodium</i>	53	<i>gentak</i>	8
FIASP PENFILL	47	FORFIVO XL	19	<i>gentamicin sulfate</i>	8, 9
FINACEA	68	FORTEO	100	GENVOYA	40
<i>finasteride</i>	78	FOSAMAX PLUS D	100	GIALAX	75
FINTEPLA	15	FOSAMPRENAVIR		<i>gianvi</i>	87
FIRDAPSE	76	CALCIUM	42	GILENYA	65
FIRST-LANSOPRAZOLE	75	<i>fosfomycin tromethamine</i>	10	GILOTRIF	29
FIRST-MOUTHWASH BLM	67	<i>fosinopril sodium</i>	57	GILPHEX TR	112
FIRST-OMEPRAZOLE	75	<i>fosinopril sodium-hctz</i>	57	<i>glatiramer acetate</i>	65
<i>firvanq</i>	10	<i>fosphenytoin sodium</i>	18	<i>glatopa</i>	65
FLAREX	105	FOSRENOL	78	GLEOSTINE	26
<i>flavoxate hcl</i>	77	FRAGMIN	54	<i>glimepiride</i>	45
FLEBOGAMMA DIF	96	FREESTYLE INSULINX		<i>glipizide</i>	45
<i>flecainide acetate</i>	57	TEST	52	<i>glipizide er</i>	45
FLECTOR	3	FREESTYLE LIBRE 14 DAY		<i>glipizide xl</i>	45
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FLOVENT HFA	108	FREESTYLE LIBRE 14 DAY		GLOBAL ALCOHOL PREP	
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<i>flucytosine</i>	22	READER	52	GLUCAGEN HYPOKIT	46
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<i>glyburide</i>	45	HIZENTRA	96	HYDROMORPHONE HCL	6
<i>glyburide micronized</i>	45	<i>hm esomeprazole magnesium dr</i>	76	<i>hydromorphone hcl er</i>	4
<i>glyburide-metformin</i>	45	<i>homatropaire</i>	103	<i>hydroxychloroquine sulfate</i>	34
<i>glycopyrrolate</i>	73	HORIZANT	16	<i>hydroxyprogesterone caproate</i> ..	90
GLYXAMBI	45	HUMALOG	47	<i>hydroxyurea</i>	27
<i>gnp esomeprazole magnesium</i>	75	HUMALOG JUNIOR		<i>hydroxyzine hcl</i>	43
<i>gnp lidocaine pain relief</i>	7	KWIKPEN	47	<i>hydroxyzine pamoate</i>	107
GOCOVRI	35	HUMALOG KWIKPEN	47	<i>hyophen</i>	77
GONAL-F	83	HUMALOG MIX 50/50	47	<i>hyoscyamine sulfate</i>	73
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GONITRO	62	HUMALOG MIX 75/25	47	HYPERRAB S/D	96
<i>goodsense esomeprazole</i>	75	HUMALOG MIX 75/25		HYPERSAL	112
GORDOFILM	68	KWIKPEN	47	HYSINGLA ER	4
GRALISE	3	HUMATROPE	83	<i>ibandronate sodium</i>	100
<i>granisetron hcl</i>	21	HUMIRA	94, 95	IBRANCE	29, 30
GRANIX	54	HUMIRA PEDIATRIC		<i>ibu</i>	24
GRASTEK	101	CROHNS START	94	<i>ibuprofen</i>	3
<i>griseofulvin microsize</i>	22, 23	HUMIRA PEN	94, 96	ICATIBANT ACETATE	93
<i>griseofulvin ultramicrosize</i>	23	HUMIRA PEN-CD/UC/HS		<i>iclevia</i>	87
<i>guanfacine hcl</i>	56	STARTER	94	ICLUSIG	32
<i>guanfacine hcl er</i>	64	HUMIRA PEN-PS/UV/ADOL		<i>icosapent ethyl</i>	62
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GVOKE PFS	46	(CONCENTRATED)	48	<i>imipenem-cilastatin</i>	12
GYNAZOLE-1	23	HUMULIN R U-500		<i>imipramine hcl</i>	21
HAEGARDA	93	KWIKPEN	48	<i>imipramine pamoate</i>	21
<i>hailey 24 fe</i>	90	<i>hydralazine hcl</i>	62	<i>imiquimod</i>	69
<i>halcinonide</i>	81	<i>hydrochlorothiazide</i>	61	IMOVAX RABIES	97
<i>halobetasol propionate</i>	81	<i>hydrocod polst-cpm polst er</i>	112	IMPAVIDO	34
HALOG	81	<i>hydrocodone bitartrate er</i>	4	INBRIJA	35
<i>haloperidol</i>	36	<i>hydrocodone-acetaminophen</i>	6	<i>incassia</i>	90
<i>haloperidol decanoate</i>	36	<i>hydrocodone-homatropine</i>	112	INCRELEX	83
<i>haloperidol lactate</i>	36	<i>hydrocodone-ibuprofen</i>	6	INCRUSE ELLIPTA	109
HARVONI	39	<i>hydrocortisone</i>	81, 99	<i>indapamide</i>	61
HAVRIX	97	<i>hydrocortisone ace-pramoxine</i>		INDERAL XL	58
<i>heather</i>	90	24, 81	INDOCIN	3
HEMADY	81	<i>hydrocortisone acetate</i>	81	<i>indomethacin</i>	3
HEMANGEOL	58	<i>hydrocortisone butyr lipo base</i> ..	81	<i>indomethacin er</i>	3
HEMLIBRA	24	<i>hydrocortisone butyrate</i>	81	INFANRIX	97
<i>heparin sodium (porcine)</i>	54	<i>hydrocortisone valerate</i>	81	INGREZZA	64, 95
HERCEPTIN	28, 33	<i>hydrocortisone-acetic acid</i>	106	INLYTA	32
HETLIOZ	64	<i>hydrocortisone-iodoquinol</i>	81	INNOPRAN XL	58
HETLIOZ LQ	64	<i>hydromet</i>	112	INQOVI	27
HIBERIX	97	<i>hydromorphone hcl</i>	6	INREBIC	32

INSULIN LISPRO	48	<i>junel 1.5/30</i>	87	KYNMOBI	35
<i>insulin lispro (1 unit dial)</i>	48	<i>junel 1/20</i>	87	KYPROLIS	30
<i>insulin lispro junior kwikpen</i>	48	<i>junel fe 1.5/30</i>	87	<i>labetalol hcl</i>	58
<i>insulin lispro prot & lispro</i>	48	<i>junel fe 1/20</i>	87	LACRISERT	103
INTELENCE	40	<i>junel fe 24</i>	87	<i>lactated ringers</i>	71
INTRALIPID	101	JUXTAPID	62	<i>lactulose</i>	75
INTRAROSA	87	JYNARQUE	78	<i>lamivudine</i>	39, 41
INTRON A	38, 39, 101	KADCYLA	28, 33	<i>lamivudine-zidovudine</i>	41
<i>introvale</i>	87	<i>kaitlib fe</i>	87	<i>lamotrigine</i>	17, 44
INVEGA SUSTENNA	37	KALETRA	42	<i>lamotrigine er</i>	17
INVEGA TRINZA	37	KALYDECO	110	<i>lamotrigine starter kit-blue</i>	17
INVELTYS	105	KAPSPARGO SPRINKLE	58	<i>lamotrigine starter kit-green</i>	17
INVIRASE	42	KARBINAL ER	107	<i>lamotrigine starter kit-orange</i>	17
INVOKAMET	45	<i>kariva</i>	87	LANOXIN	60
INVOKAMET XR	45	<i>kcl in dextrose-nacl</i>	71	<i>lansoprazole</i>	76
INVOKANA	45	<i>kelnor 1/35</i>	87	<i>lanthanum carbonate</i>	78
IODINE STRONG	112	<i>kelnor 1/50</i>	90	LANTUS	48
<i>iodoquinol-hydrocortisone-aloe</i> ..	10	KESIMPTA	65	LANTUS SOLOSTAR	48
IOPIDINE	104	<i>ketoconazole</i>	23	<i>lapatinib ditosylate</i>	32
IPOL	98	<i>ketoprofen</i>	3	<i>larin 1.5/30</i>	87
<i>ipratropium bromide</i>	109	<i>ketoprofen er</i>	3	<i>larin 1/20</i>	87
<i>ipratropium-albuterol</i>	109	<i>ketorolac tromethamine</i>	3, 105	<i>larin 24 fe</i>	87
<i>irbesartan</i>	56	KEVEYIS	101	<i>larin fe 1.5/30</i>	87
<i>irbesartan-hydrochlorothiazide</i> ..	56	KEVZARA	95	<i>larin fe 1/20</i>	87
IRESSA	32	KEYTRUDA	33	LASTACAPT	104
ISENTRESS	40	KINERET	95	<i>latanoprost</i>	103
ISENTRESS HD	40	KINRIX	98	LATUDA	37
ISONIAZID	26	KISQALI (200 MG DOSE)	30	<i>layolis fe</i>	87
<i>isoniazid</i>	26	KISQALI (400 MG DOSE)	30	LAZANDA	6
<i>isosorbide dinitrate</i>	62	KISQALI (600 MG DOSE)	30	LEDIPASVIR-SOFOSBUVIR	39
<i>isosorbide dinitrate er</i>	62	KISQALI FEMARA (400 MG DOSE)	30	<i>leena</i>	87
<i>isosorbide mononitrate</i>	62	KISQALI FEMARA (600 MG DOSE)	30	<i>leflunomide</i>	97
<i>isosorbide mononitrate er</i>	62	KISQALI FEMARA(200 MG DOSE)	30	LENVIMA (10 MG DAILY DOSE)	32
<i>isoxsuprine hcl</i>	60	KISQALI FEMARA(200 MG DOSE)	30	LENVIMA (12 MG DAILY DOSE)	32
<i>isradipine</i>	59	KITABIS PAK	110	LENVIMA (14 MG DAILY DOSE)	32
ISTURISA	81	<i>klor-con</i>	71	LENVIMA (18 MG DAILY DOSE)	32
<i>itraconazole</i>	23	<i>klor-con 10</i>	71	LENVIMA (20 MG DAILY DOSE)	32
<i>ivermectin</i>	34	<i>klor-con m10</i>	71	LENVIMA (24 MG DAILY DOSE)	32
IXIARO	98	KLOR-CON M15	71	LENVIMA (4 MG DAILY DOSE)	32
JAKAFI	32	<i>klor-con m20</i>	71	LENVIMA (8 MG DAILY DOSE)	32
<i>jantoven</i>	54	<i>klor-con/ef</i>	71	<i>lessina</i>	87
JANUMET	45	<i>kls esomeprazole magnesium</i>	76	<i>letrozole</i>	30
JANUMET XR	45	KOMBIGLYZE XR	45	<i>leucovorin calcium</i>	29
JANUVIA	45	KORLYM	84	LEUCOVORIN CALCIUM	29
JARDIANCE	45	KOSELUGO	32		
<i>jencycla</i>	91	K-PHOS	71		
JENTADUETO	45	K-PHOS NO 2	71		
JENTADUETO XR	45	KRINTAFEL	34		
<i>jinteli</i>	87	KRISTALOSE	75		
<i>jolessa</i>	87	<i>kurvelo</i>	87		
<i>juleber</i>	87				
JULUCA	41				

LEUKERAN	26	LITHOSTAT	78	MAVENCLAD (10 TABS)	65
LEUKINE	54	LOKELMA	114	MAVENCLAD (4 TABS)	65
<i>leuprolide acetate</i>	92	LONHALA MAGNAIR		MAVENCLAD (5 TABS)	65
<i>levabuterol hcl</i>	110	REFILL KIT	112	MAVENCLAD (6 TABS)	65
<i>levabuterol tartrate</i>	110	LONHALA MAGNAIR		MAVENCLAD (7 TABS)	66
LEVEMIR	48	STARTER KIT	112	MAVENCLAD (8 TABS)	66
LEVEMIR FLEXTOUCH	48	LONSURF	27	MAVENCLAD (9 TABS)	66
<i>levetiracetam</i>	15	<i>loperamide hcl</i>	74	MAVYRET	39
<i>levetiracetam er</i>	15	<i>lopinavir-ritonavir</i>	42	MAXIDEX	105
LEVETIRACETAM IN		<i>lopreeza</i>	90	MAYZENT	66
NACL	15	LOPROX	23	MAYZENT STARTER	
<i>levobunolol hcl</i>	104	<i>lorazepam</i>	43	PACK	66
<i>levocarnitine</i>	101	LORBRENA	32	<i>meclizine hcl</i>	21
<i>levocetirizine dihydrochloride</i> ..	107	LORTAB	6	<i>meclofenamate sodium</i>	3
<i>levofloxacin</i>	14	<i>loryna</i>	87	MEDROL	81
LEVOLEUCOVORIN		LORZONE	113	<i>medroxyprogesterone acetate</i>	91
CALCIUM	29	<i>losartan potassium</i>	56	<i>mefenamic acid</i>	4
LEVOLEUCOVORIN		<i>losartan potassium-hctz</i>	56	<i>mefloquine hcl</i>	34
CALCIUM PF	29	LOTEMAX	105	<i>megestrol acetate</i>	91
<i>levonest</i>	87	LOTEMAX SM	105	MEKINIST	32
<i>levonorgest-eth estrad 91-day</i>	87	<i>loteprednol etabonate</i>	105	MEKTOVI	32
<i>levonorgestrel</i>	91	<i>lovastatin</i>	61	<i>meloxicam</i>	4
<i>levonorgestrel-ethinyl estrad</i>	87	<i>low-ogestrel</i>	87	<i>memantine hcl</i>	19
<i>levora 0.15/30 (28)</i>	87	<i>loxapine succinate</i>	36	<i>memantine hcl er</i>	19
<i>levorphanol tartrate</i>	4	<i>lubiprostone</i>	74	MENACTRA	98
<i>levo-t</i>	91	LUCEMYRA	8	MENEST	88
<i>levothyroxine sodium</i>	91	LUMIGAN	103	MENOPUR	92
<i>levoxyl</i>	91	LUMIZYME	76	MENOSTAR	88
LEXIVA	42	LUPKYNIS	95	MENQUADFI	98
<i>lidocaine</i>	7	LUPRON DEPOT (1-		MENTAX	23
<i>lidocaine hcl</i>	7	MONTH)	92	MENVEO	98
LIDOCAINE HCL	7	LUPRON DEPOT (3-		<i>mepерidine hcl</i>	6
<i>lidocaine hcl (pf)</i>	7	MONTH)	92	<i>meprobamate</i>	43
<i>lidocaine hcl urethral/mucosal</i>	7	LUPRON DEPOT (4-		<i>mercaptapurine</i>	27
<i>lidocaine viscous hcl</i>	7	MONTH)	92	<i>meropenem</i>	12
LIDOCAINE-		<i>lutura</i>	87	<i>merzee</i>	88
HYDROCORTISONE ACE	81	<i>lyleq</i>	91	<i>mesalamine</i>	99
<i>lidocaine-hydrocortisone ace</i>	81	<i>lyllana</i>	87	<i>mesalamine er</i>	99
<i>lidocaine-prilocaine</i>	7	LYNPARZA	28	<i>mesalamine-cleanser</i>	99
LIDORX	7	LYSODREN	92	MESNEX	34
LIDOZENPATCH	7	LYUMJEV	48	METAPROTERENOL	
<i>lindane</i>	34	LYUMJEV KWIKPEN	48	SULFATE	110
<i>linezolid</i>	10	<i>lyza</i>	91	<i>metaxalone</i>	113
LINZESS	74	<i>mafenide acetate</i>	10	<i>metformin hcl</i>	45
<i>liothyronine sodium</i>	92	<i>magnesium sulfate</i>	71	<i>metformin hcl er</i>	45
<i>lisinopril</i>	57	MAKENA	91	<i>methadone hcl</i>	4, 5
<i>lisinopril-hydrochlorothiazide</i>	57	<i>malathion</i>	34	<i>methamphetamine hcl</i>	63
LITETOUCH PEN		<i>maprotiline hcl</i>	20	<i>methazolamide</i>	60
NEEDLES	101	<i>marlissa</i>	88	<i>methenamine hippurate</i>	10
LITHIUM	44	MARPLAN	19	<i>methenamine mandelate</i>	10
<i>lithium carbonate</i>	44	MATULANE	27	<i>methimazole</i>	93
<i>lithium carbonate er</i>	44	<i>matzim la</i>	59	METHITEST	85

<i>methocarbamol</i>	113	<i>mitoxantrone hcl</i>	29	<i>naproxen sodium</i>	4
<i>methotrexate</i>	95	M-M-R II	98	<i>naratriptan hcl</i>	25
<i>methotrexate sodium</i>	95	<i>modafinil</i>	114	NARCAN	8
<i>methotrexate sodium (pf)</i>	95	<i>moexipril hcl</i>	57	NATACYN	23
<i>methoxsalen rapid</i>	69	<i>molindone hcl</i>	36	NATAZIA	88
<i>methscopolamine bromide</i>	73	<i>mometasone furoate</i>	81, 108	<i>nateglinide</i>	45
METHYLCLOTHIAZIDE	61	MONOJECT		NATESTO	85
<i>methyl dopa</i>	56	HYPODERMIC NEEDLE	101	NATPARA	101
<i>methyl dopa-</i>		MONOJECT INSULIN		NATURE-THROID	92
<i>hydrochlorothiazide</i>	56	SYRINGE	101	NAYZILAM	16
<i>methylergonovine maleate</i>	101	<i>mono-lynyah</i>	88	<i>necon 0.5/35 (28)</i>	88
<i>methylphenidate hcl</i>	64	<i>montelukast sodium</i>	109	<i>necon 1/35 (28)</i>	88
<i>methylphenidate hcl er</i>	63, 64	<i>morphine sulfate</i>	5, 6	<i>nefazodone hcl</i>	20
<i>methylphenidate hcl er (cd)</i>	64	MORPHINE SULFATE	5, 6	<i>neomycin sulfate</i>	9
<i>methylphenidate hcl er (la)</i>	64	<i>morphine sulfate (concentrate)</i>	6	<i>neomycin-bacitracin zn-</i>	
<i>methylprednisolone</i>	81	<i>morphine sulfate (pf)</i>	6	<i>polymyx</i>	103
<i>methylprednisolone acetate</i>	24	<i>morphine sulfate er</i>	5	<i>neomycin-polymyxin-dexameth</i>	105
<i>methylprednisolone sodium succ</i>		<i>morphine sulfate er beads</i>	5	<i>neomycin-polymyxin-gramicidin</i>	
.....	24, 81	MOTTEGRITY	74	103
<i>methyltestosterone</i>	85	MOTOFEN	74	<i>neomycin-polymyxin-hc</i>	10, 106
<i>metoclopramide hcl</i>	74	MOVANTIK	74	NEOTUSS PLUS	112
<i>metolazone</i>	61	<i>moxifloxacin hcl</i>	14	NERLYNX	32
<i>metoprolol succinate er</i>	58	MOZOBIL	55	NEULASTA	55
<i>metoprolol tartrate</i>	58	<i>mtx topical pain</i>	7	NEUPRO	35
<i>metoprolol-hydrochlorothiazide</i>	58	MULPLETA	55	NEVANAC	105
<i>metronidazole</i>	10	MULTAQ	57	<i>nevirapine</i>	40
<i>metronidazole in nacl</i>	9, 10	<i>mupirocin</i>	10	<i>nevirapine er</i>	40
<i>metyrosine</i>	60	<i>mupirocin calcium</i>	10	NEXAVAR	32
<i>mexiletine hcl</i>	57	MUSE	84	NEXLETOL	60
MIACALCIN	100	MYALEPT	101	NEXLIZET	60
<i>mibelas 24 fe</i>	88	<i>mycophenolate mofetil</i>	95	<i>niacin er (antihyperlipidemic)</i>	62
<i>miconazole 3</i>	23	<i>mycophenolate mofetil hcl</i>	95	<i>niacor</i>	62
<i>miconazole-zinc oxide-petrolat</i> ...	23	<i>mycophenolate sodium</i>	95	<i>nicardipine hcl</i>	59
<i>microgestin 1.5/30</i>	88	MYDAYIS	64	NICOTROL	8
<i>microgestin 1/20</i>	88	MYLERAN	27	<i>nifedipine</i>	59
<i>microgestin fe 1.5/30</i>	88	MYLOTARG	28	<i>nifedipine er</i>	59
<i>microgestin fe 1/20</i>	88	<i>myorisan</i>	69	<i>nifedipine er osmotic release</i>	59
<i>midazolam hcl</i>	43	MYRBETRIQ	77	<i>nikki</i>	88
<i>midodrine hcl</i>	56	MYTESI	74	<i>nilutamide</i>	27
<i>mifepristone</i>	84	<i>nabumetone</i>	4	<i>nimodipine</i>	59
<i>miglitol</i>	45	<i>nadolol</i>	58	NINLARO	29
<i>miglustat</i>	72	<i>nadolol-bendroflumethiazide</i>	58	<i>nisoldipine er</i>	59
<i>mili</i>	90	<i>nafticillin sodium</i>	13	<i>nitazoxanide</i>	34
<i>mimvey</i>	88	<i>naftifine hcl</i>	23	<i>nitisinone</i>	72
<i>minitran</i>	62	NAFTIN	23	NITRO-BID	62
<i>minocycline hcl</i>	15	NAGLAZYME	76	<i>nitrofurantoin</i>	10
<i>minocycline hcl er</i>	15	<i>naloxone hcl</i>	8	<i>nitrofurantoin macrocrystal</i>	10
<i>minoxidil</i>	62	<i>naltrexone hcl</i>	8	<i>nitrofurantoin monohyd macro</i> ...	10
MIRCERA	54	NAMENDA XR TITRATION		<i>nitroglycerin</i>	63
<i>mirtazapine</i>	19	PACK	19	<i>nitroglycerin er</i>	62
MIRVASO	69	NAMZARIC	18, 65	NITROMIST	63
<i>misoprostol</i>	75	<i>naproxen</i>	4	<i>nityr</i>	72

NIVESTYM	55	<i>ocella</i>	88	ORTIKOS	81
<i>nizatidine</i>	74	<i>octreotide acetate</i>	92	<i>oseltamivir phosphate</i>	42
NOCDURNA	83	ODACTRA	8	<i>osmolex er</i>	35
<i>nora-be</i>	91	ODEFSEY	40	OSMOPREP	74
NORDITROPIN FLEXPRO ...	83	ODOMZO	29	OSPHERA	91
<i>norethin ace-eth estrad-fe</i>	88	OFEV	112	OTEZLA	97
<i>norethindrone</i>	91	<i>ofloxacin</i>	14	OTOVEL	106
<i>norethindrone acetate</i>	91	<i>olanzapine</i>	37	OTREXUP	95
<i>norethindrone acet-ethinyl est</i> ...	88	<i>olanzapine-fluoxetine hcl</i>	44	OVIDREL	84
<i>norethindrone-eth estradiol</i>	88	<i>olmesartan medoxomil</i>	56	<i>oxacillin sodium</i>	13
<i>norethin-eth estradiol-fe</i>	88	<i>olmesartan medoxomil-hctz</i>	56	<i>oxaliplatin</i>	28
<i>norgestimate-eth estradiol</i>	88	<i>olopatadine hcl</i>	104, 107	<i>oxandrolone</i>	84
<i>norgestim-eth estrad triphasic</i> ...	88	OLUMIANT	97	<i>oxaprozin</i>	4
<i>norlyroc</i>	91	<i>omega-3-acid ethyl esters</i>	62	<i>oxazepam</i>	43
NORPACE CR	57	<i>omeprazole</i>	76	OXBRYTA	55
<i>nortrel 0.5/35 (28)</i>	88	OMNARIS	108	<i>oxcarbazepine</i>	18
<i>nortrel 1/35 (21)</i>	88	OMNIFLEX DIAPHRAGM ..	101	OXISTAT	23
<i>nortrel 1/35 (28)</i>	88	OMNITROPE	84	OXTELLAR XR	18
<i>nortrel 7/7/7</i>	88	ONCASPAR	29	<i>oxybutynin chloride</i>	77
<i>nortriptyline hcl</i>	21	<i>ondansetron</i>	22	<i>oxybutynin chloride er</i>	77
NORVIR	42	<i>ondansetron hcl</i>	21	<i>oxycodone hcl</i>	6
NOURIANZ	35	ONETOUCH ULTRA 2	52	<i>oxycodone hcl er</i>	5
NOVAREL	83	ONETOUCH ULTRA MINI ...	53	<i>oxycodone-acetaminophen</i>	6
NOVOLOG	48	ONETOUCH ULTRALINK ...	53	<i>oxycodone-aspirin</i>	6
NOVOLOG FLEXPEN	48	ONETOUCH VERIO	53	OXYCONTIN	5
NOVOLOG MIX 70/30	48	ONETOUCH VERIO FLEX		<i>oxymorphone hcl</i>	7
NOVOLOG MIX 70/30		SYSTEM	53	<i>oxymorphone hcl er</i>	5
FLEXPEN	48	ONETOUCH VERIO IQ		OZEMPIC (0.25 OR 0.5	
NOVOLOG PENFILL	48	SYSTEM	53	MG/DOSE)	45
NOXAFIL	23	ONGENTYS	35	OZEMPIC (1 MG/DOSE)	45
<i>np thyroid</i>	92	ONGLYZA	45	<i>pacerone</i>	57
NUBEQA	27	ONUREG	27	<i>paclitaxel</i>	29
NUCALA	108, 113	ONZETRA XSAIL	25	<i>pain relieving lidocaine</i>	7
NUCORT	81	OPDIVO	33	PALFORZIA (12 MG DAILY	
NUCYNTA	6	<i>opium</i>	6	DOSE)	101
NUCYNTA ER	5	OPSUMIT	111	PALFORZIA (120 MG	
NUEDEXTA	65	OPTIUM TEST	53	DAILY DOSE)	101
NULIDO	7	OPTIUMEZ TEST	53	PALFORZIA (160 MG	
NULOJIX	95	ORACIT	71	DAILY DOSE)	101
NUPLAZID	37	ORALAIR	101	PALFORZIA (20 MG DAILY	
NURTEC	25	ORAVIG	23	DOSE)	101
NUTROPIN AQ NUSPIN 10 ...	83	ORENCIA	95	PALFORZIA (200 MG	
NUTROPIN AQ NUSPIN 20 ...	83	ORENCIA CLICKJECT	95	DAILY DOSE)	101
NUTROPIN AQ NUSPIN 5	83	ORENITRAM	111	PALFORZIA (240 MG	
NUZYRA	15	ORFADIN	76	DAILY DOSE)	101
<i>nyamyc</i>	23	ORGOVYX	29	PALFORZIA (3 MG DAILY	
<i>nylia 7/7/7</i>	91	ORIAHNN	88	DOSE)	101
<i>nymyo</i>	88	ORILISSA	84	PALFORZIA (300 MG	
<i>nystatin</i>	23	ORKAMBI	110	MAINTENANCE)	101
<i>nystatin-triamcinolone</i>	23	ORLADEYO	60	PALFORZIA (300 MG	
<i>nystop</i>	23	<i>orphenadrine citrate er</i>	113	TITRATION)	101
OALIVA	74	<i>orsythia</i>	88		

PALFORZIA (40 MG DAILY DOSE)	101	<i>phenylephrine hcl</i>	103	<i>pramipexole dihydrochloride er</i>	35
PALFORZIA (6 MG DAILY DOSE)	102	<i>phenytoin</i>	18	PRAMOSONE	24
PALFORZIA (80 MG DAILY DOSE)	102	<i>phenytoin sodium extended</i>	18	PRAMOTIC	106
PALFORZIA INITIAL ESCALATION	102	PHEXXI	91	<i>prasugrel hcl</i>	56
<i>paliperidone er</i>	37	<i>philith</i>	88	<i>pravastatin sodium</i>	61
PALYNZIQ	76	PHOSLYRA	78	<i>praziquantel</i>	34
PANRETIN	33	<i>phospha 250 neutral</i>	114	<i>prazosin hcl</i>	56
<i>pantoprazole sodium</i>	76	<i>phosphasal</i>	77	PRECISION PCX	53
<i>paricalcitol</i>	100	PHOSPHOLINE IODIDE	104	PRECISION PCX PLUS TEST	53
<i>paromomycin sulfate</i>	9	<i>phytonadione</i>	114	PRECISION POINT OF CARE TEST	53
<i>paroxetine hcl</i>	44	PICATO	69	PRECISION QID TEST	53
<i>paroxetine hcl er</i>	20	PIFELTRO	40	PRECISION SOF-TACT TEST	53
PASER	26	<i>pilocarpine hcl</i>	67, 104	PRECISION SUREDOSE PLUS SYR	50
PAXIL	20	<i>pimecrolimus</i>	69	PRECISION XTRA BLOOD GLUCOSE	53
PEDIARIX	98	<i>pimozide</i>	36	PRED MILD	105
PEDVAX HIB	98	<i>pimtrea</i>	88	PRED-G	105
<i>peg 3350/electrolytes</i>	75	<i>pindolol</i>	58	PRED-G S.O.P.	105
<i>peg-3350/electrolytes</i>	75	<i>pioglitazone hcl</i>	45	<i>prednicarbate</i>	81
<i>peg-3350/electrolytes/ascorbat</i> ...75	75	<i>pioglitazone hcl-glimepiride</i>	46	<i>prednisolone</i>	81
PEGASYS	39	<i>pioglitazone hcl-metformin hcl</i> ...46	46	<i>prednisolone acetate</i>	105
PEGINTRON	39	<i>piperacillin sod-tazobactam so</i> ...13	13	<i>prednisolone sodium phosphate</i>	82
<i>peg-kcl-nacl-nasulf-na asc-c</i>75	75	PIQRAY (200 MG DAILY DOSE)	30	PREDNISOLONE SODIUM PHOSPHATE	106
PEMAZYRE	32	PIQRAY (250 MG DAILY DOSE)	31	<i>prednisone</i>	82
<i>penicillamine</i>	72	PIQRAY (300 MG DAILY DOSE)	31	PREDNISONE INTENSOL	82
<i>penicillin g potassium</i>	13	<i>pirmella 1/35</i>	89	PREFERRED PLUS INSULIN SYRINGE	102
<i>penicillin v potassium</i>	13	<i>pirmella 7/7/7</i>	89	PREFEST	89
PENNSAID	69	<i>piroxicam</i>	4	<i>pregabalin</i>	65
<i>pentamidine isethionate</i>	34	PLEGRIDY	66	PREGNYL	84
PENTASA	99	PLEGRIDY STARTER PACK	66	PREMARIN	89
<i>pentazocine-naloxone hcl</i>	7	PNV-DHA	72	PREMPHASE	89
PENTETATE CALCIUM TRISODIUM	102	PODOCON	69	PREMPRO	89
PENTETATE ZINC TRISODIUM	102	<i>podofilox</i>	69	<i>prenatal</i>	114
<i>pentoxifylline er</i>	60	<i>polyethylene glycol 3350</i>	75	PRENATAL PLUS IRON	72
PERFOROMIST	110	<i>polymyxin b sulfate</i>	10	PRESTALIA	57
<i>perindopril erbumine</i>	57	<i>polymyxin b-trimethoprim</i>	103	<i>pretomanid</i>	26
<i>periogard</i>	67	POMALYST	27	<i>prevalite</i>	62
PERJETA	33	<i>portia-28</i>	89	<i>previfem</i>	89
<i>permethrin</i>	34	<i>posaconazole</i>	23	PREVYMIS	38
<i>perphenazine</i>	36	POTABA	114	PREZCOBIX	42
<i>perphenazine-amitriptyline</i>	21	<i>potassium chloride</i>	72	PREZISTA	42
PERSERIS	37	<i>potassium chloride crys er</i>	71	PRIFTIN	26
PEXEVA	20	<i>potassium chloride er</i>	71, 72	<i>primaquine phosphate</i>	34
<i>phenazopyridine hcl</i>	78	<i>potassium citrate er</i>	72	<i>primidone</i>	16
<i>phenelzine sulfate</i>	19	<i>potassium citrate-citric acid</i>	72	PRIMSOL	10
<i>phenobarbital</i>	16	<i>pr benzoyl peroxide wash</i>	69	PROAIR HFA	110
<i>phenoxybenzamine hcl</i>	56	PRADAXA	54		
		PRALUENT	62		
		<i>pramipexole dihydrochloride</i>	35		

PROAIR RESPICLICK	110	QTERN	46	REPATHA	60
<i>probenecid</i>	24	QUADRACEL	98	REPATHA PUSHTRONEX	
<i>prochlorperazine</i>	37	<i>quazepam</i>	43	SYSTEM	60
<i>prochlorperazine maleate</i>	36	QUDEXY XR	17	REPATHA SURECLICK	60
PROCRIT	55	<i>quetiapine fumarate</i>	37	RESTASIS	103
<i>procto-med hc</i>	82	QUICKTEK TEST	53	RETACRIT	55
<i>proctosol hc</i>	82	QUILLICHEW ER	64	RETEVMO	29
<i>proctozone-hc</i>	82	<i>quinapril hcl</i>	57	RETIN-A MICRO PUMP	69
PROCYSBI	73	<i>quinapril-hydrochlorothiazide</i>	57	RETROVIR	41
PRODIGY NO CODING		<i>quinidine gluconate er</i>	57	REVCIVI	73
BLOOD GLUC	53	<i>quinidine sulfate</i>	57	REVLIMID	27
<i>progesterone</i>	91	<i>quinine sulfate</i>	34	REXULTI	37
PROGRAF	95	QVAR REDIHALER	108	REYATAZ	42
PROLENSA	106	<i>ra esomeprazole magnesium</i>	76	REYVOW	25
PROLEUKIN	29	RABAVERT	98	RHOFADE	69
PROLIA	100	<i>rabeprazole sodium</i>	76	RHOPRESSA	106
PROLIDA	7	RADICAVA	64	<i>ribasphere</i>	39
PROMACTA	55	RAGWITEK	102	RIBAVIRIN	39
<i>promethazine hcl</i>	21	<i>raloxifene hcl</i>	91	<i>ribavirin</i>	39
<i>promethazine vc/codeine</i>	112	<i>ramelteon</i>	114	RIDAURA	97
<i>promethazine-codeine</i>	112	<i>ramipril</i>	57	<i>rifabutin</i>	26
<i>promethazine-dm</i>	112	<i>ranolazine er</i>	60	<i>rifampin</i>	26
<i>promethazine-phenylephrine</i>	112	<i>rasagiline mesylate</i>	34, 36	<i>riluzole</i>	65
<i>promethegan</i>	21	RASUVO	95	<i>rimantadine hcl</i>	42
<i>propafenone hcl</i>	57	RAVICTI	76	RINVOQ	96
<i>propafenone hcl er</i>	57	RAYALDEE	100	<i>risedronate sodium</i>	100
PROPANTHELINE		RAYOS	82	RISPERDAL CONSTA	37
BROMIDE	73	REBIF	66	<i>risperidone</i>	37, 38
<i>proparacaine hcl</i>	103	REBIF REBIDOSE	66	<i>ritonavir</i>	42
<i>propranolol hcl</i>	58	REBIF REBIDOSE		RITUXAN	33
<i>propranolol hcl er</i>	58	TITRATION PACK	66	<i>rivastigmine</i>	19
<i>propranolol-hctz</i>	58	REBIF TITRATION PACK	66	<i>rivastigmine tartrate</i>	19
<i>propylthiouracil</i>	93	<i>reclipsen</i>	89	<i>rivelsa</i>	89
PROQUAD	98	RECOMBIVAX HB	98	<i>rizatriptan benzoate</i>	25
<i>protriptyline hcl</i>	21	RECTIV	63	ROCKLATAN	104
PRUDOXIN	69	REDITREX	96	<i>ropinirole hcl</i>	35
PTS PANELS GLUCOSE		REGRANEX	69	<i>ropinirole hcl er</i>	35
TEST	53	RELAFEN DS	24	<i>rosadan</i>	10
PULMICORT FLEXHALER	108	RELENZA DISKHALER	42	<i>rosuvastatin calcium</i>	61
PULMOZYME	110	RELION BLOOD GLUCOSE		ROTARIX	98
PURIXAN	27	TEST	53	ROTATEQ	98
PYLERA	74	RELION CONFIRM/MICRO		<i>roweepra</i>	15
<i>pyrazinamide</i>	26	TEST	53	ROZLYTREK	32
<i>pyridostigmine bromide</i>	26	RELION INSULIN		RUBRACA	28
<i>pyridostigmine bromide er</i>	26	SYRINGE	102	<i>rufinamide</i>	18
<i>pyrimethamine</i>	34	RELI-ON INSULIN		RUKOBIA	41
PYROGALLIC ACID	69	SYRINGE	102	RUZURGI	76
QBRELIS	57	RELION PRIME TEST	53	RYDAPT	32
QBREXZA	69	RELION ULTIMA TEST	53	RYTARY	36
QINLOCK	32	RELISTOR	74	SABRIL	17
QNASL	108	REMICADE	96	SAIZEN	84
QNASL CHILDRENS	108	<i>repaglinide</i>	46	SAIZENPREP	84

<i>salicylic acid</i>	69	SOLTAMOX	27	SULFADIAZINE	14
<i>salicylic acid wart remover</i>	69	SOMATULINE DEPOT	92	<i>sulfamethoxazole-trimethoprim</i>	
<i>salsalate</i>	4	SOMAVERT	93	14, 15
SANCUSO	22	SOOLANTRA	69	SULFAMYLON	10
SANDIMMUNE	96	SORILUX	69	<i>sulfasalazine</i>	99
SANTYL	69	<i>sorine</i>	57	<i>sulindac</i>	4
<i>sapropterin dihydrochloride</i>	77	<i>sotalol hcl</i>	57	<i>sumatriptan</i>	25
SAVAYSA	54	<i>sotalol hcl (af)</i>	57	<i>sumatriptan succinate</i>	25
SAVELLA	65	SOVALDI	39	<i>sumatriptan succinate refill</i>	25
SAVELLA TITRATION		<i>spinosad</i>	35	<i>sumatriptan-naproxen sodium</i>	25
PACK	65	SPIRIVA HANDIHALER	109	SUNOSI	114
<i>scopolamine</i>	21	SPIRIVA RESPIMAT	109	SUPRAX	12
SECUADO	38	<i>spironolactone</i>	61	SUPREP BOWEL PREP KIT	75
SEEBRI NEOHALER	109	<i>spironolactone-hctz</i>	61	SURE COMFORT PEN	
SEGLUROMET	46	<i>sprintec 28</i>	89	NEEDLES	102
<i>selegiline hcl</i>	36	SPRITAM	15	SURE-FINE PEN NEEDLES	102
<i>selenium sulfide</i>	69	SPRIX	4	SURESTEP GLUCOSE	
SELZENTRY	41, 42	SPRYCEL	32	CONTROL	50
SEMGLEE	48	<i>sronyx</i>	89	SURESTEP PRO HIGH	
SEREVENT DISKUS	110	<i>ssd</i>	10	GLUCOSE	50
SEROSTIM	84	SSKI	112	SURESTEP PRO	
<i>sertraline hcl</i>	20	<i>sss 10-5</i>	69	LINEARITY	50
<i>sevelamer carbonate</i>	72, 79	STALEVO 100	36	SURESTEP PRO LOW	
<i>sevelamer hcl</i>	79	STALEVO 125	36	GLUCOSE	50
<i>sharobel</i>	91	STALEVO 150	36	SURESTEP PRO NORMAL	
SHINGRIX	98	STALEVO 200	36	GLUCOSE	50
SIGNIFOR	92	STALEVO 50	36	SUTENT	32
SIGNIFOR LAR	92	STALEVO 75	36	<i>syeda</i>	89
SIKLOS	27	<i>stavudine</i>	41	SYLVANT	33
<i>sildenafil citrate</i>	78, 111	STEGLATRO	46	SYMAX DUOTAB	73
SILIQ	69	STELARA	69, 70	<i>symax-sl</i>	73
<i>silodosin</i>	78	STIMATE	84	<i>symax-sr</i>	73
<i>silver sulfadiazine</i>	10	STIOLTO RESPIMAT	112	SYMBICORT	112
SIMBRINZA	104	STIVARGA	32	SYMDEKO	110
SIMPONI	96	STRENSIQ	73	SYMJEPI	110
<i>simvastatin</i>	61	STREPTOMYCIN SULFATE ..	9	SYMLINPEN 120	46
<i>sirolimus</i>	96	STRIBILD	40	SYMLINPEN 60	46
SIRTURO	26	STRIVERDI RESPIMAT	110	SYMPAZAN	17
SITAVIG	40	SUBSYS	7	SYMPROIC	74
SIVEXTRO	10	SUCRAID	73	SYMTUZA	40
SKLICE	35	<i>sucrafate</i>	75	SYNAGIS	96, 97
SKYRIZI (150 MG DOSE)	69	<i>sulconazole nitrate</i>	23	SYNAREL	93
SLYND	90	SULFACETAMIDE		SYNDROS	22
<i>sm esomeprazole magnesium</i>	76	SODIUM	14	SYNERA	7
<i>sodium chloride</i>	72, 112	<i>sulfacetamide sodium</i>	14, 70	SYNERCID	10
<i>sodium fluoride</i>	72	<i>sulfacetamide sodium (acne)</i>	14	SYNJARDY	46
<i>sodium phenylbutyrate</i>	73, 77	<i>sulfacetamide sodium-sulfur</i>	70	SYNJARDY XR	46
<i>sodium polystyrene sulfonate</i>	72	SULFACETAMIDE		SYNRIBO	29
<i>sodium sulfacetamide</i>	69	SODIUM-SULFUR	70	SYNTHROID	92
<i>sofosbuvir-velpatasvir</i>	39	<i>sulfacetamide-prednisolone</i>	106	TABLOID	28
<i>solifenacin succinate</i>	77	SULFACETAMIDE-		TABRECTA	32
SOLIQUA	48	SULFUR IN UREA	70	<i>tacrolimus</i>	70, 96

<i>tadalafil</i>	78	<i>theracare pain relief</i>	7	TRANSDERM SCOP (1.5	
TADALAFIL (PAH)	111	THIOLA EC	78	MG)	21
TAFINLAR	33	<i>thioridazine hcl</i>	37	<i>tranylcypromine sulfate</i>	19
TAGRISSE	29	THIOTEPA	27	TRAVASOL	72
TAKHZYRO	93	<i>thiothixene</i>	37	<i>travoprost (bak free)</i>	106
TALTZ	70	THYMOGLOBULIN	96	<i>trazodone hcl</i>	20
TALZENNA	28	<i>tiagabine hcl</i>	17	TREANDA	28
<i>tamoxifen citrate</i>	27	TIBSOVO	31	TRECATOR	26
<i>tamsulosin hcl</i>	78	<i>tigecycline</i>	10	TRELEGY ELLIPTA	113
<i>taperdex 7-day</i>	82	TIGLUTIK	65	TREMFYA	70
TARGRETIN	34	<i>tilia fe</i>	89	TRESIBA	49
<i>tarina 24 fe</i>	90	<i>timolol maleate</i>	25, 104	TRESIBA FLEXTOUCH	49
<i>tarina fe 1/20</i>	89	<i>timolol maleate pf</i>	104	<i>tretinoin</i>	34, 70
TASIGNA	33	TIMOPTIC OCUDOSE	104	TRETINOID (EMOLLIENT)	70
<i>tavaborole</i>	23	TIMOPTIC-XE	104	TREXALL	96
TAVALISSE	55	<i>tinidazole</i>	34	<i>triamcinolone acetonide</i>	67, 82, 108
TAYTULLA	89	TIROSINT-SOL	92	<i>triamterene</i>	61
<i>tazarotene</i>	70	TIVICAY	40	<i>triamterene-hctz</i>	61
TAZORAC	70	TIVICAY PD	40	<i>triazolam</i>	43
<i>taztia xt</i>	59	<i>tizanidine hcl</i>	38	<i>triderm</i>	82
TAZVERIK	33	TOBI PODHALER	110	<i>trientine hcl</i>	72
TDVAX	98	TOBRADEX	106	<i>tri-estarylla</i>	89
TECENTRIQ	33	TOBRADEX ST	106	<i>trifluoperazine hcl</i>	37
TECHLITE INSULIN		<i>tobramycin</i>	9, 110, 111	<i>trifluridine</i>	40
SYRINGE	102	<i>tobramycin sulfate</i>	9	<i>trihexyphenidyl hcl</i>	35
TEFLARO	12	<i>tobramycin-dexamethasone</i>	106	TRIJARDY XR	46
TEGSEDI	84	<i>tolazamide</i>	46	TRIKAFTA	111
TEKTRUNA HCT	60	TOLBUTAMIDE	46	<i>tri-legest fe</i>	89
<i>telmisartan</i>	56	<i>tolcapone</i>	35	<i>tri-linyah</i>	89
<i>telmisartan-amlodipine</i>	56	<i>tolmetin sodium</i>	4	<i>tri-lo-estarylla</i>	89
<i>telmisartan-hctz</i>	56	<i>tolterodine tartrate</i>	77	<i>tri-lo-marzia</i>	89
<i>temazepam</i>	113	<i>tolterodine tartrate er</i>	77	<i>tri-lo-sprintec</i>	89
TEMIXYS	41	<i>tolvaptan</i>	78	<i>trimethobenzamide hcl</i>	21
<i>temozolomide</i>	28	<i>topiramate</i>	17	<i>trimethoprim</i>	10
<i>tencon</i>	3	<i>topiramate er</i>	17	<i>tri-mili</i>	90
TENIVAC	98	<i>toposar</i>	31	<i>trimipramine maleate</i>	21
<i>tenofovir disoproxil fumarate</i>	41	<i>topotecan hcl</i>	31	<i>trinessa (28)</i>	89
TEPMETKO	33	<i>toremifene citrate</i>	27	TRINTELLIX	19
<i>terazosin hcl</i>	78	<i>torseamide</i>	60	<i>tri-nymyo</i>	89
<i>terbinafine hcl</i>	23	TOUJEO MAX SOLOSTAR	49	<i>tri-previfem</i>	89
<i>terbutaline sulfate</i>	110	TOUJEO SOLOSTAR	49	TRISENOX	28
<i>terconazole</i>	23	TOVIAZ	77	<i>tri-sprintec</i>	89
<i>testosterone</i>	85	<i>tpn electrolytes</i>	72	TRIUMEQ	41
<i>testosterone cypionate</i>	85	TRACLEER	111	<i>trivora (28)</i>	89
<i>testosterone enanthate</i>	85	TRADJENTA	46	<i>tri-vylibra</i>	90
<i>tetrabenazine</i>	65	<i>tramadol hcl</i>	7	<i>tri-vylibra lo</i>	90
<i>tetracycline hcl</i>	15	<i>tramadol hcl er</i>	5	TROKENDI XR	17
TEXACORT	82	<i>tramadol hcl er (biphasic)</i>	5	<i>tropicamide</i>	103
THALOMID	27	<i>tramadol-acetaminophen</i>	7	<i>trospium chloride</i>	77
THEO-24	111	<i>trandolapril</i>	57	<i>trospium chloride er</i>	77
<i>theophylline</i>	111	<i>trandolapril-verapamil hcl er</i>	57	TRUEPLUS 5-BEVEL PEN	
<i>theophylline er</i>	111	<i>tranexamic acid</i>	55	NEEDLES	102

TRULICITY	46	VANCOMYCIN HCL	11	VRAYLAR	38
TRUMENBA	98	<i>vandazole</i>	11	VUMERITY	66
TUDORZA PRESSAIR	109	VAQTA	98	<i>vyfemla</i>	89
TUKYSA	29	<i>vardenafil hcl</i>	78	<i>vylibra</i>	90
TURALIO	33	VARIVAX	98	VYNDAMAX	84
TUZISTRA XR	107	VARIZIG	98	VYNDAQEL	84
TWINRIX	115	VARUBI (180 MG DOSE)	22	VYVANSE	63
TYBOST	42	VASCEPA	62	VYXEOS	28
TYDEMY	89	VECAMYL	60	VYZULTA	106
TYGACIL	10	VELCADE	29	WAKIX	114
TYMLOS	100	<i>velivet</i>	89	<i>warfarin sodium</i>	54
TYPHIM VI	98	VELPHORO	79	<i>wera</i>	89
TYSABRI	66	VELTASSA	114	WESTHROID	92
TYVASO	111	VEMLIDY	39	WIDE-SEAL DIAPHRAGM	
TYVASO REFILL	111	VENCLEXTA	29	60	102
TYVASO STARTER	111	VENCLEXTA STARTING		WIDE-SEAL DIAPHRAGM	
UBRELVY	25	PACK	29	65	102
UCERIS	82	<i>venlafaxine hcl</i>	44	WIDE-SEAL DIAPHRAGM	
UDENYCA	77	<i>venlafaxine hcl er</i>	20	70	102
UKONIQ	33	VENLAFAXINE HCL ER	20	WIDE-SEAL DIAPHRAGM	
ULTICARE PEN NEEDLES	102	VENTAVIS	111	75	102
ULTILET PEN NEEDLE	102	<i>verapamil hcl</i>	59	WIDE-SEAL DIAPHRAGM	
ULTRA-THIN II PEN		<i>verapamil hcl er</i>	59	80	102
NEEDLES	102	VEREGEN	71	WIDE-SEAL DIAPHRAGM	
<i>umecta mousse</i>	70	VERQUVO	60	85	102
<i>unithroid</i>	92	VERSACLOZ	38	WIDE-SEAL DIAPHRAGM	
UPNEEQ	103	VERZENIO	31	90	102
UPTRAVI	111	VIBERZI	74	WIDE-SEAL DIAPHRAGM	
<i>urea</i>	70	VIBRAMYCIN	15	95	102
UREA	70	VICTOZA	46	WP THYROID	92
<i>urea nail</i>	70	VIEKIRA PAK	39	<i>wymzya fe</i>	89
<i>urelle</i>	77	<i>vienna</i>	89	XADAGO	36
<i>uribel</i>	77	<i>vigabatrin</i>	17	XALKORI	33
URIMAR-T	77	VIGABATRIN	17	XARELTO	54
<i>ursodiol</i>	74	<i>vigadrone</i>	17	XARELTO STARTER PACK	54
<i>ustell</i>	77	VIIBRYD	20	XATMEP	96
UTIBRON NEOHALER	110	VIIBRYD STARTER PACK	20	XCOPRI	16
<i>uticap</i>	77	VIMPAT	18	XCOPRI (250 MG DAILY	
<i>utira-c</i>	77	VIOKACE	73	DOSE)	16
<i>utrona-c</i>	77	<i>viorele</i>	89	XCOPRI (350 MG DAILY	
<i>valacyclovir hcl</i>	40	VIRACEPT	42	DOSE)	16
VALCHLOR	27	VIRAZOLE	39	XELJANZ	96, 97
<i>valganciclovir hcl</i>	38	VIREAD	41	XELJANZ XR	96
<i>valproate sodium</i>	17	<i>vitamin d (ergocalciferol)</i>	114	XELPROS	106
<i>valproic acid</i>	17	VITRAKVI	31	XENICAL	78
<i>valsartan</i>	56	VIVITROL	8	XEPI	71
<i>valsartan-hydrochlorothiazide</i>	56	VIVLODEX	4	XERAC AC	71
VALTOCO 10 MG DOSE	17	VIVOTIF	98	XERMELO	73
VALTOCO 15 MG DOSE	17	VIZIMPRO	33	XGEVA	100
VALTOCO 20 MG DOSE	17	<i>voriconazole</i>	23, 24	XIFAXAN	11
VALTOCO 5 MG DOSE	17	VOSEVI	39	XIGDUO XR	46
<i>vancomycin hcl</i>	11	VOTRIENT	33	XIIDRA	106

XOFLUZA (40 MG DOSE)	43	<i>zileuton er</i>	109
XOFLUZA (80 MG DOSE)	43	ZIOPTAN	103
XOLAIR	112, 113	<i>ziprasidone hcl</i>	44
XOSPATA	31	<i>ziprasidone mesylate</i>	38
XPOVIO (100 MG ONCE WEEKLY)	29	ZIPSOR	4
XPOVIO (40 MG ONCE WEEKLY)	29	ZIRGAN	38
XPOVIO (40 MG TWICE WEEKLY)	29	ZITHRANOL	71
XPOVIO (60 MG ONCE WEEKLY)	29	<i>zoledronic acid</i>	100
XPOVIO (60 MG TWICE WEEKLY)	30	ZOLINZA	30
XPOVIO (80 MG ONCE WEEKLY)	30	<i>zolmitriptan</i>	26
XPOVIO (80 MG TWICE WEEKLY)	30	<i>zolpidem tartrate</i>	113
XTANDI	27	<i>zolpidem tartrate er</i>	113
<i>xulane</i>	89	ZOMACTON	84
XULTOPHY	49	<i>zonisamide</i>	16
XURIDEN	102	ZONTIVITY	56
XYREM	114	ZORBTIVE	84
XYWAV	114	ZORTRESS	96
YERVOY	33	ZORVOLEX	4
YF-VAX	99	<i>zovia 1/35e (28)</i>	90
YONDELIS	27	ZTLIDO	7
YONSA	27	ZUBSOLV	8
YUPELRI	109	ZUPLENZ	22
<i>yuvafem</i>	89	ZYCLARA PUMP	71
ZACLIR CLEANSING	71	ZYDELIG	31
<i>zafirlukast</i>	109	ZYFLO	109
<i>zaleplon</i>	113	ZYFLO CR	109
ZALTRAP	30	ZYKADIA	30
<i>zarah</i>	89	ZYLET	106
ZARXIO	55	ZYPREXA RELPREVV	38
<i>zebutal</i>	3		
ZEJULA	28		
ZELAPAR	36		
ZELBORAF	33		
ZEMBRACE SYMTOUCH	26		
<i>zenatane</i>	71		
ZENPEP	73, 77		
<i>zenzedi</i>	63		
ZEPATIER	39		
ZEPOSIA	66		
ZEPOSIA 7-DAY STARTER PACK	66		
ZEPOSIA STARTER KIT	66		
ZERVIAE	104		
ZETONNA	108		
<i>zidovudine</i>	41		



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This formulary was updated on 05/24/2021. For more recent information or other questions, please contact Fallon Medicare Plus at 1-800-325-5669 or, for TTY users, TRS 711, 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit fallonhealth.org/medicare.

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