

# Fallon Health

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

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

Formulary ID: 00026299      Version: 11

This formulary was updated on 3/26/2026. For more recent information or other questions, please contact Fallon Health Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or visit [fallonhealth.org/medicare](https://fallonhealth.org/medicare).

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

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

This document includes a Drug List (formulary) for our plan which is current as of March 26, 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

## What is the Fallon Health formulary?

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

## Can the formulary change?

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

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of March 26, 2026. To get updated information about the drugs covered by Fallon Medicare Plus, please contact us. Our contact information appears on the front and back cover pages. All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur. The formulary and any addenda will also be available online at [fallonhealth.org/medicare](http://fallonhealth.org/medicare).

## How do I use the formulary?

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

### Medical Condition

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

### Alphabetical Listing

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

## What are generic drugs?

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

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

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

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

## Are there any restrictions on my coverage?

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

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

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

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

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

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

## What if my drug is not on the formulary?

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

Service and ask if your drug is covered.

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

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

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

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

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

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

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

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

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

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

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

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

## **For more information**

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

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

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

## Fallon Health formulary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>oxcarbazepine oral tablet</i>	Tier 2	MO
<i>phenytek oral capsule</i>	Tier 2	MO
<i>phenytoin oral suspension</i>	Tier 2	MO
<i>phenytoin oral tablet chewable</i>	Tier 2	MO
<i>phenytoin sodium extended oral capsule</i>	Tier 2	MO
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 5	PA NS; MO; NEDS
<i>rufinamide oral tablet 200 mg</i>	Tier 4	PA NS; MO
<i>rufinamide oral tablet 400 mg</i>	Tier 5	PA NS; MO; NEDS
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour</i>	Tier 4	MO; QL (30 EA per 30 days)
<b>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG</b>	Tier 4	MO; QL (30 EA per 30 days)
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	Tier 3	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier 4	MO
<i>galantamine hydrobromide oral solution</i>	Tier 4	MO
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	Tier 3	MO
<i>galantamine hydrobromide oral tablet 4 mg</i>	Tier 4	MO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 6 mg</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour</i>	Tier 4	MO; QL (1 EA per 1 day)
<b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</b>		
<i>memantine hcl er oral capsule extended release 24 hour</i>	Tier 3	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	MO
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	Tier 2	

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
<b>AUVELITY ORAL TABLET EXTENDED RELEASE</b>	Tier 5	ST; QL (60 EA per 30 days); NEDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet</i>	Tier 2	MO
<b>EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG</b>	Tier 5	ST; NEDS
<b>EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 36.3 MG, 54.5 MG, 72.6 MG</b>	Tier 5	ST; QL (30 EA per 30 days); NEDS
<b>EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 5	ST; NEDS
<i>mirtazapine oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	Tier 2	MO; QL (30 EA per 30 days)
<b>TRINTELLIX ORAL TABLET</b>	Tier 4	MO; QL (30 EA per 30 days)
<b>ZURZUVAE ORAL CAPSULE 20 MG, 25 MG</b>	Tier 5	PA NS; QL (28 EA per 14 days); NEDS
<b>ZURZUVAE ORAL CAPSULE 30 MG</b>	Tier 5	PA NS; QL (14 EA per 14 days); NEDS
<b>Monoamine Oxidase Inhibitors</b>		
<b>EMSAM TRANSDERMAL PATCH 24 HOUR</b>	Tier 5	PA NS; MO; QL (30 EA per 30 days); NEDS
<b>MARPLAN ORAL TABLET</b>	Tier 4	MO
<i>phenelzine sulfate oral tablet</i>	Tier 3	MO
<i>tranylcypromine sulfate oral tablet</i>	Tier 4	MO
<b>Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide oral solution</i>	Tier 3	MO
<i>citalopram hydrobromide oral tablet</i>	Tier 1	MO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	Tier 2	MO; QL (120 EA per 30 days)

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>toremifene citrate oral tablet</i>	Tier 5	MO; NEDS
<b>Antimetabolites</b>		
<i>azacitidine injection suspension reconstituted</i>	Tier 5	PA NS; NEDS
<b>DROXIA ORAL CAPSULE</b>	Tier 4	
<i>hydroxyurea oral capsule</i>	Tier 2	
<b>INQOVI ORAL TABLET</b>	Tier 5	PA NS; QL (5 EA per 28 days); NEDS
<b>LONSURF ORAL TABLET</b>	Tier 5	PA NS; NEDS
<i>mercaptopurine oral suspension</i>	Tier 5	NEDS
<i>mercaptopurine oral tablet</i>	Tier 3	
<b>ONUREG ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>TABLOID ORAL TABLET</b>	Tier 5	NEDS
<b>Antineoplastics, Other</b>		
<i>bleomycin sulfate injection solution reconstituted</i>	Tier 2	B/D
<i>bortezomib injection solution reconstituted 3.5 mg</i>	Tier 5	NEDS
<b>COTELLIC ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>GAVRETO ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>GILOTRIF ORAL TABLET</b>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<b>IBRANCE ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>IBRANCE ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>IWILFIN ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>KRAZATI ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>LUMAKRAS ORAL TABLET 120 MG, 320 MG</b>	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
<b>LUMAKRAS ORAL TABLET 240 MG</b>	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
<b>NINLARO ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>ODOMZO ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>OJJAARA ORAL TABLET 100 MG, 200 MG</b>	Tier 5	PA NS; NEDS
<b>OJJAARA ORAL TABLET 150 MG</b>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<b>ONCASPAR INJECTION SOLUTION</b>	Tier 5	NEDS
<b>ORGOVYX ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>RETEVMO ORAL TABLET 120 MG, 160 MG</b>	Tier 5	PA NS; NEDS
<b>RETEVMO ORAL TABLET 40 MG</b>	Tier 5	PA NS; QL (90 EA per 30 days); NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>RETEVMO ORAL TABLET 80 MG</b>	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
<b>TAGRISSE ORAL TABLET</b>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<b>TUKYSA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>VENCLEXTA ORAL TABLET 10 MG</b>	Tier 4	PA NS
<b>VENCLEXTA ORAL TABLET 100 MG, 50 MG</b>	Tier 5	PA NS; NEDS
<b>VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>VORANIGO ORAL TABLET</b>	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
<b>WELIREG ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG</b>	Tier 5	PA NS; NEDS
<b>XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG</b>	Tier 5	PA NS; NEDS
<b>XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	Tier 5	PA NS; NEDS
<b>XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG</b>	Tier 5	PA NS; NEDS
<b>XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	Tier 5	PA NS; NEDS
<b>XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>ZOLINZA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>Aromatase Inhibitors, 3Rd Generation</b>		
<i>anastrozole oral tablet</i>	Tier 2	MO
<i>exemestane oral tablet</i>	Tier 3	MO
<i>letrozole oral tablet</i>	Tier 2	MO
<b>Enzyme Inhibitors</b>		
<b>COPIKTRA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>IDHIFA ORAL TABLET</b>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<b>OGSIVEO ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>REZLIDHIA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>TIBSOVO ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>VERZENIO ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>VITRAKVI ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>VITRAKVI ORAL SOLUTION</b>	Tier 5	PA NS; NEDS
<b>XOSPATA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>ZYDELIG ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>Molecular Target Inhibitors</b>		
<b>AKEEGA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>ALECENSA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>ALUNBRIG ORAL TABLET 180 MG, 90 MG</b>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<b>ALUNBRIG ORAL TABLET 30 MG</b>	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
<b>ALUNBRIG ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; QL (60 EA per 365 days); NEDS
<b>AUGTYRO ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>AYVAKIT ORAL TABLET</b>	Tier 5	PA NS; QL (1 EA per 1 day); NEDS
<b>BALVERSA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>BOSULIF ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>BOSULIF ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>BRAFTOVI ORAL CAPSULE 75 MG</b>	Tier 5	PA NS; NEDS
<b>BRUKINSA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>BRUKINSA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>CABOMETYX ORAL TABLET 20 MG</b>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<b>CABOMETYX ORAL TABLET 40 MG, 60 MG</b>	Tier 5	PA NS; NEDS
<b>CALQUENCE ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>CAPRELSA ORAL TABLET 100 MG</b>	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
<b>CAPRELSA ORAL TABLET 300 MG</b>	Tier 5	PA NS; NEDS
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &amp; 20 MG</b>	Tier 5	PA NS; NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG &amp; 80 MG</b>	Tier 5	PA NS; NEDS
<b>COMETRIQ (60 MG DAILY DOSE) ORAL KIT</b>	Tier 5	PA NS; NEDS
<b>DANZITEN ORAL TABLET</b>	Tier 5	PA NS; NEDS
<i>dasatinib oral tablet</i>	Tier 5	PA NS; NEDS
<b>DAURISMO ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>ENSACOVE ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>ERIVEDGE ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<i>erlotinib hcl oral tablet</i>	Tier 5	PA NS; NEDS
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>everolimus oral tablet soluble</i>	Tier 5	PA NS; NEDS
<b>FOTIVDA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>FRUZAQLA ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<i>gefitinib oral tablet</i>	Tier 5	PA NS; NEDS
<b>GOMEKLI ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>GOMEKLI ORAL TABLET SOLUBLE</b>	Tier 5	PA NS; NEDS
<b>HERNEXEOS ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>HYRNUO ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>IBTROZI ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>ICLUSIG ORAL TABLET</b>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 3	
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 5	
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	Tier 5	PA NS; QL (120 EA per 30 days); NEDS
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	Tier 5	PA NS; QL (28 EA per 28 days); NEDS
<b>IMBRUVICA ORAL SUSPENSION</b>	Tier 5	PA NS; NEDS
<b>IMBRUVICA ORAL TABLET 140 MG, 280 MG</b>	Tier 5	PA NS; QL (28 EA per 28 days); NEDS
<b>IMBRUVICA ORAL TABLET 420 MG</b>	Tier 5	PA NS; NEDS
<b>IMKELDI ORAL SOLUTION</b>	Tier 5	PA NS; NEDS
<b>INLYTA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>INREBIC ORAL CAPSULE</b>	Tier 5	PA NS; NEDS
<b>ITOVEBI ORAL TABLET 3 MG</b>	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
<b>ITOVEBI ORAL TABLET 9 MG</b>	Tier 5	PA NS; NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>JAKAFI ORAL TABLET</b>	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
<b>JAYPIRCA ORAL TABLET 100 MG</b>	Tier 5	PA NS; NEDS
<b>JAYPIRCA ORAL TABLET 50 MG</b>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<b>KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>KOSELUGO ORAL CAPSULE 10 MG</b>	Tier 5	PA NS; QL (8 EA per 1 day); NEDS
<b>KOSELUGO ORAL CAPSULE 25 MG</b>	Tier 5	PA NS; QL (4 EA per 1 day); NEDS
<b>KOSELUGO ORAL CAPSULE SPRINKLE</b>	Tier 5	PA NS; NEDS
<i>lapatinib ditosylate oral tablet</i>	Tier 5	PA NS; LA; NEDS
<b>LAZCLUZE ORAL TABLET 240 MG</b>	Tier 5	PA NS; NEDS
<b>LAZCLUZE ORAL TABLET 80 MG</b>	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
<b>LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LORBRENA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>LYNPARZA ORAL TABLET</b>	Tier 5	PA NS; NEDS
<b>LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS
<b>LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	Tier 5	PA NS; NEDS

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

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

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Antiprotozoals</b>		
<i>atovaquone oral suspension</i>	Tier 4	
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 4	
<i>chloroquine phosphate oral tablet</i>	Tier 4	MO
<b>COARTEM ORAL TABLET</b>	Tier 4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg</i>	Tier 2	
<b>IMPAVIDO ORAL CAPSULE</b>	Tier 5	NEDS
<i>mefloquine hcl oral tablet</i>	Tier 2	MO
<i>nitazoxanide oral tablet</i>	Tier 5	NEDS
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier 4	B/D
<i>pentamidine isethionate injection solution reconstituted</i>	Tier 4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 3	
<i>pyrimethamine oral tablet</i>	Tier 5	NEDS
<i>quinine sulfate oral capsule</i>	Tier 4	PA
<b>Pediculicides/Scabicides</b>		
<i>malathion external lotion</i>	Tier 4	
<i>permethrin external cream</i>	Tier 3	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate oral tablet 0.5 mg</i>	Tier 2	MO
<i>benztropine mesylate oral tablet 1 mg, 2 mg</i>	Tier 1	MO
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	MO
<b>Antiparkinson Agents, Other</b>		
<i>entacapone oral tablet</i>	Tier 4	MO
<b>Dopamine Agonists</b>		
<i>bromocriptine mesylate oral capsule</i>	Tier 3	MO
<i>bromocriptine mesylate oral tablet</i>	Tier 4	MO
<i>pramipexole dihydrochloride oral tablet</i>	Tier 2	MO
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	Tier 2	MO
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 8 mg</i>	Tier 3	MO
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg, 6 mg</i>	Tier 4	MO

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>pimozide oral tablet</i>	Tier 4	MO
<i>prochlorperazine maleate oral tablet</i>	Tier 1	MO
<i>prochlorperazine rectal suppository</i>	Tier 3	
<i>thioridazine hcl oral tablet</i>	Tier 3	MO
<i>thiothixene oral capsule</i>	Tier 4	MO
<i>trifluoperazine hcl oral tablet</i>	Tier 3	MO
<b>2Nd Generation/Atypical</b>		
<b>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE</b>	Tier 5	MO; NEDS
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</b>	Tier 5	MO; NEDS
<i>aripiprazole oral solution</i>	Tier 4	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual</i>	Tier 4	MO; QL (60 EA per 30 days)
<b>CAPLYTA ORAL CAPSULE</b>	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
<b>COBENFY ORAL CAPSULE</b>	Tier 5	PA NS; QL (60 EA per 30 days); NEDS
<b>COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA NS; QL (112 EA per 365 days); NEDS
<b>FANAPT ORAL TABLET</b>	Tier 5	ST; QL (60 EA per 30 days); NEDS
<b>FANAPT TITRATION PACK A ORAL TABLET</b>	Tier 4	ST; QL (16 EA per 365 days)
<b>INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 5	NEDS
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML</b>	Tier 5	NEDS
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML</b>	Tier 4	
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML</b>	Tier 5	NEDS
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	Tier 2	MO; QL (60 EA per 30 days)

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>LYBALVI ORAL TABLET</b>	Tier 5	ST; QL (30 EA per 30 days); NEDS
<b>NUPLAZID ORAL CAPSULE</b>	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
<b>NUPLAZID ORAL TABLET 10 MG</b>	Tier 5	PA NS; MO; QL (60 EA per 30 days); NEDS
<i>olanzapine intramuscular solution reconstituted</i>	Tier 4	
<i>olanzapine oral tablet</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible</i>	Tier 4	MO; QL (30 EA per 30 days)
<b>OPIPZA ORAL FILM 10 MG, 5 MG</b>	Tier 5	PA NS; QL (90 EA per 30 days); NEDS
<b>OPIPZA ORAL FILM 2 MG</b>	Tier 5	PA NS; QL (30 EA per 30 days); NEDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
<b>PERSERIS SUBCUTANEOUS PREFILLED SYRINGE</b>	Tier 5	MO; NEDS
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<b>REXULTI ORAL TABLET</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg</i>	Tier 2	
<i>risperidone microspheres er intramuscular suspension reconstituted er 25 mg</i>	Tier 4	
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	Tier 5	NEDS
<i>risperidone oral solution</i>	Tier 2	MO; QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 4	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible 0.5 mg</i>	Tier 2	MO; QL (2 EA per 1 day)
<b>SECUADO TRANSDERMAL PATCH 24 HOUR</b>	Tier 5	ST; MO; QL (30 EA per 30 days); NEDS
<b>VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG</b>	Tier 5	ST; QL (1 EA per 1 day); NEDS
<b>VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG</b>	Tier 5	ST; MO; QL (1 EA per 1 day); NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	Tier 4	QL (60 EA per 30 days)
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet 100 mg</i>	Tier 4	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	Tier 4	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg</i>	Tier 2	QL (270 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	Tier 4	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	Tier 4	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	Tier 4	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 4	QL (120 EA per 30 days); NEDS
<b>VERSACLOZ ORAL SUSPENSION</b>	Tier 5	QL (540 ML per 30 days); NEDS
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>dantrolene sodium oral capsule</i>	Tier 4	
<i>tizanidine hcl oral tablet</i>	Tier 2	
<b>Antivirals</b>		
<b>Anti-Cytomegalovirus (Cmv) Agents</b>		
<b>LIVTENCITY ORAL TABLET</b>	Tier 5	NEDS
<b>PREVYMIS ORAL PACKET</b>	Tier 5	PA; NEDS
<b>PREVYMIS ORAL TABLET</b>	Tier 5	PA; MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 5	MO; NEDS
<i>valganciclovir hcl oral tablet</i>	Tier 3	MO
<b>ZIRGAN OPHTHALMIC GEL</b>	Tier 4	
<b>Anti-Hepatitis B (Hbv) Agents</b>		
<i>adefovir dipivoxil oral tablet</i>	Tier 4	PA; MO
<b>BARACLUDE ORAL SOLUTION</b>	Tier 5	MO; QL (600 ML per 30 days); NEDS
<i>entecavir oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 4	MO
<b>Anti-Hepatitis C (Hcv) Agents</b>		
<b>EPCLUSA ORAL PACKET 150-37.5 MG</b>	Tier 5	PA; QL (84 EA per 365 days); NEDS
<b>EPCLUSA ORAL PACKET 200-50 MG</b>	Tier 5	PA; QL (168 EA per 365 days); NEDS
<b>EPCLUSA ORAL TABLET 200-50 MG</b>	Tier 5	PA; QL (168 EA per 365 days); NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>EPCLUSA ORAL TABLET 400-100 MG</b>	Tier 5	PA; QL (84 EA per 365 days); NEDS
<b>HARVONI ORAL PACKET 33.75-150 MG</b>	Tier 5	PA; QL (168 EA per 365 days); NEDS
<b>HARVONI ORAL PACKET 45-200 MG</b>	Tier 5	PA; QL (336 EA per 365 days); NEDS
<b>HARVONI ORAL TABLET 45-200 MG</b>	Tier 5	PA; QL (336 EA per 365 days); NEDS
<b>HARVONI ORAL TABLET 90-400 MG</b>	Tier 5	PA; QL (168 EA per 365 days); NEDS
<b>Anti-Hepatitis C (Hcv) Agents, Direct Acting</b>		
<b>MAVYRET ORAL PACKET</b>	Tier 5	PA; QL (560 EA per 365 days); NEDS
<b>MAVYRET ORAL TABLET</b>	Tier 5	PA; QL (336 EA per 365 days); NEDS
<b>VOSEVI ORAL TABLET</b>	Tier 5	PA; QL (84 EA per 365 days); NEDS
<b>Anti-Hepatitis C (Hcv) Agents, Other</b>		
<b>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML</b>	Tier 5	NEDS
<b>PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	NEDS
<b>RIBAVIRIN INHALATION SOLUTION RECONSTITUTED</b>	Tier 5	NEDS
<i>ribavirin oral capsule</i>	Tier 3	
<i>ribavirin oral tablet 200 mg</i>	Tier 3	
<b>Antitherpetic Agents</b>		
<i>acyclovir oral capsule</i>	Tier 2	
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 2	
<i>acyclovir oral tablet 400 mg</i>	Tier 1	
<i>acyclovir oral tablet 800 mg</i>	Tier 2	
<i>acyclovir sodium intravenous solution</i>	Tier 6	B/D; HI
<i>famciclovir oral tablet</i>	Tier 3	
<i>trifluridine ophthalmic solution</i>	Tier 2	
<i>valacyclovir hcl oral tablet</i>	Tier 2	QL (120 EA per 30 days)
<b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>		
<b>BIKTARVY ORAL TABLET 30-120-15 MG</b>	Tier 5	QL (30 EA per 30 days); NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>BIKTARVY ORAL TABLET 50-200-25 MG</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<b>GENVOYA ORAL TABLET</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<b>ISENTRESS HD ORAL TABLET</b>	Tier 5	MO; QL (60 EA per 30 days); NEDS
<b>ISENTRESS ORAL PACKET</b>	Tier 5	MO; QL (60 EA per 30 days); NEDS
<b>ISENTRESS ORAL TABLET</b>	Tier 5	MO; QL (60 EA per 30 days); NEDS
<b>ISENTRESS ORAL TABLET CHEWABLE 100 MG</b>	Tier 5	MO; QL (180 EA per 30 days); NEDS
<b>ISENTRESS ORAL TABLET CHEWABLE 25 MG</b>	Tier 4	MO; QL (180 EA per 30 days)
<b>STRIBILD ORAL TABLET</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<b>SYMTUZA ORAL TABLET</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<b>TIVICAY ORAL TABLET 50 MG</b>	Tier 5	MO; QL (60 EA per 30 days); NEDS
<b>TIVICAY PD ORAL TABLET SOLUBLE</b>	Tier 5	MO; QL (180 EA per 30 days); NEDS
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>		
<b>EDURANT ORAL TABLET</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<b>EDURANT PED ORAL TABLET SOLUBLE</b>	Tier 5	QL (180 EA per 30 days); NEDS
<i>efavirenz oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofof df oral tablet</i>	Tier 5	QL (30 EA per 30 days); NEDS
<i>etravirine oral tablet</i>	Tier 5	MO; QL (60 EA per 30 days); NEDS
<b>INTELENCE ORAL TABLET 25 MG</b>	Tier 4	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	Tier 3	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<b>ODEFSEY ORAL TABLET</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>PIFELTRO ORAL TABLET</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>rilpivirine hcl oral tablet</i>	Tier 5	QL (30 EA per 30 days); NEDS
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>		
<i>abacavir sulfate oral solution</i>	Tier 4	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<b>CIMDUO ORAL TABLET</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<b>DELSTRIGO ORAL TABLET</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<b>DESCOVY ORAL TABLET 120-15 MG</b>	Tier 5	QL (30 EA per 30 days); NEDS
<b>DESCOVY ORAL TABLET 200-25 MG</b>	Tier 5	Part B; MO; QL (30 EA per 30 days); NEDS
<b>DOVATO ORAL TABLET</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>emtricitabine oral capsule</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Tier 4	Part B; MO; QL (30 EA per 30 days)
<b>EMTRIVA ORAL SOLUTION</b>	Tier 4	MO; QL (850 ML per 30 days)
<b>JULUCA ORAL TABLET</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>lamivudine oral solution 10 mg/ml</i>	Tier 4	MO; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier 3	MO; QL (30 EA per 30 days)
<b>TRIUMEQ ORAL TABLET</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<b>TRIUMEQ PD ORAL TABLET SOLUBLE</b>	Tier 4	QL (180 EA per 30 days)
<b>VIREAD ORAL POWDER</b>	Tier 5	MO; QL (240 GM per 30 days); NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<i>zidovudine oral capsule</i>	Tier 2	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	Tier 2	MO; QL (1920 ML per 30 days)
<i>zidovudine oral tablet</i>	Tier 3	MO; QL (60 EA per 30 days)
<b>Anti-Hiv Agents, Other</b>		
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	MO; NEDS
<i>maraviroc oral tablet 150 mg</i>	Tier 5	MO; QL (60 EA per 30 days); NEDS
<i>maraviroc oral tablet 300 mg</i>	Tier 5	MO; QL (120 EA per 30 days); NEDS
<b>RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	Tier 5	MO; QL (2 EA per 1 day); NEDS
<b>SELZENTRY ORAL SOLUTION</b>	Tier 5	MO; NEDS
<b>SUNLENCA ORAL TABLET</b>	Tier 5	QL (24 EA per 168 days); NEDS
<b>SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG</b>	Tier 5	QL (8 EA per 365 days); NEDS
<b>SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG</b>	Tier 5	QL (10 EA per 365 days); NEDS
<b>TYBOST ORAL TABLET</b>	Tier 3	MO; QL (30 EA per 30 days)
<b>Anti-Hiv Agents, Protease Inhibitors</b>		
<b>APTIVUS ORAL CAPSULE</b>	Tier 5	MO; QL (120 EA per 30 days); NEDS
<i>atazanavir sulfate oral capsule 150 mg</i>	Tier 4	MO
<i>atazanavir sulfate oral capsule 200 mg</i>	Tier 4	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	Tier 4	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	Tier 5	QL (30 EA per 30 days); NEDS
<b>EVOTAZ ORAL TABLET</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS
<b>FOSAMPRENAVIR CALCIUM ORAL TABLET</b>	Tier 5	MO; QL (120 EA per 30 days); NEDS
<b>KALETRA ORAL SOLUTION</b>	Tier 4	
<i>lopinavir-ritonavir oral solution</i>	Tier 4	
<i>lopinavir-ritonavir oral tablet</i>	Tier 4	MO
<b>NORVIR ORAL PACKET</b>	Tier 4	MO; QL (360 EA per 30 days)
<b>PREZCOBIX ORAL TABLET 675-150 MG</b>	Tier 5	QL (30 EA per 30 days); NEDS
<b>PREZCOBIX ORAL TABLET 800-150 MG</b>	Tier 5	MO; QL (30 EA per 30 days); NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>PREZISTA ORAL SUSPENSION</b>	Tier 5	QL (400 ML per 30 days); NEDS
<b>PREZISTA ORAL TABLET 150 MG</b>	Tier 5	QL (180 EA per 30 days); NEDS
<b>PREZISTA ORAL TABLET 75 MG</b>	Tier 4	QL (300 EA per 30 days)
<b>REYATAZ ORAL PACKET</b>	Tier 5	MO; QL (180 EA per 30 days); NEDS
<i>ritonavir oral tablet</i>	Tier 3	MO; QL (360 EA per 30 days)
<b>VIRACEPT ORAL TABLET 250 MG</b>	Tier 5	MO; QL (300 EA per 30 days); NEDS
<b>VIRACEPT ORAL TABLET 625 MG</b>	Tier 5	MO; QL (120 EA per 30 days); NEDS
<b>Anti-Influenza Agents</b>		
<i>amantadine hcl oral capsule</i>	Tier 2	MO
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 2	
<i>amantadine hcl oral tablet</i>	Tier 2	MO
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	Tier 2	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	Tier 2	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	QL (1080 ML per 365 days)
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT</b>	Tier 4	QL (240 EA per 365 days)
<i>rimantadine hcl oral tablet</i>	Tier 4	
<b>XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG</b>	Tier 3	
<b>XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG</b>	Tier 3	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl oral tablet</i>	Tier 2	
<i>hydroxyzine hcl oral syrup</i>	Tier 2	
<i>hydroxyzine hcl oral tablet</i>	Tier 2	
<b>Benzodiazepines</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	Tier 1	QL (150 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	Tier 4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	Tier 3	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Tier 3	QL (360 EA per 30 days)

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>DIAZEPAM INTENSOL ORAL CONCENTRATE</b>	Tier 2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 3	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>lorazepam injection solution</i>	Tier 2	
<i>lorazepam intensol oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral concentrate</i>	Tier 2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Tier 1	QL (150 EA per 30 days)
<b>Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)</b>		
<i>paroxetine hcl oral tablet</i>	Tier 1	MO
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	Tier 4	
<i>venlafaxine hcl oral tablet</i>	Tier 2	MO
<b>Bipolar Agents</b>		
<b>Bipolar Agents, Other</b>		
<i>ziprasidone hcl oral capsule</i>	Tier 3	MO; QL (60 EA per 30 days)
<b>Mood Stabilizers</b>		
<i>lamotrigine oral tablet chewable</i>	Tier 2	MO
<i>lithium carbonate er oral tablet extended release</i>	Tier 2	MO
<i>lithium carbonate oral capsule</i>	Tier 1	MO
<i>lithium carbonate oral tablet</i>	Tier 2	MO
<i>lithium oral solution</i>	Tier 2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose oral tablet</i>	Tier 2	MO; QL (3 EA per 1 day)
<b>DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET</b>	Tier 3	MO; QL (30 EA per 30 days)
<b>FARXIGA ORAL TABLET</b>	Tier 3	MO; QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MO
<i>glipizide er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>glipizide oral tablet 2.5 mg</i>	Tier 2	MO
<i>glyburide oral tablet</i>	Tier 2	MO
<b>GLYXAMBI ORAL TABLET</b>	Tier 3	MO

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>JANUVIA ORAL TABLET</b>	Tier 3	MO; QL (1 EA per 1 day)
<b>JARDIANCE ORAL TABLET</b>	Tier 3	MO; QL (30 EA per 30 days)
<i>liraglutide subcutaneous solution pen-injector</i>	Tier 3	PA; MO; QL (9 ML per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier 1	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	MO
<i>miglitol oral tablet</i>	Tier 1	MO
<b>MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 3	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet</i>	Tier 2	MO
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML</b>	Tier 3	PA; MO; QL (3 ML per 28 days)
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML</b>	Tier 3	PA; MO; QL (3 ML per 28 days)
<b>OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 3	PA; MO; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	Tier 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Tier 2	MO; QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	Tier 2	MO; QL (8 EA per 1 day)
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 5	PA; MO; NEDS
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 5	PA; MO; NEDS
<b>SYNJARDY ORAL TABLET</b>	Tier 3	MO
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 3	MO
<b>TRADJENTA ORAL TABLET</b>	Tier 3	MO; QL (1 EA per 1 day)
<b>TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 3	MO
<b>TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 3	PA; MO; QL (2 ML per 28 days)
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 3	MO
<b>Blood Glucose Regulators</b>		
<i>glipizide-metformin hcl oral tablet</i>	Tier 1	MO
<i>glyburide-metformin oral tablet</i>	Tier 2	MO; QL (4 EA per 1 day)
<b>GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML</b>	Tier 3	QL (0.4 ML per 1 day)

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML</b>	Tier 3	QL (0.8 ML per 1 day)
<b>GVOKE KIT SUBCUTANEOUS SOLUTION</b>	Tier 3	QL (0.8 ML per 1 day)
<b>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML</b>	Tier 3	QL (0.8 ML per 1 day)
<b>JANUMET ORAL TABLET</b>	Tier 3	MO; QL (2 EA per 1 day)
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 3	MO; QL (2 EA per 1 day)
<b>JENTADUETO ORAL TABLET</b>	Tier 3	MO; QL (2 EA per 1 day)
<b>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 3	MO; QL (2 EA per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier 2	MO
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier 2	MO
<b>Glycemic Agents</b>		
<i>diazoxide oral suspension</i>	Tier 5	MO; NEDS
<b>GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG</b>	Tier 3	
<b>Insulins</b>		
<b>ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML</b>	Tier 4	
<b>BD INS SYR ULTRAFINE 1/2UNIT</b>	Tier 4	
<b>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML</b>	Tier 4	
<b>BD INSULIN SYRINGE HALF-UNIT</b>	Tier 4	
<b>BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML</b>	Tier 4	
<b>BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML</b>	Tier 4	
<b>BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML</b>	Tier 4	
<b>BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML</b>	Tier 4	
<b>BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML</b>	Tier 4	
<b>COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML</b>	Tier 4	
<b>CVS GAUZE STERILE PAD 2"X2"</b>	Tier 4	
<b>DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML</b>	Tier 4	

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 3	
<b>FIASP INJECTION SOLUTION</b>	Tier 3	
<b>FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier 3	
<b>HUMALOG INJECTION SOLUTION</b>	Tier 3	MO
<b>HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 3	MO
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 3	MO
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier 3	MO
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier 3	MO
<b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION</b>	Tier 3	MO
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier 3	MO
<b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier 3	MO
<b>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION</b>	Tier 3	MO
<b>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier 3	MO
<b>HUMULIN N SUBCUTANEOUS SUSPENSION</b>	Tier 3	MO
<b>HUMULIN R INJECTION SOLUTION</b>	Tier 3	MO
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION</b>	Tier 3	MO
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 3	MO
<b>INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 3	
<b>INSULIN ASPART INJECTION SOLUTION</b>	Tier 3	
<b>INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier 3	

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

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

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>CLEVER CHOICE MICRO TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>CLEVER CHOICE NO CODING IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>CLEVER CHOICE TALK SYSTEM IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>CONTOUR NEXT TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>CONTOUR TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>DEXCOM G6 RECEIVER DEVICE</b>	Tier 4	PA; Part B
<b>DEXCOM G6 SENSOR</b>	Tier 4	PA; Part B
<b>DEXCOM G6 TRANSMITTER</b>	Tier 4	PA; Part B
<b>DEXCOM G7 RECEIVER DEVICE</b>	Tier 4	PA; Part B
<b>DEXCOM G7 SENSOR</b>	Tier 4	PA; Part B
<b>EASY PLUS II GLUCOSE TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>EASY STEP TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>EASY TOUCH TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>EASYGLUCO IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>EASYMAX 15 TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>ENLITE GLUCOSE SENSOR</b>	Tier 4	PA; Part B
<b>EVERSENSE SENSOR/HOLDER</b>	Tier 4	PA; Part B
<b>EVERSENSE SMART TRANSMITTER</b>	Tier 4	PA; Part B
<b>FONDCIRCLE BLOOD GLUCOSE MONIT KIT</b>	Tier 4	PA; QL (1 EA per 365 days)
<b>FONDCIRCLE BLOOD GLUCOSE TEST IN VITRO STRIP</b>	Tier 4	PA; QL (5 EA per 1 day)
<b>FREESTYLE INSULINX TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>FREESTYLE LIBRE 14 DAY READER DEVICE</b>	Tier 4	PA; Part B
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	Tier 4	PA; Part B
<b>FREESTYLE LIBRE 2 PLUS SENSOR</b>	Tier 4	PA; Part B
<b>FREESTYLE LIBRE 2 READER DEVICE</b>	Tier 4	PA; Part B
<b>FREESTYLE LIBRE 2 SENSOR</b>	Tier 4	PA; Part B

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>FREESTYLE LIBRE 3 PLUS SENSOR</b>	Tier 4	PA; Part B
<b>FREESTYLE LIBRE 3 READER DEVICE</b>	Tier 4	PA; Part B
<b>FREESTYLE LIBRE 3 SENSOR</b>	Tier 4	PA; Part B
<b>FREESTYLE LIBRE READER DEVICE</b>	Tier 4	PA; Part B
<b>FREESTYLE LITE TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>FREESTYLE PRECISION NEO TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>FREESTYLE TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>GUARDIAN LINK 3 TRANSMITTER</b>	Tier 4	PA; Part B
<b>GUARDIAN REAL-TIME REPLACE PED DEVICE</b>	Tier 4	PA; Part B
<b>GUARDIAN SENSOR (3)</b>	Tier 4	PA; Part B
<b>ONETOUCH ULTRA BLUE TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>ONETOUCH ULTRA IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>ONETOUCH ULTRA TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>ONETOUCH VERIO IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>OPTIUMEZ TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>QUICKTEK TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>RELION BLOOD GLUCOSE TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>RELION CONFIRM/MICRO TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>RELION PRIME TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>RELION ULTIMA TEST IN VITRO STRIP</b>	Tier 4	PA; Part B; QL (5 EA per 1 day)
<b>TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP</b>	Tier 4	PA; QL (150 EA per 30 days)

## **Blood Products And Modifiers**

### **Anticoagulants**

<i>dabigatran etexilate mesylate oral capsule</i>	Tier 4	QL (60 EA per 30 days)
<b>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK</b>	Tier 3	QL (148 EA per 365 days)
<b>ELIQUIS ORAL TABLET 2.5 MG</b>	Tier 3	MO; QL (60 EA per 30 days)
<b>ELIQUIS ORAL TABLET 5 MG</b>	Tier 3	MO; QL (90 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 4	

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>CABLIVI INJECTION KIT</b>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>eltrombopag olamine oral packet</i>	Tier 5	PA; NEDS
<i>eltrombopag olamine oral tablet</i>	Tier 5	PA; NEDS
<b>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	Tier 4	PA
<b>RETACRIT INJECTION SOLUTION 40000 UNIT/ML</b>	Tier 5	PA; NEDS
<b>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE</b>	Tier 6	
<b>Platelet Modifying Agents</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 4	MO
<i>cilostazol oral tablet</i>	Tier 2	MO
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	MO
<i>dipyridamole oral tablet</i>	Tier 3	MO
<i>ticagrelor oral tablet</i>	Tier 3	MO
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agonists</b>		
<i>clonidine hcl oral tablet</i>	Tier 1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Tier 2	MO
<i>clonidine transdermal patch weekly 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 4	MO
<i>guanfacine hcl oral tablet</i>	Tier 2	MO
<i>methyldopa oral tablet</i>	Tier 2	MO
<i>midodrine hcl oral tablet 10 mg</i>	Tier 3	
<i>midodrine hcl oral tablet 2.5 mg, 5 mg</i>	Tier 2	
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>prazosin hcl oral capsule</i>	Tier 2	MO
<b>Angiotensin II Receptor Antagonists</b>		
<i>amlodipine-olmesartan oral tablet</i>	Tier 2	MO
<i>candesartan cilxetil oral tablet</i>	Tier 1	MO
<i>candesartan cilxetil-hctz oral tablet</i>	Tier 1	MO
<b>ENTRESTO ORAL CAPSULE SPRINKLE</b>	Tier 3	QL (240 EA per 30 days)
<i>irbesartan oral tablet</i>	Tier 1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	Tier 1	MO

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

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

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	Tier 2	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier 2	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 2	MO
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 420 mg</i>	Tier 2	MO
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg</i>	Tier 3	MO
<i>diltiazem hcl oral tablet</i>	Tier 2	MO
<i>dilt-xr oral capsule extended release 24 hour</i>	Tier 2	MO
<i>felodipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>isradipine oral capsule</i>	Tier 4	MO
<i>matzim la oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nicardipine hcl oral capsule</i>	Tier 4	MO
<i>nifedipine er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	Tier 2	MO
<i>tiadylt er oral capsule extended release 24 hour</i>	Tier 2	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	Tier 4	MO
<i>verapamil hcl er oral tablet extended release</i>	Tier 2	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg</i>	Tier 1	MO
<i>verapamil hcl oral tablet 80 mg</i>	Tier 2	MO
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren fumarate oral tablet</i>	Tier 2	MO
<b>ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; QL (2.4 ML per 28 days); NEDS
<b>CORLANOR ORAL SOLUTION</b>	Tier 4	PA; MO; QL (450 ML per 30 days)
<i>digoxin oral solution</i>	Tier 2	MO
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 2	MO
<i>droxidopa oral capsule 100 mg</i>	Tier 4	PA
<i>droxidopa oral capsule 200 mg, 300 mg</i>	Tier 5	PA; NEDS
<i>ivabradine hcl oral tablet</i>	Tier 4	PA; QL (60 EA per 30 days)
<i>metyrosine oral capsule</i>	Tier 5	NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>NEXLETOL ORAL TABLET</b>	Tier 4	PA; MO; QL (1 EA per 1 day)
<b>NEXLIZET ORAL TABLET</b>	Tier 4	PA; MO; QL (1 EA per 1 day)
<i>pentoxifylline er oral tablet extended release</i>	Tier 2	MO
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier 3	MO
<i>telmisartan-amlodipine oral tablet</i>	Tier 2	MO
<b>VANRAFIA ORAL TABLET</b>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<b>VERQUVO ORAL TABLET</b>	Tier 4	PA; MO; QL (1 EA per 1 day)
<b>WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML</b>	Tier 5	PA; QL (2 ML per 28 days); NEDS
<b>WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML</b>	Tier 5	PA; QL (3 ML per 28 days); NEDS
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral tablet 125 mg</i>	Tier 2	MO
<i>acetazolamide oral tablet 250 mg</i>	Tier 3	MO
<i>methazolamide oral tablet</i>	Tier 4	MO
<b>Diuretics, Loop</b>		
<i>bumetanide oral tablet</i>	Tier 2	MO
<i>ethacrynic acid oral tablet</i>	Tier 4	MO
<i>furosemide injection solution</i>	Tier 6	HI
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 2	MO
<i>furosemide oral tablet</i>	Tier 1	MO
<i>torseamide oral tablet</i>	Tier 2	MO
<b>Diuretics, Potassium-Sparing</b>		
<i>amiloride hcl oral tablet</i>	Tier 2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 2	MO
<i>eplerenone oral tablet</i>	Tier 2	MO
<b>KERENDIA ORAL TABLET</b>	Tier 4	PA; MO; QL (1 EA per 1 day)
<i>spironolactone oral tablet</i>	Tier 1	MO
<i>spironolactone-hctz oral tablet</i>	Tier 2	MO
<i>triamterene oral capsule</i>	Tier 2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 2	MO
<i>triamterene-hctz oral tablet</i>	Tier 2	MO
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	MO

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	Tier 2	MO
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 3	MO
<i>niacor oral tablet</i>	Tier 2	
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 3	MO
<b>PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 3	PA; MO; QL (2 ML per 28 days)
<i>prevalite oral packet</i>	Tier 3	MO
<b>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier 3	PA; MO; QL (7 ML per 28 days)
<b>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 3	PA; MO; QL (3 ML per 28 days)
<b>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 3	PA; MO; QL (3 ML per 28 days)
<b>Vasodilators, Direct-Acting Arterial</b>		
<i>hydralazine hcl oral tablet</i>	Tier 2	MO
<i>minoxidil oral tablet</i>	Tier 2	MO
<b>Vasodilators, Direct-Acting Arterial/Venous</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>isosorbide mononitrate oral tablet</i>	Tier 2	MO
<b>NITRO-BID TRANSDERMAL OINTMENT</b>	Tier 4	MO
<i>nitroglycerin rectal ointment</i>	Tier 4	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier 2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 2	MO
<i>nitroglycerin translingual solution</i>	Tier 3	MO
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 2	MO; QL (30 EA per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	Tier 3	MO; QL (120 EA per 30 days)

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 &amp; 18 &amp; 24 &amp; 30 MG</b>	Tier 5	PA; QL (56 EA per 365 days); NEDS
<b>DUVYZAT ORAL SUSPENSION</b>	Tier 5	PA; QL (360 ML per 30 days); NEDS
<b>INGREZZA ORAL CAPSULE 40 MG</b>	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
<b>INGREZZA ORAL CAPSULE 60 MG, 80 MG</b>	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
<b>INGREZZA ORAL CAPSULE SPRINKLE 40 MG</b>	Tier 5	PA; QL (60 EA per 30 days); NEDS
<b>INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG</b>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<b>INGREZZA ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA; QL (56 EA per 365 days); NEDS
<b>NUEDEXTA ORAL CAPSULE</b>	Tier 5	PA; MO; NEDS
<i>riluzole oral tablet</i>	Tier 4	MO; QL (2 EA per 1 day)
<b>SKYCLARYS ORAL CAPSULE</b>	Tier 5	PA; QL (90 EA per 30 days); NEDS
<i>tasimelteon oral capsule</i>	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; MO
<i>tetrabenazine oral tablet 25 mg</i>	Tier 5	PA; MO; NEDS
<b>VEOZAH ORAL TABLET</b>	Tier 4	PA; QL (30 EA per 30 days)
<b>Fibromyalgia Agents</b>		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	Tier 4	MO; QL (900 ML per 30 days)
<b>SAVELLA ORAL TABLET</b>	Tier 3	MO; QL (60 EA per 30 days)
<b>SAVELLA TITRATION PACK ORAL</b>	Tier 3	QL (110 EA per 365 days)
<b>Multiple Sclerosis Agents</b>		
<b>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</b>	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
<b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</b>	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
<b>BETASERON SUBCUTANEOUS KIT</b>	Tier 5	PA; MO; QL (15 EA per 30 days); NEDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier 3	PA; MO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release</i>	Tier 4	PA; MO; QL (60 EA per 30 days)

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	Tier 4	PA; QL (120 EA per 365 days)
<i>fingolimod hcl oral capsule</i>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<b>GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>	Tier 5	PA; MO; QL (30 ML per 30 days); NEDS
<b>GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML</b>	Tier 5	PA; MO; QL (12 ML per 28 days); NEDS
<b>KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; QL (0.4 ML per 28 days); NEDS
<i>teriflunomide oral tablet</i>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<b>ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK</b>	Tier 5	PA; QL (14 EA per 365 days); NEDS
<b>ZEPOSIA ORAL CAPSULE</b>	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
<b>ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &amp;0.46MG 0.92MG(21)</b>	Tier 5	PA; QL (56 EA per 365 days); NEDS
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl oral capsule</i>	Tier 3	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	
<i>kourzeq mouth/throat paste</i>	Tier 2	
<i>periogard mouth/throat solution</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg</i>	Tier 3	MO
<i>pilocarpine hcl oral tablet 7.5 mg</i>	Tier 4	MO
<i>triamcinolone acetate mouth/throat paste</i>	Tier 2	
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
<i>acitretin oral capsule</i>	Tier 4	
<i>acyclovir external ointment</i>	Tier 2	QL (15 GM per 14 days)
<i>adapalene external gel 0.1 %</i>	Tier 2	
<i>adapalene external solution</i>	Tier 5	NEDS
<b>ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; QL (8 ML per 28 days); NEDS
<b>ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; QL (6 ML per 28 days); NEDS

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>proctozone-hc external cream</i>	Tier 2	
<b>REGRANEX EXTERNAL GEL</b>	Tier 5	NEDS
<b>SANTYL EXTERNAL OINTMENT</b>	Tier 4	QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	Tier 2	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 4	
<i>tacrolimus external ointment</i>	Tier 3	QL (120 GM per 30 days)
<i>tazarotene external cream</i>	Tier 3	QL (60 GM per 30 days)
<i>tazarotene external gel</i>	Tier 4	QL (100 GM per 30 days)
<i>tretinoin external cream 0.025 %</i>	Tier 2	
<i>tretinoin external cream 0.05 %, 0.1 %</i>	Tier 3	
<i>tretinoin external gel</i>	Tier 3	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
<i>aminosyn ii intravenous solution 15 %</i>	Tier 6	B/D; HI
<i>carglumic acid oral tablet soluble</i>	Tier 5	PA; NEDS
<b>CLINISOL SF INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION</b>	Tier 6	HI
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	Tier 6	HI
<i>klor-con 10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m10 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m15 oral tablet extended release</i>	Tier 2	MO
<i>klor-con m20 oral tablet extended release</i>	Tier 2	MO
<i>klor-con oral packet 20 meq</i>	Tier 4	MO
<i>klor-con oral tablet extended release</i>	Tier 2	MO
<b>K-PHOS NO 2 ORAL TABLET</b>	Tier 4	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Tier 6	HI
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	Tier 6	HI
<i>na sulfate-k sulfate-mg sulf oral solution</i>	Tier 4	
<b>ORACIT ORAL SOLUTION</b>	Tier 4	
<b>PLENAMINE INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<i>potassium chloride crys er oral tablet extended release</i>	Tier 2	MO

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>tolvaptan oral tablet 30 mg</i>	Tier 5	PA; QL (120 EA per 30 days); NEDS
<b>TRIENTINE HCL ORAL CAPSULE 250 MG</b>	Tier 5	NEDS
<b>VELTASSA ORAL PACKET 1 GM</b>	Tier 4	
<b>VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM</b>	Tier 4	MO
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<b>CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION</b>	Tier 6	B/D; HI
<i>dextrose intravenous solution 10 %, 5 %</i>	Tier 6	HI
<b>DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %</b>	Tier 6	HI
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	Tier 6	HI
<i>intralipid intravenous emulsion 20 %</i>	Tier 6	B/D; HI
<b>INTRALIPID INTRAVENOUS EMULSION 30 %</b>	Tier 6	B/D; HI
<b>ISOLYTE-P IN D5W INTRAVENOUS SOLUTION</b>	Tier 6	HI
<b>NUTRILIPID INTRAVENOUS EMULSION</b>	Tier 6	B/D; HI
<b>TPN ELECTROLYTES INTRAVENOUS CONCENTRATE</b>	Tier 6	HI
<b>Vitamins</b>		
<b>PNV-DHA ORAL CAPSULE</b>	Tier 4	
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hcl oral capsule</i>	Tier 3	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 3	
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 3	
<i>glycopyrrolate oral solution</i>	Tier 4	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Gastrointestinal Agents, Other</b>		
<b>CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML</b>	Tier 3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 4	
<b>GATTEX SUBCUTANEOUS KIT</b>	Tier 5	PA; MO; NEDS
<b>IQIRVO ORAL TABLET</b>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<b>LIVDELZI ORAL CAPSULE</b>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>loperamide hcl oral capsule</i>	Tier 2	
<i>metoclopramide hcl +rfd injection solution</i>	Tier 2	
<i>metoclopramide hcl injection solution</i>	Tier 2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
<b>MOTOFEN ORAL TABLET</b>	Tier 4	
<b>MOVANTIK ORAL TABLET</b>	Tier 3	QL (30 EA per 30 days)
<b>RELISTOR ORAL TABLET</b>	Tier 5	QL (90 EA per 30 days); NEDS
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML</b>	Tier 5	QL (18 ML per 30 days); NEDS
<b>RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML</b>	Tier 5	QL (18 ML per 30 days); NEDS
<b>RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML</b>	Tier 5	QL (12 ML per 30 days); NEDS
<b>REZDIFFRA ORAL TABLET</b>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>ursodiol oral capsule 300 mg</i>	Tier 3	MO
<i>ursodiol oral tablet</i>	Tier 3	MO
<b>VOQUEZNA DUAL PAK ORAL THERAPY PACK</b>	Tier 4	PA
<b>VOQUEZNA ORAL TABLET 10 MG</b>	Tier 4	PA; QL (30 EA per 30 days)
<b>VOQUEZNA ORAL TABLET 20 MG</b>	Tier 4	PA; QL (60 EA per 30 days)
<b>VOQUEZNA TRIPLE PAK ORAL THERAPY PACK</b>	Tier 4	PA
<b>VOWST ORAL CAPSULE</b>	Tier 5	PA; NEDS
<b>XERMELO ORAL TABLET</b>	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 2	
<i>cimetidine oral tablet 200 mg</i>	Tier 3	
<i>cimetidine oral tablet 300 mg</i>	Tier 3	MO

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>cimetidine oral tablet 400 mg, 800 mg</i>	Tier 4	MO
<i>famotidine oral suspension reconstituted</i>	Tier 3	MO
<i>famotidine oral tablet 20 mg</i>	Tier 3	MO
<i>famotidine oral tablet 40 mg</i>	Tier 3	MO
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hcl oral tablet 0.5 mg</i>	Tier 4	PA; MO; QL (2 EA per 1 day)
<i>alosetron hcl oral tablet 1 mg</i>	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
<b>LINZESS ORAL CAPSULE</b>	Tier 3	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule</i>	Tier 3	MO; QL (60 EA per 30 days)
<b>Laxatives</b>		
<i>constulose oral solution</i>	Tier 2	MO
<i>enulose oral solution</i>	Tier 2	MO
<i>gavilyte-c oral solution reconstituted</i>	Tier 2	
<i>gavilyte-g oral solution reconstituted</i>	Tier 2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	Tier 2	
<i>generlac oral solution</i>	Tier 2	MO
<i>lactulose oral solution 10 gm/15ml</i>	Tier 2	MO
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Tier 4	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 4	
<b>Protectants</b>		
<i>misoprostol oral tablet</i>	Tier 2	MO
<i>sucralfate oral suspension</i>	Tier 4	MO
<i>sucralfate oral tablet</i>	Tier 2	MO
<b>Proton Pump Inhibitors</b>		
<i>dexlansoprazole oral capsule delayed release</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier 3	MO; QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release</i>	Tier 2	MO; QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	MO; QL (2 EA per 1 day)

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>AQNEURSA ORAL PACKET</b>	Tier 5	PA; QL (120 EA per 30 days); NEDS
<b>ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG</b>	Tier 6	PA; HI; LA
<i>betaine oral powder</i>	Tier 5	MO; NEDS
<b>CERDELGA ORAL CAPSULE</b>	Tier 5	PA; MO; NEDS
<b>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES</b>	Tier 3	MO
<b>CYSTAGON ORAL CAPSULE</b>	Tier 4	MO
<i>l-glutamine oral packet</i>	Tier 5	PA; NEDS
<i>miglustat oral capsule</i>	Tier 5	PA; MO; NEDS
<b>MIPLYFFA ORAL CAPSULE</b>	Tier 5	PA; QL (90 EA per 30 days); NEDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Tier 5	PA; MO; NEDS
<i>nitisinone oral capsule 20 mg</i>	Tier 5	PA; NEDS
<b>PROLASTIN-C INTRAVENOUS SOLUTION</b>	Tier 6	PA; HI
<i>sapropterin dihydrochloride oral packet</i>	Tier 5	PA; MO; NEDS
<i>sapropterin dihydrochloride oral tablet</i>	Tier 5	PA; NEDS
<b>SODIUM PHENYLBUTYRATE ORAL TABLET</b>	Tier 5	MO; NEDS
<b>VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; QL (20 ML per 28 days); NEDS
<b>YARGESA ORAL CAPSULE</b>	Tier 5	PA; NEDS
<i>zelvysia oral packet</i>	Tier 5	PA; NEDS
<b>ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG</b>	Tier 6	PA; HI
<b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000- 79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT</b>	Tier 4	MO

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>PYRUKYND ORAL TABLET 20 MG, 5 MG</b>	Tier 5	PA; QL (60 EA per 30 days); NEDS
<b>PYRUKYND ORAL TABLET 50 MG</b>	Tier 5	PA; QL (120 EA per 30 days); NEDS
<b>PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK</b>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Tier 5	NEDS
<b>WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; QL (0.8 ML per 28 days); NEDS
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<b>GEMTESA ORAL TABLET</b>	Tier 4	
<b>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER</b>	Tier 3	MO
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 3	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>oxybutynin chloride oral solution</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	MO
<i>solifenacin succinate oral tablet</i>	Tier 2	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 3	MO
<i>tolterodine tartrate oral tablet 1 mg</i>	Tier 2	MO
<i>tolterodine tartrate oral tablet 2 mg</i>	Tier 3	MO
<i>tropium chloride er oral capsule extended release 24 hour</i>	Tier 3	MO
<i>tropium chloride oral tablet</i>	Tier 2	MO
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet</i>	Tier 2	MO
<i>dutasteride oral capsule</i>	Tier 2	MO
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier 4	MO

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>finasteride oral tablet 5 mg</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>silodosin oral capsule</i>	Tier 3	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule</i>	Tier 2	MO
<i>terazosin hcl oral capsule</i>	Tier 1	MO
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral tablet</i>	Tier 2	
<b>ELMIRON ORAL CAPSULE</b>	Tier 5	NEDS
<b>Phosphate Binders</b>		
<i>calcium acetate (phos binder) oral capsule</i>	Tier 3	
<i>calcium acetate (phos binder) oral tablet</i>	Tier 3	MO
<i>calcium acetate oral tablet 667 mg</i>	Tier 3	MO
<i>sevelamer carbonate oral packet</i>	Tier 4	MO
<i>sevelamer carbonate oral tablet</i>	Tier 2	MO
<i>sevelamer hcl oral tablet 800 mg</i>	Tier 2	MO
<b>Glucose Monitoring Test Supplies</b>		
<b>Glucose Monitoring Test Supplies</b>		
<b>ACCU-CHEK AVIVA PLUS KIT</b>	Tier 2	Part B; QL (1 EA per 365 days)
<b>ACCU-CHEK GUIDE KIT</b>	Tier 2	Part B; QL (1 EA per 365 days)
<b>ACCU-CHEK GUIDE ME KIT</b>	Tier 2	Part B; QL (1 EA per 365 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>AGAMREE ORAL SUSPENSION</b>	Tier 5	PA; QL (300 ML per 30 days); NEDS
<i>alclometasone dipropionate external cream</i>	Tier 2	QL (240 GM per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 2	QL (240 GM per 30 days)
<i>betamethasone dipropionate aug external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Tier 4	QL (180 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Tier 3	QL (150 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 4	QL (150 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 4	QL (150 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	Tier 4	QL (150 GM per 30 days)

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>betamethasone valerate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>desonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>desonide external ointment</i>	Tier 4	QL (120 GM per 30 days)
<i>desoximetasone external cream</i>	Tier 4	QL (100 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	Tier 4	QL (180 GM per 30 days)
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE</b>	Tier 4	
<i>dexamethasone oral elixir</i>	Tier 2	
<i>dexamethasone oral solution</i>	Tier 2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg</i>	Tier 1	
<i>dexamethasone oral tablet 2 mg, 6 mg</i>	Tier 2	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	Tier 2	
<i>fludrocortisone acetate oral tablet</i>	Tier 2	MO
<i>fluocinolone acetonide body external oil</i>	Tier 3	
<i>fluocinolone acetonide external cream</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external ointment</i>	Tier 4	QL (240 GM per 30 days)
<i>fluocinolone acetonide external solution</i>	Tier 4	QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Tier 3	
<i>fluocinonide emulsified base external cream</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 3	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	Tier 2	QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	Tier 4	QL (60 GM per 30 days)
<i>fluocinonide external solution</i>	Tier 4	QL (60 ML per 30 days)
<i>fluticasone propionate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>fluticasone propionate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>halobetasol propionate external cream</i>	Tier 4	QL (150 GM per 30 days)
<i>halobetasol propionate external ointment</i>	Tier 4	QL (150 GM per 30 days)
<i>hydrocortisone external cream 1 %</i>	Tier 2	
<i>hydrocortisone external cream 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	QL (240 ML per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Tier 2	QL (100 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>hydrocortisone valerate external cream</i>	Tier 4	QL (60 GM per 30 days)

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>hydrocortisone valerate external ointment</i>	Tier 4	QL (180 GM per 30 days)
<i>medpura hydrocortisone external cream</i>	Tier 2	
<i>methylprednisolone oral tablet</i>	Tier 2	
<i>methylprednisolone oral tablet therapy pack</i>	Tier 2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	Tier 2	
<i>mometasone furoate external cream</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external ointment</i>	Tier 2	QL (150 GM per 30 days)
<i>mometasone furoate external solution</i>	Tier 2	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	Tier 3	
<i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>	Tier 2	
<b>PREDNISONE INTENSOL ORAL CONCENTRATE</b>	Tier 4	
<i>prednisone oral solution</i>	Tier 4	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 2	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	Tier 2	QL (180 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (160 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 2	QL (150 GM per 30 days)
<i>triderm external cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin ace spray refrig nasal solution</i>	Tier 3	MO
<i>desmopressin acetate injection solution</i>	Tier 5	NEDS
<i>desmopressin acetate oral tablet</i>	Tier 3	MO
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG</b>	Tier 4	PA

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG</b>	Tier 5	PA; NEDS
<b>GENOTROPIN SUBCUTANEOUS CARTRIDGE</b>	Tier 5	PA; NEDS
<b>INCRELEX SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; LA; MO; NEDS
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	Tier 4	MO
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	Tier 5	MO; NEDS
<b>VYNDAMAX ORAL CAPSULE</b>	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
<b>VYNDAQEL ORAL CAPSULE</b>	Tier 5	PA; MO; QL (4 EA per 1 day); NEDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<i>mifepristone oral tablet 300 mg</i>	Tier 5	PA; QL (120 EA per 30 days); NEDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
<i>danazol oral capsule</i>	Tier 4	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 2	MO
<i>testosterone cypionate intramuscular solution 200 mg/ml (1 ml)</i>	Tier 2	
<i>testosterone enanthate intramuscular solution</i>	Tier 3	MO
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 3	PA; MO
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Tier 4	PA; MO
<b>Estrogens</b>		
<b>ABIGALE LO ORAL TABLET</b>	Tier 3	MO
<i>abigale oral tablet</i>	Tier 3	MO

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>altavera oral tablet</i>	Tier 2	MO
<i>alyacen 1/35 oral tablet</i>	Tier 2	MO
<b>AMETHIA ORAL TABLET</b>	Tier 2	MO; QL (91 EA per 91 days)
<i>amethyst oral tablet</i>	Tier 2	MO
<i>apri oral tablet</i>	Tier 2	MO
<i>aranelle oral tablet</i>	Tier 3	MO
<i>ashlyna oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>aubra eq oral tablet</i>	Tier 2	MO
<i>aviane oral tablet</i>	Tier 2	MO
<i>azurette oral tablet</i>	Tier 2	MO
<i>balziva oral tablet</i>	Tier 3	MO
<i>blisovi 24 fe oral tablet</i>	Tier 4	MO
<i>blisovi fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>briellyn oral tablet</i>	Tier 3	MO
<b>CAMRESE LO ORAL TABLET</b>	Tier 2	QL (91 EA per 91 days)
<b>CAMRESE ORAL TABLET</b>	Tier 2	MO; QL (91 EA per 91 days)
<b>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY</b>	Tier 4	MO
<i>cryselle oral tablet</i>	Tier 2	MO
<i>cyred eq oral tablet</i>	Tier 2	MO
<b>DAYSEE ORAL TABLET</b>	Tier 2	MO; QL (91 EA per 91 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 2	MO
<i>dotti transdermal patch twice weekly</i>	Tier 3	MO; QL (8 EA per 28 days)
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 3	MO
<i>eluryng vaginal ring</i>	Tier 3	MO
<i>enilloring vaginal ring</i>	Tier 2	MO
<i>enpresse-28 oral tablet</i>	Tier 3	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	Tier 2	MO
<i>estarylla oral tablet</i>	Tier 2	MO
<i>estradiol oral tablet</i>	Tier 1	MO
<i>estradiol transdermal patch twice weekly</i>	Tier 3	MO; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 3	MO
<i>estradiol vaginal cream 0.01 %</i>	Tier 3	MO
<i>estradiol vaginal tablet</i>	Tier 3	MO
<i>estradiol-norethindrone acet oral tablet</i>	Tier 3	MO
<b>ESTRING VAGINAL RING 7.5 MCG/24HR</b>	Tier 4	MO; QL (1 EA per 90 days)
<i>estrogens conjugated oral tablet</i>	Tier 4	

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier 2	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 3	MO
<i>falmina oral tablet</i>	Tier 2	MO
<i>feirza 1.5/30 oral tablet</i>	Tier 2	MO
<i>feirza 1/20 oral tablet</i>	Tier 2	MO
<i>finzala oral tablet chewable</i>	Tier 2	MO
<i>fyavolv oral tablet</i>	Tier 4	MO
<i>galbriela oral tablet chewable</i>	Tier 2	MO
<i>hailey 24 fe oral tablet</i>	Tier 4	MO
<i>hailey fe 1/20 oral tablet</i>	Tier 2	MO
<i>haloette vaginal ring</i>	Tier 4	MO
<i>iclevia oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>introvale oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>isibloom oral tablet</i>	Tier 2	MO
<i>jaimiess oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>jasmiel oral tablet</i>	Tier 2	MO
<i>jinteli oral tablet</i>	Tier 3	MO
<b>JOLESSA ORAL TABLET</b>	Tier 2	MO; QL (91 EA per 91 days)
<i>juleber oral tablet</i>	Tier 2	MO
<i>junel 1.5/30 oral tablet</i>	Tier 3	MO
<i>junel 1/20 oral tablet</i>	Tier 3	MO
<i>junel fe 1.5/30 oral tablet</i>	Tier 3	MO
<i>junel fe 1/20 oral tablet</i>	Tier 3	MO
<i>junel fe 24 oral tablet</i>	Tier 3	MO
<i>kariva oral tablet</i>	Tier 2	MO
<i>kelnor 1/35 oral tablet</i>	Tier 3	MO
<i>kelnor 1/50 oral tablet</i>	Tier 3	MO
<i>kurvelo oral tablet</i>	Tier 2	MO
<i>larin 1.5/30 oral tablet</i>	Tier 3	MO
<i>larin 1/20 oral tablet</i>	Tier 2	MO
<i>larin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>larin fe 1/20 oral tablet</i>	Tier 2	MO
<i>leena oral tablet</i>	Tier 3	MO
<i>lessina oral tablet</i>	Tier 2	MO
<i>levonest oral tablet</i>	Tier 2	MO
<i>levonorgest-eth est &amp; eth est oral tablet</i>	Tier 3	MO; QL (91 EA per 91 days)
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 3	MO; QL (91 EA per 91 days)

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Tier 3	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Tier 4	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 2	MO
<i>levora 0.15/30 (28) oral tablet</i>	Tier 2	MO
<i>lojaimiess oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>loryna oral tablet</i>	Tier 2	MO
<i>low-ogestrel oral tablet</i>	Tier 2	MO
<i>luizza 1.5/30 oral tablet</i>	Tier 2	MO
<i>luizza 1/20 oral tablet</i>	Tier 2	MO
<i>lutra oral tablet</i>	Tier 2	MO
<i>lyllana transdermal patch twice weekly</i>	Tier 3	MO; QL (8 EA per 28 days)
<i>marlissa oral tablet</i>	Tier 2	MO
<b>MENEST ORAL TABLET 0.625 MG, 2.5 MG</b>	Tier 4	MO
<i>mibelas 24 fe oral tablet chewable</i>	Tier 2	MO
<i>microgestin 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin 1/20 oral tablet</i>	Tier 2	MO
<i>microgestin fe 1.5/30 oral tablet</i>	Tier 2	MO
<i>microgestin fe 1/20 oral tablet</i>	Tier 2	MO
<i>mili oral tablet</i>	Tier 2	MO
<i>mimvey oral tablet</i>	Tier 4	MO
<i>minzoya oral tablet</i>	Tier 2	MO
<i>necon 0.5/35 (28) oral tablet</i>	Tier 2	MO
<i>nikki oral tablet</i>	Tier 2	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Tier 2	MO
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Tier 2	MO
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Tier 3	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 2	MO
<i>norgestim-eth estrad triphasic oral tablet</i>	Tier 2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	Tier 3	MO
<i>nortrel 1/35 (21) oral tablet</i>	Tier 3	MO

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>nortrel 1/35 (28) oral tablet</i>	Tier 3	MO
<i>nortrel 7/7/7 oral tablet</i>	Tier 3	MO
<i>nylia 1/35 oral tablet</i>	Tier 2	MO
<i>nylia 7/7/7 oral tablet</i>	Tier 2	MO
<i>ocella oral tablet</i>	Tier 4	MO
<i>pimtrea oral tablet</i>	Tier 2	MO
<i>portia-28 oral tablet</i>	Tier 2	MO
<b>PREMARIN ORAL TABLET</b>	Tier 4	MO
<b>PREMARIN VAGINAL CREAM</b>	Tier 3	MO
<b>PREMPHASE ORAL TABLET</b>	Tier 4	MO
<b>PREMPRO ORAL TABLET</b>	Tier 4	MO
<i>reclipsen oral tablet</i>	Tier 2	MO
<b>RIVELSA ORAL TABLET</b>	Tier 2	MO; QL (91 EA per 91 days)
<i>rosyrah oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<i>setlakin oral tablet</i>	Tier 2	MO; QL (91 EA per 91 days)
<b>SIMPESSE ORAL TABLET</b>	Tier 2	
<i>sprintec 28 oral tablet</i>	Tier 2	MO
<i>sronyx oral tablet</i>	Tier 2	MO
<i>syeda oral tablet</i>	Tier 3	MO
<i>tarina 24 fe oral tablet</i>	Tier 3	MO
<i>tarina fe 1/20 eq oral tablet</i>	Tier 2	MO
<i>taysofy oral capsule</i>	Tier 2	MO
<i>tilia fe oral tablet</i>	Tier 3	MO
<i>tri-estarylla oral tablet</i>	Tier 2	MO
<b>TRI-LEGEST FE ORAL TABLET</b>	Tier 3	MO
<i>tri-lo-estarylla oral tablet</i>	Tier 2	MO
<i>tri-lo-sprintec oral tablet</i>	Tier 2	MO
<i>tri-mili oral tablet</i>	Tier 2	MO
<i>tri-sprintec oral tablet</i>	Tier 2	MO
<i>trivora (28) oral tablet</i>	Tier 2	MO
<i>tri-vylibra lo oral tablet</i>	Tier 2	MO
<i>tri-vylibra oral tablet</i>	Tier 2	MO
<i>turqoz oral tablet</i>	Tier 2	MO
<i>tyblume oral tablet chewable</i>	Tier 2	MO
<i>tydemy oral tablet</i>	Tier 2	MO
<i>valtya 1/35 oral tablet</i>	Tier 2	MO
<i>valtya 1/50 oral tablet</i>	Tier 2	MO

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>velivet oral tablet</i>	Tier 2	MO
<i>vienva oral tablet</i>	Tier 2	MO
<i>viorele oral tablet</i>	Tier 2	MO
<i>vyfemla oral tablet</i>	Tier 3	MO
<i>vylibra oral tablet</i>	Tier 2	MO
<b>WYMZYA FE ORAL TABLET CHEWABLE</b>	Tier 3	MO
<i>xarah fe oral tablet</i>	Tier 2	MO
<i>xelria fe oral tablet chewable</i>	Tier 2	MO
<b>YUVAFEM VAGINAL TABLET</b>	Tier 3	MO
<i>zovia 1/35 (28) oral tablet</i>	Tier 2	MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY</b>	Tier 3	
<b>NEXPLANON SUBCUTANEOUS IMPLANT</b>	Tier 3	
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	Tier 4	
<i>xulane transdermal patch weekly</i>	Tier 3	
<b>Progestins</b>		
<i>camila oral tablet</i>	Tier 2	MO
<i>deblitane oral tablet</i>	Tier 2	MO
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE</b>	Tier 3	QL (0.65 ML per 90 days)
<i>errin oral tablet</i>	Tier 2	MO
<i>gallifrey oral tablet</i>	Tier 2	MO
<i>heather oral tablet</i>	Tier 2	
<i>incassia oral tablet</i>	Tier 2	MO
<i>lyleq oral tablet</i>	Tier 2	MO
<i>lyza oral tablet</i>	Tier 2	MO
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	Tier 1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 3	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 4	MO
<i>megestrol acetate oral tablet</i>	Tier 2	
<i>meleya oral tablet</i>	Tier 2	MO
<i>nora-be oral tablet</i>	Tier 2	MO

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>norethindrone acetate oral tablet</i>	Tier 2	MO
<i>norethindrone oral tablet</i>	Tier 2	MO
<i>orquidea oral tablet</i>	Tier 2	MO
<i>sharobel oral tablet</i>	Tier 2	MO
<b>Selective Estrogen Receptor Modifying Agents</b>		
<b>OSPHENA ORAL TABLET</b>	Tier 4	PA; MO; QL (30 EA per 30 days)
<i>raloxifene hcl oral tablet</i>	Tier 2	MO; QL (1 EA per 1 day)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>euthyrox oral tablet</i>	Tier 1	MO
<i>levo-t oral tablet</i>	Tier 1	MO
<i>levothyroxine sodium oral tablet</i>	Tier 1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 75 mcg, 88 mcg</i>	Tier 1	MO
<i>levoxyl oral tablet 50 mcg</i>	Tier 2	MO
<i>liomny oral tablet</i>	Tier 2	MO
<i>liothyronine sodium oral tablet</i>	Tier 2	MO
<b>SYNTHROID ORAL TABLET</b>	Tier 4	MO
<i>unithroid oral tablet</i>	Tier 1	MO
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>CRENESSITY ORAL CAPSULE 100 MG</b>	Tier 5	PA; QL (120 EA per 30 days); NEDS
<b>CRENESSITY ORAL CAPSULE 25 MG, 50 MG</b>	Tier 5	PA; QL (90 EA per 30 days); NEDS
<b>CRENESSITY ORAL SOLUTION</b>	Tier 5	PA; QL (240 ML per 30 days); NEDS
<b>ISTURISA ORAL TABLET 1 MG</b>	Tier 5	PA; MO; QL (240 EA per 30 days); NEDS
<b>ISTURISA ORAL TABLET 5 MG</b>	Tier 5	PA; MO; QL (360 EA per 30 days); NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>LYSODREN ORAL TABLET</b>	Tier 5	NEDS
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline oral tablet</i>	Tier 3	
<b>ELIGARD SUBCUTANEOUS KIT 22.5 MG</b>	Tier 4	QL (1 EA per 84 days)
<b>ELIGARD SUBCUTANEOUS KIT 30 MG</b>	Tier 4	QL (1 EA per 112 days)
<b>ELIGARD SUBCUTANEOUS KIT 45 MG</b>	Tier 4	QL (1 EA per 168 days)
<b>ELIGARD SUBCUTANEOUS KIT 7.5 MG</b>	Tier 4	QL (1 EA per 28 days)
<b>FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA NS; QL (4 EA per 365 days); NEDS
<b>FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG</b>	Tier 4	PA NS; QL (1 EA per 28 days)
<i>lanreotide acetate subcutaneous solution</i>	Tier 5	PA NS; NEDS
<i>leuprolide acetate injection kit</i>	Tier 4	
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT</b>	Tier 5	QL (1 EA per 28 days); NEDS
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT</b>	Tier 5	QL (1 EA per 84 days); NEDS
<b>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT</b>	Tier 5	QL (1 EA per 112 days); NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	Tier 4	MO
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	Tier 5	MO; NEDS
<b>SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG</b>	Tier 5	MO; QL (1 EA per 28 days); NEDS
<b>SIGNIFOR SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; MO; QL (60 ML per 30 days); NEDS
<b>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML</b>	Tier 5	PA NS; NEDS
<b>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML</b>	Tier 5	PA; NEDS
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	LA; MO; NEDS
<b>SYNAREL NASAL SOLUTION</b>	Tier 5	NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet</i>	Tier 2	MO
<i>propylthiouracil oral tablet</i>	Tier 2	MO
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
<b>BERINERT INTRAVENOUS KIT</b>	Tier 6	PA; HI
<b>CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 6	PA; HI
<b>EKTERLY ORAL TABLET</b>	Tier 5	PA; QL (120 EA per 30 days); NEDS
<b>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; NEDS
<b>ICATIBANT ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; NEDS
<b>RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 6	HI
<i>sajazir subcutaneous solution prefilled syringe</i>	Tier 5	PA; NEDS
<b>Antiangiogenic Agents</b>		
<b>EMPAVELI SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; QL (200 ML per 28 days); NEDS
<b>Immune Suppressants</b>		
<i>azathioprine sodium injection solution reconstituted</i>	Tier 5	B/D; NEDS
<b>Immunoglobulins</b>		
<b>BIVIGAM INTRAVENOUS SOLUTION</b>	Tier 5	PA; NEDS
<b>FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML</b>	Tier 5	PA; NEDS
<b>GAMMAGARD ERC INJECTION SOLUTION</b>	Tier 5	PA; NEDS
<b>GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 5 GM/50ML</b>	Tier 5	PA; NEDS
<b>GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; NEDS
<b>GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 5 GM/50ML</b>	Tier 5	PA; NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML</b>	Tier 5	PA; NEDS
<b>GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 5 GM/50ML</b>	Tier 5	PA; NEDS
<b>OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML</b>	Tier 5	PA; NEDS
<b>PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML</b>	Tier 5	PA; NEDS
<b>Immunological Agents, Other</b>		
<b>ACTIMMUNE SUBCUTANEOUS SOLUTION</b>	Tier 5	PA NS; LA; MO; NEDS
<b>ANZUPGO EXTERNAL CREAM</b>	Tier 5	PA; QL (60 GM per 28 days); NEDS
<b>ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; MO; NEDS
<i>auranofin oral capsule</i>	Tier 5	NEDS
<b>BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA NS; NEDS
<b>BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML</b>	Tier 5	PA; QL (1 ML per 28 days); NEDS
<b>BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML</b>	Tier 5	PA; QL (2 ML per 28 days); NEDS
<b>BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML</b>	Tier 5	PA; QL (1 ML per 28 days); NEDS
<b>BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML</b>	Tier 5	PA; QL (2 ML per 28 days); NEDS
<b>CIBINQO ORAL TABLET</b>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<b>COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
<b>COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR</b>	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR</b>	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; QL (10 ML per 28 days); NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; QL (10 ML per 28 days); NEDS
<b>DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML</b>	Tier 5	PA; MO; QL (4.56 ML per 28 days); NEDS
<b>DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML</b>	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML</b>	Tier 5	PA; MO; QL (4.56 ML per 28 days); NEDS
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML</b>	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
<b>FLEBOGAMMA DIF INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML</b>	Tier 5	PA; NEDS
<b>GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML</b>	Tier 5	PA; NEDS
<b>LAGEVRIO ORAL CAPSULE</b>	Tier 3	QL (40 EA per 5 days)
<i>leflunomide oral tablet</i>	Tier 2	MO
<b>LEQSELVI ORAL TABLET</b>	Tier 5	PA; QL (60 EA per 30 days); NEDS
<b>OCTAGAM INTRAVENOUS SOLUTION 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML</b>	Tier 5	PA; NEDS
<b>ODACTRA SUBLINGUAL TABLET SUBLINGUAL</b>	Tier 3	PA; QL (30 EA per 30 days)
<b>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML</b>	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML</b>	Tier 5	PA; MO; QL (1.6 ML per 28 days); NEDS
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML</b>	Tier 5	PA; MO; QL (2.8 ML per 28 days); NEDS
<b>PAXLOVID (150/100) ORAL TABLET THERAPY PACK</b>	Tier 3	QL (20 EA per 5 days)
<b>PAXLOVID (300/100 &amp; 150/100) ORAL TABLET THERAPY PACK</b>	Tier 3	QL (11 EA per 5 days)
<b>PAXLOVID (300/100) ORAL TABLET THERAPY PACK</b>	Tier 3	QL (30 EA per 5 days)
<b>PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML</b>	Tier 5	PA; NEDS
<b>REVCovi INTRAMUSCULAR SOLUTION</b>	Tier 5	PA; NEDS
<b>RINVOQ LQ ORAL SOLUTION</b>	Tier 5	PA; QL (360 ML per 30 days); NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG</b>	Tier 5	PA; MO; QL (1 EA per 1 day); NEDS
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG</b>	Tier 5	PA; QL (1 EA per 1 day); NEDS
<b>SKYRIZI INTRAVENOUS SOLUTION</b>	Tier 5	PA; MO; QL (60 ML per 365 days); NEDS
<b>SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML</b>	Tier 5	PA; QL (1.2 ML per 56 days); NEDS
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML</b>	Tier 5	PA; MO; QL (2.4 ML per 56 days); NEDS
<b>SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; QL (1 ML per 28 days); NEDS
<b>SOTYKTU ORAL TABLET</b>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<b>STELARA INTRAVENOUS SOLUTION</b>	Tier 5	PA; QL (104 ML per 365 days); NEDS
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML</b>	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML</b>	Tier 5	PA; MO; QL (3 ML per 84 days); NEDS
<b>STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML</b>	Tier 3	PA; QL (3 ML per 84 days)
<b>STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML</b>	Tier 5	PA; QL (3 ML per 84 days); NEDS
<b>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML</b>	Tier 5	PA; QL (0.5 ML per 28 days); NEDS
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML</b>	Tier 5	PA; QL (1 ML per 28 days); NEDS
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML</b>	Tier 5	PA; MO; QL (3 ML per 28 days); NEDS
<b>TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 5	PA; QL (2 ML per 56 days); NEDS
<b>TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML</b>	Tier 5	PA; QL (4 ML per 28 days); NEDS
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>	Tier 5	PA; MO; QL (2 ML per 56 days); NEDS

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML</b>	Tier 5	PA; QL (2 ML per 28 days); NEDS
<b>TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; QL (4 ML per 28 days); NEDS
<b>USTEKINUMAB INTRAVENOUS SOLUTION</b>	Tier 5	PA; QL (104 ML per 365 days); NEDS
<b>USTEKINUMAB SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
<b>USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML</b>	Tier 5	PA; MO; QL (0.5 ML per 28 days); NEDS
<b>USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML</b>	Tier 5	PA; MO; QL (3 ML per 84 days); NEDS
<b>WEZLANA SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; QL (3 ML per 84 days); NEDS
<b>WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; QL (3 ML per 84 days); NEDS
<b>XELJANZ ORAL SOLUTION</b>	Tier 5	PA; MO; QL (300 ML per 30 days); NEDS
<b>XELJANZ ORAL TABLET</b>	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
<b>XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML</b>	Tier 5	PA; QL (8 ML per 28 days); NEDS
<b>XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML</b>	Tier 5	PA; QL (1 ML per 28 days); NEDS
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML</b>	Tier 5	PA; QL (8 ML per 28 days); NEDS
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML</b>	Tier 5	PA; QL (1 ML per 28 days); NEDS
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 5	PA; QL (8 EA per 28 days); NEDS
<b>Immunomodulators</b>		
<b>ILARIS SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; QL (2 ML per 28 days); NEDS
<b>Immunosuppressants</b>		
<b>ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; NEDS

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; QL (3.6 ML per 28 days); NEDS
<b>ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML</b>	Tier 5	PA; QL (6 EA per 28 days); NEDS
<b>ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML</b>	Tier 5	PA; QL (3 EA per 28 days); NEDS
<b>ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT</b>	Tier 5	PA; QL (6 EA per 28 days); NEDS
<b>ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML</b>	Tier 5	PA; QL (2 EA per 28 days); NEDS
<b>ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML</b>	Tier 5	PA; QL (6 EA per 28 days); NEDS
<i>adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit</i>	Tier 5	PA; QL (3 EA per 28 days); NEDS
<b>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier 4	B/D
<i>azathioprine oral tablet 50 mg</i>	Tier 2	B/D
<b>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; NEDS
<b>BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; NEDS
<i>cyclosporine modified oral capsule</i>	Tier 4	B/D; MO
<i>cyclosporine modified oral solution</i>	Tier 4	B/D; MO
<i>cyclosporine oral capsule</i>	Tier 4	B/D; MO
<b>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML</b>	Tier 5	PA; MO; QL (4 ML per 28 days); NEDS
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML</b>	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; QL (8 ML per 28 days); NEDS
<b>ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG</b>	Tier 4	B/D
<b>ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG</b>	Tier 5	B/D; NEDS

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>everolimus oral tablet 0.25 mg</i>	Tier 4	B/D; MO
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	Tier 5	B/D; MO; NEDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	Tier 4	B/D; MO
<i>gengraf oral solution</i>	Tier 4	B/D; MO
<b>HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT</b>	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
<b>HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML</b>	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
<b>HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML</b>	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
<b>HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML</b>	Tier 5	PA; MO; QL (2 EA per 28 days); NEDS
<b>HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML</b>	Tier 5	PA; MO; QL (6 EA per 28 days); NEDS
<b>HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML</b>	Tier 5	PA; MO; QL (4 EA per 28 days); NEDS
<b>HUMIRA-PSORIASIS/VEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT</b>	Tier 5	PA; MO; QL (6 EA per 365 days); NEDS
<b>JYLAMVO ORAL SOLUTION</b>	Tier 4	PA NS
<b>KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 5	PA; MO; QL (2.28 ML per 28 days); NEDS
<b>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; QL (2.28 ML per 28 days); NEDS
<b>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 5	PA; MO; NEDS
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution reconstituted</i>	Tier 2	
<i>methotrexate sodium oral tablet</i>	Tier 2	
<i>mycophenolate mofetil oral capsule</i>	Tier 4	B/D; MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier 5	B/D; MO; NEDS
<i>mycophenolate mofetil oral tablet</i>	Tier 4	B/D; MO
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 4	B/D; MO

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>OTEZLA ORAL TABLET 20 MG</b>	Tier 5	PA; QL (60 EA per 30 days); NEDS
<b>OTEZLA ORAL TABLET 30 MG</b>	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	Tier 5	PA; QL (110 EA per 365 days); NEDS
<b>PROGRAF ORAL PACKET</b>	Tier 4	B/D; MO
<b>REZUROCK ORAL TABLET</b>	Tier 5	PA; QL (60 EA per 30 days); NEDS
<i>sirolimus oral solution</i>	Tier 4	B/D; MO
<i>sirolimus oral tablet</i>	Tier 4	B/D; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	Tier 3	B/D; MO
<i>tacrolimus oral capsule 5 mg</i>	Tier 4	B/D; MO
<b>TAVNEOS ORAL CAPSULE</b>	Tier 5	PA; QL (180 EA per 30 days); NEDS
<b>XATMEP ORAL SOLUTION</b>	Tier 4	
<b>ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT</b>	Tier 5	PA; QL (2 EA per 28 days); NEDS
<b>ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	Tier 5	PA; QL (1 EA per 28 days); NEDS
<b>Vaccines</b>		
<b>ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	Tier 6	QL (1 EA per 252 days)
<b>ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	Tier 6	
<b>ADACEL INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 6	QL (1 EA per 999 days)
<b>BCG VACCINE INJECTION SOLUTION RECONSTITUTED</b>	Tier 6	
<b>BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	Tier 6	
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5</b>	Tier 6	

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>ENGERIX-B INJECTION SUSPENSION 20 MCG/ML</b>	Tier 6	B/D
<b>ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE</b>	Tier 6	B/D
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	Tier 6	B/D
<b>HIBERIX INJECTION SOLUTION RECONSTITUTED</b>	Tier 6	
<b>IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 6	
<b>INFANRIX INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>IPOL INJECTION SUSPENSION</b>	Tier 6	
<b>IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	Tier 6	
<b>IXIARO INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>JYNNEOS SUBCUTANEOUS SUSPENSION</b>	Tier 6	
<b>KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>MENQUADFI INTRAMUSCULAR SOLUTION</b>	Tier 6	
<b>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	Tier 6	
<b>M-M-R II INJECTION SOLUTION RECONSTITUTED</b>	Tier 6	
<b>MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	QL (0.5 ML per 999 days)
<b>PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>PEDVAX HIB INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 6	
<i>penmenvy intramuscular suspension reconstituted</i>	Tier 6	
<b>PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 6	

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	Tier 6	
<b>PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	Tier 6	
<b>QUADRACEL INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>RBAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 6	
<b>RECOMBIVAX HB INJECTION SUSPENSION</b>	Tier 6	B/D
<b>RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE</b>	Tier 6	B/D
<b>ROTARIX ORAL SUSPENSION</b>	Tier 6	
<b>ROTATEQ ORAL SOLUTION</b>	Tier 6	
<b>SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	QL (1 ML per 365 days)
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</b>	Tier 6	QL (2 EA per 999 days)
<b>STAMARIL INJECTION SUSPENSION RECONSTITUTED</b>	Tier 6	
<b>TENIVAC INTRAMUSCULAR INJECTABLE</b>	Tier 6	
<b>TENIVAC INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>TYPHIM VI INTRAMUSCULAR SOLUTION</b>	Tier 6	
<b>TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	Tier 6	
<b>VAQTA INTRAMUSCULAR SUSPENSION</b>	Tier 6	
<b>VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>VARIVAX INJECTION SUSPENSION RECONSTITUTED</b>	Tier 6	

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>VARIZIG INTRAMUSCULAR SOLUTION</b>	Tier 6	
<b>VAXCHORA ORAL SUSPENSION RECONSTITUTED</b>	Tier 6	
<b>VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 6	
<b>VIVOTIF ORAL CAPSULE DELAYED RELEASE</b>	Tier 6	
<b>YF-VAX SUBCUTANEOUS INJECTABLE</b>	Tier 6	
<b>YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	Tier 6	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<i>balsalazide disodium oral capsule</i>	Tier 4	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 4	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 4	
<i>mesalamine rectal enema</i>	Tier 4	
<i>mesalamine rectal suppository</i>	Tier 4	
<i>mesalamine-cleanser rectal kit</i>	Tier 2	
<i>sulfasalazine oral tablet</i>	Tier 2	MO
<i>sulfasalazine oral tablet delayed release</i>	Tier 2	MO
<b>Glucocorticoids</b>		
<i>budesonide er oral tablet extended release 24 hour</i>	Tier 5	QL (1 EA per 1 day); NEDS
<i>budesonide oral capsule delayed release particles</i>	Tier 3	QL (3 EA per 1 day)
<i>hydrocortisone oral tablet</i>	Tier 2	
<i>hydrocortisone rectal enema</i>	Tier 2	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	MO; QL (4 EA per 28 days)
<b>BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 5	PA; NEDS
<i>calcitonin (salmon) injection solution</i>	Tier 5	NEDS
<i>calcitonin (salmon) nasal solution</i>	Tier 3	MO; QL (3.7 ML per 30 days)
<i>calcitriol oral capsule</i>	Tier 2	MO
<i>calcitriol oral solution</i>	Tier 4	MO
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 3	MO
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 4	MO

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>ibandronate sodium oral tablet</i>	Tier 2	MO; QL (1 EA per 28 days)
<b>JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	QL (2 ML per 365 days)
<b>OSENVELT SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; NEDS
<i>paricalcitol oral capsule</i>	Tier 4	PA; MO
<i>risedronate sodium oral tablet 150 mg</i>	Tier 4	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 4	MO; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	Tier 4	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	Tier 4	MO; QL (1 EA per 1 day)
<b>STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 4	QL (2 ML per 365 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	Tier 5	PA; MO; NEDS
<b>WYOST SUBCUTANEOUS SOLUTION</b>	Tier 5	PA; NEDS
<b>YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML</b>	Tier 5	PA; QL (1.12 ML per 28 days); NEDS
<b>YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML</b>	Tier 5	PA; QL (1.96 ML per 28 days); NEDS
<b>YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML</b>	Tier 5	PA; QL (2.8 ML per 28 days); NEDS
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<b>1ST TIER UNIFINE PENTIPS 31G X 6 MM</b>	Tier 4	QL (200 EA per 30 days)
<b>1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM</b>	Tier 4	QL (200 EA per 30 days)
<b>ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM</b>	Tier 4	QL (200 EA per 30 days)
<b>BD DISP NEEDLES 25G X 7/8" , 30G X 1/2"</b>	Tier 4	
<b>BD PEN</b>	Tier 4	
<b>BD PEN MINI</b>	Tier 4	
<b>BD PEN NEEDLE MICRO U/F</b>	Tier 4	QL (200 EA per 30 days)
<b>BD PEN NEEDLE MICRO ULTRAFINE</b>	Tier 4	QL (200 EA per 30 days)
<b>BD PEN NEEDLE MINI U/F</b>	Tier 4	QL (200 EA per 30 days)
<b>BD PEN NEEDLE MINI ULTRAFINE</b>	Tier 4	QL (200 EA per 30 days)
<b>BD PEN NEEDLE NANO 2ND GEN</b>	Tier 4	QL (200 EA per 30 days)
<b>BD PEN NEEDLE NANO U/F</b>	Tier 4	QL (200 EA per 30 days)
<b>BD PEN NEEDLE NANO ULTRAFINE</b>	Tier 4	QL (200 EA per 30 days)

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>BD PEN NEEDLE ORIG ULTRAFINE</b>	Tier 4	QL (200 EA per 30 days)
<b>BD PEN NEEDLE ORIGINAL U/F</b>	Tier 4	QL (200 EA per 30 days)
<b>BD PEN NEEDLE SHORT U/F</b>	Tier 4	QL (200 EA per 30 days)
<b>BD PEN NEEDLE SHORT ULTRAFINE</b>	Tier 4	QL (200 EA per 30 days)
<b>BD SYRINGE LUER-LOK 1 ML</b>	Tier 4	
<b>COMFORT EZ PEN NEEDLES 32G X 8 MM</b>	Tier 4	QL (200 EA per 30 days)
<i>dichlorphenamide oral tablet</i>	Tier 5	PA; QL (120 EA per 30 days); NEDS
<b>DROPLET PEN NEEDLES 32G X 8 MM</b>	Tier 4	QL (200 EA per 30 days)
<b>EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" , 26G X 5/8"</b>	Tier 4	
<b>EXEL COMFORT POINT PEN NEEDLE 29G X 12MM</b>	Tier 4	QL (200 EA per 30 days)
<i>levocarnitine oral solution</i>	Tier 4	MO
<i>levocarnitine oral tablet</i>	Tier 4	MO
<b>LITETOUCH PEN NEEDLES 29G X 12.7MM</b>	Tier 4	QL (200 EA per 30 days)
<i>methylergonovine maleate oral tablet</i>	Tier 5	QL (56 EA per 365 days); NEDS
<b>MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 23G X 3/4" , 25G X 1" , 25G X 1-1/4" , 25G X 5/8" , 26G X 1/2" , 27G X 1/2" , 30G X 3/4"</b>	Tier 4	
<b>MONOJECT INSULIN SYRINGE U-100 1 ML</b>	Tier 4	
<b>PEN NEEDLES 30G X 8 MM</b>	Tier 4	QL (200 EA per 30 days)
<b>PURE COMFORT PEN NEEDLE 32G X 8 MM</b>	Tier 4	QL (200 EA per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
<b>SURE COMFORT PEN NEEDLES 29G X 12.7MM</b>	Tier 4	QL (200 EA per 30 days)
<b>TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM</b>	Tier 4	QL (200 EA per 30 days)
<b>ULTICARE PEN NEEDLES 29G X 12.7MM</b>	Tier 4	QL (200 EA per 30 days)
<b>ULTILET PEN NEEDLE 29G X 12.7MM</b>	Tier 4	QL (200 EA per 30 days)
<b>ULTRA-THIN II PEN NEEDLES</b>	Tier 4	QL (200 EA per 30 days)
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Prostaglandin And Prostanamide Analogs</b>		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	Tier 3	MO
<i>latanoprost ophthalmic solution</i>	Tier 2	MO

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	Tier 3	MO; QL (2.5 ML per 25 days)
<b>RHOPRESSA OPHTHALMIC SOLUTION</b>	Tier 3	MO; QL (2.5 ML per 25 days)
<i>travoprost (bak free) ophthalmic solution</i>	Tier 3	MO; QL (2.5 ML per 25 days)
<b>VYZULTA OPHTHALMIC SOLUTION</b>	Tier 4	QL (5 ML per 25 days)
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 2	
<b>CEQUA OPHTHALMIC SOLUTION</b>	Tier 4	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 2	MO
<b>MIEBO OPHTHALMIC SOLUTION</b>	Tier 4	PA; QL (12 ML per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 3	
<i>neo-polycin hc ophthalmic ointment</i>	Tier 2	
<i>neo-polycin ophthalmic ointment</i>	Tier 2	
<i>polycin ophthalmic ointment</i>	Tier 2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	
<i>proparacaine hcl ophthalmic solution</i>	Tier 2	
<b>RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %</b>	Tier 3	MO
<b>RESTASIS OPHTHALMIC EMULSION</b>	Tier 3	MO
<b>ROCKLATAN OPHTHALMIC SOLUTION</b>	Tier 4	MO; QL (2.5 ML per 25 days)
<b>TRYPTYR OPHTHALMIC SOLUTION</b>	Tier 4	PA; QL (60 EA per 30 days)
<b>XDEMVIY OPHTHALMIC SOLUTION</b>	Tier 5	QL (10 ML per 42 days); NEDS
<b>Ophthalmic Anti-Allergy Agents</b>		
<b>ALOCRILOPHTHALMIC SOLUTION</b>	Tier 4	
<i>azelastine hcl ophthalmic solution</i>	Tier 2	
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	
<i>epinastine hcl ophthalmic solution</i>	Tier 3	
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 2	MO
<i>apraclonidine hcl ophthalmic solution</i>	Tier 2	
<i>betaxolol hcl ophthalmic solution</i>	Tier 3	MO

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>BETOPTIC-S OPHTHALMIC SUSPENSION</b>	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	Tier 4	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Tier 3	MO
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 2	MO
<i>brinzolamide ophthalmic suspension</i>	Tier 4	MO
<i>carteolol hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Tier 4	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MO
<i>pilocarpine hcl ophthalmic solution 1 %</i>	Tier 3	MO
<i>pilocarpine hcl ophthalmic solution 2 %, 4 %</i>	Tier 2	MO
<b>SIMBRINZA OPHTHALMIC SUSPENSION</b>	Tier 4	MO
<i>timolol maleate (once-daily) ophthalmic solution</i>	Tier 2	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %</i>	Tier 4	MO
<i>timolol maleate ophthalmic gel forming solution 0.5 %</i>	Tier 3	MO
<i>timolol maleate ophthalmic solution</i>	Tier 1	MO
<b>Ophthalmic Anti-Inflammatories</b>		
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 4	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Tier 2	QL (12 ML per 365 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	Tier 1	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 2	
<i>diclofenac sodium ophthalmic solution</i>	Tier 2	
<i>difluprednate ophthalmic emulsion</i>	Tier 4	
<b>EYSUVIS OPHTHALMIC SUSPENSION</b>	Tier 4	QL (16.6 ML per 30 days)
<i>fluorometholone ophthalmic suspension</i>	Tier 3	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier 2	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier 2	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 2	
<i>prednisolone acetate ophthalmic suspension</i>	Tier 2	

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act</i>	Tier 3	MO; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Tier 3	MO; QL (21.2 GM per 30 days)
<i>fluticasone propionate nasal suspension</i>	Tier 2	
<b>Antileukotrienes</b>		
<i>montelukast sodium oral packet</i>	Tier 2	MO
<i>montelukast sodium oral tablet</i>	Tier 2	MO
<i>montelukast sodium oral tablet chewable</i>	Tier 2	MO
<i>zafirlukast oral tablet</i>	Tier 3	MO; QL (2 EA per 1 day)
<b>Bronchodilators, Anticholinergic</b>		
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION</b>	Tier 4	MO; QL (25.8 GM per 30 days)
<b>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION</b>	Tier 3	MO; QL (8 GM per 30 days)
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT</b>	Tier 3	MO; QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution</i>	Tier 2	B/D; MO; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution</i>	Tier 2	MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 2	B/D; MO; QL (540 ML per 30 days)
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT</b>	Tier 3	MO; QL (8 GM per 30 days)
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>	Tier 3	MO
<i>tiotropium bromide inhalation capsule</i>	Tier 3	QL (30 EA per 30 days)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Tier 2	MO; QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	Tier 2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	Tier 2	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Tier 2	B/D; MO; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 2	B/D; MO; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Tier 2	B/D; MO; QL (100 EA per 30 days)

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 3	MO
<i>albuterol sulfate oral tablet</i>	Tier 4	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	Tier 3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 3	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>	Tier 3	B/D; MO; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	Tier 2	B/D; MO; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Tier 4	B/D; MO; QL (90 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	Tier 2	B/D; MO; QL (270 ML per 30 days)
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	MO; QL (30 GM per 30 days)
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 3	MO; QL (2 EA per 30 days)
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT</b>	Tier 3	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet</i>	Tier 4	MO
<b>Cystic Fibrosis Agents</b>		
<b>BRONCHITOL INHALATION CAPSULE</b>	Tier 5	PA; MO; QL (560 EA per 28 days); NEDS
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED</b>	Tier 5	PA; NEDS
<b>KALYDECO ORAL PACKET 13.4 MG</b>	Tier 5	PA; QL (56 EA per 28 days); NEDS
<b>KALYDECO ORAL PACKET 25 MG, 5.8 MG, 50 MG, 75 MG</b>	Tier 5	PA; MO; QL (56 EA per 28 days); NEDS
<b>KALYDECO ORAL TABLET</b>	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
<b>ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG</b>	Tier 5	PA; MO; QL (56 EA per 28 days); NEDS
<b>ORKAMBI ORAL PACKET 75-94 MG</b>	Tier 5	PA; QL (56 EA per 28 days); NEDS
<b>ORKAMBI ORAL TABLET</b>	Tier 5	PA; MO; QL (112 EA per 28 days); NEDS
<b>PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML</b>	Tier 5	B/D; MO; NEDS
<b>SYMDEKO ORAL TABLET THERAPY PACK 100-150 &amp; 150 MG</b>	Tier 5	PA; MO; QL (56 EA per 28 days); NEDS

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>SYMDEKO ORAL TABLET THERAPY PACK 50-75 &amp; 75 MG</b>	Tier 5	PA; MO; QL (2 EA per 1 day); NEDS
<b>TOBI PODHALER INHALATION CAPSULE</b>	Tier 5	MO; QL (224 EA per 56 days); NEDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 5	B/D; MO; NEDS
<b>TRIKAFTA ORAL TABLET THERAPY PACK</b>	Tier 5	PA; MO; QL (84 EA per 28 days); NEDS
<b>TRIKAFTA ORAL THERAPY PACK</b>	Tier 5	PA; QL (56 EA per 28 days); NEDS
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium inhalation nebulization solution</i>	Tier 3	B/D; MO
<i>cromolyn sodium oral concentrate</i>	Tier 4	MO
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<b>ELIXOPHYLLIN ORAL ELIXIR</b>	Tier 4	MO
<b>OHTUVAYRE INHALATION SUSPENSION</b>	Tier 5	PA; QL (150 ML per 30 days); NEDS
<i>roflumilast oral tablet</i>	Tier 4	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	Tier 4	MO
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>theophylline oral elixir</i>	Tier 4	
<b>Pulmonary Antihypertensives</b>		
<b>ADEMPAS ORAL TABLET</b>	Tier 5	PA; MO; QL (90 EA per 30 days); NEDS
<b>ALYQ ORAL TABLET</b>	Tier 4	PA; MO; QL (60 EA per 30 days)
<i>ambrisentan oral tablet</i>	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
<i>bosentan oral tablet</i>	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
<i>bosentan oral tablet soluble</i>	Tier 5	PA; MO; QL (112 EA per 28 days); NEDS
<b>OPSUMIT ORAL TABLET</b>	Tier 5	PA; MO; QL (30 EA per 30 days); NEDS
<b>ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK</b>	Tier 5	PA; QL (336 EA per 365 days); NEDS
<b>ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK</b>	Tier 5	PA; QL (672 EA per 365 days); NEDS

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK</b>	Tier 5	PA; QL (504 EA per 365 days); NEDS
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG</b>	Tier 4	PA; MO
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG</b>	Tier 5	PA; MO; NEDS
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 3	PA; MO; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	Tier 4	PA; MO; QL (60 EA per 30 days)
<b>UPTRAVI ORAL TABLET</b>	Tier 5	PA; MO; QL (60 EA per 30 days); NEDS
<b>UPTRAVI TITRATION ORAL TABLET THERAPY PACK</b>	Tier 5	PA; QL (400 EA per 365 days); NEDS
<b>VENTAVIS INHALATION SOLUTION</b>	Tier 5	PA; MO; QL (270 ML per 30 days); NEDS
<b>WINREVAIR SUBCUTANEOUS KIT</b>	Tier 5	PA; QL (1 EA per 21 days); NEDS
<b>Pulmonary Fibrosis Agents</b>		
<b>OFEV ORAL CAPSULE</b>	Tier 5	PA; MO; NEDS
<i>pirfenidone oral capsule</i>	Tier 5	PA; MO; NEDS
<i>pirfenidone oral tablet</i>	Tier 5	PA; MO; NEDS
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation solution</i>	Tier 3	B/D
<b>AIRSUPRA INHALATION AEROSOL</b>	Tier 3	QL (32.1 GM per 30 days)
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT</b>	Tier 3	MO; QL (60 EA per 30 days)
<b>BEVESPI AEROSPHERE INHALATION AEROSOL</b>	Tier 3	MO; QL (10.7 GM per 30 days)
<b>BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT</b>	Tier 3	QL (12 GM per 30 days)
<b>BREYNA INHALATION AEROSOL 80-4.5 MCG/ACT</b>	Tier 3	QL (13.8 GM per 30 days)
<b>BRINSUPRI ORAL TABLET</b>	Tier 5	PA; QL (30 EA per 30 days); NEDS
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION</b>	Tier 3	MO; QL (24 GM per 30 days)
<b>SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT</b>	Tier 3	MO; QL (12 GM per 30 days)
<b>SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT</b>	Tier 3	MO; QL (13.8 GM per 30 days)

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

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

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

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Sleep Disorder Agents</b>		
<b>Gaba Receptor Modulators</b>		
<i>eszopiclone oral tablet</i>	Tier 2	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	Tier 2	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<b>Sleep Disorders, Other</b>		
<b>LUMRYZ STARTER PACK ORAL THERAPY PACK</b>	Tier 5	PA; QL (56 EA per 365 days); NEDS
<i>modafinil oral tablet</i>	Tier 2	PA; MO; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	Tier 3	QL (30 EA per 30 days)
<i>sodium oxybate oral solution</i>	Tier 5	PA; LA; QL (540 ML per 30 days); NEDS
<b>Sleep Promoting Agents</b>		
<b>BELSOMRA ORAL TABLET</b>	Tier 3	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 4	QL (30 EA per 30 days)

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<b>VENTAVIS</b> .....	97	<b>XATMEP</b> .....	85	<i>ziprasidone hcl</i> .....	40
<b>VEOZAH</b> .....	57	<b>XCOPRI</b> .....	12	<i>ziprasidone mesylate</i> .....	34
<i>verapamil hcl</i> .....	52	<b>XCOPRI (250 MG DAILY</b>		<b>ZIRGAN</b> .....	34
<i>verapamil hcl er</i> .....	52	<b>DOSE)</b> .....	12	<b>ZOLINZA</b> .....	24
<b>VERQUVO</b> .....	53	<b>XCOPRI (350 MG DAILY</b>		<i>zolpidem tartrate</i> .....	99
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This formulary was updated on 3/26/2026. For more recent information or other questions, please contact Fallon Health Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31), or visit [fallonhealth.org/medicare](https://fallonhealth.org/medicare).